

Consultation on the Trust Special Administrator's draft report for South London Healthcare NHS Trust and the NHS in south east London

Southwark Council – consultation response

OVERALL

This is Southwark Council's consultation response to the Trust Special Administrator's (TSA) report for South London Healthcare NHS Trust and the NHS in south east London.

Q1. To what extent do you agree or disagree that the efficiency of the hospitals that make up South London Healthcare NHS Trust needs to improve to match that of top performing NHS organisations?

Tend to agree

Q2. To what extent do you agree or disagree that the areas outlined in Chapter 5 of the consultation document for improving efficiency at the hospitals that make up South London Healthcare NHS Trust are appropriate?

Tend to disagree

Q3. What further comments, if any, do you have on any of the proposals outlined around recommendation one in the consultation document, including the reasons for your answer to questions 1 and 2? Please also include any improvements you would like to suggest to this recommendation.

The TSA recommendations include an improvement in the efficiency of the South London Healthcare Trust, on the basis of an improved productivity standard, within a set timescale, as developed by the TSA in consideration of other similar Trusts.

The Council supports the principle that all NHS Trusts should perform at the highest level. However, the TSA should provide assurance that the productivity target is achievable in the timescales without negatively impacting on patient care or choice for Southwark residents.

The Council believes that there is a need for further consideration by all key partners as to whether the productivity standard, as set out by the TSA, is achievable within existing timescales and appropriate considering the current health and care context in this area.

The productivity standard agreed should ensure that the quality of patient care is of the highest possible standard, and that the future health services deliver the best outcomes for the communities that they serve.

The TSA should also recommend that future funding allocations must be based on genuine achievable efficiencies rather than theoretical maxima.

Q4. How far do you support or oppose the proposal for Queen Mary's Hospital, Sidcup to be turned into a Bexley Health Campus?

No views either way

Q5. How far do you support or oppose the proposal for the land and buildings required for Bexley Health Campus at the Queen Mary's Hospital, Sidcup site to be transferred or sold to Oxleas NHS Foundation Trust?

No views either way

Q6. What further comments, if any, do you have on any of the proposals outlined around recommendation two in the consultation document, including the reasons for your answers to questions 4 and 5? Please also include any improvements you would like to suggest to this recommendation.

The Council believes that local clinical leadership, with the Council, working with the communities of this area are best placed to lead any changes to healthcare locally.

Q7. How far do you support or oppose the recommendation that South London Healthcare NHS Trust should sell or no longer rent poorly used or empty buildings?

No views either way

Q8. What further comments, if any, do you have on any of the proposals outlined around recommendation three in the consultation document, including the reasons for your answers to question 7? Please also include any improvements you would like to suggest to this recommendation.

The Council believes that any changes to the health estate should be directed by the priorities set out in emerging local Joint Health and Wellbeing Strategies and commissioning plans. In addition, any changes to the local NHS estate should consider health and community usage as a priority.

Q9. How far do you support or oppose the recommendation that the Department of Health provides additional annual funds to cover the additional costs of the Private Finance Initiative (PFI) buildings at Queen Elizabeth Hospital and Princess Royal University Hospital until the relevant contracts end?

No views either way

Q10. What further comments, if any, do you have on any of the proposals outlined around recommendation four in the consultation document, including the reasons for your answers to question 9? Please also include any improvements you would like to suggest to this recommendation.

The TSA recommendations include both a one-off write-off for part of the South London Healthcare PFI liabilities, and also further ongoing national financial support to service the costs within any future Trusts for the duration of the lifespan of the PFI contracts.

The Council believes that the TSA should recommend that the Department of Health ensure that the provision of national funds should be in addition to current and future health funding in the south-east of London. Without this recommendation there is a risk that local funds are utilised to service these liabilities, with an impact on current healthcare programmes, and the capacity of other providers in the area.

The draft TSA report does not clarify how future liabilities will be serviced, and it needs to be clear that this additional funding will not impact on the overall health budget allocation in the south-east of London or services for Southwark residents.

Q11. How far do you support or oppose the recommendation to implement the community based care strategy as outlined in Chapter 8 of the consultation document?

