

# **Appendix I**

## **Ipsos MORI Independent Consultation Feedback Report**



**Securing  
sustainable  
NHS services**



**Ipsos MORI**  
Social Research Institute



**‘Securing sustainable NHS services’ consultation on  
the Trust Special Administrator’s draft report for  
South London Healthcare NHS Trust and the NHS in  
south east London**

**Final report**



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# Executive summary

## The consultation process

This report contains an independent analysis of the responses received to the *Securing sustainable NHS services* public consultation on the six draft recommendations put forward by the Trust Special Administrator (TSA) for securing clinically and financially sustainable services for the people served by South London Healthcare NHS Trust (SLHT) and the wider NHS in south east London.

The TSA consulted public, patients, staff and stakeholders to give them the opportunity to put forward their views and comments in order to validate and improve the draft recommendations before he submits his final recommendations to the Secretary of State for Health in January 2013.

The consultation ran for 30 working days and received a total of 8,224 responses from stakeholders, patients, the public and health professionals. Respondents used a number of channels to feed back their views:

- A response form with questions about each of the recommendations, available online and in hard copy
- Written comments submitted in letters and e-mails
- Petitions
- There were also consultation events and supplementary qualitative research, both of which are reported on separately (available on the TSA website)

The numbers of each received are detailed below.

**Table 1 – Responses to the public consultation**

Method	Total
Hard copy response forms	884
Online response forms <sup>1</sup>	6,327
Written comments from individuals (letters & emails) <sup>2</sup>	842
Written comments from stakeholders (letters & emails)	156
Petitions	15
<b>TOTAL</b>	<b>8,224</b>

<sup>1</sup> Multiple responses were accepted from individual IP addresses to ensure, for example, that a family sharing a home computer were all able to submit individual responses. In some cases, a large number of responses were received from an individual IP address. There were ten IP addresses where over 10 responses were received from that one address. The highest number of responses from one IP address was 247, although the rest were significantly lower. Eight of the IP addresses were registered to NHS bodies.

<sup>2</sup> This figure includes 515 forms created by Save Lewisham Hospital Campaign, with pre-printed statements and respondents' own responses to three questions on the recommendations. Please see chapter 9 for further details.



More details about the consultation process and responses to the consultation can be found in chapter 1 of this report.

Ipsos MORI collated and analysed the responses to the consultation. It is important to remember that the results contained in this report are not representative of the population – they only refer to the people and organisations/groups that responded to the consultation.

Under statutory guidance, the Trust Special Administrator was required to consult a small number of stakeholders. However, recognising the need for wide engagement on the draft recommendations, further stakeholders were invited to respond to the consultation. Individuals, organisations and groups that the TSA invited to respond, along with organisations and groups who responded via letter or email rather than the response form, are referred to in the report as stakeholders and are included in a separate analysis in chapter 10 of this report. Organisations and groups not specifically invited to respond by the TSA who responded via response form are included with the main findings from the consultation and are referred to as organisations/groups.

## Key findings

The key findings discussed below are based around responses submitted from individuals and organisations/groups. Feedback from stakeholders is given consideration in a separate paragraph to conclude the key findings chapter.

### **Recommendation 1 – Improve the efficiency of South London Healthcare NHS Trust**

The consultation asked whether people agreed or disagreed that the efficiency of the hospitals that make up South London Healthcare NHS Trust (SLHT) needs to improve to match that of top performing NHS organisations. It then went on to ask whether the areas that had been identified for making efficiencies by the Trust Special Administrator (TSA) were appropriate.

Individual respondents were divided in their support for the recommendation to improve the operational efficiency of the hospitals, with similar proportions agreeing and disagreeing (42% and 37% respectively). Half of individuals disagreed that the specific areas identified to improve efficiency were appropriate (56%), while one in five agreed (21%).

Those responding on behalf of an organisation or group were more positive, both about the need to make efficiencies and the specific areas suggested. More agreed than disagreed with each element of this recommendation.

A number of free-text comments (from across all respondents) suggested that the efficiency of the hospitals within SLHT could be improved. However, some concerns were raised, particularly around potential reductions to the number of staff, the impact on quality of care and patient outcomes, and a feeling that patient care should be the key driver rather than efficiency considerations. Other responses referenced the Private Finance Initiative (PFI) debt, saying that this was at the root of the problem rather than efficiencies.



Some respondents also raised concerns about the data used to support the recommendation, sometimes specifically saying SLHT should not be compared to other trusts, or that they did not have sufficient information to form an opinion.

## **Recommendation 2 – Develop a Bexley Health Campus at Queen Mary’s Hospital, Sidcup**

The consultation asked about two elements of this recommendation around Bexley Health Campus, firstly whether they supported or opposed the proposal that Queen Mary’s Hospital, Sidcup (QMS) should become a Bexley Health Campus, and then whether or not the land and buildings required for this should be sold or transferred to Oxleas NHS Foundation Trust.

Individual respondents were broadly opposed to the development of a Bexley Health Campus, with 45% opposing both proposals and 15% supporting them. Bexley residents were more supportive.

Those responding on behalf of organisations or groups were more in favour of the proposals. One in three supported the proposal that QMS should become a Bexley Health campus (35%), while three in 10 opposed it (29%). They were also supportive of the proposal to sell or transfer the required land and buildings to Oxleas NHS Foundation Trust, with 38% support and 27% opposition.

Free-text comments (from across all respondents) appeared to indicate that opposition stemmed mainly from confusion as to the implications of the proposals and a fear that the proposals could lead to the privatisation of healthcare services. Some confusion extended to the meaning of the term ‘Health Campus’.

## **Recommendation 3 – Making the best use of buildings owned and leased by South London Healthcare NHS Trust**

Respondents were asked whether they supported or opposed the recommendation that South London Healthcare NHS Trust (SLHT) should sell or no longer rent poorly used or empty buildings.

Individual respondents were, on the whole, opposed to the recommendation that poorly used or empty buildings should be sold or no longer leased (70% opposed and 63% strongly opposed).

A more positive response was noted for those responding on behalf of an organisation or group; almost half supported the recommendation (48%).

Free-text comments (from across all respondents) showed opposition to the sale of any assets or buildings, and a concern was raised that once assets were sold they may not be recovered should a need arise in the future. Emphasis was often placed on the belief that services may need to expand in the future to accommodate a changing population. This led some responses to say the recommendation was short-sighted. Others felt that if there was space within the NHS, then it should be used to provide services.

Respondents sometimes referred to specific sites, for example, referencing the sale of land and buildings at University Hospital Lewisham (UHL) and opposing this sale. In addition, some responses related to this specific recommendation received via letter or



email registered concern about the provision of services for the local community at Beckenham Beacon.

#### **Recommendation 4 – Department of Health provides additional annual funds to cover part of the costs of the Private Finance Initiatives**

The consultation asked to what extent people supported or opposed the recommendation for the Department of Health (DH) to provide additional funds to the local NHS to cover the additional costs of the Private Finance Initiative (PFI) buildings at Queen Elizabeth Hospital (QEH) and Princess Royal University Hospital (PRUH) until the relevant contracts end.

There were mixed views regarding this recommendation, with 42% of individual respondents supporting it, and 35% opposing it.

Those responding on behalf of organisations or groups were more in favour of the proposal, with 61% supporting it.

Free-text comments (from across all respondents) suggested that opposition stemmed mainly from a resistance to paying the PFI debts back at all; or at least a desire for the contracts to be re-negotiated. Many respondents felt very strongly about the negative impact of PFI on the NHS.

Respondents supporting the recommendation felt that the local NHS should not have to suffer because of previous decisions by central government, and so agreed that the DH should provide funds for the relevant PFI debts.

#### **Recommendation 5 – Transform the way services are provided across hospitals in south east London**

Recommendation 5 concerns service provision across the wider NHS in south east London. This recommendation is split into four care areas, and respondents were asked whether they supported or opposed the proposals in each of these areas:

- Care in the community and closer to home
- Urgent and emergency care
- Maternity services
- Planned care

On the whole, individual respondents opposed the community care recommendation (47% vs. 23% in support), although 31% did not offer an opinion. A greater proportion of organisations and groups were in support of the community care recommendation compared to those in opposition (47% support vs. 23% oppose).

In the free-text comments (from across all respondents), some support was given to the proposed community care strategy, though this support tended to be conditional on the basis of increased funding and improvements to care in the community, while also not occurring at the expense of other services such as hospital services.

Regarding the proposed changes to urgent and emergency care, many individual respondents opposed the changes (90%), while amongst Lewisham residents (who make up a large proportion of the consultation responses received), the level of opposition rose to 96%. Overall, there was limited support for these proposed changes



(eight per cent). Amongst organisations and groups responding via the response form, the majority opposed the proposed changes to urgent and emergency care (24% support vs. 67% oppose), although support was higher than among individuals.

A large proportion of the free-text comments provided stated that University Hospital Lewisham (UHL) should keep its Accident and Emergency (A&E) department. The reasons underpinning this were good perceptions of the UHL service and not wanting to waste money from the refurbishment; the need for a large population to be served by an A&E; seeing it as unfair to penalise UHL when it is performing well; concerns about capacity at other A&Es; concerns about travelling to other A&Es, including travel times and their impact on safety.

For both individual respondents and organisations/groups, there was no clear support for either option for providing maternity services across south east London. Amongst individual respondents, nearly seven in 10 supported neither option (69%) and where they did choose between the two options, more preferred an additional stand-alone obstetric-led unit at UHL (24%). A similar proportion of organisations/groups also selected this option (26%), but one in four said they weren't sure which option they would prefer (23%). There was minimal support among individuals or organisations/groups for obstetric-led services at the four major hospitals only (three and seven per cent respectively).

The majority of free-text responses emphasised the need for maternity services to be co-located with emergency care, with concern about the risk of providing obstetric-led services without A&E at the same site. As for A&E, respondents mentioned the high quality maternity services they thought were already available at UHL and the recent investments; the growing population; concerns about capacity at other hospitals; concerns about distances and travel times including the impact on safety; and wanting maternity care to be provided locally.

Individual respondents tended to oppose the proposed changes to planned care (68%). Organisations/groups were more supportive, with three in 10 supporting the recommendation (31%), although half opposed it (50%). The most frequent theme emerging in the free-text responses was concerns about increased difficulties in accessing care as a result of the proposed changes.

## **Recommendation 6 – Delivering service improvement through organisational change**

Recommendation 6 concerns organisational solutions for South London Healthcare NHS Trust (SLHT). Again, four separate questions were asked of respondents about the proposed plans in order to gauge support or opposition for them:

- Dissolution of SLHT
- Merging of Queen Elizabeth Hospital (QEH) and Lewisham Healthcare NHS Trust
- Preferred option for running the Princess Royal University Hospital (PRUH)
- The Department of Health (DH) to write off debt accumulated by SLHT to the end of 2012/13.

The majority of individual respondents opposed the plan to dissolve the current SLHT (65%), with some (in the free-text comments provided) believing that the Trust could be rescued with better management, without the need for extensive reorganisation.



Organisations and groups were more positive, with one in three supporting the move to dissolve the Trust (34%), although more still opposed the plan than supported it (42% oppose).

Individual respondents showed a similar level of opposition in relation to the plan for QEH and Lewisham Healthcare NHS Trust to merge (71%). While Lewisham residents were particularly likely to oppose this proposal, those living in Bexley and Bromley were more positive (although still opposed overall). Free-text comments revealed some concerns about the failure of previous mergers and the perceived risk to Lewisham Healthcare NHS Trust in joining with a failing hospital. Again, organisations and groups were slightly more supportive of the proposed recommendation although they still expressed strong opposition (27% supported and 47% opposed it).

Of the two options put forward by the Trust Special Administrator (TSA) for the future running of PRUH, nearly two in five individual respondents were in favour of the hospital being acquired and run by King's College Hospital NHS Foundation Trust (37%). Around three in 10 respondents supported neither of the two options suggested by the TSA (31%), while a further one in four said they were not sure or didn't know (27%). The key issue for many in the comments provided was a concern that running a procurement process would lead to private providers of NHS services, something that was strongly opposed. Support for the acquisition of PRUH by King's College Hospital NHS Foundation Trust was higher amongst those who said PRUH (58%) or King's College Hospital (62%) was their nearest hospital.

The views of organisations and groups were slightly more in line with those of individuals for this question; 41% were in favour of the plan for King's College Hospital NHS Foundation Trust running PRUH.

The majority of respondents agreed with the recommendation for the DH to write off debts accumulated by SLHT (77%). Free-text comments showed that respondents felt this was the only solution to ensure success in the future and to maintain services for residents of south east London. However, some queried the need for restructuring, if the debt was written off and effective management put in place. Four in five organisations/groups agreed with this recommendation (81%).

## **Other comments**

Having provided feedback on each recommendation in turn, all individuals and organisations/groups were given the opportunity to give further comments on the consultation and the issues it covers.

University Hospital Lewisham (UHL) and its future was a central concern in the further comments provided. Access to care was also raised as a concern. Many comments emphasised that patient care should be prioritised before financial matters, and felt that the proposed recommendations did not place patients at the heart of the NHS.

Many took this opportunity to provide feedback more generally on the proposals and consultation process, sometimes critical of the recommendations and their underpinning evidence or the amount of information provided, sometimes feeling that they did not have enough information in the consultation document to form an opinion.



## The views of differing sub-groups within south east London

There were a number of differences between sub-groups of individuals within south east London, which tended to apply across the recommendations. Generally, those who may be thought to have greater interaction with NHS services (because they are older, have a disability, or care for someone aged 16 or over) tended to be more supportive of the proposals. In addition, those who have worked in the NHS, whether at present or in the past, also tended to be more supportive. However, opposition still broadly outweighed support for the recommendations.

## Stakeholder feedback

In total, 156 responses were received from stakeholders ranging from the Royal Colleges to staff groups to community and expert patient groups. Stakeholders tended to be more supportive of the TSA's draft recommendations than individual respondents, with many accepting that there is a need for change. However, support was often conditional and individual stakeholders raised a number of specific concerns around the draft recommendations, which are summarised in Chapter 10 of this report. For example, a common theme across stakeholder groups was a wish for greater detail to be provided and more modelling to be undertaken. Although generally more positive, some stakeholders were strongly opposed to some aspects of the draft recommendations.

## Petitions and campaign responses

A total of 15 petitions were received to the consultation. Of these, 14 particularly focused on the recommendations around urgent and emergency care and maternity services, opposing the proposed changes to services at University Hospital Lewisham (UHL). Details of the petitions are outlined below.

Petition on behalf of		Number of signatories
1	Petition to "Keep politics out of the NHS"	50
2	Petition stating that a full admitting Accident and Emergency service and a full maternity service at Lewisham Hospital must remain, from Labour Party Bulletin	7
3	Petition against the plans to close Lewisham Accident and Emergency	13
4	Petition against proposal to close the Accident and Emergency department and remove maternity services at Lewisham Hospital	10
5	Petition opposing the withdrawal of a full 24 hour Accident and Emergency facility at Lewisham Hospital, also oppose the closure of the maternity and neonatal facility,	26



	from residents of Bentley Court Retirement flats	
6	Petition against proposed plans to close the Accident and Emergency and maternity services at Lewisham	13
7	"Save Lewisham Hospital!" petition, against the plans to close Lewisham Accident and Emergency and maternity services	159
8	Petition stating that a full admitting Accident and Emergency service and a full maternity service at Lewisham Hospital must remain, from members of Lewisham Seventh Day Adventist Church and local residents	84
9	Petition opposed to the closure of Lewisham Hospital Accident and Emergency, from Lewisham Speaking Up – an independent Charity set up for and by people with learning disabilities	150
10	Petition stating that a full admitting Accident and Emergency service and a full maternity service at Lewisham Hospital must remain, from Heidi Alexander MP	c.12,000 <sup>3</sup>
11	Petition stating that a full admitting Accident and Emergency service and a full maternity service at Lewisham Hospital must remain, from local businesses, Doctor surgeries and local schools	231
12	iPetition against proposals to downgrade emergency medical and surgical services at Lewisham Hospital, from Health Workers in Southeast London	694
13	iPetition against proposals to downgrade emergency medical and surgical services at Lewisham Hospital, from Doctors In Lewisham	325
14	Petition stating that a full admitting Accident and Emergency service and a full maternity service at Lewisham Hospital must remain	23
15	Online petition stating that a full admitting Accident and Emergency service and a full maternity service at Lewisham Hospital must remain, sponsored by Heidi Alexander MP	23,991 <sup>4</sup>

<sup>3</sup> Please note: Petition 10 consisted of a number of scanned hard copy pages of a petition sent via a USB stick. A note contained with the USB stick indicated 32,186 signatories – however there were a number of duplicate pages included in the file. Ipsos MORI estimated there to be c.12,000 responses to the petition contained on the USB stick.



As part of the response to the consultation process, 515 separate responses were received as part of a campaign organised by Save Lewisham Hospital. This campaign allowed respondents space to write in detail about their views of the proposed changes to urgent and emergency care and maternity care, also with space to record respondents' reported travel times to Queen Elizabeth Hospital (QEH) compared to the time they say it would take them to travel to UHL. These responses were coded alongside the other letters and emails received during the consultation.

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<sup>4</sup> Please note: Petition 15 was an online petition which was still open after the consultation formally closed. As of midday on 14<sup>th</sup> December there were 23,991 signatories. Petition 10 and 15 may have been added together to provide the 32,186 signatories quoted on Petition 10 submission.



# 1. Overview of the consultation process and report

This chapter of the report outlines the background to the consultation and the way in which the consultation has been conducted. It also summarises the numbers and types of responses submitted during the consultation. Finally, the chapter provides information about how to interpret the responses and the structure of the remainder of the report.

## 1.1 Background

South London Healthcare NHS Trust (SLHT) was formed in 2009 through the merger of Princess Royal University Hospital (PRUH), Queen Elizabeth Hospital (QEH) and Queen Mary's Hospital, Sidcup (QMS). It is one of the largest NHS hospital trusts in the country, serving over one million people, employing over 6,000 staff and with an annual budget of over £400 million. However, SLHT is also the most financially challenged trust in the NHS, overspending by around £1 million every week. As a result, on 16 July 2012 a Trust Special Administrator (TSA) was appointed to SLHT by the Secretary of State for Health.

The TSA's task is to resolve the problems that SLHT faces in a way that would mean that high quality, safe and accessible services are available for the long-term for the communities served by the trust, as well as the wider NHS across south east London. The TSA developed six draft recommendations for how clinically and financially sustainable health services should be delivered.

The TSA has now consulted stakeholders and the public, to give them the opportunity to put forward their views and comments in order to validate and improve the draft recommendations. This report contains the main findings from the consultation. Following the consultation, the TSA will be submitting his final recommendations to the Secretary of State for Health in early 2013.

## 1.2 Structure of the consultation

Over 27,000 full consultation documents and 104,000 summary documents setting out the *Securing sustainable NHS services* recommendations were distributed during the consultation period. These documents were sent to nearly 2,000 locations across south east London including hospital sites, GP surgeries, libraries, town halls, local LINKs offices and pharmacies as well as distributed at engagement events and posted to individuals on request. A dedicated website was created ([www.tsa.nhs.uk](http://www.tsa.nhs.uk)), which received over 22,000 unique visits during the consultation period. Advertisements were placed in 13 local papers across south east London to raise awareness of the consultation and publicise the Trust Special Administrator (TSA) public meetings.

There were a number of channels through which participants could respond to the public consultation, all of which are listed below:

- **Online response form** – responses to specific questions on the proposals, on the Office of the TSA's website and hosted by Ipsos MORI. Closed questions



were asked to gauge levels of support for the proposals among those responding to the consultation. Demographic information was also collected to allow for sub-group analysis where possible. Free-text questions were included to give respondents the opportunity to express their opinions in their own words. The questions were developed by Ipsos MORI in consultation with the Office of the TSA.

- **Hard copy response form** – responses to specific questions on the proposals, mirroring the questions asked in the online response form. A large print version was also available on request. Hard copy response forms were inserted into every full consultation document.
- **Written comments** – letters and emails sent to the TSA directly, and/or the consultation email or postal addresses (those provided both by the Office of the TSA and Ipsos MORI). A number of petitions were also submitted by email and post.

People who wanted to complete the response form in another language, or who needed assistance due to a disability, were able to contact the Ipsos MORI freephone helpline and provide their responses over the telephone (using an interpreter if the respondent wanted to complete it in another language).

During the consultation period, the Office of the TSA attended or arranged over 90 events which included public meetings, meetings with stakeholders and events for staff. Engagement also took place with a range of community groups such as learning disability groups, refugee representatives, multi faith groups, patients' forums and senior citizens' groups. Two discussion groups were also held with people who had recently used maternity services in south east London and facilitated independently by CurvedThinking. The report on these groups is available separately on the TSA website.

The consultation ran from 2 November 2012 to 13 December 2012. All responses received within these dates were treated as valid consultation responses. In addition, to make allowance for any potential delays within the post, hard copy responses and letters received on 14 December 2012 were accepted. Responses received after this date were counted and stored securely but not logged.<sup>5</sup>

### 1.3 Responses to the public consultation

There were a total of 8,224 responses received within the consultation period, plus the consultation events. The number of responses via each means is shown in Table 1.

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<sup>5</sup> A total of 58 responses were received between 15 and 20 December 2012.



**Table 1 – Responses to the public consultation**

<b>Method</b>	<b>Total</b>
Hard copy response forms	884
Online response forms <sup>6</sup>	6,327
Written comments from individuals (letters & emails) <sup>7</sup>	842
Written comments from stakeholders (letters & emails)	156
Petitions	15
<b>TOTAL</b>	<b>8,224</b>

## **Response forms**

Respondents providing an individual response or a response on behalf of a group or organisation via the online or hard copy response form (7,211) included people with a professional and personal interest in health services in south east London. Many of these will have more detailed knowledge of health services in the area. For example, many of the individuals responding to the consultation worked in the NHS in the area, while others have used the services extensively, for themselves or because they have caring responsibilities. Throughout the report, key themes are broken down by audience where appropriate and possible. Table 2 shows the responses received by different types of respondent using the response form.

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<sup>6</sup> Multiple responses were accepted from individual IP addresses to ensure, for example, that a family sharing a home computer were all able to submit individual responses. In some cases, a large number of responses were received from individual IP addresses. There were 10 IP addresses where over 10 responses were received from that one address. The highest number of responses from one address was 247, although the rest were significantly lower. Eight of the IP addresses were registered to NHS bodies.

