

Southwark Health and Adult Social Care scrutiny sub-committee (HASC) response to the Trust Special Administrator (TSA) draft report for the South London Healthcare NHS Trust

King's College Hospital NHS Foundation Trust (KCH) acquisition of the Princess Royal University Hospital (PRUH), Bromley

We support in the strongest possible terms the proposal for King's College Hospital NHS Foundation Trust (KCH) to acquire the Princess Royal University Hospital (PRUH), Bromley, as opposed to the PRUH being tendered out to the independent or private sectors.

KCH have an excellent track record of financial and clinical management and are keen to extend this expertise to the running of the PRUH. As well as improving and making the Bromley site sustainable KCH assured the committee that the acquisition will enable them to improve care provided to residents on the Denmark Hill site by freeing up space in their existing premises and giving medical students better experience.

In contrast to the hospital potentially being handed to a competing private sector provider a properly resourced acquisition will help secure the financial viability of KCH thereby helping ensure a comprehensive health service for Southwark residents into the future.

For this reason we do not support the second proposal for a tendering exercise for the hospital or any other parts of the South London Care Trust. This would risk a private sector provider cherry-picking more lucrative work from NHS providers leading to financial instability and putting at risk the comprehensive service for Lambeth residents.

We recommend KCH acquire the PRUH and the option of a tendering process for the PRUH is removed from the final proposals submitted to the Secretary of State.

Community Care

The committee welcome's the TSA's recommendations to shift more care from hospital buildings out into the community. When used appropriately care in the community can be cheaper, safer and more desirable to residents. It also prevents unnecessary hospital stays and stops a relatively minor ailment becoming a confidence and life-shattering event. This transition must be properly resourced and monitored to ensure it is working successfully, so that secondary care is not overwhelmed if there are problems. We recommend the TSA works closely with the Southwark Clinical Commissioning Group and Southwark Social Services to establish if this is viable.

We support the recommendation to shift care into the community where appropriate but want this to be properly resourced and monitored.

Elective Care moving to Lewisham

We are deeply concerned by the proposal for a south-east London Elective Care Centre and remain unconvinced it is necessary to deliver a better service for Southwark's residents. If this proposal is taken forward we recommend the following work is undertaken.

Given the emphasis on delivering care closer to people the recommendation to shift elective care to Lewisham, a greater distance from Southwark residents than current provision, does not seem to be consistent with this direction of travel.

On the positive side the committee understands that such a move would free up space, particularly at the Denmark Hill KCH site, for more acute, emergency department and maternity services. We also accept that outcomes and efficiency are often improved by concentrating specialist services, as demonstrated by the London stroke care reconfiguration. However we are not convinced that all Southwark residents would be as well served by having to travel to Lewisham for routine surgery.

Public transport is already prohibitively expensive for many Southwark residents, fares are about to rise above inflation again in January. The committee feels that moving elective care to Lewisham, without providing free transport, would unfairly and disproportionately disadvantage the poorest, and therefore some minority groups, and those with existing mobility problems.

It is also unclear whether patients will be forced to attend the new Elective Care Centre or have the option of attending an existing local centre. We feel this requires further clarification and consideration.

Losing the well established and high quality elective surgery units at Guys and King's College Hospitals completely also seems like a retrograde step.

We recommend the TSA works closely with KCH and GSST to develop this proposal and establish if it is viable. Further we recommend more work is undertaken to develop how pre and post operation appointments and care will be managed with a large number of GPs, CCGs, Hospital Trusts and local authorities. Including whether patient records will be able to be shared on a common IT system.

We also have deep reservations about including the private sector in the management of any new Elective Care Centre and recommend this approach is not adopted. This is due to

the potential for conflicts of interest between the private provider and the needs of our hospital trusts and Southwark's residents.

Due to the lack of clarity of whether all elective care will be moved to Lewisham and its potential impact on Southwark's residents we are unable to give support to this recommendation. We feel this recommendation needs further work, but if it is included in the final recommendations we think it should include a free patient transport arrangement for Southwark elective care patients if the Lewisham elective care centre proposal is taken forward.

The impact of replacing the Lewisham emergency department with an urgent care centre

Having taken evidence from KCH the committee is not convinced with the TSA's estimate of increased blue-light and non blue-light patient flows to the KCH emergency department. The KCH estimate the 'medical take' of patients could increase from 35-40 currently to 50-60 per day if this proposal goes ahead. We are also concerned that downgrading Lewisham A&E to an Urgent Care Centre would impact patient flows in unexpected ways. We are not confident that the 78% of cases that could be treated at an Urgent Care Centre in Lewisham would necessarily present there in the future. We believe that many patients would instead travel to their nearest A&E just in case something was more seriously wrong with themselves or their family members/friends. The majority of people do not have medical training and do not approach these matters in an entirely rational manner. We therefore urge the TSA to undertake further work with all A&Es in south-east London to better understand potential patient flows and to look at patient flows in comparable areas of the country where an A&E has been downgraded.

