

PRESS RELEASE - 10th July 2020

KOSHH (KEEP OUR ST HELIER HOSPITAL) & KOEH (KEEP OUR EPSOM HOSPITAL)
ON THE FUTURE OF EPSOM AND ST HELIER UNIVERSITY HOSPITALS

NHS MANAGERS' PLAN WILL PUT SW LONDON & SURREY RESIDENTS' LIVES AT RISK

On Friday 3 July 2020 NHS managers held a virtual meeting, without any public participation, to announce the 'rubber-stamping' of their decision to proceed with a plan, outrageously called "Improving Healthcare Together".

At a time when the UK is suffering one of the worst death rates in entire world from Covid-19, NHS managers want to cut the number of Major Acute Hospitals in SW London by at least one fifth.

Instead of our two Major Acute Hospitals at Epsom and St Helier we would have **a single, smaller unit, at the Royal Marsden in Belmont with fewer beds, fewer Consultants and located further away from most people**. This comes on top of the cuts and closures that had already put the NHS in crisis before the pandemic.

Implementation of this plan would mean:

- Removal of A&E, Maternity, Intensive Care, Paediatrics, Coronary Care, Cancer Care, Emergency Surgery and Emergency Medicine from both Epsom and St Helier Hospitals and the permanent loss of Queen Mary's Hospital for Children
- Having only about 1 bed per 1,000 users of Epsom and St Helier, whereas they have 6 beds per 1,000 people in France, 8 in Germany and 13 in Japan
- Increased risk of harm and death from longer journey times in all emergencies for most patients currently relying on Epsom and St Helier, the furthest away being the most vulnerable patients, i.e. the oldest in Epsom and the most deprived and BAME residents of East Merton and North Sutton
- Admission only by blue light ambulance (or GP referral) with more frequent and longer such journeys placing extra demand on our over-stretched ambulance service, increasing delay and harm to patients
- Transfer of the sickest patients to and fro between the acute unit and surrounding hospitals, further overburdening the ambulance service and putting lives at extra risk of harm and death
- The potential for infection of immune suppressed cancer patients at the Marsden complicating use of the new unit during any future epidemic or pandemic
- Epsom and St Helier hospitals having no full A&E, only nurse or GP-led Urgent Treatment Centres, only some overnight beds for rehabilitation (if they are not moved to the Seacole Centre), some day surgery and a few clinics, no onsite Consultants and no doctors at all overnight.

The Royal College of Emergency Medicine have said that the loss of A&E, acute services and hospital beds are potentially catastrophic, lives will be lost and that we need more NHS beds, not fewer.

A study commissioned by Merton Council has found that it would make more sense clinically and financially to retain, maintain and improve the two Major Acute Hospitals we currently have, than to attempt to staff, maintain and operate services across three sites.

KOSHH has been fighting this particular plan since it was first tabled 5 years ago. The proponents have repeatedly been asked to provide independent peer-reviewed evidence that it will improve healthcare outcomes. None has been offered.

KOSHH has also repeatedly asked for a plan to maintain and improve all services at both of the current sites to be drawn up and costed. This has not been done, and there has been no consultation on whether reducing the number of Acute Hospitals in SW London is safe.

No evidence has been provided to justify the assertion that this plan enjoys "broad support". KOSHH, MPs, Councils, major health Unions and other organisations have submitted detailed written objections to this plan. KOSHH has submitted petitions signed by over 20,000 residents calling for all services to be maintained and improved on both sites. Other large petitions have also been submitted.

KOSHH calls on all residents of Surrey and South West London to:

- Write to their Councils asking them to exercise their right and duty to protect the health and well-being of their constituents by rejecting this plan and referring it back to the Secretary of State for Health and Social Care.
- To sign the KOSHH petition against these proposals at <http://koshh.org/petition>

ENDS

BACKGROUND, EVIDENCE AND RELEVANT LINKS

The announcement and objections submitted:

For the video of the meeting that announced the decision and statements submitted by "stakeholders" to the committee by KOSHH and others, see

<https://improvinghealthcaretogether.org.uk/next-steps/improving-healthcare-together-committees-in-common-friday-3-july-2020/>

Downgrading Epsom and St Helier to improve the Royal Marsden:

The Royal Marsden Hospital lacks and clearly needs intensive care facilities, but providing them should not be achieved by removing acute services from where they are needed at Epsom and St Helier Hospitals. Epsom and St Helier stand in the centre of the communities they were built to serve.