<sup>7</sup> This figure includes 515 forms created by Save Lewisham Hospital Campaign, with pre-printed statements and respondents' own responses to three questions on the recommendations. Please see chapter 9 for further details.



**Table 2 – Responses by specific audience groups**

<b>Response method</b>	<b>Audience</b>	<b>Total</b>
<b>Response forms</b>	<b>Responses on behalf of individuals<sup>8</sup></b>	<b>6,999</b>
	Currently or previously worked in the NHS	1,443
	Currently or previously worked in the independent health sector	97
	Carer for relative or friend with a health need	1,192
	Visited a hospital in south east London in the last six months	4,360
	<b>Responses on behalf of an organisation or group<sup>9</sup></b>	<b>86</b>
	NHS trust (provider of services)	9
	Charity/voluntary sector group	17
	Local patient group	11
	Local Authority/London Borough	5
	Professional body (e.g. a Royal College)	5
	Trade union	2
	National patient group	1
	Academic organisation	4
	Other NHS body (e.g. a Strategic Health Authority)	1
	Clinical Commissioning Group or Primary Care Trust	1
	Regulatory body	1
	Political party/group	4
	Trade body	2
	Other	29
	Not stated (including 'don't know')	18
	<b>Not stated as individual or organisation/group<sup>10</sup></b>	<b>126</b>

The total number of responses by population sub-group is shown in Table 3. Please note that demographic data are self-reported. In Appendix B, the profile of consultation responses by age, gender, borough and ethnicity is compared with the profile of south east London.

<sup>8</sup> Those completing a response form were able to allocate themselves to one or more of these categories. Please note these data are self-reported, and respondents sometimes did not provide a response to the question.

<sup>9</sup> Those completing a response form were able to allocate themselves to one or more of these categories. Please note these data are self-reported, and respondents sometimes did not provide a response to the question. The list provided here does therefore not tally fully with the list of organisations/groups responding to the consultation as listed in the appendix.

<sup>10</sup> Where respondents did not provide an answer at all to the question of whether they were an individual or an organisation/group, for analysis purposes they have been included in the data as individuals.



**Table 3 – Responses by demographic sub-group responding**

<b>Audience<sup>11</sup></b>	<b>Total</b>
<b>Age</b>	
Under 18	28
18-24	228
25-34	1,148
35-44	1,773
45-54	1,466
55-64	1,186
65+	1,004
<b>Ethnicity</b>	
White	5,336
Mixed	183
Asian or Asian British	240
Black or Black British	419
Chinese	46
Other	135
<b>Disability</b>	
Yes	508
No	6,064

Respondents were also asked in which of the six south east London boroughs they live, if any. As the following table illustrates, the great majority of respondents who could be allocated to a local authority come from one of the six south east London boroughs (Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark). A number of respondents preferred not to confirm the borough in which they live.

**Table 4 – Responses by London borough**

<b>Borough</b>	<b>Total</b>
Bexley	341
Bromley	768
Greenwich	771
Lambeth	72
Lewisham	4,110
Southwark	193
None of these	310
Prefer not to say	437

<sup>11</sup> Those completing a response form were able to allocate themselves to one or more of these categories. Please note these data are self-reported, and sometimes were not provided.



Those providing responses on behalf of an organisation or group were asked to provide information on the type of organisation, its size and the way in which the views of its members were gathered. Respondents included community and special interest groups, representatives of educational, religious and charitable organisations, unions, groups of medical professionals and protest groups, in a range of different sizes. Methods of assembling members' views included events, ballots or simply asking them. A full list of these organisations is included at Appendix D.

### **Open written responses**

Some respondents chose not to use the response form but sent in bespoke written comments via letter or email. A total of 842 were from individuals. Analysis of these responses is included at relevant points throughout this report.

A number of responses were also received from stakeholders such as local authorities, health providers and commissioners, LINKs, and professional bodies. The qualitative analysis of stakeholder responses can be found at Chapter 10 of this report.

### **Campaigns/petitions**

Petitions and campaign responses (with a varying volume of signatories) were on a whole opposed to the plans surrounding changes to healthcare in Lewisham, particularly with regard to the proposed changes to urgent and emergency care and maternity services at University Hospital Lewisham (UHL).

While the number of signatories to each petition or campaign is known, very little else is known about these individuals. The petitions and campaigns focused on the proposed changes affecting healthcare in Lewisham, rather than commenting on any other aspect of the proposals. It is not known how much those signing the petition would have known about the proposals or whether they would have read the consultation document. Chapter 9 contains details of these responses. It is worth noting that it is likely that these local campaigns also generated more responses via other methods of responding such as emails.

### **Other forms received**

In addition to this, 81 people sent forms to the consultation address that were designed to gather feedback on the consultation events the Office of the Trust Special Administrator (TSA) was running. As such, these responses have not been considered as part of the consultation.

## **1.4 Interpreting the consultation responses**

### **Understanding who has responded**

While a consultation exercise is a very valuable way to gather opinions about a wide-ranging topic, there are a number of issues to bear in mind when interpreting the responses. While the consultation was open to everyone, the respondents were self-selecting, and certain types of people may have been more likely to contribute than



others. This means that the responses are not representative of the population as a whole.

Typically with consultations, there can be a tendency for responses to come from those more likely to consider themselves affected and more motivated to express their views. In previous consultations, we have found that responses also tend to be more biased towards those people who believe they will be negatively impacted upon by the implementation of proposals. As we have discussed above, responses are also likely to be influenced by local campaigns.

### **Understanding the different audiences**

While attempts are made to draw out the variations between the different audiences, it is important to note that responses are not directly comparable. Across the different elements of the consultation, participants received differing levels of information about the proposals. Some responses are therefore based on more information than others, and may also reflect differing degrees of interest across participants. The response form signposted relevant chapters of the full consultation document for the respondent, but of course it is not known to what extent each respondent read the document, or the summary.

Similarly, while every attempt has been made to classify each participant into the correct category for reporting purposes, it is not always clear from the response the specific category to which they belong. The information is self-reported and is often incomplete.

### **Closed question responses**

Where percentages do not sum to 100%, this may be due to computer rounding or multiple answers. Some respondents answering via postal response forms selected more than one answer on questions that only required one answer. These responses have been left in the data in the way in which respondents completed them, i.e. including all of their answers.

Throughout the report an asterisk (\*) denotes any value of less than half of one per cent, but greater than zero.

### **Free-text responses**

The consultation included a number of free-text questions which are exploratory in nature and allow respondents to feed back their views in their own words. Not all respondents chose to answer all questions, as they often had views on certain aspects of the consultation, and made their views on these clear, but left other questions blank. Therefore, there were many blank responses to certain questions. The figures in this report are based on all respondents answering each question (i.e. excluding those who did not answer) and this means that the base size (number of people the results for the question are based on) is different for each question.

A wide range of points were made in response to the questions which were asked. Responses from the free-text questions and written comments were coded to categorise and group together similar responses and identify the key themes. Ipsos MORI used qualitative analysis software (Ascribe) to build up a thematic framework (called a 'codeframe') from the first responses. The codeframe was then used to identify common



themes and key issues, and continued to be added to and refined throughout the consultation as more responses were received and new issues were raised.

As part of the free-text responses, respondents were invited to suggest improvements to the recommendations. Respondents generally used the free-text questions to give reasons for their answers to the closed questions and to expand on their views, rather than to suggest improvements.

A number of responses to free-text questions used the same or very similar wording. Where this could be identified as originating from a campaign, these were coded as campaign responses and coded into the relevant theme. Some of these figures are reported in this document, although they must be treated with caution.

While some figures may seem small given the scale of the overall consultation, all those reported on have been highlighted due to their importance relative to other themes, and despite small figures can reflect important themes.

A number of verbatim comments are included to illustrate and highlight key issues that were raised. These are included in the report in italics. It is important to remember that the views expressed in these verbatim comments do not always represent the views of the group as a whole, although in each case the verbatim is representative of, at least, a small number of participants.

## 1.5 Structure of this document

This report sets out Ipsos MORI's analysis of the responses received to the consultation. This first chapter gives details on the background to the consultation, how it was set up and run, and who responded, as well as some points on how to interpret the data.

The following chapters detail the analysis of responses. The consultation itself was based around the Trust Special Administrator's (TSA) six draft recommendations and the report is structured around these, with one chapter per recommendation. Chapter 8 then provides the analysis of a free-text question where respondents could provide any other comments. Chapter 9 details the petitions and campaign responses received, and Chapter 10 presents the analysis of the stakeholder responses.

For further technical details on the consultation, please see *Securing sustainable NHS services: Technical Annex*.



## 2. Recommendation 1

### Improve the efficiency of South London Healthcare NHS Trust

- Individual respondents were divided in their support for the recommendation to improve the operational efficiency of the hospitals within South London Healthcare NHS Trust (SLHT), with similar proportions agreeing and disagreeing (42% and 37% respectively). However, those with current or past experience working in the NHS were more supportive of the proposal, as were those who may be heavier users of the health service, such as older people and those with caring responsibilities for a family member aged 16 or over.
- Half of individuals disagreed that the specific areas identified to improve efficiency were appropriate (56%), while one in five agreed (21%). Those with professional experience within the NHS were more supportive, as were older people, although the majority of each group still did not think the areas were appropriate.
- A more positive response was observed for those responding on behalf of an organisation or group, both about the need to make efficiencies and the specific areas suggested. More agreed than disagreed with each element of this recommendation.
- A number of free-text comments (from across all respondents) suggested that the efficiency of the hospitals within SLHT could be improved. However, a number of concerns were raised, particularly around reductions to the number of staff, the impact on quality of care and patient outcomes, and a feeling that patient care should be the key driver rather than efficiency considerations. Other responses referenced the Private Finance Initiative (PFI) debt, saying that this was at the root of the problem rather than efficiencies.
- Some respondents also raised concerns about the data used to support the recommendation, sometimes specifically saying SLHT should not be compared to other trusts, or that they did not have sufficient information to form an opinion.

This chapter considers responses to Recommendation 1 in the draft report, which suggests a need for improvement in the efficiency of the three hospitals that form South London Healthcare NHS Trust (SLHT). Respondents were asked whether they agreed or disagreed that hospital efficiencies needed to be improved within SLHT and, furthermore, whether the areas outlined in the consultation document were appropriate to achieve this. They were also given the opportunity to provide further comments on the recommendation.

### 2.1 Improving operational efficiency in the hospitals within South London Healthcare NHS Trust

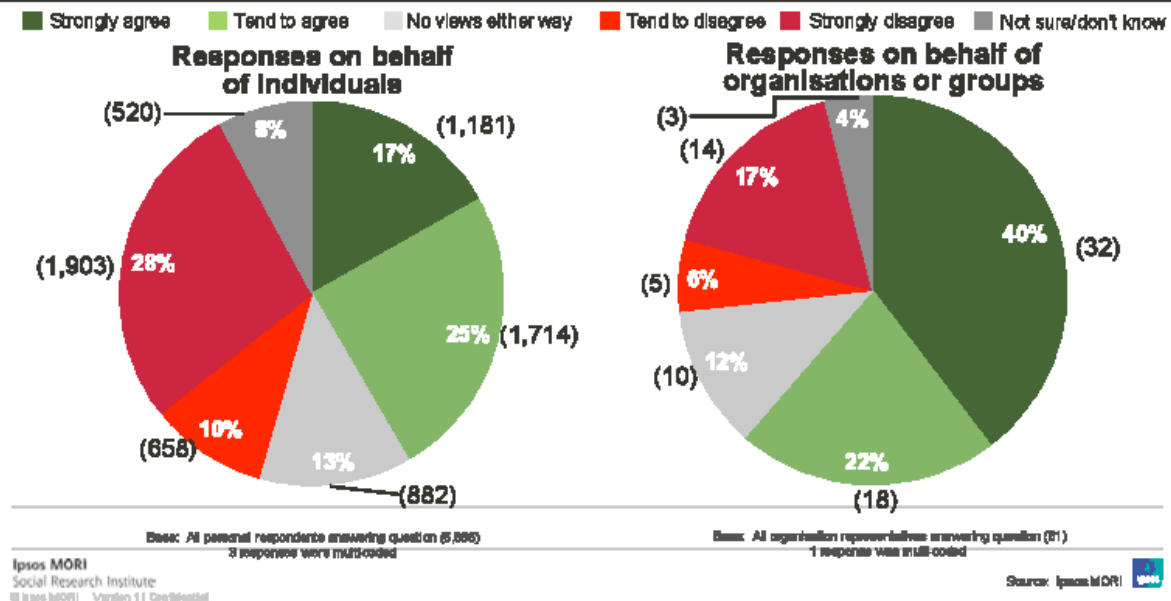
Opinions surrounding the proposed improvement in efficiencies were mixed among individuals answering this question. Two in five individual respondents agreed with the need to improve efficiency within the Trust to match that of top performing NHS organisations (42%). However, a similar proportion disagreed with the recommendation (37%), with almost three in 10 respondents *strongly* disagreeing (28%).



The views of those responding on behalf of an organisation or group, on the other hand, were more positive. Three in five organisations or groups who gave their views via the response form agreed that an improvement in efficiency of the hospitals within South London Healthcare NHS Trust (SLHT) is needed (62%).

## Recommendation 1 – Improving efficiency in SLHT hospitals

*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?*



Opinion differed by age; more individual respondents in older age groups agreed with the need to improve efficiencies (for example, 56% of those aged 65 and over agreed compared to 37% of 18-24 year olds). Those who care for a family member aged 16 or over with a health need were also more likely to agree (50% compared to 42% of those with no caring responsibilities).

Current or past experience of working within the NHS also appears important. Those respondents with NHS work experience were far more likely to agree with the recommendation than those without any experience of working within the health sector (58% compared to 38%).

Views also differed by borough; for example, the majority of Bexley residents agreed that the efficiency of the hospitals should be improved (74% compared to 37% in Lewisham and 38% in Southwark).



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?

	Bexley	Bromley	Green- wich	Lam- beth	Lewis- ham	South- wark	None of these	Prefer not to say
<i>Those answering</i>	333	750	756	71	3,926	190	306	420
Strongly agree %	41	28	24	21	13	14	19	8
Tend to agree %	33	33	27	25	24	24	25	9
No views either way %	4	10	8	7	17	9	5	7
Tend to disagree %	8	9	10	6	11	8	8	5
Strongly disagree %	14	16	27	39	25	42	39	66
Not sure/Don't know %	1	3	4	1	11	3	6	5

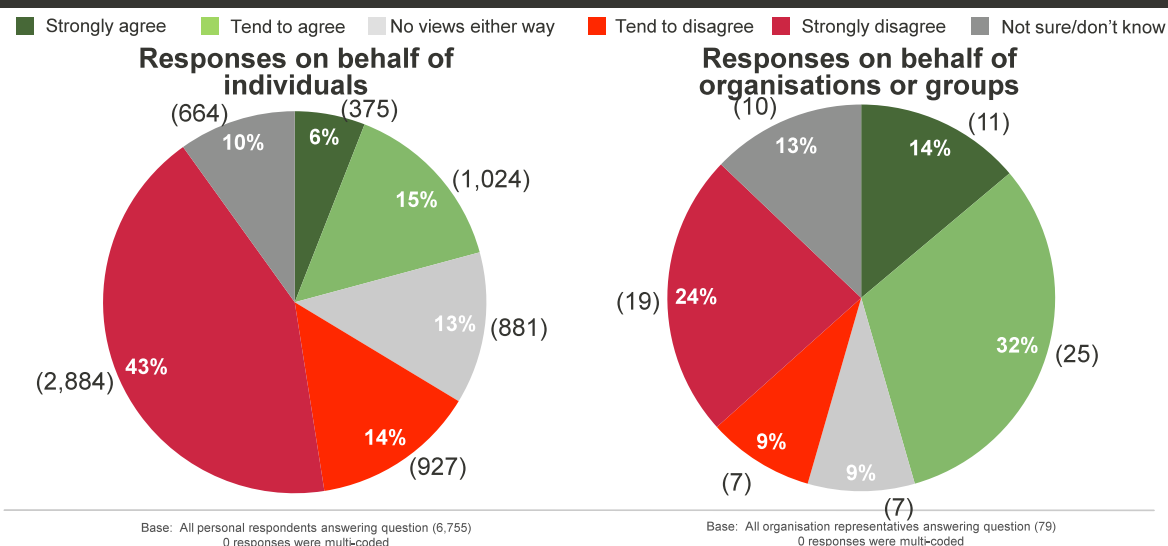
## 2.2 Areas for improving efficiencies

One in five individuals responding agreed that the areas outlined in the consultation document to improve efficiencies were appropriate (21%). The majority disagreed (56%), with over two in five (43%) *strongly* disagreeing.

Responses on behalf of an organisation or group contrasted with those received from individual respondents; almost half of those answering agreed that the areas where efficiencies could be made were appropriate (46%).

### Recommendation 1 – Areas for efficiency improvements

*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?*



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Source: Ipsos MORI

Again, the views of individual respondents differed between those who have worked in the NHS at some point and those who have not. One in three of those who have



worked in the NHS agreed that the areas were appropriate (33%), compared to one in five of those who have not worked in the health sector at all (18%).

Opinions varied by age again; disagreement was higher in the younger age groups and decreased with age (for example, 63% of 18-24 year olds disagreed that the areas for improving efficiency were appropriate, compared to 51% of those aged 55 and over).

Again, views differed according to borough, with Bexley residents the most likely to agree (46%) compared to Lewisham residents, who were the least likely to agree (16%).

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?								
	Bexley	Bromley	Green-wich	Lam-beth	Lewis-ham	South-wark	None of these	Prefer not to say
<i>Those answering</i>	328	740	748	66	3,863	186	305	418
Strongly agree %	14	10	6	6	4	8	8	5
Tend to agree %	32	27	20	21	12	14	15	4
No views either way %	5	10	12	3	16	9	9	5
Tend to disagree %	15	17	14	15	14	11	12	5
Strongly disagree %	30	31	42	48	41	54	50	76
Not sure/Don't know %	3	5	7	6	13	5	7	6

A total of 2,717 respondents provided further commentary on Recommendation 1. A range of themes emerged, including a suggestion among some respondents that South London Healthcare NHS Trust (SLHT) can and should improve efficiencies (241).

*It appears that there are a number of efficiency savings that could be made within SLH Trust which could go some way to meeting the financial challenge the Trust is facing. I feel that the proposals relating to improving efficiency within the Trust appear sensible.*<sup>12</sup>

However, this belief that efficiencies can be improved was often accompanied by concerns about how they would be achieved, while others did not accept that efficiencies should be made at all. One of the most common themes to emerge was the assertion that there should be no cuts in the number of staff (337), often specifically mentioning clinical staff such as doctors and nurses. This tended to be linked to a concern that reducing the numbers of clinical staff could compromise quality of care, with 183 responses saying quality of care will be poorer or there will be worse patient outcomes.

*I do not support the reduction in the number of staff. You have not proved your argument that there is an inverse correlation between the number of staff and quality of care. A more efficient use of staff does not necessarily mean spending less*

<sup>12</sup> Please note that verbatim comments are included in the report to illustrate the points respondents were making. Verbatim comments are included in italics. Please refer to chapter 1 for further details of how to interpret these.



*money, better organisation of the current levels of staff could lead to increased quality of care.*

Linked to this and also a common response, respondents felt that patient care and patient needs should be the key driver of changes rather than operational efficiency or financial considerations (227). This tended to be linked to a belief that the recommendation is too focused on operational or financial efficiency, rather than on quality of care and patient outcomes.

*Strongly disagree that decisions about clinical services should be based on financial efficiency. Clinical services should only be about what is needed for the population.*

Other responses referenced that SLHT should not be competing with, or should not be compared to, other NHS trusts (138). This often went along with a belief that there is not enough evidence to support the proposals or a concern about the data used to support the recommendation, or a feeling that the consultation document did not provide enough information to allow them to make a judgement (290). This was sometimes linked to a belief that the proposals had not been thought through, with respondents saying the arguments are not convincing or that the recommendations do not address the issue (157).

*Efficiencies need to be made. However why compare with the top performers? Someone will always be average or even (dare I say it) half of all organisations will always be below average. Benchmarking against organisations with different healthcare demands is folly. What is needed is identification of what is needed to gain the needed improvements based on the local needs (high deprivation scores, low primary care use and high unscheduled care needs).*

Some respondents took this opportunity to discuss the impact of Private Finance Initiative (PFI) debts (287). There was a feeling that the PFI debts were at the root of the financial problems faced by SLHT. Some respondents felt that PFI was a bad financial decision or the contracts were flawed (142) and some also asserted that these contracts should be re-negotiated or broken (86). This theme emerges strongly and is discussed again in relation to Recommendation 4.

*While SLHT could improve its efficiencies, one of the major burdens is the cost of PFI at huge interest rates, which are burdensome for the next decades!*

It should be noted that, as this was the first free-text question in the response form, many respondents used this question to feedback comments not directly related to Recommendation 1 (as is often the case in consultations). For example, 385 expressed their wish to retain Accident and Emergency (A&E) services at University Hospital Lewisham (UHL), and a total of 850 talked more generally about UHL. This was linked to other large numbers of mentions, for example concern about travel times for services (265) and a belief that the proposals would put people's lives at risk (163). These themes are discussed in more detail in relation to Recommendation 5.

Of the written responses received as letters and emails, only 98 commented on the recommendation around making efficiencies. However, similarly to the free-text responses, the most commonly mentioned area that is relevant to this



recommendation was the assertion that patients should be the key driver of any changes rather than efficiency or financial considerations (41).



## 3. Recommendation 2

### Develop a Bexley Health Campus at Queen Mary's Hospital, Sidcup

- The recommendation that Queen Mary's Hospital, Sidcup (QMS) should become a Bexley Health Campus and that the land and buildings required for this should be sold or transferred to Oxleas NHS Foundation Trust was broadly opposed, with 45% of individual respondents opposing each proposal, and 15% supporting them. Those who have worked for the NHS and older respondents tended to be more supportive than others, as were Bexley residents.
- Those responding on behalf of organisations or groups were more in favour of the proposals. One in three supported the proposal that QMS should become a Bexley Health Campus (35%), while three in 10 opposed it (29%). They were also supportive of the proposal to sell or transfer the required land and buildings to Oxleas NHS Foundation Trust, with 38% support and 27% opposition.
- Free-text comments (from across all respondents) appeared to indicate that opposition stemmed mainly from confusion as to the implications of the proposals and a fear that the proposals could lead to the privatisation of healthcare services. Some confusion extended to the meaning of the term 'Health Campus'.

