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Dear MP

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

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 local 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, and 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, procedures, operations, prescriptions, and the hospital referrals GPs and consultants 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 - down to four or even down to only 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 Georges was safe and that St Helier hospital and Epsom hospital were the primary targets.

The Epsom and St Helier Trust carried out a Public Engagement on their proposal to remove **ALL acute services** from **BOTH Epsom and St Helier Hospitals**. They had a minimal response, with only 441 individuals signed up in support of the plan.

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

- 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 private loan and
- c. **IF** they get planning permission and
- d. **IF** the CCGs approve the plans and
- e. **IF** the councils in SW London endorse these plans.

They have not specified at which of 3 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, at the time 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**, would not open before **2024**. They are now saying it *could* open as late as **2026**. **We are therefore looking at a 4 year, 6 year or even a permanent gap in acute service availability.**

This is not acceptable or safe for your constituents.

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 Royal Marsden, 369,000 if it is located at St Helier and a mere 295,000 if it is built in Epsom. The affected population will be even greater than 700,000 by 2026.

One fifth of the land and buildings at Epsom Hospital are currently up for sale to property developers. The Trust have also said in their "Refresh" document that they hope to sell the land along the back of St Helier Hospital to property developers for "high density housing" by 2019/20. This would increase demand and reduce NHS provision. This would put your constituent's lives at risk.

The other three SW London acute hospitals routinely have excessive and unsafe bed occupancy rates and cannot cope with current demand, let alone the additional people that will be abandoned by each of the Trust's plans. 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 significantly greater risk.

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

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

All 3 options the Trust proposes, involve a further reduction in our already low ratio of hospital beds per thousand people. At best it would be about 1.2 beds per 1000, 49% of which could well be private. That would leave only about 0.6 per 1000 NHS beds. For comparison, Japan has 15, Germany has 8 and France 6 beds per thousand.

This winter has seen St Helier Hospital using Children's and Elective Surgery beds to cope with the demand for adult acute patients. If we only had 500 or fewer acute beds on a single site, then **that flexibility would not be available.** Already Croydon hospital and St Georges hospital frequently send A&E patients to St Helier when they are over-capacity.

We have all seen the crisis in A&E services with missed 4 hour targets, people waiting in ambulances and lined up on trolleys in corridors, sometimes for 12 hours. This is not just a winter crisis. It is now a year round crisis, with bed occupancy routinely **well in excess of safe levels.**

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 Chair of the RCEM has more recently written to the Chief Executive of NHS England, 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 Royal College of Emergency Medicine who believe the target is vital for high quality patient care.

68 A&E bosses have written to the Prime Minister complaining about excessive trolley waits and patients dying prematurely as a result of a lack of both beds and staff.

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. These plans will make that situation worse. The proposed single acute unit would mean longer journey times for most people, including longer waits for overstretched ambulance services. This could have a serious impact on outcomes and people could die. In particular pregnant mothers and their babies could suffer serious harm or even death if an emergency/crash caesarean is needed and journey times are increased by the removal of one or both acute hospitals.

Hospitals that lose acute services, a major source of income, can quickly be declared "financially unsustainable" and closed completely. This would be a disaster for you and all of your constituents.

Sutton, Merton and Surrey Downs CCGs are carrying out an "Engagement" based on plans which are apparently similar to those of E&STH Trust, but the published details are very sketchy and vague. Despite this vagueness they intend to carry out a "Public Consultation" possibly as early as June 2019. They have apparently sent more details to NHS bosses.

These plans should, at the very least, be subject to proper scrutiny in Council Scrutiny Committees. If these plans are allowed to progress without full public and Council scrutiny, and are simply rubber stamped without proper knowledge or understanding of their content and consequences, then the peoples' elected representatives will have failed to carry out due diligence in protecting local health provision and the NHS on behalf of the public.

Many MPs and Councils across England have refused to endorse their STPs, including our neighbours in North West London (Hammersmith and Fulham and Ealing). This has the potential to block STP implementation. Our Council has the power to block imposition of the SW London STP and as my MP, you also have a major influence on these decisions.

I call on you as my elected representative in Parliament to do all in your power to ensure that these potentially catastrophic plans are rejected in their entirety, and demand that we must keep both of our Major Acute Hospitals, Epsom and St Helier, in the communities they were built to serve.

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

I look to you publicly and vigorously to fight against any acceptance of the Trust's or CCGs proposals to destroy one or both of our two major acute hospitals, and to fulfil your duty to protect the best and most cost effective health service in the developed world - the finest creation of any nation - OUR NHS.

Yours Sincerely