

Councillor

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Dear Councillor.....

PLANS TO REMOVE ALL ACUTE SERVICES FROM ST HELIER AND EPSOM HOSPITALS

YOUR OPPOSITION TO THESE PLANS COULD HELP PREVENT THESE LIFE-THREATENING CHANGES

In December 2015 NHS England quietly announced another top down reorganisation of the NHS, whereby England was divided into 44 Areas or "Footprints". Hospital Trusts, Clinical Commissioning Groups (CCGs) and Councils were meant to work together to produce a so-called "Sustainability and Transformation Plan" or STP for their "Footprint".

The 44 "Footprints" were jointly instructed to hastily devise plans to cut NHS spending by £23 Billion by 2020. Our Footprint is South West London. It has six CCGs, six councils and five Acute Hospitals. It was required to make nearly £1 billion of cuts to local NHS spending by 2020.

Most plans that emerged involved cuts in treatments, prescriptions, operations and restricted & monitored the referrals which GPs could make. The major money saving element in the SW London STP, was to **reduce the number of acute hospitals we have, from the current five - St Georges, Croydon, Kingston, St Helier and Epsom - to four or even down to three.**

An "Acute" Hospital was defined as one offering A&E, Maternity, Paediatrics (Children's), Intensive Care, Emergency Medicine, Emergency Surgery, Cancer Care and Coronary Care.

It was clear in the South West London STP, or "Five Year Forward Plan", that St George's hospital was "safe" and that St Helier hospital and Epsom hospital were the primary targets for cuts and downgrades.

The Epsom and St Helier Trust carried out a "Public Engagement" on their proposal to remove ALL acute services from BOTH Epsom Hospital and St Helier Hospital. They had a very low response with only 441 people signed up in support of their plans.

They offered only the POSSIBILITY that they MIGHT provide a facility at a SINGLE location instead of the TWO hospitals at which the acute services are currently provided, but only:

- a. **IF** they can get the approval of NHS England and NHS Improvement' to build such a unit, and IF
- b. **IF** they can borrow over £400 million - possibly in the form of an expensive PFI, PF2 or similar scheme and IF
- c. **IF** they get planning permission and IF
- d. **IF** the six Clinical Commissioning Groups all agree these plans and IF
- e. **IF all of the Councils in SW London endorse them.**

The Trust have not specified at which of the three potential sites such a facility might be built. They say it could be at Epsom Hospital, St Helier Hospital or co-located with the Royal Marsden in Belmont. **All of these options would mean longer journey times for most people, when speed is of the essence.**

The Trust has only pledged that Acute services at Epsom Hospital and St Helier Hospital are safe until 2020. They have said that any substitute unit, **if built**, could not open before 2024 or maybe 2026. **We are therefore looking at a 4 year, 6 year or even a permanent gap in acute service provision.** This is not acceptable or safe.

The Trust currently serves a population within its catchment area that will have grown to about 700,000 by 2020. The affected population will be even greater than **700,000 by 2024/26.**

One fifth of the land and buildings at Epsom Hospital are currently up for sale to property developers, and the Trust also say they hope to sell land at the St Helier hospital site for high density housing in 2019/20. This would increase demand on the NHS and reduce capacity.

In the plan, they intend to serve only 418,000 people if the new facility is incorporated into the Marsden, 369,000 if it is at St Helier and a mere 295,000 if it is built at Epsom. It is therefore clear that the plan embodies a major reduction in overall NHS capacity and accessibility that will place patients throughout SW London at risk.

The other three SW London Acute hospitals routinely have excessive, unsafe bed occupancy rates and cannot cope with current demand, let alone the thousands of additional people to be abandoned under each of the optional plans.

If the proposed unit were ever built, it would have many **fewer Acute beds** than are currently available in the two existing hospitals. At most it would have 500 acute beds as compared with the 759 we had in 2015.

The plan is to have many fewer consultants at any "replacement" facility than we currently have.

All 3 options involve a reduction in beds per thousand people served, to at best, about 1.2 beds per 1000 people. Up to half (49%) of these could be private, leaving only 0.6 beds per 1000 people for NHS use. For comparison France has 6, Germany 8 and Japan 15 beds per 1000 people.

Last winter St Helier Hospital used Queen Mary's Children's Hospital beds and St Helier Elective Surgery beds to cope with the demand for adult acute patients. If we only had 500 or even fewer acute beds, located on a single site, rather than the two we currently have, then such flexibility in extreme circumstances would not be available.

We have all seen the crisis in A&E with missed 4 hour targets, people waiting in ambulances and lined up on trolleys in corridors and cancer diagnosis targets missed. This is not just a winter crisis. It is now a year round crisis with bed occupancy routinely well in excess of safe levels.

68 A&E consultants have written to the Prime Minister complaining about excessive trolley waits, caused by bed and staff shortages, with patients dying prematurely as a result.

The President of the Royal College of Emergency Medicine (RCEM) has said that these STP closure plans are "potentially catastrophic" and put lives at risk. "We need more beds, not fewer". The RCEM has also recently written to the Chief Executive of NHS England, Mr Simon Stevens, regarding the dangers of abandoning the 4 hour wait targets for A&E. They see this as having potentially catastrophic results for patients too. They ask who were the "top doctors.....with such contempt for the patient interest" that the NHS claim to have consulted. They are not from the RCEM, who believe the target is vital for high quality patient care.

Paramedics already have either to abandon patients without handing them over to the hospitals, or to seriously delay their availability to travel to the next emergency patient. These plans will make matters much worse.

The proposed **single** acute unit would for most people mean **longer journey times in emergencies**, and longer waits for overstretched ambulances. This could have a serious impact on outcomes and people could die. Mothers and their babies could suffer serious harm or even death if an emergency crash caesarean is needed and journey times are increased. Infant mortality figures are already rising, reversing many years of reductions in such tragic events.

Sutton, Merton and Surrey Downs CCGs are now carrying out an "Engagement" based on plans which are similar to those of the Epsom and St Helier Trust, but which are extremely sketchy and vague. Despite this vagueness they nevertheless plan to move to a "Public Consultation", possibly as soon as June 2019.

These plans should, at the very least, be subject to full and proper scrutiny by Council Scrutiny Committees and by GPs at their respective CCG meetings.

If these plans are allowed to progress without full public and Council scrutiny, and are simply rubber stamped by the Council's Health Scrutiny & Overview Committee and Health & Wellbeing Board without proper knowledge or understanding of their content and consequences, then Councillors will have failed to carry out due diligence in protecting local health provision and the NHS on behalf of the public they are elected to serve.

Many Councils have refused to endorse their STPs, including our neighbours in North West London (Hammersmith & Fulham and Ealing Councils). This has the potential to block STP implementation. Our Council has the power, and the duty, to block imposition of this dangerous STP in South West London.

I call on you as my elected representative to do all in your power to ensure that the Council refuses to sign off the SW London Sustainability and Transformation Plan and to publicly call on the Council to block these dangerous plans to remove acute services from our two local Major Acute Hospitals.

I look to you publicly and vigorously to fight against any acceptance of the Trust's and NHS Commissioners' proposals, and to fulfil your duty to your constituents by protecting the best and most cost effective health service in the developed world - Our NHS.

The electorate will not forgive any Councillor or MP who allows our local Acute Hospitals and the NHS in general to be destroyed in this way.

Yours Sincerely