KCH informed the joint scrutiny meetings that they think they have the clinical and staffing capacity to deal with additional A & E capacity, but do not have the physical capacity to do so. For this they will need to move some services out to make room or to acquire the EDF site near Denmark Hill. To make this draft recommendation work KCH will need additional investment.

We urge the TSA, if they have not already done so, to engage with the London Ambulance Service about their ability to cope with re-routing blue-light cases to other A&Es and how this will affect cover across south London.

More work should be done on this to establish patient flows and if it is viable, and to ensure that if this proposal is taken forward KCH's emergency department is properly resourced to cope with the additional patients and that they have adequate provision for admitting them.

Maternity services

The committee is also concerned about the knock-on effect of closing or downgrading Lewisham's maternity service. The committee is deeply concerned at the impact of redistributing the c4,000 births that take place at Lewisham A&E across other maternity units in south east London. Already Lambeth and Southwark's provision is very stretched and Lambeth, Southwark and Lewisham's already high birth rate is projected to increase rapidly. As London already suffers from worse maternal outcomes than the rest of the country, we agree that further work is undertaken to establish whether both options have sufficient capacity and welcome the TSA's acknowledgement of this in his draft report.

Any extra burden on KCH in particular must be matched with proper resources and physical space.

Paediatric and Neo-Natal Services

We are concerned that the report is silent on these services and the impact of the loss of these services in Lewisham. We recommend the TSA develops detailed proposals on paediatric and neo-natal services, in particular the impact on the Evelina Centre at St Thomas's and KCH, and that such proposals are included in the final recommendations to the Secretary of State.

Funding the draft recommendations

We welcome the TSA's acknowledgement that additional capital and revenue resources will be required to make his recommendations work. We urge the TSA to include this in his final recommendations to the Secretary of State. Further, we ask for the TSA to make clear to the Secretary of State that the provision of additional national funds should not impact on current health funding to south-east London. With the current savings already being demanded of the NHS under the QIPP programme and the flat funding settlement from central government we do not feel that local NHS services and providers could find the level of resource required from within existing budgets. Further, we strongly believe that if the necessary additional funds are not made available then either deficits will be run up in the future or patient care and outcomes will suffer considerably.

Implementation Plan

We are concerned that the implementation plan has not been publicly consulted on. While we were reassured to an extent when the TSA gave evidence to our committee last week that the implementation plan has been tested, we nonetheless would have preferred for this to be done in public. We recommend that the Implementation Plan is tested as robustly as possible with as wide a range of stakeholders as possible before the final recommendations are published in January. We further recommend that the TSA/DH reviews the implementation plan on a rolling basis with local partners and updates it as needed – including any additional resources that may be required.

We are also concerned that the recommendations make virtually no reference to public and mental health. It is unclear how these recommendations fit within a “whole system approach” to healthcare (i.e. public health - primary care - acute care - secondary/tertiary – recovery - public health). This report is heavily focused on the acute sector, which while understandable given the financial situation at SLHT, it is disappointing that a wider view of the health economy and patient pathways was not considered. Given the commitment by King’s Health Partners to work towards parity of care for mental and physical health we recommend that the TSA works with KHP to identify any possible opportunities to improve mental health provision in Southwark as part of your final recommendations to the Secretary of State. Given the tight timescales of this process, we further recommend that the TSA/DH continues to work closely with KHP to monitor the Implementation Plan to identify possible opportunities in the future to achieve parity of care for mental and physical health patients.

Impact on King’s Health Partners

Whilst not having adopted a formal position on the King’s Health Partners proposed merger, the committee were pleased to hear from their representatives at the joint meeting with Lambeth Scrutiny that KHP will significantly slow down their work on developing the Full Business Case for the merger. We strongly feel that until the final recommendations have been made and the Secretary of State has ruled on what he will do it is premature to develop a Full Business Case. Given the scale of uncertainty that exists over the future of the NHS in south east London, not least the potential expansion of KCH into the PRUH and the significant potential overhaul of elective, emergency and maternal care, we feel it is inappropriate to commit any significant resources to developing the case for the merger. Whilst acknowledging the deeply held concerns of all our local MPs, we do not feel it is appropriate to formally ask KHP to stop all work on their proposed merger as some background work and analysis can still continue.

As committee chair I will be writing separately to KHP to inform them of our view. As per the committee's work programme for this municipal year we will continue to scrutinise in detail the proposed merger, in particular making sure the full costs and risks are properly understood and that the changes will be beneficial to Southwark's residents and will not diminish the standard of care they receive.