This chapter considers respondents' views on the recommendation to develop a Bexley Health Campus at Queen Mary's Hospital, Sidcup (QMS). Respondents were asked to consider the proposal in general, and specifically whether they supported or opposed the transfer or sale of the land and buildings necessary for the new Health Campus to Oxleas NHS Foundation Trust. They were also given the opportunity to provide further comments on the recommendation.

#### 3.1 Bexley Health Campus

Fewer than half of individual respondents answering this question opposed the proposal to turn QMS into a Bexley Health Campus (45%). Few supported the proposal (15%), while two in five had no views either way or did not know (41%).

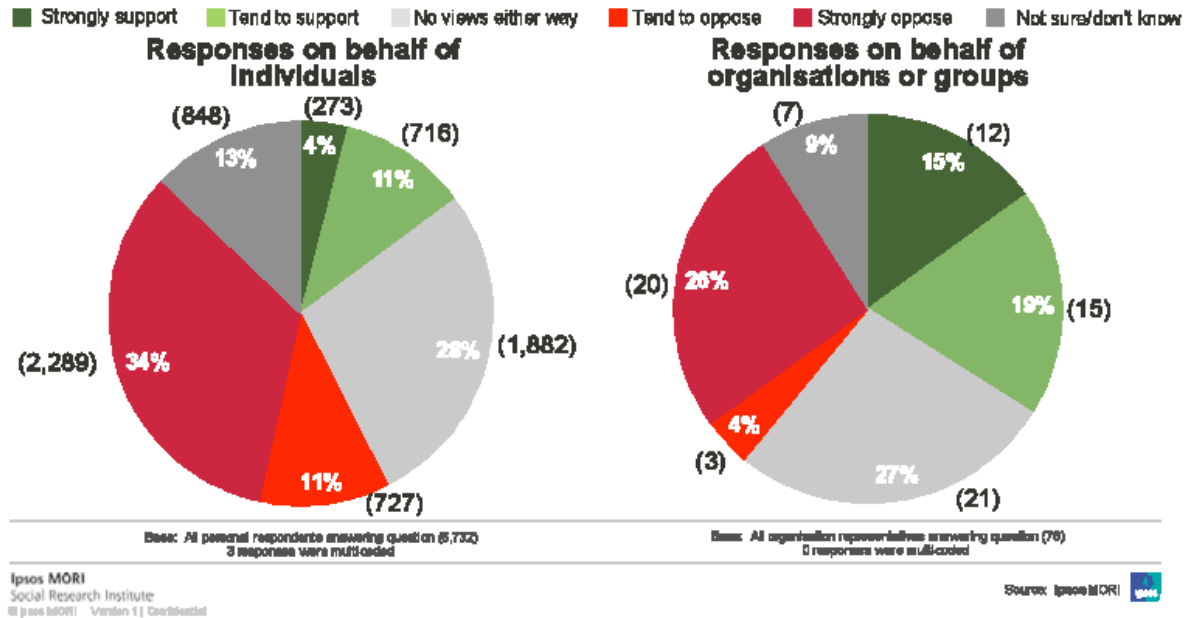
Where there was opposition, it tended to be particularly strong, with 34% strongly opposing the proposal. Supporters of the proposal tended to be more moderate; four per cent strongly supported the proposal.

Amongst those responding on behalf of an organisation or group, support for the proposal was higher. Around one in three supported the development of the Bexley Health Campus (35%), while three in 10 opposed it (29%).



## Recommendation 2 – Developing a Bexley Health Campus

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



Opinions varied between age groups, with older respondents tending to be more supportive of the proposal for a Bexley Health Campus. Support ranged from five per cent amongst 18 to 24 year olds to 23% of those aged 65 or over.

Past experience of health sector employment is again a differentiator. Around one in four current or past NHS workers supported the development of the Campus (27%) compared to one in 10 with no healthcare sector work experience (11%).

Finally, the results show that those who are most likely to use the service due to its proximity (those in Bexley, and closest to QMS) were more supportive of the proposal. For example, 45% of residents living in Bexley supported the proposal, and this contrasted sharply with eight per cent of residents living in Lewisham. The low support from Lewisham residents is particularly important, as a significant proportion of responses have been received from the borough (56% of all individual responses received to this particular question), thus impacting the overall results. However, although generally more supportive than many other respondents, half of individual respondents who say that QMS is their closest hospital still opposed the proposal (51%).



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

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	None of these	Prefer not to say
<i>Those answering</i>	331	741	752	69	3,842	190	299	407
Strongly support %	15	9	6	6	2	5	7	3
Tend to support %	29	24	14	12	6	9	14	3
No views either way %	6	27	21	20	35	19	17	12
Tend to oppose %	10	11	13	14	11	10	8	8
Strongly oppose %	36	23	38	42	30	46	44	64
Not sure/Don't know %	3	6	9	6	16	10	9	10

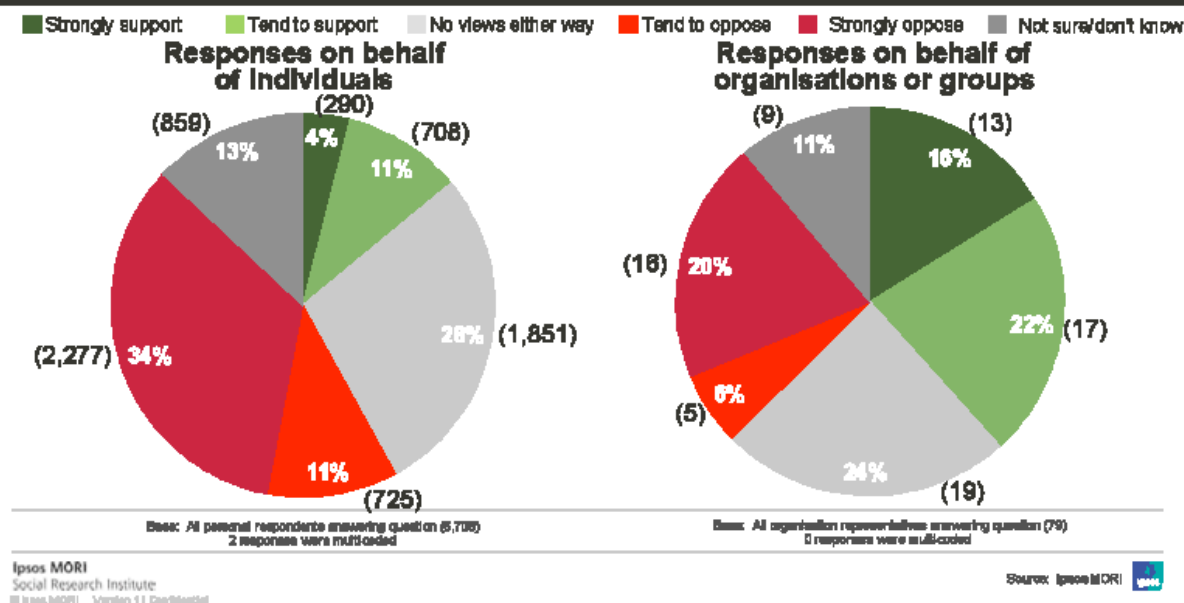
### 3.2 Sale/transfer of land and buildings

Recommendation 2 also states that the land and buildings required for Bexley Health Campus should be transferred or sold to Oxleas NHS Foundation Trust. Almost half of individual respondents opposed this proposal (45%), while 15% supported it.

As can be seen, the pattern of responses here is very similar to that for the proposal to develop the Campus. Again, where there was opposition it tended to be strong (34% of individuals *strongly* oppose the proposal). Organisational/group responses contrasted with individual responses, with almost two in five saying that the land and buildings should be transferred or sold to Oxleas NHS Foundation Trust (38%).

#### Recommendation 2 – Sale/transfer of land and buildings to Oxleas NHS Foundation Trust

**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 sit to be transferred or sold to Oxleas NHS Foundation Trust?**



Again, differences in opinion were observed between the residents of different boroughs, with those in Bexley most supportive.



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?

	Bexley	Bromley	Green-wich	Lam-beth	Lewis-ham	South-wark	None of these	Prefer not to say
<i>Those answering</i>	<i>331</i>	<i>739</i>	<i>746</i>	<i>68</i>	<i>3,830</i>	<i>190</i>	<i>299</i>	<i>404</i>
Strongly support %	15	9	5	9	2	3	7	4
Tend to support %	24	21	18	10	7	12	11	3
No views either way %	13	28	20	22	33	19	18	13
Tend to oppose %	11	10	12	9	11	11	12	5
Strongly oppose %	33	26	37	43	30	46	44	66
Not sure/Don't know %	4	7	9	7	17	8	9	8

The demographic differences noted for the previous proposal for a Bexley Health Campus were again evident here. For example, older people and those with previous experience of NHS employment were more likely to support the proposal. There were no notable differences in the pattern of responses observed for the proposal to Bexley Health Campus.

Of those answering the questions about Recommendation 2, 1,683 respondents provided further comments, which were wide-ranging in their nature. The minority of them referred specifically to Recommendation 2, and the largest proportion either had no comment or stated that they did not know enough to comment.

A common theme emerging from the free-text responses expressed confusion regarding the plans for Bexley Health Campus (69), often with a fear that the proposals could lead to privatisation of healthcare services. Where there was opposition, it tended to oppose privatisation (99) rather than the sale or transfer of land and buildings to Oxleas NHS Foundation Trust.

*Plans for a Bexley "Health Campus" are not clear and will lead to fragmentation and privatisation of services. If land is to be sold, it should first be offered to another Trust.*

Some were confused about what the term 'Health Campus' means.

*The description "Health campus" is confusing and wrong. What is needed is a hospital and all the usual services that come with a hospital.*

*What on earth is a "health campus"? Inventing new terminology is not helpful. We are talking about hospital services. Everybody knows what that means.*

Many people providing a comment here took the opportunity to express their opinion about other recommendations (particularly in reference to University Hospital Lewisham and access to care).

Just 18 responses received by letter or email referred to the issues under Recommendation 2, referring to mental health services or children's services on the site. The nature of these comments were diverse and no consistent themes could be identified.



## 4. Recommendation 3

### Making the best use of buildings owned and leased by South London Healthcare NHS Trust

- Individual respondents were, on the whole, opposed to the recommendation that poorly used or empty buildings should be sold or no longer leased (70% opposed, with 63% strongly opposed). Those who may use NHS services more (older respondents, those who have a disability and those who care for someone aged 16 and over) tended to be more supportive of the recommendation, albeit still with a majority opposing it.
- A more positive response was noted for those responding on behalf of an organisation or group; almost half supported the recommendation (48%).
- Free-text comments (from across all respondents) showed opposition to the sale of any assets or buildings, and concern was raised that once assets were sold they may not be recovered should a need arise in the future. Emphasis was often placed on the belief that services may need to expand in the future to accommodate a changing population. This led some respondents to say the recommendation was short-sighted. Others felt that if there was space within the NHS, then it should be used to provide services.
- Respondents sometimes referred to specific sites, for example, referencing the sale of land and buildings at University Hospital Lewisham (UHL) and opposing this sale. In addition, some responses related to this specific recommendation received via letter or email registered concern about the provision of services for the local community at Beckenham Beacon.

This chapter considers respondents' views on the recommendation that poorly used or empty buildings should be sold or no longer leased by South London Healthcare NHS Trust (SLHT). The consultation document outlined three opportunities within Recommendation 3:

- Sale of excess land at Queen Mary's Hospital, Sidcup (QMS)
- Sale of Orpington Hospital
- Ending SLHT's lease at Beckenham Beacon

Respondents were asked whether they supported or opposed the recommendation, and were given the opportunity to provide further comments.

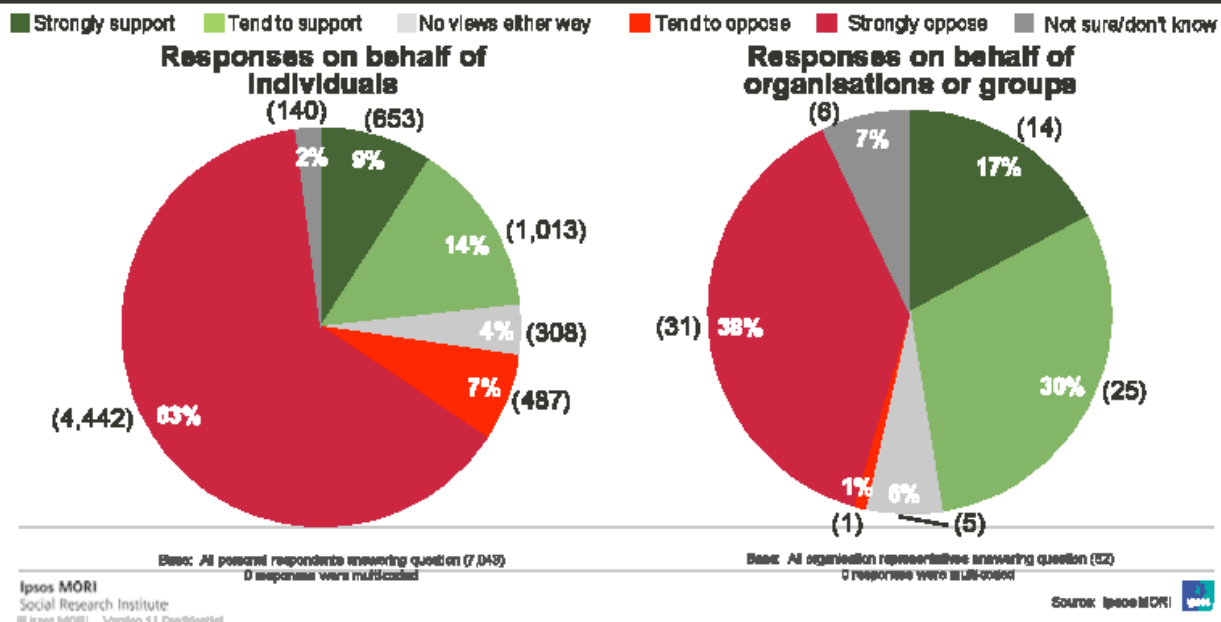
Overall, seven in 10 individual respondents who answered the question opposed the recommendation (70%), and 63% *strongly* opposed.

Responses on behalf of organisations or groups were more positive, with almost half of those responding (48%) supporting the recommendation.



## Recommendation 3 – Poorly used and empty buildings

***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?***



Sub-group differences were evident, broadly repeating the pattern seen throughout the consultation. Respondents from younger age groups were least supportive of the plans for poorly used or empty buildings (11% of 18-24 year olds supported the recommendation); however, as age increased so did the level of support (34% of those aged 65 or over). Individuals with a disability and those who care for a family member aged 16 and over with a health need were also more supportive (29% of each).

The level of support varied significantly according to employment within the health sector, with two in five respondents with experience of working in the NHS supporting the plans to sell or no longer rent poorly used or empty buildings (40%), compared to one in five of those with no previous health work experience (19%).



The greatest level of support was seen amongst Bexley residents (51%), whilst those living in Lewisham and Southwark were the least supportive (18% and 20% respectively).

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?								
	Bexley	Bromley	Green-wich	Lam-beth	Lewis-ham	South-wark	None of these	Prefer not to say
<i>Those answering</i>	336	760	758	71	4,068	193	310	434
Strongly support %	21	15	14	15	6	9	15	5
Tend to support %	30	24	19	13	12	10	13	5
No views either way %	4	4	4	1	5	4	2	3
Tend to oppose %	11	11	7	1	7	4	5	2
Strongly oppose %	32	43	54	68	68	71	63	84
Not sure/Don't know %	2	2	2	1	2	2	2	1

Of the respondents who gave their view on the recommendation, a total of 2,240 provided further written comments.

The most common response was an overall opposition to the sale of any buildings or assets; 793 people gave a negative comment about this, with 305 of these simply expressing their opposition. There was particular concern that once sold, the assets could not be recovered if needed again (188). Linked to this, some responses cited the plans to be short-sighted or a short-term fix to the current problem which did not consider the longer term implications (176). Respondents felt that if assets were sold there would not be buildings or land available for any future expansion of NHS services in the area (253); this was often linked to the needs of a growing population.

*Sale of land and buildings means that once it's gone, it's gone. This does not allow for any short or longer term flexibility in providing care.*

*I would suggest that the Trust's buildings, though underused at present due to cuts, are needed and will be needed. It makes more sense to retain them and use them, rather than put the NHS in SE London into the position of again having to expensively lease buildings from the private sector yet again in the future.*

Many comments also suggested that a more efficient way should be found to better use the existing land and buildings (172), for example through the reorganisation of services across trusts. A common theme was the assertion that if there is additional space within the NHS, it should be used to provide services rather than be sold or leases ended (221).

*The approach implied in question 7 needs comment as it seems to miss out a necessary first stage, which is to review how the buildings might be better used to provide the health care services required by the local population. Again, this reflects a key concern about the consultation document which is that it is driven by financial needs rather than the health care needs of the local population.*

There was concern regarding the effect of the recommendation on University Hospital Lewisham (UHL), with a number of comments stating that land or buildings at UHL



should not be sold (125). Some respondents again used this free-text question to outline their views on other recommendations, often referring to proposals surrounding UHL.

A number of comments surrounded the overall consultation process, with responses stating that the consultation document did not provide enough information surrounding the proposals (163) and in particular, information on the exact buildings that could be affected by the proposals or what was currently provided from those sites.

*This proposal is not specific about all buildings that could be sold. Further detail is required as to whether buildings will be sold and then leased back.*

Fewer than one in 10 respondents providing written comments by letter or email rather than using the response form chose to comment on the use of land or buildings within SLHT (65). Many respondents commented on the effects within specific hospital sites.

In particular, opposition was expressed concerning an end to the lease at Beckenham Beacon (25). A number of respondents noted that the site offers good services to the local community.

Similar to what was observed in the response forms, there was also opposition to any potential sale of assets at UHL (19).



## 5. Recommendation 4

### Department of Health provides additional annual funds to cover part of the costs of the Private Finance Initiatives

- There were mixed views regarding the recommendation that the Department of Health (DH) should provide additional funds to cover part of the costs of the Private Finance Initiatives (PFIs), with 42% of individual respondents supporting it, and 35% opposing it.
- Those responding on behalf of organisations or groups were more in favour of the proposal, with 61% supporting it.
- Free-text comments (from across all respondents) suggested that opposition stemmed mainly from a resistance to paying the PFI debts back at all; or at least a desire for the contracts to be re-negotiated. Many respondents felt very strongly about the negative impact of PFI on the NHS.
- Respondents supporting the recommendation felt that the local NHS should not have to suffer because of previous decisions by central government, and so agreed that the DH should provide funds for the relevant PFI debts.

This chapter considers respondents' views on the recommendation that the Department of Health (DH) should provide additional funds to cover part of the costs of the Private Finance Initiative (PFI) buildings at Queen Elizabeth Hospital (QEH) and Princess Royal University Hospital (PRUH), until the relevant contracts end.

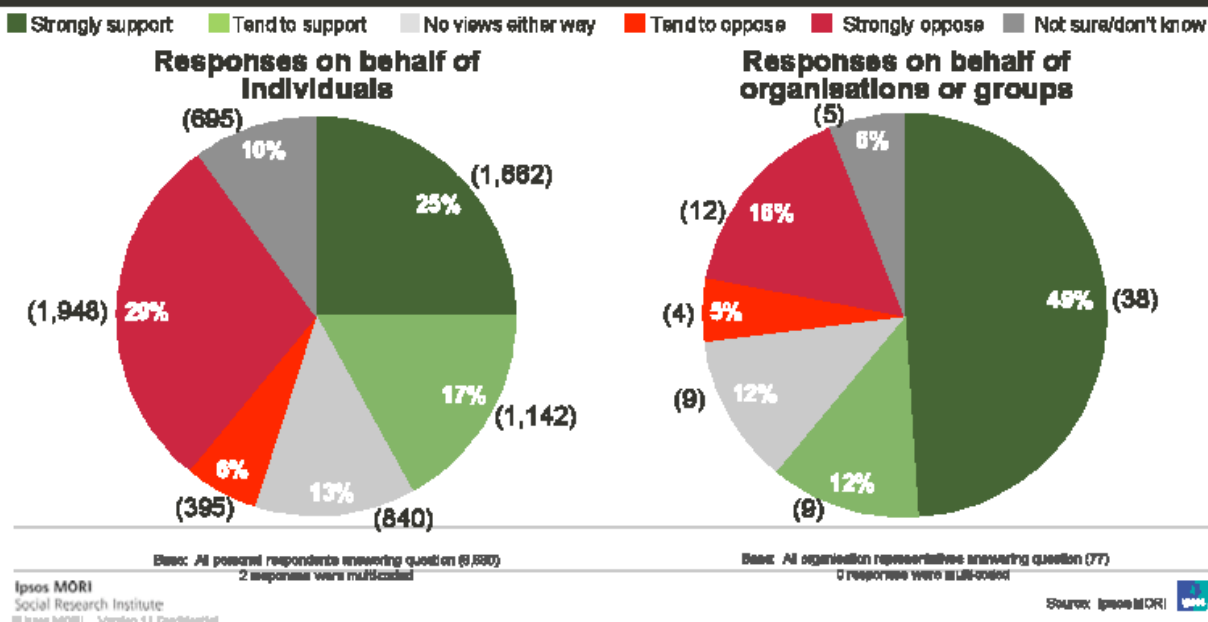
Responses to this proposal were somewhat divided, with 42% of individuals who answered supporting and 35% opposing it. This was a particularly polarising proposal – the majority held their views 'strongly' either way.

There was greater support for the recommendation from organisations or groups; three in five thought that the DH should provide funds to cover the relevant PFI costs (61%), while one in five did not (21%).