Tend to agree

Q12. What further comments, if any, do you have on any of the proposals outlined around care in the community and closer to home in the consultation document, including the reasons for your answers to question 11? Please also include any improvements you would like to suggest to this recommendation.

The Council welcomes in principle the development of a strategy for community based care.

The Council believes that shifting the balance of care towards a community-based and preventative model where people can be provided with treatment and support closer to their homes could have a transformative impact, improving services and outcomes for individuals, communities and families.

The Council believes that any change programme in community care should place the quality and needs of patients and the most vulnerable at the heart of its work, and to ensure that there is sufficient capacity in the community and social care to manage a different approach to delivering services

It is therefore crucial that the transformation of community care, as proposed by the TSA, is fully resourced, and that all partners are fully engaged in the changes and share the benefits, including the local acute and mental health Trusts.

There are significant pressures on community health services and social care in Southwark. The Council is implementing changes in line with a significant budget reduction, with further reductions expected in the coming period. The proposals in the TSA report, if under-resourced, would therefore impact on the quality and provision of current services at an already challenging time.

The Council believes that a community health and care strategy, jointly developed and owned by the Council and the NHS, is the right approach to making the transformative change towards a more preventative, community-based approach to health and care. The Council however has reservations that the current model instigated by the TSA does not represent a fully resourced partnership approach with the Council, including public health and social care.

The Council in addition believes that the community based care strategy should be phased, in order to develop the additional capacity required in community and social care system prior to the planned shift from the acute sector.

The Council believes that, in order to deliver the aspirations of the community based care strategy, that there needs to be a fully resourced partnership led by the Council and local CCG. This partnership will require the support of the wider NHS and public health systems, but should be led at a borough level through local Health and Wellbeing Boards.

Q13. How far do you support or oppose the proposed plans for delivering urgent and emergency care in south east London? The following shows how urgent and emergency care would be delivered:

Emergency care for the most critically unwell – King’s College Hospital, Queen Elizabeth Hospital, Princess Royal University Hospital, St Thomas’ Hospital

Urgent care – Guy’s Hospital, Queen Mary’s Hospital, Sidcup, University Hospital Lewisham

Tend to disagree

Q14. What further comments, if any, do you have on any of the proposals outlined around urgent and emergency care in the consultation document, including the reasons for your answers to question 13? Please also include any improvements you would like to suggest to this recommendation.

The Council has reservations that the impact of changes in emergency care as set out in the TSA report may result in a detrimental impact on the quality of patient care in the Lambeth and Southwark acute sector, and for the quality and choice of healthcare provided for Southwark residents.

Changes to emergency and urgent care should ensure that patients are provided with the highest quality of care, and that there is sufficient capacity to manage changes to services.

The Council believes that the TSA should set out that the changes to emergency and urgent care will need to be fully resourced, including in the acute sector in Lambeth and Southwark, in order to mitigate against a detrimental impact on the quality and capacity of acute services across the region.

The shift proposed by the TSA by which patients would increasingly access urgent care, as opposed to Accident and Emergency Services, requires a transformation in the current ways of working of primary and secondary care, but also in terms of

public understanding of each service and where to access the right level of care. The TSA should clarify how this change programme will be resourced and led, and set out that it is essential that the communities of south-east London are involved in this.

The changes to emergency and urgent care will require patients to, in many cases, travel greater distances in order to access care and treatment. It is uncertain whether the current transport infrastructure in south-east London, notably with the recent closure of the south London train line, has appropriate capacity and links in order to support this change. The TSA should clarify how Transport for London (TfL) will support these changes, and the plans in place to manage the implications for those in need of care and treatment.

The Council believes that there should be further detailed modelling of expected patient movements, in consideration of the TSA recommendations, in order to understand the impact of these changes on healthcare in this area and for Southwark residents. This modelling should involve all key partners, including local authorities, CCGs and communities.

Q15. Which of the following options would you prefer, if any, for providing obstetric-led services?

I do not support either of these options

Q16. What further comments, if any, do you have on any of the proposals outlined around maternity services, including the reasons for your answers to question 15? Please also include any improvements you would like to suggest to this recommendation.

The Council has reservations about both of the proposed options for obstetric-led services.

