Doctor.....

Home address.....
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Date.....

Dear Dr.....

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". Within each Footprint, 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 own area.

The 44 "Footprints" were jointly instructed to hastily devise plans to cut NHS spending by £23 Billion by 2020.

Our Footprint is SW London, which has six CCGs, six councils and Five Acute Hospitals.
They were told that they had to make nearly £1 billion of cuts to local NHS spending by 2020.

Most plans that emerged involved cuts in Treatments, Prescriptions, and operations; they also restricted and monitored referrals GPs and consultants could make.

However 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 SW London STP, or "Five Year Forward Plan", that St Georges was safe and that St Helier hospital and Epsom hospital were the primary targets.

The Epsom and St Helier Trust have recently 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. Only 441 individuals signed up in support of the plan.

The Trust offer only the POSSIBILITY that they MIGHT provide a facility at a SINGLE location instead of the TWO major acute hospitals at which the services in question are currently provided, but only if:

a. **IF** they can get NHS England's permission to build such a unit -and
b. **IF** they can borrow over £400 million - possibly in the form of an expensive PFI, PF2 or some similarly disadvantageous scheme - and
c. **IF** they get planning permission - and
d. **IF The GP and other members of CCGs in SW London endorse these plans** - and
e. **IF** the Councils in SW London also endorse these plans

They have not specified on which of the three proposed sites, such a facility might be built. They say it could be at Epsom Hospital, at St Helier Hospital, or co-located with the Royal Marsden in Belmont.

The Trust has only pledged that acute services at Epsom and St Helier are safe until 2020. They have said that any substitute unit, if it were ever built, would not open before 2024 or most recently they have said not until 2026. We are therefore looking at a 4 year, a 6 year - or even a permanent gap in acute service availability. 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. They plan to serve only 418,000 if the new facility is incorporated into the Marsden, only 369,000 if it is located at St Helier and a mere 295,000 if it were to be built at Epsom.

The affected population will be even greater than 700,000 by 2024 - 2026. Especially if they build the planned high density housing on the 20% of the land at Epsom Hospital which is currently up for sale, or the at the back of the St Helier hospital site, which they also hope to sell to property developers by 2019/20.

As you know, the other three SW London acute hospitals routinely have excessive bed occupancy rates and are regularly unable to cope with current demand, let alone the additional people that will be abandoned by any of the Trust's plans. It is therefore clear that the plan embodies a significant reduction in overall NHS capacity and accessibility that will place patients throughout SW London at risk.

If such a unit were ever built it would have many fewer acute beds than are currently available in the two existing major acute hospitals. At most it would have 500 acute beds as compared with the 759 the Trust had in 2015.

It would also have many fewer consultants at any substitute facility.

All 3 options involve a significant reduction in the number of hospital beds per thousand people served, to at best, about 1.2 beds per 1000 people. 49% of these beds could well be private, leaving only about 0.6 per 1000. For reference, France has 6 beds per 1000 people, Germany has 8 and Japan 15 beds.

Last winter saw St Helier Hospital close Children's and Elective Surgery beds to cope with the demand for adult acute patients. If we were to have only 500 or even fewer acute beds, located on a single site instead of the two which we currently benefit from, then that flexibility would not be available.

We have all seen the crisis in A&E services with missed 4 hour targets, missed ambulance response 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 bosses have written to the Prime Minister complaining about excessive trolley waits and patients dying prematurely as a result. They cite lack of beds as a major cause.

The President of the Royal College of Emergency medicine has said that these STP closure plans are "potentially catastrophic" and put lives at risk. They have also recently written to the CEO of NHS England, Simon Stevens, regarding the danger of abandoning the 4hour wait targets for A&E. This they also see as potentially catastrophic.

Paramedics are distraught at having either to abandon patients without handing them over to the hospitals, or to seriously delay their availability to travel to the next emergency patient.

The proposed **single acute unit** would mean longer journey times for most people, including longer waits for overstretched ambulances. This could have a serious impact on outcomes, and people could die as a result. In particular, mothers and their babies could suffer serious harm or even death if an emergency or crash caesarean is needed and journey times are increased.

Hospitals that lose acute services, a major source of income for hospitals, can easily be declared "financially unsustainable" and be forced to close completely. This would be a disaster for all of your patients and the whole community. The surviving acute hospitals in this area would not be able to cope with the increased demand.

These plans should, at the very least, be subject to proper scrutiny in Council Scrutiny Committees, and by General Practitioners at local CCG Board meetings.

Many Councils have refused to endorse their STPs, including our neighbours in West London (Hammersmith and Fulham and Ealing Councils), which has the potential to block STP implementation. Our Clinical Commissioning Group has the power to block this dangerous plan.

Sutton, Morden and Surrey Downs CCGs are now carrying out an "Engagement" based on similar plans to those published by the Epsom and St Helier Trust. They intend to hold a Public Consultation on their similar, but very vague plans, possibly as early as June 2019.

I ask you as my doctor, with your patients' health and wellbeing as your primary concern, to attend your Clinical Commissioning Group (CCG) Governing Body meetings and to do all in your power to ensure that these **potentially catastrophic** plans are voted against and rejected by the CCG.

GPs' refusal to agree to this plan's nearly identical predecessor ("Better Services Better Value" - BSBV) halted its implementation.

Your action could once again help to save local hospital services.

Thank you for taking the time to read this letter.

Yours Sincerely