## Recommendation 4 – Department of Health funding additional PFI costs

*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?*



Again, older respondents were more in favour of the recommendation. For example, 59% of those aged 65 or over felt that the DH should fund the additional PFI costs (compared to 23% of 18-24 year olds). Similarly, those with a disability were also more supportive (48%, compared to 42% of those with no disability). Carers were also more in favour of the plans; half of those caring for a family member with a health need aged 16 or over thought the DH should provide these funds (51%, compared to 41% of those with no caring responsibilities).

As seen earlier, health sector employment was also important. Nearly three in five of those who have worked in the NHS thought that the DH should provide funds to cover the PFI costs (56%), compared to two in five of those without any health sector work experience (38%).

Those who live closest to the three South London Healthcare NHS Trust (SLHT) hospitals were more likely to think that the DH should provide funds to meet the additional costs of PFI at these hospitals (73% for PRUH, 71% for Queen Mary's Hospital, Sidcup (QMS), and 60% for QEH, compared to 42% overall). Accordingly, those living in Bexley, Bromley and Greenwich were the most supportive (71%, 67% and 54% respectively).



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?

	Bexley	Bromley	Green-wich	Lam-beth	Lewis-ham	South-wark	None of these	Prefer not to say
<i>Those answering</i>	324	731	734	71	3,826	189	300	412
Strongly support %	51	45	36	24	19	17	26	10
Tend to support %	20	22	17	14	18	12	13	9
No views either way %	8	7	8	11	16	7	7	7
Tend to oppose %	4	6	5	8	7	3	5	5
Strongly oppose %	17	17	27	39	26	52	43	62
Not sure/Don't know %	1	4	7	3	14	8	6	8

Of those answering the question about this recommendation, 2,132 respondents provided further comments. Many expressed strongly held negative views about PFI in general. They suggested that the initiative was ill-conceived, and should never have been introduced (846). These respondents were particularly critical of poor financial decisions, with some suggesting that the implications of PFI had not been fully understood at the time.

*The PFI funding were a disastrous way to fund parts of the NHS in the first place. It was a scandalous waste of public money.*

Respondents particularly objected to the impact they felt it had on the hospitals (340). Some believed that the private sector had taken advantage of the situation for its own gain and felt very strongly that public money should not be used to pay these debts (307). They objected to tax-payers' money being used to generate profits for private companies at the expense of public services.

*It is totally unacceptable for huge amounts of taxpayers' money to line the pockets of the shareholders of private companies, furnishing PFI contracts that have already been shown to be bad value for money by the National Audit Office.*

The results to the closed questions showed that respondents were divided in their support for the plan for the DH to provide funds for the additional PFI payments. Opposition to the proposal appears to stem mainly from a belief that the debts should not be paid at all, rather than a belief that SLHT should pay off the debts itself. A large proportion called for the contracts to be broken or re-negotiated (799), some referencing the burden it has placed on the NHS and individual trusts.

*The PFI contracts should be re-negotiated, they are very poor value for money for the taxpayer and the users of the NHS. The PFI debt should be written off in its entirety, local trusts should not be burdened with paying for any of these debts out of their own budget. Ideally the Department of Health should not have to pay for this either, but better for this to be dealt with by the government centrally, rather than penalising individual trusts.*

There was some support for the DH providing funds to pay the additional debts (475). Most commonly this was because they felt that responsibility for PFI rested with the DH and so it was only right that central government foots the bill. There was also a feeling of



resignation that the debts simply needed to be dealt with so that the hospitals could move forward to provide care to local residents.

*DoH got the hospitals into this mess – they are responsible and should sort it out!*

However, many of these respondents still held the view that the contracts should be re-negotiated, often putting forward both views simultaneously. In fact, 357 supporters of the proposal for the DH to provide additional funds to cover PFI costs also said that the PFI contracts should be re-negotiated or broken.

*Extra funds should be provided but the PFI contracts should also be re-negotiated to better benefit the hospitals and public.*

A total of 70 respondents providing written comments by letter or email chose to comment on PFI costs. As with the free-text questions, respondents expressed their negative views of PFI in general (24) and suggested that the DH should be re-negotiating the debts (20). There was also support for the DH providing funds towards paying the costs (14), although again, some thought this should be in conjunction with re-negotiation.



## **6. Recommendation 5**

Transform the way services are provided across hospitals in south east London



- Recommendation 5 addresses four different care areas: care in the community and closer to home, urgent and emergency care, maternity services, and planned care.
- On the whole, individual respondents opposed the community care recommendation (47% vs. 23% in support), although 31% did not offer an opinion. A greater proportion of organisations and groups were in support of the community care recommendation compared to those in opposition (47% support vs. 23% oppose).
- In the free-text comments (from across all respondents), some support was given to the proposed community care strategy, though this support tended to be conditional on the basis of increased funding and improvements to care in the community, while also not occurring at the expense of other services such as hospital services.
- Regarding the proposed changes to urgent and emergency care, many individual respondents opposed the changes (90%), while amongst Lewisham residents (who make up a large proportion of the consultation responses received), the level of opposition rose to 96%. Overall, there was limited support for these proposed changes (eight per cent). Amongst organisations and groups, the majority opposed the proposed changes to urgent and emergency care (24% support vs. 67% oppose), although support was higher than among individuals.
- A large proportion of the free-text comments provided stated that University Hospital Lewisham (UHL) should keep its Accident and Emergency (A&E) department. The reasons underpinning this were good perceptions of the UHL service and not wanting to waste money from the refurbishment; the need for a large population to be served by an A&E; seeing it as unfair to penalise UHL when it is performing well; concerns about capacity at other A&Es; concerns about travelling to other A&Es, including travel times and their impact on safety.
- For both individual respondents and organisations/groups, there was no clear support for either option for providing maternity services across south east London. Amongst individual respondents, nearly seven in 10 supported neither option (69%) and where they did choose between the two options, more preferred an additional stand-alone obstetric-led unit at UHL (24%). A similar proportion of organisations/groups also selected this option (26%), but one in four said they were not sure which option they would prefer (23%). There was minimal support among individuals or organisations/groups for obstetric-led services at the four major hospitals only (three and seven per cent respectively).
- The majority of free-text responses emphasised the need for maternity services to be co-located with emergency care, with concern about the risk of providing obstetric-led services without A&E at the same site. As for A&E, respondents mentioned the high quality services they thought were already available at UHL and the recent investments; the growing population; concerns about capacity at other hospitals; concerns about distances and travel times and the impact on patient safety; and wanting maternity care to be provided locally.

- Individual respondents tended to oppose the proposed changes to planned care (68%). Organisations/groups were more supportive, with three in 10 supporting the recommendation (31%), although half opposed it (50%).
- The most frequent theme emerging in the free-text responses was concerns about



increased difficulties in accessing planned care as a result of the proposed changes.

Recommendation 5 concerns service provision across the wider NHS in south east London. This chapter is split into four care areas, reflecting the structure of the recommendation itself:

- Care in the community and closer to home
- Urgent and emergency care
- Maternity services
- Planned care

## 6.1 Care in the community and closer to home

The recommendation put forward by the Trust Special Administrator (TSA) is for the community based care strategy developed by south east London clinical commissioning groups to be progressed and implemented so that people receive care in locations closer to, or in, their home where appropriate. Respondents were first asked the extent to which they supported or opposed the community care recommendation before being given the opportunity to provide further comments on it.

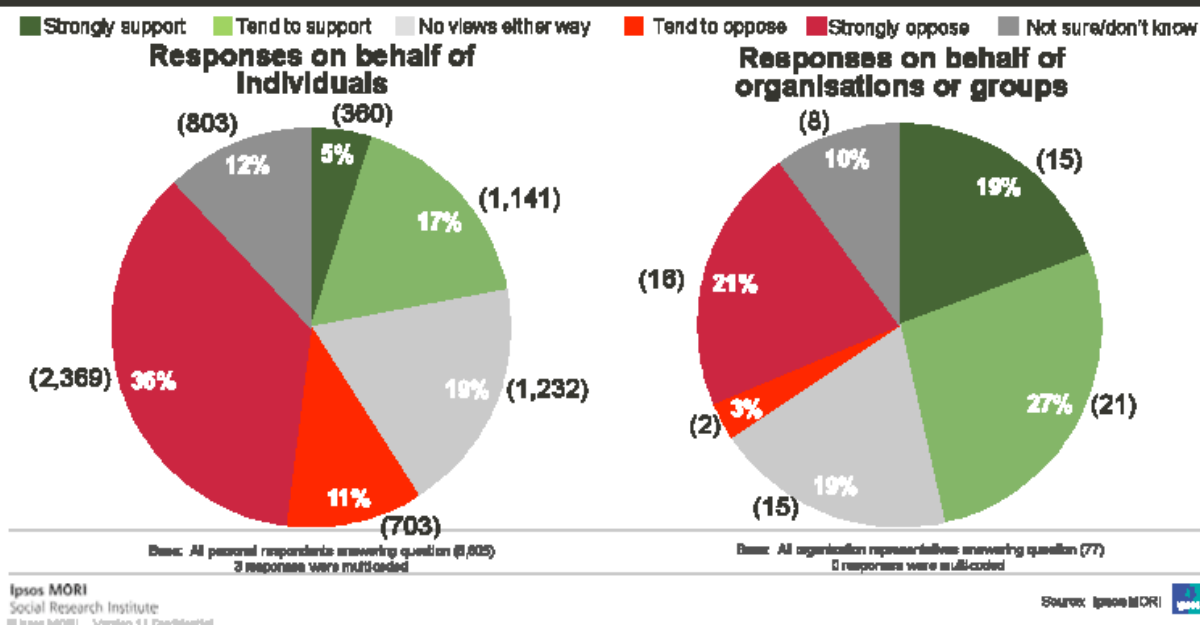
The proposed recommendation drew some opposition from individual respondents. Almost half of individuals who gave their views were opposed to the suggested changes (47%), with 36% *strongly* opposed. Some ambiguity existed, with three in 10 saying they had no views either way or did not know (31%). Fewer than one in four supported the community care recommendation (23%).

The views of organisations and groups were distinctly different to that of individual respondents. Around half of organisations/groups who gave their view were in support of implementing the community based care strategy (47%), while around one in four opposed it (23%).



## Recommendation 5 – Community care services

***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?***



Support for the recommendation amongst individual respondents differed according to age. The oldest age group, those aged 65 and over, were most supportive of the strategy, with views balanced between support and opposition (38% supported it and 37% opposed it, compared to 23% and 47% overall).

Support for the community based care strategy was greater amongst individuals with a disability (29% compared to 23% of those without). Additionally, the level of support varied between those who provide care to a family member with a health need aged 16 or over (29% in support) and those who are not presently carers (22%). This tended to be because those who do not have a disability or are not carers were less likely to express an opinion; levels of opposition were similar.

Again in line with previous findings, those who have worked within the NHS were more supportive of the implementation of the community based care strategy. While around one in three current or past NHS workers supported the recommendation (36%), this fell to one in five of those with no experience of working in the health sector (19%).

As seen throughout, differences in opinion were observed according to borough. Support for the community based care strategy was greatest amongst Bexley (50%) and Bromley (43%) residents, compared to residents of Lewisham (17%) and Southwark (18%).



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?

	Bexley	Bromley	Green-wich	Lam-beth	Lewis-ham	South-wark	None of these	Prefer not to say
<i>Those answering</i>	326	726	724	69	3,769	189	300	407
Strongly support %	13	12	8	7	3	5	9	3
Tend to support %	37	31	22	20	14	13	16	4
No views either way %	14	17	16	19	22	13	13	9
Tend to oppose %	10	10	11	7	12	10	8	6
Strongly oppose %	23	23	34	45	34	51	46	71
Not sure/Don't know %	3	7	9	1	16	9	8	7

A total of 1,856 free-text responses were provided on the community care recommendation. Those who were in support of the recommendation were marginally less likely to provide a free-text response compared to those in opposition.

Some individuals (429), most of whom supported the recommendation, took the opportunity to say they felt that care closer to home was a good idea. Much of this support for community care was conditional, with some agreeing in principle but not wanting improved community care to be at the expense of other services (200). Individuals who said this often referred to the need for hospital services to be in place in conjunction with a strengthened community care offering.

*These principles are reasonable, however, this improved provision should not be made at the expense of providing adequate easily accessible emergency and in-patient provision.*

Quality of care was a consistent theme (523), with many stressing the need for increased funding if the community care strategy was to be successful (234). Some cynicism was apparent with individuals claiming that community care packages have failed previously (92) and many tied this back to a possible failure of the proposed strategy unless appropriately financed. A number of concerns centred around quality of care within community care at present. Respondents felt that quality was currently poor, or referenced that significant improvements would be required over a period of time in order to be able to rely on community care services (300).

*I believe that hospital is not necessarily best for all patients and care at home/in the community can be more appropriate. HOWEVER the level of resource and funding and the logistics of such community services MUST be adequate and well planned.*

*Although the recommendations at first seem like a good idea, there is in fact no evidence to support the assumption that this kind of care can be delivered effectively within the community. The resources and infrastructure need to be in place and tested before existing services are cut.*

Comments were made by both those in support and in opposition to the recommendation around the perceived risk of increased distance/cost/time to access care (145). Often these individuals tied their concerns about accessing care to the proposed changes to urgent and emergency care, commenting that University Hospital Lewisham (UHL) should retain its Accident and Emergency (A&E) department (114). In a similar vein, some took this opportunity to reiterate that no hospitals should have services removed/downgraded (211).



*Care includes A and E care, and the proposal to close Lewisham A and E appears to me to be incompatible with certain aspects of the recommendations.*

A number of respondents commented negatively on the consultation document, feeling that the information provided was not sufficient/relevant/accurate enough for them to provide informed feedback (275). They wanted more information on the strategy and how it would be implemented.

A small number of responses received via letter and email specifically referenced community care (23). The themes arising were very similar to those made in the free-text responses, but additionally made reference to the need for good working relationships and well-integrated care (5) and improvements to be made to GP and primary care services (10).

## **6.2 Urgent and emergency care**

Recommendation 5 sets out where and how emergency care should be provided in south east London. The recommendation proposes care would be delivered as follows:

- Emergency care for the most critically unwell – King’s College Hospital, Queen Elizabeth Hospital (QEH), Princess Royal University Hospital, St Thomas’ Hospital
- Urgent care – Guy’s Hospital, Queen Mary’s Hospital, Sidcup, University Hospital Lewisham (UHL)

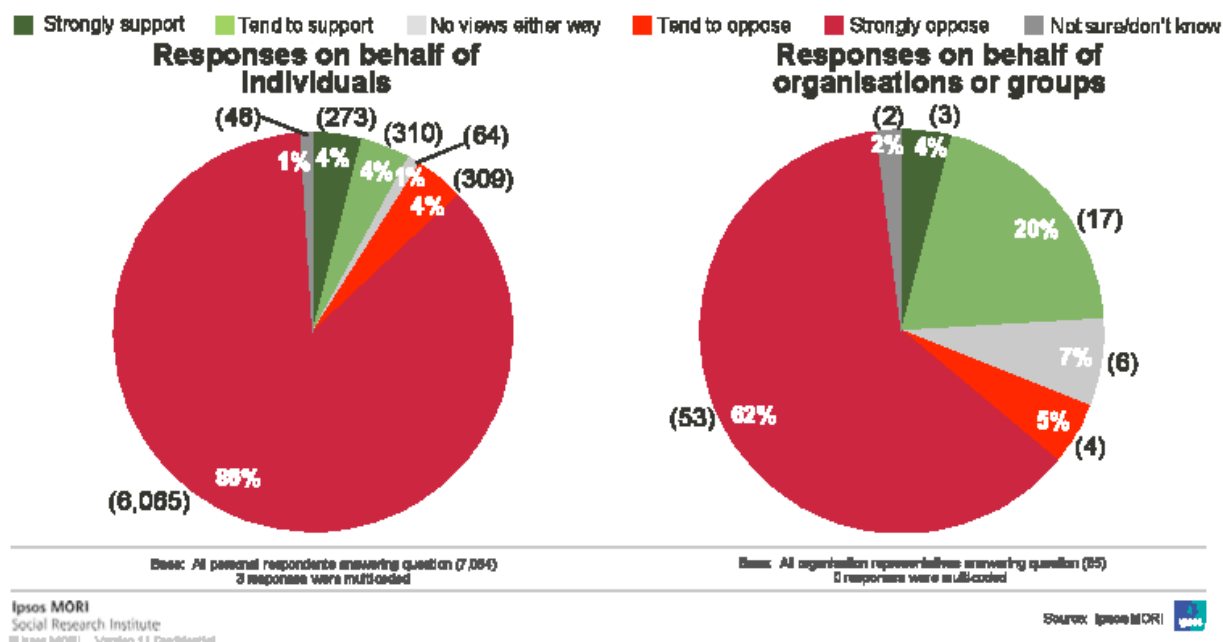
Of all the recommendations put forward by the Trust Special Administrator (TSA), the proposed plans for delivering urgent and emergency care in south east London received the greatest opposition. Nine in 10 individuals who responded to this question opposed the recommended changes to urgent and emergency care (90%), whilst 86% *strongly opposed*. There was limited support for the recommendation (eight per cent).

Again, the organisation/group perspective was different to the individual, though the majority still opposed the plans (24% supported them and 67% opposed them).



## Recommendation 5 – Urgent and emergency care

### How far do you support or oppose the proposed plans for delivering urgent and emergency care in south east London?



The level of opposition varied considerably according to resident borough. The greatest level of opposition was seen amongst those living in Lewisham and Southwark, where almost all residents opposed the plans for delivering urgent and emergency care (96% and 94% respectively). Opposition levels were lower elsewhere with, for example, two in three Bexley residents opposed to the changes (68%). It should be noted that individuals living in Lewisham were more likely to respond to the consultation than residents from other boroughs (57% of the individual respondents at this question are Lewisham residents).

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

	Bexley	Bromley	Green-wich	Lam-beth	Lewis-ham	South-wark	None of these	Prefer not to say
<i>Those answering</i>	334	756	763	72	4,092	193	307	434
Strongly support %	10	11	5	8	2	3	7	2
Tend to support %	18	15	8	6	1	3	5	1
No views either way %	2	3	2	4	*	0	2	0
Tend to oppose %	16	9	6	3	3	1	4	2
Strongly oppose %	52	61	79	79	94	93	82	95
Not sure/Don't know %	2	2	1	0	*	1	1	0



Age again had some bearing on how people responded to the proposed changes, with lower opposition found amongst older age groups. Around three in four of those aged 65 or over opposed the recommendation (77%, compared to 90% overall), although more still opposed than supported it.

Of all the recommendations put forward by the TSA, the proposed changes to urgent and emergency care received the greatest number of free-text comments (5,184).

The most common response given was that UHL should retain its Accident and Emergency (A&E) department (2,869). Some individuals gave positive feedback about the performance of UHL and their own experiences there (903), whilst others referred to the recent refurbishment work carried out at UHL, often suggesting that closing the department would be a waste of money (577). Some took this opportunity to assert that they felt it was unfair that UHL and Lewisham residents would be affected by the failings of South London Healthcare NHS Trust (SLHT) when UHL itself was not in financial difficulties and was not responsible for the wider challenges SLHT faces (475). Throughout these comments there was some concern that the proposed recommendations were going to 'pull-down' a successful hospital, as once its A&E had been downgraded, they felt that other services would also follow (202).

*Lewisham Hospital is a first class facility which is efficiently run and should not be sacrificed in order to support an inefficient failing facility.*

*Lewisham must remain open for emergency care... absolutely NO, this proposal is extremely frightening for local people.*

Strong concerns were raised about the ability of other A&E departments to cope with increased case loads, with references to perceived current and possible future capacity issues at other A&E departments. Respondents sometimes talked more generally, and at other times in relation to specific hospitals that respondents felt would be overburdened by the recommendations, but in total 1,356 mentioned a concern about services being overstretched. QEH was commonly cited as a hospital already suffering capacity issues that would be overstretched as a result of the shift from A&E to urgent care at UHL. Responses towards QEH tended to be negative with comments about it being poorly located (570) or concerns about capacity, either at present or in the future (361).

*Lewisham must have its own A&E department. To close it is dangerous and will result in the loss of life. The other surrounding hospitals simply won't cope.*

A large number of responses included more general concerns about the availability of A&E (891). Many qualified their concerns about A&E provision by referring to the large and growing population (1,142). Reference was also made to the specific needs of the local population, with many mentioning its older, diverse and vulnerable residents living within a deprived area (449); many of whom would struggle to travel to A&E departments further afield. These comments about the local population were, in the main, made in reference to Lewisham.

The fear that the proposed recommendation would result in increased travel costs/distance and journey time was a dominant theme (2,193) with some reference to traffic congestion (481) and poor public transport links. All of these concerns contributed to the sentiment that lives were being put at risk by the proposed changes (1,358), with the time taken to access a service being crucial in an emergency.



*I strongly feel closing Lewisham's A&E will put lives at risk as the other nearest hospitals are too far away. At the very least they will be very difficult to get to especially for the most vulnerable in society, i.e., the disabled and elderly and those travelling with children. With increasing traffic, ambulances will also have difficulty getting patients to the A&E departments in time, and this could make all the difference in patients' survival and quality of recovery.*

As part of this, a number of people questioned the data used to support the recommendation (312). For example, a number of people queried the validity of the additional journey time stated in the consultation document to travel from UHL to QEH.

Of the 842 additional letters and emails received, UHL and the proposed changes which would affect it, were mentioned in 776 responses. Again, respondents explicitly stated that UHL needed to retain its A&E department (732). Similar reasoning was provided as that in the free-text responses. A number of letter and email responses praised UHL from individual experiences there and/or its reputation (167). Equally, reference was made to the recent investment made to refurbish UHL's A&E, feeling that it would be a waste of money (91) and many commented on the fear that other departments would be overstretched and struggling to cope with increased service demands (134).

### 6.3 Maternity services

Within Recommendation 5, the Trust Special Administrator (TSA) addresses how maternity services should be provided across south east London in the future. This section of the consultation gave respondents two possible options for the provision of obstetric-led services:

- Obstetric-led services should only be provided at the four major hospitals that will offer care for those who are most critically ill (King's College Hospital, Queen Elizabeth Hospital, Princess Royal University Hospital, St Thomas' Hospital)
- A stand-alone obstetric-led unit should also be provided at University Hospital Lewisham (UHL), in addition to the four above

Respondents were asked to state their preferred option. As with all the recommendations, respondents were given the opportunity to provide free-text commentary.