There are significant pressures on maternity services in the south-east of London, and there are risks with the proposals in the TSA report that, with the establishment of a four-site model, that this further impacts on a current service which is already at or close to capacity. This risks quality, choice and provision of care in this service and may have an impact on the quality of care for pregnant women, new mothers and families, including those who live in Southwark.

It is unclear, in addition, whether the addition of a site in Lewisham, but without the wider support provided by a fully resourced hospital capability on the same site, would provide robust and sustainable provision in this service.

Changes to obstetric-led services should ensure that patients are provided with the highest quality of care, and that there is sufficient capacity to manage changes to services.

It is crucial that changes to obstetric-led services, as proposed by the TSA, are fully resourced. The TSA report should clarify how this programme of transformation will be funded, and should be clear that additional funding will not impact on the overall current or future health budget allocation in this area.

The Council believes that the TSA should take full account of both clinical evidence and the views of the community in any changes that are proposed.

The TSA report should also clarify how Transport for London (TfL) will support these changes, and the plans in place to manage the implications for those in need of maternity support.

Q17. How far do you support or oppose the proposed plans for providing planned care services in south east London? The following shows how planned care would be delivered:

Day case surgery – Guy’s Hospital, King’s College Hospital, Queen Elizabeth Hospital, Queen Mary’s Hospital Sidcup, Princess Royal University Hospital, St Thomas’ Hospital, University Hospital Lewisham

Complex operations – King’s College Hospital, Queen Elizabeth Hospital, Princess Royal University Hospital, St Thomas’ Hospital

Specialist non-complex operations – Guy’s Hospital, King’s College Hospital, St Thomas’ Hospital

Routine non-complex operations that require a stay in hospital – University Hospital Lewisham

Tend to disagree

Q18. What further comments, if any, do you have on any of the proposals outlined around planned care in the consultation document, including the reasons for your answers to question 17? Please also include any improvements you would like to suggest to this recommendation.

The Council believes that there are risks that the proposed changes to planned care will impact on both quality of care, with additional clinical and professional capacity required to implement these changes, but also will significantly impact on patient choice for residents in Southwark.

The TSA report should ensure quality of care and patient choice are at the heart of these proposals.

The TSA report should also clarify how Transport for London (TfL) will support these changes, and the plans in place to manage the implications for those in need of maternity support.

Q19. How far do you support or oppose the recommendation for South London Healthcare NHS Trust to be dissolved, with current NHS services managed and delivered by other organisations?

No views either way

Q20. How far do you support or oppose the plan for the Queen Elizabeth Hospital site and Lewisham Healthcare NHS Trust to come together to create a new organisation?

Tend to disagree

Q21. Which of the following options would you prefer, if any, for the running of the Princess Royal University Hospital?

I do not support option B (procurement process) and provide only qualified support to option A.

Q22. To what extent do you agree or disagree with the recommendation for the Department of Health to write off the debt accumulated by South London Healthcare NHS Trust?

Tend to agree

Q23. What further comments, if any, do you have on any of the proposals outlined around recommendation six in the consultation document, including the reasons for your answers to questions 19, 20, 21 or 22? Please also include any improvements you would like to suggest to this recommendation

Ensuring appropriate provision of services, patient choice and the quality of patient care should be at the heart of the TSA proposals for this area. It is essential that a detrimental impact on the quality of health care for south-east London communities, which include areas with significant areas of deprivation and health inequalities, is not the outcome of the work of the TSA.

The transformation of health and community healthcare provision in the south-east of London, which is expected to follow the implementation of the TSA recommendations, will require clinical and professional leadership by the CCG, Council (including public health and social care), acute Trusts and others. It is crucial that the expertise of these groups is able to deliver on these changes, and to work together on the key challenges set out in the TSA report.

The TSA recommendations include both a one-off write-off for part of the South London Healthcare PFI liabilities, and also further ongoing national financial support to service the costs within any future Trusts for the duration of the lifespan of the PFI contracts. The TSA report does not clarify how future liabilities will be serviced.

The TSA should be clear that this additional funding will be provided throughout the lifespan of the TSA change programme and PFI contracts and in addition to the overall health budget allocation in the south-east of London.

The TSA report includes a recommendation to merge the Queen Elizabeth Hospital site and Lewisham Healthcare NHS Trust. This proposed change could have a significant impact on the clinical and leadership capacity of these Trusts at a time of change, which has the potential to impact on patient care and financial sustainability.