<https://www.telegraph.co.uk/news/2019/06/19/nhs-accused-burying-damning-child-cancer-report-patients-unnecessarily/>

Potential provision of costly publicly provided facilities to a future wholly private hospital:

Many stakeholders have expressed fears that this whole plan is to facilitate more private income for The Royal Marsden, which is not averse to exceeding the 49% legal limit of private income for an NHS hospital. They have said they "might consider leaving the NHS altogether" if that makes it necessary.

<https://www.thetimes.co.uk/article/nhs-in-dash-for-private-cash-nsnjw569z>

Danger of increased inter-hospital transfers:

Only the sickest patients would be admitted to the proposed unit and only allowed to stay for a few days. This would necessitate frequent transfer of patients between it and the proposed downgraded "District" hospitals. In some cases several such transfers could be needed. Frequent transfers of care of the sickest patients have proved to increase the risk to patient's health as seen at the Royal Marsden.

<https://www.dailymail.co.uk/health/article-7157659/NHS-covered-report-telling-change-unsatisfactory-childrens-cancer-services.html>

A&E closures cause deaths:

The Royal College of Emergency Medicine said reductions in capacity are potentially catastrophic, lives will be lost and we need more beds not fewer. Longer journey times to A&Es have increased the risk of harm and death in other areas where such closures have occurred.

<http://www.nationalhealthexecutive.com/News/emergency-department-closures-in-one-third-of-stps-will-put-lives-at-risk/155399>

<https://emj.bmj.com/content/24/9/665.short>

Hospital bed shortage:

The UK has fewer beds and fewer doctors per 1000 population than almost all other developed countries. Japan has 13 hospital beds per 1000 population, Germany has 8, France 6 and the UK just 2.5 beds per 1000 population. 50% of beds have been cut in the last 30 years and 17,000 in the last 10. The UK number of doctors is similarly shamefully small.

<https://data.oecd.org/healthqt/hospital-beds.htm>

<https://www.theguardian.com/politics/2019/nov/25/hospital-beds-at-record-low-in-england-as-nhs-struggles-with-demand>

<https://www.kingsfund.org.uk/publications/nhs-hospital-bed-numbers>

<https://data.oecd.org/healthres/doctors.htm>

Critical Care bed shortage:

At the start of the Covid pandemic Germany had 29 Critical Care beds per 100,000, whereas we had just 6.6 - about a fifth of those in Germany. This in part explains why England has one of the highest number of deaths per capita in the entire world. We have had over 65,000 excess deaths so far in this pandemic.

<https://www.forbes.com/sites/niallmccarthy/2020/03/12/the-countries-with-the-most-critical-care-beds-per-capita-infographic/>

<https://www.theguardian.com/society/2019/dec/10/thousands-of-patients-die-waiting-for-beds-in-hospitals-study>

Ambulance wait times:

<https://www.hsj.co.uk/ambulance-waiting-times-soared-in-march-as-calls-hit-record-high/7027368.article>

<https://www.independent.co.uk/news/ambulance-response-time-999-call-targets-emergency-nhs-england-hospital-labour-a8700611.html>

Cuts have already gone too far:

Even before the advent of Covid19 the NHS was in crisis. The Royal College of Emergency Medicine have said that such cuts and closure plans are potentially catastrophic. The BMA, NHS England boss and many others have said we need more NHS provision, more hospital beds not fewer and that cuts to bed provision have gone too far.

<https://www.theguardian.com/society/2019/jun/19/hospital-bed-cutbacks-have-gone-too-far-nhs-england-boss-simon-stevens-says>

<https://www.kingsfund.org.uk/press/press-releases/hospital-bed-cuts>

<https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/bed-occupancy-in-the-nhs>

<http://www.nationalhealthexecutive.com/News/emergency-department-closures-in-one-third-of-stps-will-put-lives-at-risk/155399>