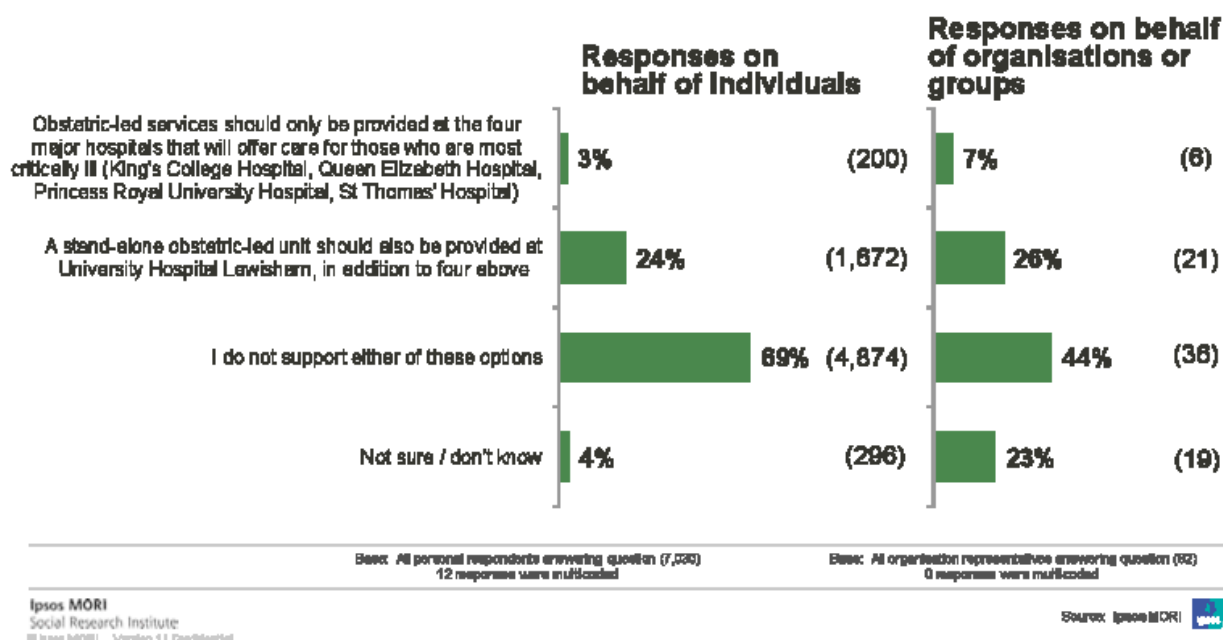
Amongst individuals who responded to this question, seven in 10 did not support either of the two maternity options presented (69%). Of those who gave their support to one of the two options, a greater proportion said they were in favour of option 2, which would see an additional stand-alone obstetric-led unit provided at UHL (24%). A small proportion (three per cent) were in favour of option 1, which would see obstetric-led services only provided at the four major hospitals.

Of the organisations and groups responding to this question via the response form, two in five did not support either option (44%), while one in four stated a preference for option 2 (26%). More said they were not sure or did not know which was their preferred option (23%).



## Recommendation 5: Maternity services

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



Lewisham and Southwark residents were the least likely to prefer either of the two options, with three in four not supporting either option (75% and 76% respectively, compared to 69% overall).

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

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	None of these	Prefer not to say
<i>Those answering</i>	327	751	761	71	4,077	193	308	433
Obstetric-led services should only be provided at the four major hospitals that will offer care for those who are most critically ill %	7	11	3	7	1	4	6	2
A stand-alone obstetric-led unit should also be provided at UHL, in addition to the four above %	35	35	30	20	22	19	19	10
I do not support either of these options %	46	45	60	66	75	76	69	86
Not sure/Don't know %	13	10	7	7	2	2	6	1

Some groups of respondents were more likely than others to support one of the options, and they tended to opt for an additional stand-alone obstetric-led unit at UHL. For example, almost three in five respondents aged 65 or over did not support either option



(57%, compared with 69% overall), while three in 10 supported option 2 (31%, compared with 24% overall). A similar pattern is observed among those who have a disability and current or past NHS workers.

Over half of those who responded to this question went on to give commentary on the maternity services recommendation (4,847). By far the most common response was that maternity and obstetric care needs to be co-located with emergency care (3,321), with respondents concerned about safety if emergency care was not readily available at the same site. Of those making this point, many used similar or identical wording suggesting possible campaign responses. A large proportion of the free-text comments linked the need for co-located services to their support for UHL retaining its Accident and Emergency (A&E) department (2,678).

Many took this opportunity to comment that UHL should maintain/expand its current maternity services (1,447). Of the individuals who wrote this, around four in five said they supported neither option presented. Many of these individuals described the good quality maternity care provided at UHL (501), with some specifically referencing the investment that had recently taken place (208). Others raised concerns about the availability of maternity services, suggesting that maternity care should be provided locally (372) and that maternity services are at risk of being overstretched (279) (for some they felt this was the case even before considering the proposed recommendations).

*My feeling is that there should be an obstetrics-led unit at Lewisham Hospital AND that it should be properly backed up with a fully functioning emergency dept.*

*Maternity services provision with the back-up of full emergency medicine provision is a critical need at Lewisham Hospital. I do not support the removal or reduction of these services.*

Some reference was made to the large, and growing, local population that would require maternity services in the future (549), asserting that the proposed changes needed to take into account future service demands. Some individuals expressed concerns about travelling further to reach maternity services (453). All of these concerns around maternity services led some to comment that the proposed options would result in increased risks to life (589).

Again the most common theme apparent in the responses received via letter and email in reference to maternity care was that maternity and emergency services needed to be co-located (532). Additionally, many references were made to the need for UHL to retain/expand its maternity services (598) and sometimes this was linked to a perceived waste of recent investment in refurbishments (21), while 48 provide positive reviews of maternity services at UHL.

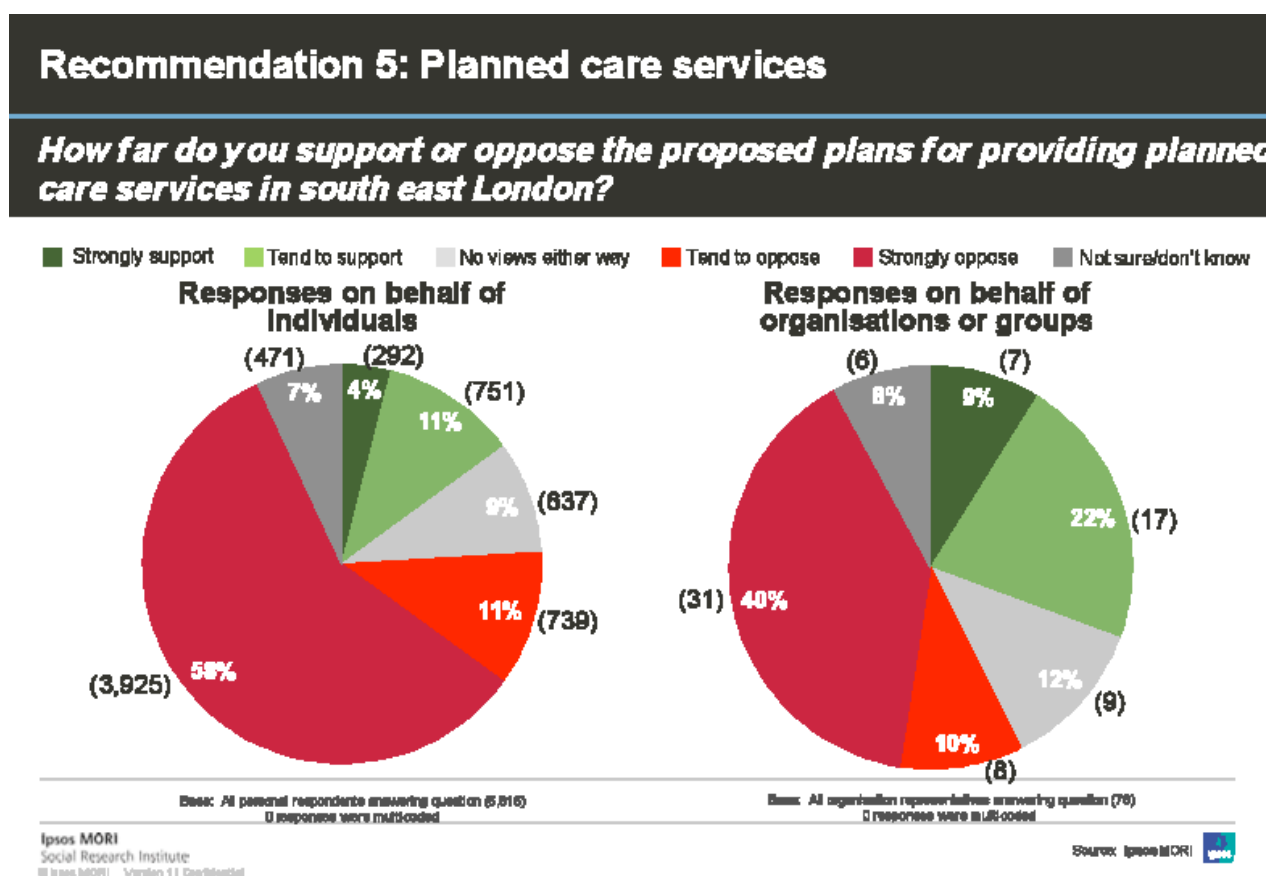
## 6.4 Planned care

The final area of Recommendation 5 covers the way in which planned care should be delivered across south east London. It details which hospitals will offer day care surgery, complex operations, specialist non-complex operations and routine non-complex operations:



- Day case surgery – Guy’s Hospital, Kings 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 (UHL)

This element of Recommendation 5 was opposed by the majority of individual respondents (68%), while 15% supported it. Again, the organisational or group view was different to that of individual respondents, with three in 10 organisations/groups responding in support of the proposed structure for planned care (31%) and half opposing it (50%).



A number of differences in opinion were evident amongst various sub-groups. Continuing the pattern seen previously, older age groups were more positive towards the proposed changes. Three in 10 of those aged 65 and over were in support (30%, compared to 15% overall), although opposition outweighed support for every age group.

Similarly, individuals with a disability were more likely to support the proposed changes (24%) compared to those without a disability (15%). Support for the proposed changes was also higher amongst individuals where they or a family member had received



planned care from the NHS within the previous year (20% vs. the overall average of 15%).

Southwark, Lewisham and Lambeth residents were less likely to support the proposed changes to planned care than those living in the other six south east London boroughs (eight per cent, 10% and 17% respectively support them).

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

	Bexley	Bromley	Green-wich	Lam-beth	Lewis-ham	South-wark	None of these	Prefer not to say
<i>Those answering</i>	332	746	748	69	3,911	189	305	421
Strongly support %	10	12	7	7	2	2	7	2
Tend to support %	30	24	16	10	7	6	11	2
No views either way %	6	12	11	10	10	6	6	3
Tend to oppose %	19	12	12	9	11	11	9	6
Strongly oppose %	35	35	47	64	62	70	62	82
Not sure/Don't know %	1	5	7	0	8	5	6	5

When given the opportunity to do so, 1,989 respondents provided a comment about the proposed changes to planned care. Of those responding, 643 made a comment in reference to accessing care. The majority of these comments focused on concerns about increasing distance/time/travel/costs to accessing care (328), (some of which referenced specialisation as making it harder to access services). Many of these comments were linked to a preference for hospital services to be provided locally (159) and suggested patients would benefit from friends and family being close by (88).

*I don't really understand this proposal. Again it forces lower/no income and the elderly to travel greater distances when this is simply not feasible, for patients nor their families.*

Respondents took this opportunity to comment that UHL should not have any services cut (348) and that it should retain its Accident and Emergency (A&E) department (248). Some added a concern that non-complex operations can turn complex (73), therefore requiring the full suite of hospital services at each site, and this was linked to a fear that the proposed changes would result in increased risks to life (107).

Very few responses received via letter or email made a direct comment about planned care (three).



## 7. Recommendation 6

### Delivering service improvement through organisational change

- The majority of individual respondents opposed the plan to dissolve the current South London Healthcare NHS Trust (SLHT) (65%), with some (in the free-text comments provided) believing that the Trust could be rescued with better management, without the need for extensive reorganisation. Organisations and groups were more positive, with one in three supporting the move to dissolve the Trust (34%), although more still opposed the plan than supported it (42% oppose).
- Individual respondents showed a similar level of opposition in relation to the plan for Queen Elizabeth Hospital (QEH) and Lewisham Healthcare NHS Trust to merge (71%). Free-text comments revealed some concerns about the failure of previous mergers and the perceived risk to Lewisham Healthcare NHS Trust in joining with a failing hospital. Again, organisations and groups were slightly more positive (27% supported and 47% opposed it).
- Of the two options put forward by the Trust Special Administrator (TSA) for the future running of Princess Royal University Hospital (PRUH), nearly two in five individual respondents were in favour of the hospital being acquired and run by King's College Hospital NHS Foundation Trust (37%). Around three in 10 respondents supported neither of the two options suggested by the TSA (31%), while a further one in four said they were not sure or didn't know (27%). The key issue for many in the comments provided was a concern that running a procurement process would lead to private providers of NHS services, something that was strongly opposed. The views of organisations and groups were slightly more in line with those of individuals here; 41% were in favour of the plan for King's College Hospital NHS Foundation Trust running PRUH.
- The majority of respondents agreed with the recommendation for the Department of Health (DH) to write off debts accumulated by SLHT (77%), with little variation observed across sub groups. Free-text comments showed that respondents felt this was the only solution to ensure success in the future and to maintain services for residents of south east London. However, some queried the need for restructuring if the debt was written off and effective management put in place. Four in five organisations/groups agreed with this recommendation (81%).

Recommendation 6 concerns organisational solutions for South London Healthcare NHS Trust (SLHT).

This section has been split into sections to explore responses to the four separate questions asked of respondents to the proposed plans outlined in the Recommendation 6. These are:

- Dissolution of SLHT
- Merging of Queen Elizabeth Hospital and Lewisham Healthcare NHS Trust



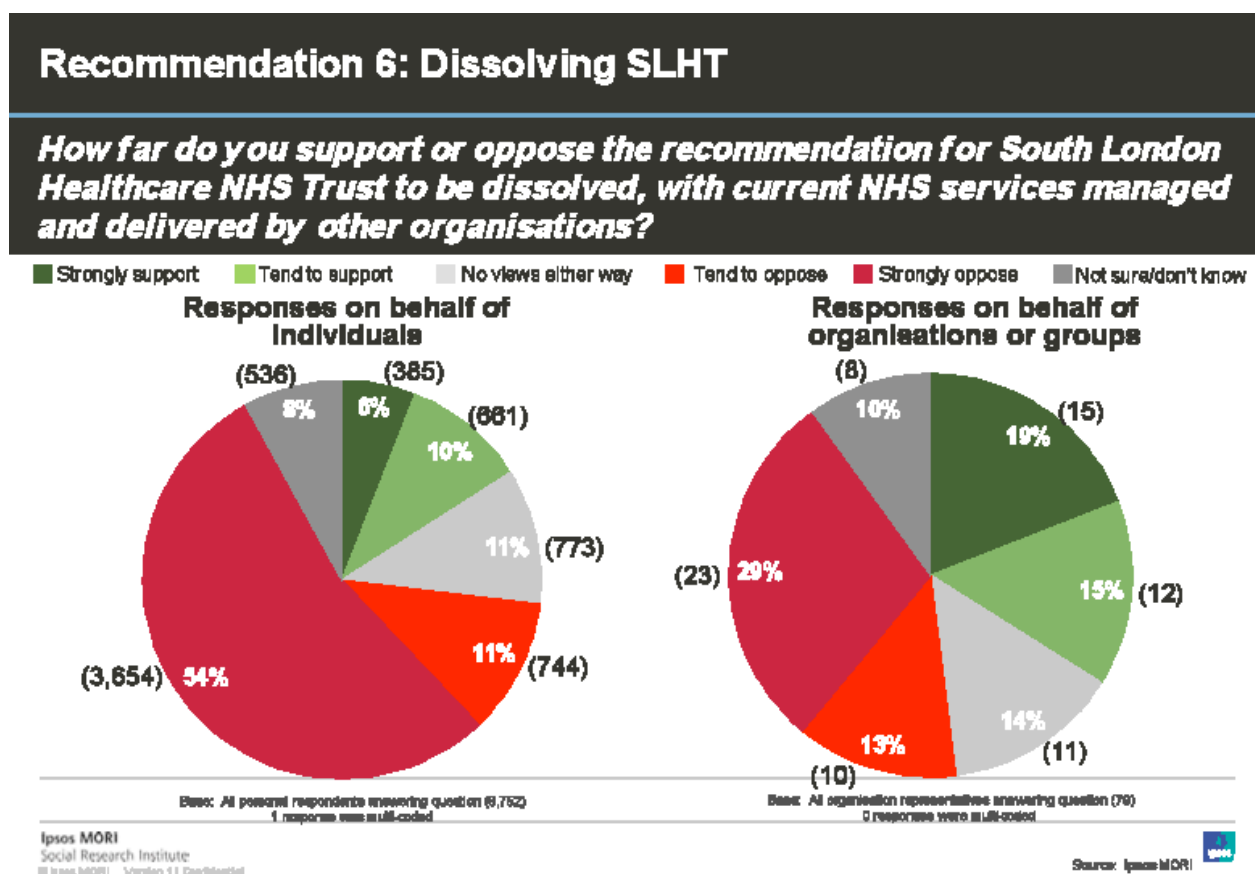
- Preferred option for running Princess Royal University Hospital
- The Department of Health to write off debt accumulated by SLHT

## 7.1 Dissolution of South London Healthcare NHS Trust

The recommendation put forward by the Trust Special Administrator (TSA) is that South London Healthcare NHS Trust (SLHT) be legally dissolved and the Trust's services become part of other organisations. Respondents were asked the extent to which they supported or opposed the recommendation for SLHT to be dissolved. All respondents were given the opportunity to provide free-text commentary at the end of the questions surrounding Recommendation 6.

The majority of individuals responding to this question were opposed to the plans to dissolve SLHT. Almost two in three opposed the recommendation (65%), with 54% strongly opposed. The recommendation was supported by 15% of respondents.

The view of organisations and groups was a little more positive, with one in three of those who responded supporting the move to dissolve the existing Trust (34%), but more opposing the plan (42%).



Support for the recommendation varied depending on the borough the individual respondent lived in; for example, respondents from Bexley were far more likely to agree that SLHT should be dissolved than those who live in Lewisham (41% in Bexley compared to nine per cent in Lewisham).



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?

	Bexley	Bromley	Green- wich	Lam- beth	Lewis- ham	South- wark	None of these	Prefer not to say
<i>Those answering</i>	332	737	745	68	3,868	189	301	421
Strongly support %	18	13	7	19	3	4	9	3
Tend to support %	23	20	15	4	6	10	10	4
No views either way %	8	11	11	7	13	10	8	4
Tend to oppose %	11	13	12	9	12	8	7	5
Strongly oppose %	34	37	48	59	56	65	60	80
Not sure/Don't know %	5	5	7	1	10	3	5	5

Respondents from older age groups were most supportive of the plans (for example, 24% of those aged 65 and over supported it compared to six per cent of 18-24 year olds). Those with caring responsibilities also showed greater support for the recommendation; one in five of those who care for a relative aged 16 or over with health needs supported it (20%), compared to 15% of those with no caring responsibilities.

Experience of working within the health sector was also important. NHS workers (past or current) were more in favour of the proposals to dissolve SLHT than those that had never worked in the health sector (32% compared to 11%).

The dissolution of SLHT received the fewest comments in the free-text question for Recommendation 6 (154), so there is limited further explanation of respondents' opposition to these specific plans.

Half of the comments here simply restated the respondent's opposition to the dissolution of the Trust (77). These tended to focus on the disruption that the dissolution would cause and a belief that changes could be enacted within the current SLHT structure. They questioned the need for the restructuring and suggested that better management was all that was needed.

*The last thing the NHS trusts in our area need is more "reorganisation". That just creates yet more months and years of chaos, it disrupts the delivery of services, it hugely demoralises the staff that we desperately need to retain.*

*I believe that SLHT should solve its own problems and where required, services should be run by other NHS organisations. But there is no need to dissolve SLHT as such.*

*I see no justification in splitting the trust just because it has been badly run and managed. If other organisations and trusts can manage the hospitals better then why can't the current trust with different management?*

A smaller number took the opportunity to express their support for the dissolution (39), and 18 their conditional support, suggesting that there was a need to move the situation forward successfully.

*The South London Healthcare Trust has failed so it makes sense to look at other options.*

*It is very evident from the report that much of the mess at SLHT is a result of poor management. The sooner the trust is dissolved and better management put into place,*



*the sooner better health services will be delivered to this area of London, and at a sustainable cost all round.*

Very few responses via letter and email comment on the dissolution of SLHT (4), and these tended to be against the proposal (3).

## **7.2 Merging Queen Elizabeth Hospital and Lewisham Healthcare NHS Trust**

Within Recommendation 6, the Trust Special Administrator (TSA) considered the need to merge hospitals and trusts together. The proposals are outlined below:

- Lewisham Healthcare NHS Trust to run services at Queen Elizabeth Hospital (QEH), Woolwich
- This will result in the two hospitals coming together as one organisation to deliver services to the population of Lewisham and Greenwich from two sites

Respondents were asked how far they supported or opposed the plan for the QEH site and Lewisham Healthcare NHS Trust to come together to form a new organisation. All respondents were given the opportunity to provide free-text commentary at the end of the questions surrounding Recommendation 6.