Any change to the organisation of healthcare should be locally determined. The Council believes that working together, the local authorities, CCGs and the communities of Lewisham and Greenwich are best placed to put forward a new model for the organisation of healthcare services in these areas.

The clinical and professional leadership of the south-east of London, including Kings College Hospital Trust, will be crucial in ensuring that the changes in the acute landscape in the south-east of London set out in the TSA report are delivered.

The Council expects the outline business case for Kings College Hospital to acquire the Princess Royal University (PRU) Hospital to set out the impact on Kings College Hospital as well as the PRU, in the context of the proposed Kings Health Partners (KHP) merger.

The Kings College Hospital business case for the acquisition of the PRU needs to set out a robust model for how this change will improve the quality of care and patient choice. The TSA should set out these as principles for the consideration of this business case. The TSA should also recommend that the views of key stakeholders, including the local CCG, Council and local community, will be at the forefront of any consideration of this business case.

The Council believes that the available clinical and financial resources for healthcare should be focused on patient care, choice and excellent health outcomes, within the context of collaboration and community leadership of the wider health economy. Entering into a procurement exercise would create instability and uncertainty with no guarantee of a successful outcome as this market is untested. The Council therefore is opposed to the acquisition of the Princess Royal University by a private sector organisation.

Q24. Is there anything else you want to say about the consultation or the issues it covers? If you want to explain any of your answers, or you feel the questions have not given you the chance to give your views fully, or if you think there are options we have not considered that we should have done, please say so here. Please also say if there are any improvements you would like to suggest to the recommendations.

It is important that the entirety of the health and care system, including the key role of public health and mental health in the south-east of London is at the core of the work of the TSA. The Council believes that a more holistic approach, considering all aspects of health and care, could have provided a more innovative and sustainable response, helping to improve treatment and care in this area, and may have mitigated against a number of the issues that the Council has raised in this consultation response.

The unsustainable providers regime, in seeking to address issues that are specific to the South London Healthcare NHS Trust, has set out policies that will determine the health and social care landscape for the whole of the south-east of London, including boroughs and communities that have little or no contact with this Trust. The assumption made is that the whole of the south-east of London is one "healthcare system". However this does not resonate in terms of the movements of patients, or the experiences of communities in seeking healthcare provision. The Council does

not agree with the TSA assumption that the south-east of London is one health system.

The TSA recommendations have the potential to significantly change the way that health and care services are delivered in the south east of London. It is crucial, as these changes are implemented, that the key organisations that will deliver this transformation have excellent patient care and choice at the heart of their work, that the changes set out are appropriately resourced and that there is local professional and clinical leadership to deliver these, and that, throughout this change, that the Council and NHS do not lose our common focus on improving health and wellbeing locally, and tackling health inequalities in this part of London.

There is a common cause between the Council and local NHS to improve the health and wellbeing of our local populations, and to reduce health inequalities. In order to ensure that these key principles are supported by the TSA recommendations, the Council believes that a full health and equalities impact assessment of this work should be undertaken. This work should take place prior to the submission of the TSA report to the Secretary of State.

The TSA report should consider the whole health and care system from the perspective of patients. It is not clear that the current proposals will improve the patient experience in terms of considering a holistic approach to health and social care, with a greater emphasis on preventative approaches to deliver the best outcomes. Rather there are risks that the changes set out will reduce the capacity of the current health and social care system to deliver services, and could significantly impact on health outcomes in this area.

The Council believes that there should be further detailed modelling of expected patient movements, in consideration of the TSA recommendations, in order to understand the impact of these changes on healthcare in this area, patient choice and capacity, and for Southwark residents. This modelling should involve all key partners, including local authorities, CCGs and communities

Whilst a public engagement exercise has been undertaken on the TSA recommendations, the Council believes that the NHS should additionally consult on the programme of change that will need to take place to implement any recommendations on this, and for which a significant amount of preparatory work has commenced. At the heart of this work should be the involvement of the communities and patients that the councils and NHS serve. This will help to ensure that the quality of patient care and patient choice is a key principle in the undertaking of any future changes to health and care services.