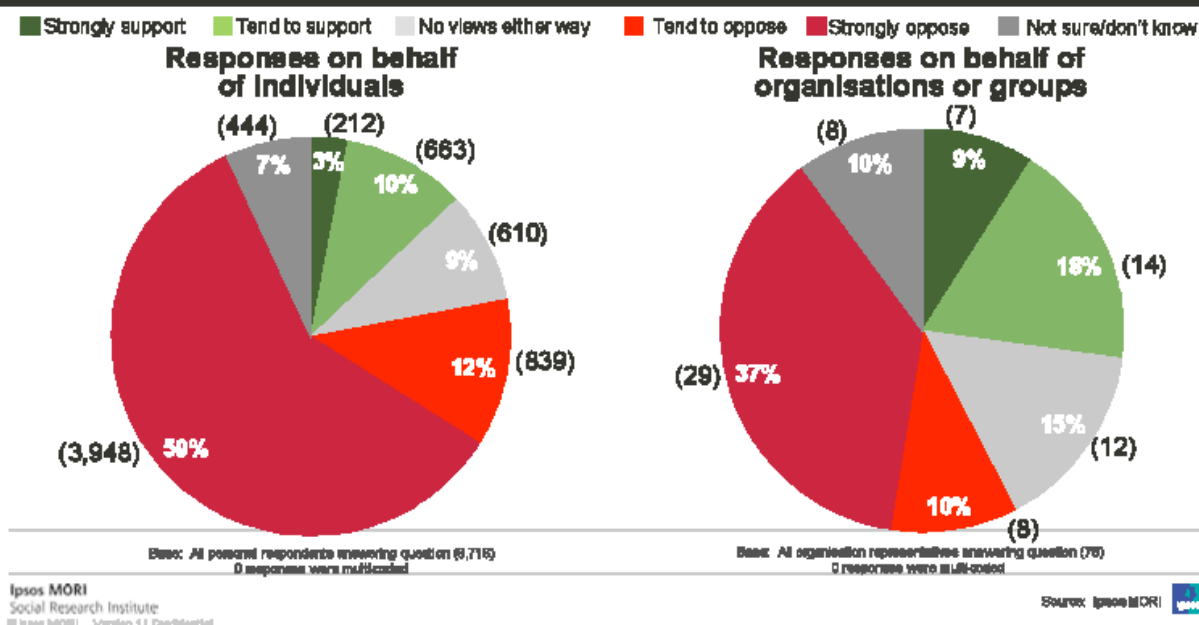
Amongst the individual respondents who answered this question, the majority opposed the plans (71%), with 59% strongly opposed to them. A little over one in 10 supported the recommendation (13%).

Those responding on behalf of organisations or groups were slightly more positive about the proposed merger, with around one in four supporting it (27%), although again more opposed it (47%).



## Recommendation 6: QEH and Lewisham

**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?**



Some sub-group differences were observed for individual respondents.

Among respondents living closest to the two NHS organisations affected, those living closest to University Hospital Lewisham (UHL) were least supportive (eight per cent), while those living closest to QEH were more supportive (27%).

Again, support for the proposed plans varied depending on the individual's borough; around three in 10 residents of Bexley and Bromley supported the plan (29% and 32% respectively), with the lowest level of support observed from residents of Lewisham (seven per cent).

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?

	Bexley	Bromley	Green-wich	Lam-beth	Lewis-ham	South-wark	None of these	Prefer not to say
<i>Those answering</i>	331	728	742	68	3,860	184	298	417
Strongly support %	8	9	6	7	1	1	6	2
Tend to support %	21	23	17	10	6	11	10	4
No views either way %	12	15	6	9	9	5	9	3
Tend to oppose %	17	13	15	19	13	11	12	5
Strongly oppose %	37	34	49	50	64	66	57	82
Not sure/Don't know %	5	5	6	4	8	5	6	4

As seen for other recommendations, older respondents were more supportive of the proposed merger, with one in five of those aged 65 and over in support (20%, compared to 13% overall).



Employment within the health sector was again a factor. Around one in four respondents with current or past experience of working in the NHS supported the plans (27%), compared to fewer than one in 10 of those with no previous experience of working in the health sector (nine per cent).

A total of 286 respondents provided further comments on the potential merger of QEH and Lewisham Healthcare NHS Trust, with 151 expressing their opposition to the plans. Within these comments, a number of fears were conveyed. Some mentioned the failure of previous restructures and queried whether the proposed merger would avoid the same fate. Others felt that Lewisham Healthcare NHS Trust would not benefit from the proposed arrangement; a key concern for many of the respondents was the risk to the Trust of aligning itself with a failing organisation (56).

*Please do not tarnish Lewisham with the QE, unless you are certain that the QE will not drag Lewisham down!*

There was some support for the possible merger, although this support was mainly conditional on several factors (104). For example, some respondents proposed a need for Lewisham Healthcare NHS Trust to be given responsibility for management of the new organisation.

*Lewisham should be the senior partner in any merger due to their financial management being proved as efficient and their accountability being strong.*

Respondents also wanted the new organisation to have full autonomy to decide its own structure and service provision. Some explicitly demanded that Lewisham should not lose its existing services.

*Whilst I agree having Lewisham Hospital and Queen Elizabeth Hospital run by one organisation makes some sense, this should not come at the cost of Lewisham losing its emergency care service.*

Most commonly though, respondents mentioned the need for debts to be written off, so that the new organisation would not be hampered by the financial problems. It should be noted that respondents often focused on writing off the Private Finance Initiative (PFI) debt.

*[I] am happy for Lewisham and Queen Elizabeth Hospitals to come together as a new organisation but only if the PFI debt is written off and Lewisham does not suffer with future debts accrued by the PFI agreement. I do not want Lewisham to prop up or bail out the failing finances. The PFI debt should be written off completely so that a new organisation can start off on a clean slate debt free.*

Very few responses via letter and email commented on the merger of QEH and Lewisham Healthcare NHS Trust (11). Comments were split between opposition and conditional support, reflecting the themes noted above.

### **7.3 Preferred option for running Princess Royal University Hospital**

One area outlined within Recommendation 6 was a proposed change in the running of Princess Royal University Hospital (PRUH). This section of the consultation gave respondents two possible options for the future running of PRUH:



- Option 1 - King's College Hospital NHS Foundation Trust to run the hospital and the services it provides
- Option 2 - Run a procurement process to find the best organisation to run the hospital and its NHS services – this could be an NHS or independent sector organisation or a combination of both

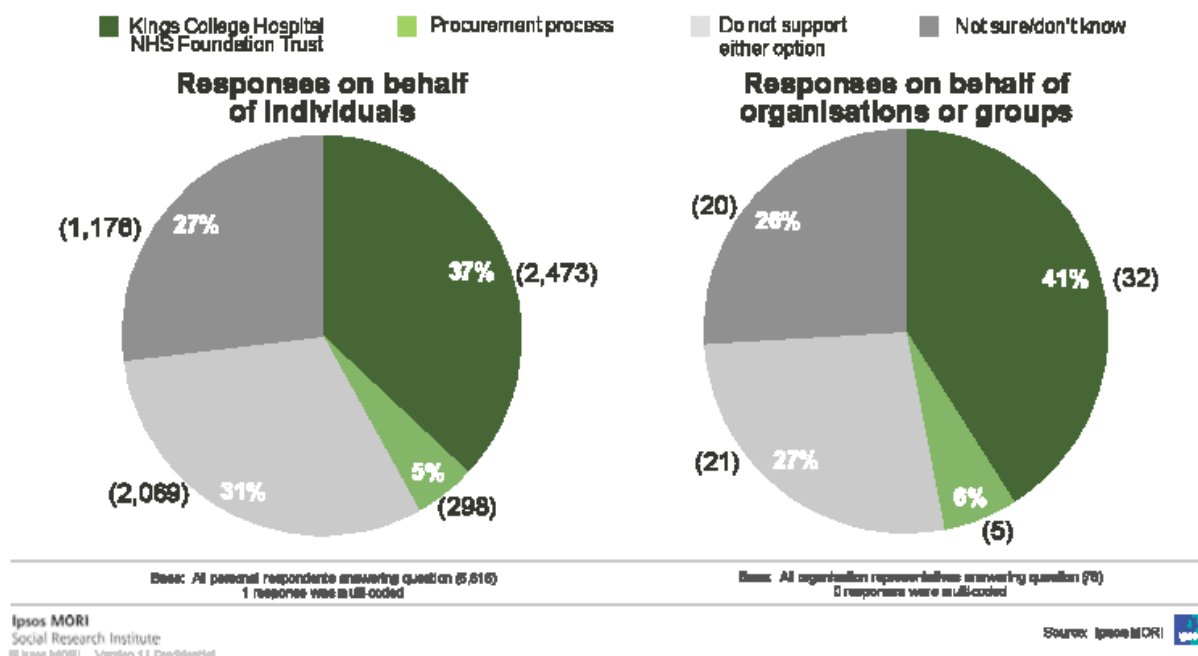
Respondents were asked to state their preferred option, and were given the opportunity to provide free-text commentary at the end of the questions surrounding Recommendation 6.

Amongst individuals who responded to this question, almost two in five supported the plan for PRUH to be acquired by King's College Hospital NHS Foundation Trust (37%). Around three in 10 individual respondents did not support either option put forward (31%). Support for a procurement process to identify an organisation to run PRUH was very low, with only one in twenty respondents favouring this option (five per cent).

The views of organisations and groups were more similar to those of individuals here. Two in five were in favour of the plan for PRUH to be acquired by King's College Hospital NHS Foundation Trust (41%), while one in four did not support either option (27%).

## Recommendation 6: Princess Royal University Hospital

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



Little variance was seen between sub-groups of individuals who responded to this question, although Lewisham residents were the most likely to support neither option (36%). Support for an acquisition of PRUH by King's College Hospital NHS Foundation Trust among the two NHS organisations affected was higher, with around three in five respondents who said PRUH (58%) or King's College Hospital (62%) was their nearest hospital preferring this option.



Q21 Which of the following options would you prefer, if any, for the running of the Princess Royal University Hospital?								
	Bexley	Bromley	Green-wich	Lam-beth	Lewis-ham	South-wark	None of these	Prefer not to say
<i>Those answering</i>	<i>331</i>	<i>738</i>	<i>735</i>	<i>68</i>	<i>3,783</i>	<i>185</i>	<i>292</i>	<i>401</i>
The Princess Royal University Hospital should be acquired and run by King's College Hospital NHS Foundation Trust %	44	52	42	50	27	57	51	65
A procurement process should be run allowing any provider from the NHS and/or independent sector to bid to run services on the Princess Royal University Hospital site %	7	7	5	6	4	5	8	2
I do not support either of these options %	31	27	27	26	36	24	23	16
Not sure/don't know %	18	14	26	18	33	14	17	17

Those respondents who went on to provide further comments on the future of PRUH tended to focus on the second option of running a procurement process. Many linked this to the possibility of a private provider running the service. These respondents tended to state their opposition to privatisation generally in the NHS (279) and specifically in relation to PRUH (63), with some simply saying that services should not be put out to tender (42). A small number expressed concern that privatisation would compromise patient care (32), but most seemed to object to private providers on principle within the NHS. They were particularly opposed to the idea of private companies generating profits from public money.

*Services should be provided by the NHS and not by the private sector.*

*I strongly oppose any attempt to privatise the NHS.*

These comments were not necessarily in support of King's College Hospital NHS Foundation Trust taking on PRUH but were simply opposed to the procurement process, which they felt would lead to privatisation and the inevitability of profits being placed ahead of patient welfare.

There was some support for King's College Hospital NHS Foundation Trust running the hospital and its services (54 support and 26 conditional support); it was thought that it was a competent organisation that would be able to ensure high standards of performance and provide good service to patients.

*King's have proven track record with care services and I would welcome them taking over at PRUH.*

*I think King's to run Princess Royal would be very beneficial. I would like to make it clear that I don't think there should be a procurement process for Princess Royal, in case it*



*ends up in the hands of a private company. King's is a pioneering hospital and could really add value and improve services.*

A smaller number of respondents specifically opposed this option in their free-text comments (26). As with the earlier recommendation regarding Lewisham Healthcare NHS Trust and Queen Elizabeth Hospital, comments tended to query the wisdom of aligning a successful organisation with a failing one and/or called for the debt to be written off.

A small number of respondents commented on the options for the running of PRUH via letter or email. In most cases they stated their opposition to private companies running NHS services, as seen above (17).

#### **7.4 Department of Health to write off debt accumulated by South London Healthcare NHS Trust**

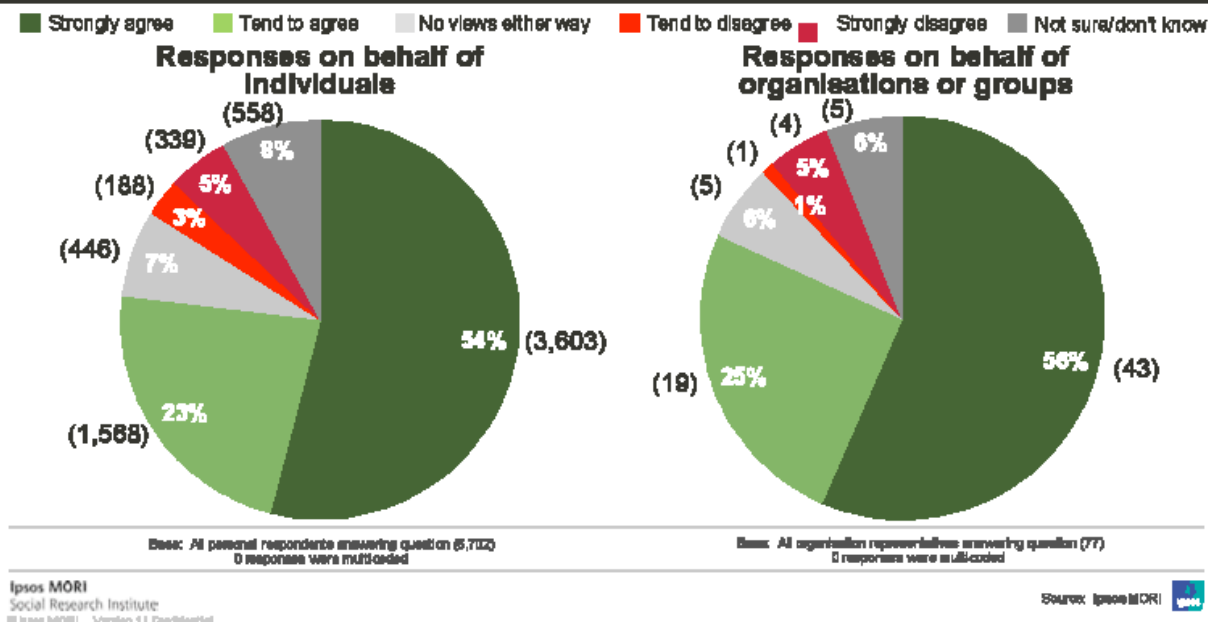
The final area covered as part of Recommendation 6 surrounded the Department of Health (DH) writing off the debt accumulated by South London Healthcare NHS Trust (SLHT) by the end of 2012/13. Respondents were asked the extent to which they agreed or disagreed with the recommendation for the accumulated debt to be written off, and were given the opportunity to provide free-text commentary at the end of the questions surrounding Recommendation 6.

Amongst individual respondents, the majority agreed with the plans to write off the debt accumulated by SLHT (77%), with around half strongly agreeing (54%). Similarly, four in five organisations/groups agreed (81%). There was very little opposition to this suggestion among individuals or organisations/groups (eight per cent and six per cent respectively).



## Recommendation 6: Writing off the debt

**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?**



Lewisham residents were slightly less likely than others to agree that the DH should write off the debt (71%, compared to 77% overall).

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?

	Bexley	Bromley	Green- wich	Lam- beth	Lewis- ham	South- wark	None of these	Prefer not to say
<i>Those answering</i>	332	743	740	68	3,834	189	297	418
Strongly agree %	68	59	62	66	46	63	66	69
Tend to agree %	22	25	21	21	25	21	22	16
No views either way %	4	6	5	1	8	3	4	3
Tend to disagree %	2	3	3	3	3	4	1	3
Strongly disagree %	4	4	4	6	6	3	4	4
Not sure/Don't know %	1	2	4	3	12	6	3	6

A total of 394 comments were provided in relation to this aspect of Recommendation 6. The vast majority of respondents commenting supported the DH writing off the debts of SLHT (286), and as discussed earlier in this chapter this was often linked to new organisations being able to take on the hospitals, free of the burden. As before, Private Finance Initiative (PFI) debt was often the focus of many of these comments.

*The PFI burden of debt needs to be recognised and written off if clinical care is not to be compromised.*

While many respondents talked of the need to write off the debt, they often laid down some conditions. For example, they thought that action should be taken so that the same issues do not arise again. They stressed the need for more effective management



in the future. Others queried the need for restructuring or removing services, if the debt was written off and sound management put in place.

*Sorting out a debt is not achieved by changing the structure/organisation. Far better sort it out as a discrete entity. Otherwise the risk is that the mess is spread to the rest of the provision, causing a meltdown. If the Department will write off the debt then that is great; they can do it without the restructuring.*

*I feel the debt needs to be written off, in order for any future plans to be successful. However, if this debt is written off, I feel there is no need to alter the current Lewisham hospital facilities - merely use these as a guide and learning tool for how other trusts can be successfully run.*

Just three individuals commented on this aspect of Recommendation 6 by letter or email, all supporting it.



## 8. Further comments

Having provided feedback on each recommendation in turn, all individuals and organisations/groups were given the opportunity to offer further comments on the consultation and the issues it covers. The question wording prompted respondents to explain their previous answers, detail their views fully, provide alternative options, and/or make suggested improvements, to the recommendations. A total of 2,241 responses were provided.

### 8.1 Comments on the recommendations

University Hospital Lewisham (UHL) and its future was a central concern in the further comments provided (809). Many took this opportunity to reiterate that UHL should retain its Accident and Emergency (A&E) department (331) and that no service cuts should be made at UHL (249); these responses were often emotive in nature. The comments tended to be closely bound with a sense of injustice that UHL was not part of a failing trust and therefore should not be penalised (286). Though not explicit in their mention of Lewisham, a number of comments were made which emphasised how local residents would suffer for financial difficulties (86).

*Lewisham Hospital has continued to improve year on year, and should be held with pride for its ways, it should be looked on as a hospital that others should aspire to, not punish it and the residents of Lewisham for the failings of others!*

Many of the further comments concerning UHL emphasised individuals' own positive experiences of the hospital and its good reputation (231). Slightly fewer took this opportunity to reassert that UHL should maintain or expand its maternity services (187).

*Do not destroy a hospital that is at the centre of a community, which delivers good care and is well respected. Do not put lives at risk under the banner of "efficiency". Surely the most efficient proposal is to have good quality sound care close to home.*

Access to care was raised as a concern throughout the six recommendations, and it was referenced another 589 times within the further comments section. Within this subject area, responses focused on the increased distance/time/costs/traffic concerns to accessing care under the proposed recommendations (224) and the apprehension about a lack of available A&E services (66). Respondents sometimes felt the Trust Special Administrator (TSA) did not understand what the proposals really meant for local residents who better understood the geography and transport links within the affected areas.

Tying in to concerns about service provision, a minority mentioned the changing population needs in the local area (216). Most of these comments referenced the large (and growing) local population that meant any reduction to services was not justifiable (132).

A number of mentions were made about operational efficiency (513). These comments focused on the culpability lying with South London Healthcare NHS Trust (SLHT) (101) and the need to drive decision-making by patient outcomes rather than financial considerations (189). These comments emphasised that patient care should be



prioritised before financial matters, and that the proposed recommendations did not place patients at the heart of the NHS. Some took this opportunity to mention the quality of care (300). There was a suggestion that the proposed recommendations would put lives at risk (154) and/or the quality of care would worsen as a result of them (78), or the safety of patients may be compromised (57).

*Lewisham A&E is right on my doorstep. I cannot imagine it [not] being there... All the tax payers money that has been used to help it develop - to close it now – is a nonsense. Please, it's not just about numerics, it's about the basic human right to have emergency health care provision. If you cut off Lewisham A&E, you cut off a vital artery in the community.*

Private Finance Initiative (PFI) was mentioned in a small number of responses (250). These comments tended to centre on the PFI arrangements being fundamentally flawed (84) which led many to conclude the arrangements should never have arisen in the first place. Often these comments were paired with a desire to break (or re-negotiate) the existing PFI contracts (79), with many again expressing anger that wider parts of south east London should bear the consequences of others' decisions.

## 8.2 Comments on the consultation

Many took this opportunity to provide feedback more generally on the draft report and consultation (805). Some thought the arguments for each recommendation were unconvincing and badly thought through (285). This concern was elevated for some by what they perceived as a lack of, or weak, evidence to support the recommendations (170). The consultation document itself was critiqued by some as giving insufficient evidence from which to provide informed feedback (180); but equally, the consultation document received some negative commentary on its length and the complexity of ideas and language used (156).

*I believe the consultation document in large part failed to provide any evidence whatsoever for its recommendations, and failed to explain the full consequences of decisions.*

The consultation process itself was an apparent theme within these further comments (733). Within this overarching subject area, the comments provided were diverse. Some expressed suspicion that the questions asked on the response form were leading (167), others felt the recommendations had already been decided upon, which rendered the consultation process 'a sham' and a formality (178), while others said that the process was flawed (166). Some stated that the consultation period was too short (235) and did not understand why this was the case, while others thought the consultation was poorly publicised or difficult to access (132).

*I am not the only local resident who suspects that this consultative period is a waste of time and that you have already made up your minds to close Lewisham A&E and maternity. However, put yourselves in our shoes for a moment and consider how YOU would feel if you or a loved one suffered or, worse, died because of the increased journey time to get to another A&E. You need to save money, but do it in ways that will not harm people.*



### 8.3 Comments from letters and emails

Access to care was also an apparent theme in the responses received via letter and email (412). As seen previously, many responses to the consultation emphasised a concern that the proposed recommendations would result in increased travel times and costs (282); for some these concerns were elevated by the threat of possible congestion on the roads (67). Many references were again made about the elevated demands which could be placed on other Accident and Emergency (A&E) departments and other services (41), when often it was felt these services are already stretched beyond capacity. A large number of these responses therefore stated that the proposed recommendations were endangering the lives of local residents (210).

Many of the letter and email responses referenced the growing/sizeable population served by the hospitals under review (106) and the particular nuances of those populations (age, vulnerability, diversity) (91) which make them more difficult to care for and more likely to struggle with increased travel distances/time.

A number of hospital specific comments were made (796); the majority of which focused on University Hospital Lewisham (UHL) (776) though a large number also concerned Queen Elizabeth Hospital (QEH) (206). Often these two hospitals were pitched in contrast with UHL comparing favourably to QEH which was thought to be poorly located (146) and already overstretched (37 for A&E and 36 more generally). Fewer comments were made about other hospitals affected by the consultation. The comments that were made tended to critique these hospitals again for being difficult to access or comment on concerns about their services being overstretched now and in the future.

The positive commentary on UHL often went hand-in-hand with demands that UHL retain its A&E (732), maternity services (598), and paediatric services (534) and a feeling that UHL should not be penalised as it is not in financial difficulties (95). It was sometimes felt that the recommendations would give out a message that organisations could have poor financial management without penalty.

As already mentioned, some responses received via letter or email also critiqued the consultation process itself for being poorly publicised or inaccessible (526), whilst other criticisms focused on the consultation document containing a lack of detail or feeling the evidence and statistics used were questionable in places (63), for example the modelling of journey times and the proportion of people who could still be treated at an urgent care centre in UHL. Some mentioned the Health Equalities Impact Assessment, which they would have liked to have seen as part of the consultation to help form their views.



## 9. Petitions and campaign responses

### 9.1 Petitions

A total of 15 petitions were received; with each containing a number of different signatures. Although a handful of petitions contained the same wording on the front page of the received petitions, if they were submitted separately to each other they were treated as separate petitions.

The responses given on the response form and those given in petitions are treated differently in the consultation. The percentages contained in the report refer to the proportion of respondents responding to a particular question that was posed to them with specific wording. Those signing a petition in support of a recommendation or hospital are responding to a differently worded question or statement. Therefore the two have to be treated separately. All feedback to the consultation will be considered by the TSA, including the petitions.

The following table lists each of the petitions received, indicating what each was expressing and listing the number of signatories. Ipsos MORI counted the number of signatories to the petitions (unless stated otherwise). If there was a discrepancy between the number of signatories counted and provided with the petition, we have used the figure from counting the petitions.

Petition on behalf of		Number of signatories
1	Petition to “Keep politics out of the NHS”	50
2	Petition stating that a full admitting Accident and Emergency service and a full maternity service at Lewisham Hospital must remain, from Labour Party Bulletin	7
3	Petition against the plans to close Lewisham Accident and Emergency	13
4	Petition against proposal to close the Accident and Emergency department and remove maternity services at Lewisham Hospital	10
5	Petition opposing the withdrawal of a full 24 hour Accident and Emergency facility at Lewisham Hospital, also oppose the closure of the maternity and neonatal facility, from residents of Bentley Court Retirement flats	26
6	Petition against proposed plans to close the Accident and Emergency and maternity services at Lewisham	13
7	“Save Lewisham Hospital!” petition, against the plans to close Lewisham Accident and Emergency and maternity	159



	services	
8	Petition stating that a full admitting Accident and Emergency service and a full maternity service at Lewisham Hospital must remain, from members of Lewisham Seventh Day Adventist Church and local residents	84
9	Petition opposed to the closure of Lewisham Hospital Accident and Emergency, from Lewisham Speaking Up – an independent Charity set up for and by people with learning disabilities	150
10	Petition stating that a full admitting Accident and Emergency service and a full maternity service at Lewisham Hospital must remain, from Heidi Alexander MP	c.12,000 <sup>13</sup>
11	Petition stating that a full admitting Accident and Emergency service and a full maternity service at Lewisham Hospital must remain, from local businesses, Doctor surgeries and local schools	231
12	iPetition against proposals to downgrade emergency medical and surgical services at Lewisham Hospital, from Health Workers in Southeast London	694
13	iPetition against proposals to downgrade emergency medical and surgical services at Lewisham Hospital, from Doctors In Lewisham	325
14	Petition stating that a full admitting Accident and Emergency service and a full maternity service at Lewisham Hospital must remain	23
15	Online petition stating that a full admitting Accident and Emergency service and a full maternity service at Lewisham Hospital must remain, sponsored by Heidi Alexander MP	23,991 <sup>14</sup>

As can be seen, these petitions have focused on the recommendations around urgent and emergency care and maternity services, opposing the proposed changes to services at University Hospital Lewisham (UHL). In addition to forming responses in their own right, it is likely that petitions have influenced responses via other methods, by

<sup>13</sup> Please note: Petition 10 consisted of a number of scanned hard copy pages of a petition sent via a USB stick. A note contained with the USB stick indicated 32,186 signatories – however there were a number of duplicate pages included in the file. Ipsos MORI estimated there to be c.12,000 responses to the petition contained on the USB stick.

<sup>14</sup> Please note: Petition 15 was an online petition which was still open after the consultation formally closed. As of midday on 14<sup>th</sup> December there were 23,991 signatories. Petition 10 and 15 may have been added together to provide the 32,186 signatories quoted on Petition 10 submission.



raising awareness and encouraging people to respond to the consultation. However, this is difficult to quantify exactly.

A number of petitions also allowed signatories to post their own comments or respond to specific questions about the proposals. For most<sup>15</sup> of these petitions, all of these comments have been read by Ipsos MORI and general themes have been identified.

### **Petition 6 – Comments provided by signatories to Petition 6**

Although Petition 6 did not provide a specific place for any free-text responses, one of the forms did have some comments included. The comments expressed unhappiness about the proposal affecting Lewisham, and opposed the changes to UHL.

### **Petition 9 – Lewisham Speaking Up petition**

Petition 9 allowed signatories to provide comments to support their signature. Signatories could provide a comment to the question “Why don’t you want A&E closure”. The majority of signatories did provide a comment to this question.

Comments generally stated that the Accident and Emergency (A&E) at UHL was needed by the local community and that it is the closest hospital for local residents, with many citing it as being their local hospital. Other signatories stated that the distance to travel to other sites in an emergency would be too far. Many signatories also provided personal experiences of using the A&E facilities both in the past and as an ongoing requirement for medical care.

### **Petition 12 – iPetition from Healthcare Workers of SE London**

Petition 12 allowed signatories to post comments. Approximately half of signatories chose to just sign their name to the petition, whilst others also added further comments. A number of the signatories who chose to include a comment stated their job title or role, the petition included GPs, specialist nurses, and consultants amongst a variety of other NHS workers. Some signatories who provided a comment stated that they were a resident of Lewisham in addition to a healthcare worker.

Comments generally disagreed with the proposals affecting UHL A&E and maternity services, with some describing the proposals as ‘ludicrous’ and ‘disastrous’. Concerns were raised regarding the effect the proposals would have on other hospitals and healthcare services within the area, and if these facilities would be able to cope with additional pressure – particularly Queen Elizabeth Hospital (QEH) and King’s College Hospital.

A number of comments referred to the affect the proposals would have on the signatories' patients; with particular concern regarding the ease with which their patient's would be able to access services.

Many signatories stated that the A&E service at UHL is needed by the local community and that the changes would affect local people.

### **Petition 13 – iPetition from Doctors in Lewisham**

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<sup>15</sup> The exception is Petition 15, as the comments were not submitted to Ipsos MORI.



Petition 13 allowed signatories to provide comments in addition to signing the petition. More than one in three signatories chose to add further comments. Some signatories who provided a comment stated that they were a resident of Lewisham in addition to a doctor.

Many of the comments surrounded the impact the changes to the A&E at UHL would have on patient care in the local community, stating that Lewisham residents need a local A&E. Similar to Petition 12, a number of the signatories referred to the impact that would be felt by their own patients.

## 9.2 Campaign responses

As part of the response to the consultation process, 515 separate responses were received as part of a campaign. The campaign opposed the proposals for University Hospital Lewisham's (UHL) Accident and Emergency (A&E), did not support either option for maternity services and stated the time it would take for them to travel to Queen Elizabeth Hospital (QEH) compared to the time it would take them to travel to UHL. These responses were individually read and coded as additional letters, with the other letters and emails received. They have therefore been included in the analysis of these letters and emails provided throughout the report.

This campaign allowed signatories to provide specific comments to the questions within the consultation response form to the questions about urgent and emergency care and maternity services, in addition to detailing travel time to QEH compared to UHL.

The text included within the campaign response is as below:

*Please accept this as my contribution to the consultation on the draft proposals on the NHS in south east London and in particular for Lewisham Hospital. I have been unable to find a copy of the official consultation response forms.*

*In answer to Question 13, I strongly oppose these proposals as they will lead to the closure of Lewisham Accident and Emergency Department, and its medical, surgical, paediatric and intensive care beds.*

*Comment: (space provided to add comment)*

*In answer to Question 15 on maternity services, I do not support either of these options. Both options are unacceptable as they would leave Lewisham without a maternity unit with full medical, surgical and intensive care back up for emergencies.*

*Comment: (space provided to add comment)*

*Travel time to Queen Elizabeth Hospital, Woolwich*

*It would take me ..... (time) to get to Queen Elizabeth Hospital by bus/car (delete as applicable) compared with ..... (time) to get to Lewisham Hospital.*

*Comment: (space provided to add comment)*



## 10. Stakeholder responses

As noted earlier, the Trust Special Administrator (TSA) was required to consult a small number of stakeholders under statutory guidance. However, recognising the need for wide engagement on the draft recommendations, further stakeholders were invited to respond to the consultation. Their responses are considered in this chapter. A full list of stakeholders is included within the appendices, indicating which stakeholders are in each group below.

Some stakeholders chose to address each of the recommendations in turn, while others focused on one or two in particular. Some did not address the recommendations specifically. A brief summary of the responses received within each stakeholder group is provided here. These summaries cannot reflect all the points made by the stakeholders, some of whom submitted lengthy and detailed documents. Instead they draw out common themes and general support or otherwise for the draft recommendations. The stakeholders' submissions have been provided to the TSA for consideration and are available on the TSA website for a fuller understanding of the points raised. Specific improvements offered by stakeholders have also been pulled out and provided to the TSA.

### 10.1 National bodies

The national bodies submitting a response to the consultation provided a different perspective to many of the other stakeholders, often commenting at a high level on the issues faced, rather than addressing individual recommendations.

The NHS Commissioning Board recognised that change is necessary and welcomed the opportunity to address long-standing problems in south east London in a sustainable way. It agreed that this will require significant changes to the way in which services are delivered. However, it wanted assurance that any solutions would result in better outcomes and would be clinically and financially sustainable in the longer-term. It also stressed the need for clinicians, patients and the public to be fully involved in any decisions.

The Independent Reconfiguration Panel referred to its 2009 report on services in south east London. It acknowledged that some of the issues outlined at that time remain and were addressed in the TSA's draft report.

Monitor agreed that the methodology and criteria employed by the TSA were sensible. It welcomed the opportunity to work with the TSA and relevant NHS trusts and foundation trusts to take any recommendations forward.

The Care Quality Commission's response outlined its regulatory position with regard to South London Healthcare NHS Trust (SLHT) and the six NHS trusts and foundation trusts involved. It noted that the proposals offer the population a way forward, with an opportunity for the NHS and local authorities to work more closely together. It provided a review of each of the NHS trusts and foundation trusts, and stated some thematic concerns regarding the capacity of maternity services in the area, orthopaedic services at SLHT and capacity issues at Dartford and Gravesham NHS Trust.



The Co-operation and Competition Panel provided advice on the draft recommendations. They noted the challenges faced in south east London, and supported the efforts to identify an appropriate solution. They believed that developing different solutions for each of the three hospital sites would likely see the introduction of greater choice and competition than merging the three sites with one provider. They did advise the need for sufficient countervailing benefits to offset the likely reduction in patient choice and competition of the proposed merger between Queen Elizabeth Hospital (QEH) and Lewisham Healthcare NHS Trust and the recommendation for Dartford and Gravesham NHS Trust to run some services on an interim basis at Queen Mary's Hospital, Sidcup (QMS).

## 10.2 Royal Colleges

There was general recognition amongst the Royal Colleges that responded of the difficulties faced by the NHS in south east London, the specific financial challenges for South London Healthcare NHS Trust (SLHT), and the need to tackle these. The Royal College of Physicians, the Royal College of Midwives and College of Emergency Medicine all agreed that possible solutions will need to address the wider healthcare system across the area, with some rationalisation or reconfiguration of services.

For example, the Royal College of Midwives (RCM) said *"The RCM recognises the magnitude of the financial challenges affecting the operation of the South London Healthcare NHS Trust (SLHT). We were not opposed to the referral of the Trust to the Trust Special Administrator (TSA) and we acknowledge the need to address the underlying financial challenges in a way that maintains, or improves, the standards and quality of care. We also accept, because of the inter-dependencies between the Trust and the wider healthcare system in south east London, that the proposed solutions will inevitably impact on neighbouring NHS providers."*

The Royal Colleges were generally supportive of the clinical need for change underpinning the recommendations, with the Royal College of Physicians for example saying *"The RCP is unable to comment on specific proposals for locations for services, but is able to support the general clinical principles for change that underpin the proposals."* However, the Royal Colleges also expressed specific concerns about some of the proposals.

The Royal Colleges responding to the consultation made some general points about the proposals, which read across several of the recommendations. These points tended to focus on the need for appropriate workforce planning, capacity and established networks.

The Royal College of Obstetrics and Gynaecology (RCOG) particularly referred to workforce planning issues in relation to safe maternity care. While they said that the figures used in the TSA's draft report are achievable with centralisation, they pointed out that many of the larger units were struggling to meet this aspiration due to cost pressures and inadequate human resources. They stressed the importance of consultant presence and leadership to enhance clinical leadership and decision-making. They also outlined further considerations for workforce planning including trainee doctor staffing, anaesthetic care and support, neonatal care and surgical support.

The Royal College of Midwives expanded on this further. They felt that the 168 hour consultant obstetrician presence may be a useful long-term aspiration, but did not



believe it is affordable or achievable in the short-term. They would rather see a 98 hour presence at the three of the five sites that cannot achieve this at present.

The College of Emergency Medicine also commented on workforce planning for Accident and Emergency (A&E) departments and urgent care centres, stating that consolidating two departments with less than adequate staffing will not necessarily resolve staffing issues.

The Royal Colleges that responded were also looking for further reassurance about the implications of the recommendations, particularly in relation to capacity issues. For example, the College of Emergency Medicine suggested the need for more detailed assessment of the impact of the proposals in relation to urgent and emergency care on surrounding A&E departments, while several commented on the impact of the proposals on journey times and the demand for ambulances.

The Royal College of Nursing raised local capacity concerns in relation to the proposed changes to both A&E and maternity services at Lewisham Healthcare NHS Trust, highlighting that maternity services are currently overstretched. They also referred to travel times and transport links, while noting that clinicians have said there will be risks to patients from the proposals. They commented that if a change is to be made in Lewisham then it would be best achieved following the integration of Lewisham Healthcare NHS Trust and the Queen Elizabeth Hospital (QEH).

The Royal College of Midwives specifically raised concerns about capacity in maternity services if the four site option is implemented, questioning the ability of the remaining sites to absorb the total workload from Lewisham Hospital. They queried some of the assumptions underlying projected demand at the four remaining sites, in particular saying that more patients would use King's College Hospital and St Thomas' Hospital than projected. This would lead to more than 8,000 births at King's College Hospital and approaching, or more than, 8,000 births at St Thomas' Hospital, at which point RCOG's recommendation for operating a double rota for consultant obstetricians would need to be implemented. They felt that this, along with capacity issues, undermines the rationale for centralising obstetric services on four sites.

Several of the Royal Colleges responding, including RCOG, also referred to the growing population and the resulting demands on services in the future. Leading on from this point, the Royal College of Nursing noted the diversity within south east London, suggesting that a significant area of weakness of the TSA's draft report was the fact that a full Health Equalities Impact Assessment (HEIA) had not yet been completed. The Royal College of Midwives also commented that women living in disadvantaged and diverse communities such as exist in many wards in Lewisham are significantly less likely to access maternity services early or maintain contact with them throughout their pregnancy. It suggested that the four site option will reduce accessibility to maternity services and so may impact on health inequalities.

Several of the Royal Colleges that responded commented on the need for strong networks to be established, and for strong multi-disciplinary working across teams. This was made as a general point and also specifically in relation to the recommendations and the implementation of the proposals. For example, the College of Emergency Medicine supported the principles of improving access to emergency care and the emphasis on prevention and community care. However, they stated that networks



needed to be in place across primary and secondary health and social care, before any changes to current service provision can be implemented.

Two of the Royal Colleges specifically commented on this in relation to maternity care. RCOG discussed the need for multidisciplinary working and full medical back up in case of complications, while the Royal College of Midwives asked for further information in order to provide clarity as to which support services will continue to be provided elsewhere.

The majority of the Royal Colleges responding addressed specific aspects of the proposals or key considerations for their implementation, largely in relation to Recommendation 5. These are outlined briefly above. Where the Royal Colleges commented on Recommendations 1-4, they were generally supportive of them. For example, both the Royal College of Midwives and Royal College of Nursing accepted that efficiency could be improved within the hospitals that make up SLHT, although both warned that in their view a reduction in the workforce could impact upon clinical outcomes. The Royal College of Midwives presented the additional point that efficiency savings can be made through a reduction in unnecessary intervention in pregnancy and birth.

Both the Royal College of Midwives and the Royal College of Nursing expressed some concern over the lease on Beckenham Beacon, suggesting it is unclear what will happen here.

The Royal College of Midwives and the Royal College of Nursing agreed in principle with the recommendation for SLHT to be dissolved and the merger of QEH and Lewisham Healthcare NHS Trust. Both organisations stressed that the particular characteristics of residents of Lewisham and Greenwich should be taken into account in any reconfiguration, and would require close partnership working from a range of providers in the area in order to improve local health outcomes.

### 10.3 Strategic Health Authorities

Two Strategic Health Authorities (SHAs) responded to the consultation – NHS London and NHS South of England. Both agreed with all the recommendations on which they expressed a view, or nominated a preferred option where there is a choice.

Two themes which emerged from their submissions were the importance of leadership and communications. They suggested that the success of the transformation would be dependent on the right leadership capability and capacity being in place, across the board. This would drive through savings, secure community-based care and achieve an impetus for change. They thought that good communications were needed to reassure the public about some aspects of change, such as which emergency and urgent care services will be available to them, how services can be accessed and why the most local services are not necessarily the most effective ones.

NHS London added a third overarching consideration: that all six independent recommendations will have to be in place for the overall plan to succeed.

Both SHAs supported the proposals under the first three recommendations, with some specific comments on ensuring each achieves success. For example, NHS London said that the TSA should consider how to maximise the value to the taxpayer in deciding the



mechanism for effecting the change in ownership of the Queen Mary Hospital, Sidcup (QMS) site.

Both also supported exiting from vacant or poorly-utilised premises, as it was recognised that the cost of the estate has a significant impact on NHS finances.

NHS London strongly supported the recommendation that the Department of Health (DH) provides additional annual funds to cover the additional costs of the Private Finance Initiative (PFI) buildings at Queen Elizabeth Hospital (QEH) and Princess Royal University Hospital (PRUH) until the relevant contracts end (NHS South of England expressed no view).

The proposals for a transformation in the way services are delivered were, for the most part, supported by NHS London, with NHS South of England expressing no view.

NHS London commented that it has long supported a community-based approach to care; only by an increase in out-of-hospital care, improving the quality of services and patient experience, can the burden on hospital-based care be reduced.

In supporting the proposed plans for urgent care and emergency services, NHS London expects robust protocols to be in place at the urgent care centre (UCC) at Lewisham, as it would for other UCCs not co-located with Accident and Emergency (A&E), to ensure the safe transfer to any patients who self-present needing, or becoming in need of, emergency services.

NHS London would only support the four-site option for obstetric-led services, with the removal of these services from the University Hospital Lewisham (UHL). It echoed the Trust Special Administrator's (TSA) external clinical panel's reservations regarding the establishment of a stand-alone obstetric-led unit at Lewisham. It would be a challenge to construct a rota for medical staff such that skills are maintained, and rotating staff (such as between the QEH and UHL sites) may not be an attractive option for sufficiently high-quality staff. Its support for this approach is subject to sufficient capacity being in place to deliver high-quality services.

On planned care services NHS London noted that there is evidence to suggest that the separation of planned and unplanned care can lead to better outcomes for patients and an improved patient experience. It contends that the proposal for UHL to serve the whole of south east London for non-complex in-patient procedures will only be successful with the support of all Clinical Commissioning Groups (CCGs) in south east London, where local commissioning plans should reflect a commitment to it.

NHS South of England did not express a view on the remaining recommendations, but NHS London supported each of them, adding that it is imperative that any changes will enable services to meet the clinical standards and interdependencies that have been developed and agreed by clinicians through the London Quality and Safety Programme in 2011/12 and 2012/13: *"NHS London would not support any service change that does not enable these standards to be met"*.

## 10.4 Commissioners

Overall, all commissioners (Clinical Commissioning Groups (CCGs) and Primary Care Trust clusters) commenting argued that the status quo was not sustainable in south east London. A number of commissioners were generally positive about the draft



recommendations. For example, NHS Southwark CCG said *“Overall, NHS Southwark CCG recognises that no change is not an option in respect of SLHT and the wider health economy, and broadly supports the recommendations put forward by the TSA as a basket of solutions which, when taken together, will reasonably address the underlying clinical and financial issues in south east London.”*

However, commissioners identified a series of potential risks from the Trust Special Administrator’s (TSA) recommendations and there was a common thread that the ideas presented need further development and testing.

In particular, Lewisham CCG questioned the data underpinning the proposals and stated its belief that the service configuration proposals outlined in Recommendation 5 will not deliver the intended outcomes. It argued that the proposed changes will affect its patients disproportionately, particularly the more vulnerable.

Other themes to emerge from these responses were the need for strong leadership, good communications with the public about the changes and a need for transport issues to be fully explored and resolved.

In principle, all the commissioners commenting agreed with the need for efficiency savings and welcomed the implementation of targets. However, they also tended to regard the targets for efficiency savings as challenging and ambitious.

All commissioners responding were broadly supportive of the proposal for Queen Mary’s Hospital, Sidcup (QMS) to be turned into a Bexley Health Campus, generally on the basis that this will be more cost effective than current arrangements. NHS South East London noted that the loss of in-patient elective care places would be balanced by improved quality and standards of care. A number of CCGs made specific comments about the provision of other services at the Bexley Heath Campus. For example, Greenwich suggested that Dartford and Gravesham NHS Trust may not be the best provider of elective surgery: Bromley CCG discussed plans for mental health beds to be located on the site. Bexley CCG offered a series of recommendations for developing QMS into a Bexley Health Campus providing a range of services to the local population.

Bromley CCG was supportive of plans to sell Orpington Hospital, stating that this is consistent with the outcome of the recent consultation process which proposed a Health and Wellbeing Centre in Orpington instead. Regarding the Beckenham Beacon site, Bromley CCG recognised that there are opportunities to use this space more effectively to expand and develop the range of services available to local residents. Outlining opportunities to provide a range of services, including a planned care centre, integrated services for the elderly and expanded primary care provision, the CCG stated it has a strong commitment to the future provision and development of services for the local population on the Beckenham Beacon site.

Those commissioners responding were supportive of the community-based care strategy, highlighting the need for additional capacity and capability in primary care in order to be able to deliver more innovative services, as well as services that are responsive to the increasing and ageing population.

Support for the urgent and emergency care proposals was mixed and to a large extent focused on the proposed changes to University Hospital Lewisham (UHL) and the resulting impact on other hospitals. Lewisham CCG expressed strong opposition to the draft recommendation. The CCG felt that the proposals would impact disproportionately



on the Lewisham population and suggested the recommendations do “*not support the ongoing provision of quality health services and the health and wellbeing of the population of Lewisham*”. It noted the strong local opposition to the proposals, and outlined a number of concerns. These include more expensive, complicated and longer journeys for Lewisham residents, doubts about the claims in the draft report that 77% of Lewisham Accident and Emergency (A&E) patients would be seen in the UCC and a negative impact on integration of care. The CCG also discussed the impact of the proposals on the quality of paediatric care, clinical training and Lewisham’s ability to attract and retain staff.

Southwark, Greenwich and Bromley CCGs also had concerns about the impact on other A&E departments, particularly King’s College Hospital (KCH). NHS South East London endorsed the proposals on the understanding that the four admitting A&Es will have the capacity to deliver the standards set out in the London clinical quality standards for emergency care.

The commissioners responding were broadly welcoming of work on changes in maternity services. Most indicated that the priority is safety and quality of care, and suggested that careful communication about the selected configuration will be important. They were also keen to seek assurance on the workforce and physical capacity in place to enable choice in terms of childbirth, and argued for the need for robust modelling of patient flows. NHS South West London was concerned as to whether the model would be compliant with clinical guidelines as set out in the London acute emergency and maternity clinical quality standards.

Again, opposition was strongest from Lewisham CCG. The CCG rejected the ‘dispersal model’, referring to the analysis of Public Health Lewisham, which suggests that it would have a significantly damaging effect on the health and well-being of children and mothers. The CCG also rejected the stand-alone model, but preferred the modified approach drawn up by managers and clinicians. Lewisham CCG cited a number of reasons, including loss of continuity of care for children and mothers and a loss of co-ordination around safeguarding children in Lewisham. They also envisage a loss of continuity with local midwifery services, an increase in financial costs to parents and relatives and an increase in investment at other sites/greater revenue costs in providing larger maternity units.

In general, commissioners agreed that there were benefits in separating urgent and elective care. However, they were also keen for more detail on how these plans will work in practice, for example, asking questions about how patient choice will be offered in terms of the location of care and how travel considerations and improvements will be made.

There was broad support for the recommendation for organisational solutions for SLHT, and many of the comments focused on the impact on their local populations’ ability to access care. However Lewisham CCG suggested that the proposed reconfiguration risks losing the confidence of staff and patients as well as a shift in both of these towards the larger foundation trusts and further financial problems for the “*less popular newly merged Trust*”. They proposed a model of local determination for service configuration in a combined Lewisham and Queen Elizabeth Hospital (QEH) partnership.

The commissioners responding had much to say about effective delivery and implementation of the proposals, particularly the challenges that must be met. Most agreed the changes are achievable but require significant extra resources in terms of



leadership, co-ordination, change management capability and resourcing, and that this should be implemented across south east London.

## 10.5 Providers

Seven providers (including King's Health Partners which covers Guy's and St Thomas' NHS Foundation Trust, King's College Hospital NHS Foundation Trust, King's College London and South London and Maudsley NHS Foundation Trust), both NHS trusts and foundation trusts, responded to the consultation, and presented a divided view of the recommendations. King's Health Partners and Oxleas NHS Foundation Trust explicitly endorsed the need for change. Lewisham Healthcare NHS Trust acknowledged the financial challenges facing the NHS, the need to respond effectively to these challenges, and the requirement for all providers to meet increasingly demanding clinical regulatory standards. However, the Trust did not believe that there is a convincing case for the radical change of services in Lewisham. It stated a belief that the recommendations will result in worse health care for local people, and commented negatively on the absence of the HEIA prior to the publication of the recommendations.

Two providers (the former Chair and Non-Executive Directors (NEDs) of South London Healthcare NHS Trust and King's Health Partners) were concerned with the data which underpins the recommendation that operational efficiency needs to improve so that costs are in line with strong performing NHS organisations. South London Healthcare NHS Trust's former Chair and NEDs queried why, with suitable strong leadership, more of the £79mill savings could not be secured within South London Healthcare NHS Trust (SLHT). King's Health Partners had reservations about some of the assumptions relating to the efficiency improvements which underpin the Trust Special Administrator's (TSA) modelling and is concerned that, if efficiencies are not delivered, these costs should not be applied to community or mental health services through savings on block contracts.

Providers which expressed a view were broadly supportive of the proposal that Queen Mary's Hospital, Sidcup (QMS) site should be developed into a Bexley Health Campus. King's Health Partners were concerned about the prospect of Dartford and Gravesham NHS Trust becoming the interim provider of day case surgery and endoscopy services at the site whilst a procurement process is being carried out, not least to avoid disrupting established cancer treatment pathways for patients. Dartford and Gravesham NHS Trust, however, welcomed the opportunity to provide day care elective surgery and endoscopy services on the site.

Oxleas NHS Foundation Trust welcomed the opportunity to take on the QMS site. It supported the vision for the site being developed by Bexley CCG and Bexley Council, as do the former Chair and NEDs of South London Healthcare NHS Trust which sees Oxleas NHS Foundation Trust as being able to rationalise its estate and further strengthen its financial position. Other service providers will need to be satisfied that the cost of providing services is economic given the pressure they will be under to make the maximum use of the assets on their main sites.

Respondents mostly endorsed the principle of vacant and poorly utilised premises being exited. However, Lewisham Healthcare NHS Trust's concern about the TSA's proposed estates plan for the Lewisham site has led it to commission a specific review of the TSA estates assumptions which concludes that insufficient capacity is included in the TSA proposals.



While no provider explicitly argued against the Department of Health (DH) providing additional funds to the local NHS to cover the excess costs of the Private Finance Initiative (PFI) buildings at Queen Elizabeth (QEH) and Princess Royal University Hospital (PRUH), King's Health Partners pointed out that the level of support must be sufficient to ensure a sustainable financial future, with funds tracked to the PFI inflationary uplift expectations. London Ambulance Service NHS Trust commented that it would need to understand the impact on the local economy and its ability to deliver services if a greater proportion of the finite health resource is given to support the PFIs.

Implementation of the community-based strategy for south east London was generally welcomed by providers. However, Lewisham Healthcare NHS Trust, though supporting the aspirations of the strategy, was concerned about the lack of supporting evidence or detailed plans underpinning its implementation. It queried whether the TSA's assumptions to reduce demand for secondary care will be delivered in the timescale, if at all.

There was little consensus on the future of emergency care. There were queries about the understanding of the clinical flow. Lewisham Healthcare NHS Trust also did not support the shift of emergency care services away from Lewisham which it believes will disproportionately impact access to emergency and critical care services for local people, including those in deprived areas, dependent on public transport, putting at risk the safety of patients, particularly the frail elderly, those with long-term conditions and sick children. London Ambulance Service NHS Trust commented that, in terms of clinical safety, the majority of patients who currently require a time-critical response are unaffected by this recommendation. However, there are potentially indirect consequences for time-critical patients through delays at the front door or in sending in clinicians and it suggests a thorough testing of the recommendations with providers and with acute and ambulance commissioning organisations.

On elective provision, Lewisham Healthcare NHS Trust strongly supported the development of a centre of surgical excellence on the University Hospital Lewisham site which it believes would lead to better patient outcomes and experience. However, it contends that there is a lack of clarity and detail in the TSA's report regarding the service and business model for the centre. King's Health Partners commented that the proposal for an elective centre at Lewisham would need to be based on a collective decision across south east London. Given that there is an elective centre at Guy's Hospital, it is critical that the model for such a centre is clinically and financially sustainable.

No stakeholder opposed the proposal that SLHT be dissolved, including the former Chair and NEDs of the Trust itself.

Generally, providers responding favoured a merger of QEH and Lewisham Healthcare NHS Trust. Nevertheless, the former Chair and NEDs of SLHT considered that this is *"the most challenging piece of the jigsaw"*. They, along with Lewisham Healthcare NHS Trust, said that it had not been given access to the necessary information to enable it to form a view as to the future financial viability of the new organisation. The agreement of an appropriate level of transitional funding will be critical to ensure the financial stability of the new organisation. Lewisham Healthcare NHS Trust acknowledged the financial challenges facing the NHS and the development of increasingly demanding clinical regulatory standards. It recognised that providers will need to make difficult decisions. It supported the proposed merger with QEH which it thought would mean they were better able to improve services and meet future regulatory and financial challenges. As noted,



it too asked for more information on the financial viability of the new organisations. It also rejected a prescriptive approach to service change. It recommended that the leadership team, working closely with patients, public and local stakeholders, should retain the ability to decide how to ensure the long-term clinical and financial sustainability of the new organisation. It referred to research which shows that proposals for service change only realise the benefits when they are developed and owned by those responsible for their implementation.

Providers generally favoured the acquisition of PRUH by King's College Hospital NHS Foundation Trust, rather than an open procurement process. However, King's Health Partners' support is subject to the detailed operational and financial Outline Business Case which is being prepared by King's College Hospital NHS Foundation Trust and which will take account of the potential impact on the two organisations.

King's Health Partners endorsed the proposal that the DH writes off the debt associated with the accumulation of deficits at SLHT, commenting that it is "*vital to ensure financially sustainable organisations and local health economy in future*". As King's College Hospital NHS Foundation Trust develops its detailed operational and financial Outline Business Case for the acquisition of PRUH, it will gain a greater understanding of the levels of financial support required to deliver the outcome desired by all parties.

## 10.6 Local authorities

A number of local authorities noted the need for changes to health services in south east London. However, while the London Borough of Bexley expressed its hope that the TSA's proposals will be endorsed, a number of other local authorities, notably the London Borough of Lewisham, raised criticisms and concerns about the proposals. The London Borough of Lewisham questioned both the legality of, and rationale behind, them. It stated its belief that the Trust Special Administrator (TSA) does not have the power to make recommendations which would affect Lewisham Healthcare NHS Trust under the statutory regime. It said that the options analysis undertaken was unbalanced and the method for evaluating and weighting the criteria selected was flawed. It suggested that the TSA has failed to take into account the needs of the local population and to recognise the cost-effectiveness of local partnership arrangements.

Local authorities commenting on the first recommendation agreed with the TSA on the principle of making the most effective use of resources. Indeed, the London Borough of Bexley noted that this is what did *not* happen when three local hospitals were merged to form South London Healthcare NHS Trust (SLHT) three years ago. Local authorities expressed a number of general concerns about how the report seeks to achieve this improved efficiency. Greenwich and Southwark Councils have concerns about the recommendation that the Trust needs to match that of top-performing NHS organisations. They questioned whether this is achievable within existing timescales, or appropriate considering the current health and care context.

The London Borough of Bexley supported the plans to establish a Health Campus. It proposed that the name 'Queen Mary's Hospital' be retained in order to provide a sense of continuity for local people. However, Greenwich Council expressed concerns about the proposed health campus, based largely on a lack of leadership of the site and the potential travel issues.

Local authorities did not take issue with the principle of the early resolution of land problems, both to secure efficiency and, just as important, bolster public confidence and



pride, some adding that health and community should have priority in future plans for the sites.

The recommendation that the Department of Health (DH) provides funds to cover the additional costs of the PFI buildings was generally supported by local authorities which have expressed a view. There was, however, some concern about how residual debts would be handled. Local authorities would be concerned if local services are to be further reduced in order to continue paying for SLHT's historic debt.

There was general agreement with the principle of a community-based care strategy in south east London and the need for this to be appropriately resourced. The London Borough of Lewisham questioned how an expansion of community care is to be provided, contending that *"the TSA's modelling does not appear to include any additional resources for primary care, let alone for the increased demand on social care"*. A number of other local authorities queried how the strategy will be implemented and resourced. Greenwich Council asked for more information on the resourcing implications and how transitional arrangements will be managed. It suggested that this will need to include an understanding as to how Clinical Commissioning Groups (CCGs) will be required to take the decisions necessary to deliver the strategy across the area.

Local authorities generally opposed any changes to UHL's A&E department. Concern was expressed with the modelling which suggests 70-80% of people who currently use Accident and Emergency (A&E) will continue to receive treatment at the Lewisham urgent care centre (UCC). This, if inaccurate, could lead to significantly increased waiting times. There was also a general view that communications will be important to help people understand each service, where to obtain care, and when. The London Borough of Lewisham noted the scale of behaviour change that would be required from patients using such services and suggested that the TSA's draft report does not sufficiently recognise the negative impact of the recommendations on patients, carers and relatives. It outlined specific impacts on older people, and children and families. Greenwich Council similarly outlined a number of arguments against the closure of the A&E unit. It also sought clarity as to the degree to which the finances of the new Greenwich and Lewisham Hospital Trust depended on the closure of the A&E and how the new Trust could implement the recommendations, given its concerns.

Of the two options offered for obstetric-led services, local authorities generally preferred the latter, fearing that the former would not meet the demand, with a particular impact on vulnerable and disadvantaged communities. Greenwich Council was amongst those questioning whether the reduction in the number of maternity units could meet present demand, let alone future projections. It noted that the Health Equalities Impact Assessment (HEIA) should provide further information on this point. The London Borough of Lewisham favoured the alternative proposals for maternity services proposed by Lewisham Healthcare NHS Trust (a five-site option but with UHL's services integrated with maternity services at Queen Elizabeth Hospital (QEH), rather than as a stand-alone unit). It expressed strong concern that quality and safety would suffer under both proposed options. It also pointed to evidence that better outcomes are associated with smaller and medium-sized units. The Council suggested that the alternative proposal offered would mean that the majority of women would have the choice of giving birth locally.

The London Borough of Bromley and Kent County Council welcomed the proposals for planned care, so far as their own residents were concerned. Other local authorities had



some concerns, however, some focusing on the travel implications for patients, particularly the elderly and vulnerable. The London Borough of Lewisham strongly questioned the feasibility of the proposals and the assumption that a reduction of the UHL site is possible.

Greenwich Council welcomed the decision to commence early work on the arrangements for the new Greenwich and Lewisham Trust. It sought reassurance that the new Trust is financially viable, can achieve Foundation status by 2014, and that the governance arrangements can ensure compliance of the entire sector. Southwark Council was concerned that this proposal could 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, and that any change to the organisation of healthcare should be locally determined.

Local authorities were generally opposed to a procurement process to find the best organisation to run Princess Royal University Hospital (PRUH). The proposal for the DH to write off SLHT debt was generally agreed with by local authorities.

As with other stakeholder groups, local authorities made a number of comments about assumed travel times, the impact on blue light/ambulance journeys, and the capacity of the London Ambulance Service. The London Borough of Bexley recommended that more modelling is undertaken.

A number of local authorities made comments about the delivery of the proposals, and there were requests for a more detailed implementation plan in the final report. Queries were also raised about the timings and funding of the transitional phase. The London Borough of Bromley argued that there needed to be a senior level body to co-ordinate delivery of the changes. The London Borough of Lewisham pointed to the significant risks of implementation, calling for any risk assessments taken by the TSA to be made available.

## 10.7 Overview and scrutiny committees

The overview and scrutiny committees responding stressed their interest in ensuring that local residents continue to be able to access high quality services. Bexley Health Overview and Scrutiny Committee welcomed “*the TSA process towards long-term sustainability to the health economy*”. It expressed support for plans to establish a new health campus at Bexley, referring to work in recent years by the London Borough of Bexley and Bexley Clinical Commissioning Group (CCG) to develop the proposal. It requested some reassurances in the final report about other services which were not specifically addressed in the draft report.

Lambeth and Southwark committees welcomed the recommendations to shift more care from hospital buildings into the community. Both, however, were concerned that this should be properly resourced and monitored, so that secondary care is not overwhelmed if there are problems.

Southwark Scrutiny Sub-Committee was concerned by the proposal for a south east London Elective Care Centre and was unconvinced it is necessary to deliver a better service for Southwark’s residents. It was particularly concerned at the prospect of residents having to travel to Lewisham for routine surgery as public transport is already expensive for many residents. It also argued that losing the well-established elective surgery units at Guy’s and King’s College Hospitals (KCH) is a retrograde step. It



recommended that the TSA works closely with KCH and Guy's and St Thomas' NHS Foundation Trust to develop this proposal and establish if it is viable, including whether patient records will be able to be shared on a common IT system. It argued that the private sector should not be involved in the management of any new Elective Care Centre, due to potential conflicts of interest.

All three committees responding were concerned about the knock-on effect of closing or reducing Lewisham's maternity service because existing provision is stretched and the population is projected to increase; any extra burden on KCH and St Thomas' Hospital from reduction in the maternity services at Lewisham should be matched with proper resources and physical space. Southwark Scrutiny Sub-Committee also noted the need for detailed proposals on paediatric and neo-natal services.

Lambeth and Southwark Sub-Committees preferred the proposal for (KCH) to acquire Princess Royal University Hospital (PRUH), Bromley, rather than to run a procurement process. There is considerable confidence in KCH, while take-over by a private sector organisation would, it was argued, compromise the ability of the local NHS to develop improved services and stabilise the changes.

Southwark Scrutiny Sub-Committee expressed its concern that the implementation plan has not been consulted upon, and recommended that this plan is robustly tested and reviewed regularly. It also suggested that opportunities to improve public and mental health services are sought.

## 10.8 Politicians

Twenty-two submissions were received from political groups or individual politicians. Only one respondent, a local councillor, explicitly argued against the premise that the current situation is unsustainable and that significant change of some sort is necessary. However, recurrent themes are: queries about data and projections underpinning the recommendations; doubts about the feasibility of some targets; the speed with which the report has been produced and of the consultation and decision-making processes; concerns about travel and transport and the perceived optimism of travel times; a sense of injustice that a 'good' Lewisham hospital is being penalised because of the faults of others'; and references back to previous, short-lived proposals for change (notably 'A Picture of Health', 2009).

Most welcomed improved efficiency, but with some concerns. They tended to view the targeted savings as highly ambitious, particularly in the present environment, and that a failure, even by a small margin, to achieve full anticipated efficiency gains within the timetable, could undermine the viability of some of the proposed new structures.

The proposal for Queen Mary's Hospital, Sidcup (QMS) to be turned into a Bexley Health Campus was broadly supported by four MPs. Two however, were concerned about the possible increase in private sector provision which might result there, arguing that services should remain in the NHS. Three submissions raise the question of whether the term 'Campus' was appropriate or understood. There was broad agreement that the facility should be owned by Oxleas NHS Foundation Trust, although (once again) some politicians were concerned that this could lead to future privatisation, and queried the logic behind Dartford and Gravesham NHS Trust taking on interim responsibility for elective day surgery on the site.



There was considerable unease about the disposal of sites. The general view was that, if land and buildings are definitely not needed for current or future service delivery, then it is appropriate to consider disposal to realise capital and to reduce on-going running costs. Some highlighted the risk that it could prevent expansion of services in the future.

Politicians were generally fully supportive of the Department of Health (DH) providing additional funds to cover the excess costs of the Private Finance Initiative (PFI) buildings at Queen Elizabeth (QEH) and Princess Royal University Hospital (PRUH).

Politicians generally welcomed an increased emphasis on community-based care, but most who expressed a view also had concerns about how it will be implemented. Six respondents described the proposals as “*aspirational*” and those commenting on community-based care often felt that the detail of how it would be implemented and funded still needed to be developed to demonstrate that these aspirations could be achieved.

There was very little support from any politician for the plans for the Lewisham site, specifically in relation to Accident and Emergency (A&E) and maternity services, and selling much of the site. Concerns were expressed about the sufficiency of the modelling in the report. There were doubts about the ability of the UCC to cope with the volume of cases required to avoid imposing impossible pressures on the remaining A&Es.

Many respondents applied similar considerations to maternity services, bearing in mind Lewisham’s rising birth rate and increased demand for maternity services, concerns about the ability of the four proposed sites to cope with additional patients, and (again) the impact of longer journey times.

Only six submissions commented on the plans for elective care. Politicians mentioned consequential needs for more travel, increased vulnerability to privatisation, and queries over the assumption that all hospitals except Guy’s Hospital will use University Hospital Lewisham (UHL) for their non-complex elective work.

Few of this stakeholder group commented on the proposed dissolution of South London Healthcare NHS Trust (SLHT). Most respondents regarded the proposed merger of the QEH site with Lewisham Healthcare NHS Trust as logical, but had some queries about the long-term viability of the Trust. Of the options for the PRUH, respondents who expressed a view all favoured the option of acquisition by King’s College Hospital NHS Trust. Politicians favoured writing off SLHT’s accumulated debt so that the new organisations are not saddled from day one with unreasonable financial burdens. Measures to ensure that the situation does not recur are put forward, including a transition period and robust administrative and financial procedures.

A number of politicians referred to the short time since the last reorganisation, which created SLHT, and a concern that these latest proposals may be similarly short-lived, particularly in view of the concurrent dissolution of NHS London and introduction of new local clinical commissioning arrangements. Some politicians acknowledged that their experience of the recent past has influenced their confidence in a further set of new organisational proposals.

## 10.9 Local Involvement Networks (LINKs)

LINKs responding to the consultation tended to provide a co-ordinated view of their members’ responses to each recommendation. Lambeth LINK commented more



generally on the proposals, agreeing that major changes needed to take place, before turning to each recommendation in turn. They stressed, as others did throughout their responses, that patients should be at the heart of any proposed changes. While they stated an understanding that the Health Equalities Impact Assessment (HEIA) could only be carried out once the draft recommendations were in the public domain, they felt that engagement with seldom heard groups most affected by the proposals had not been satisfactory.

Some LINKs acknowledged that efficiencies need to be made and that the operational efficiency of South London Healthcare NHS Trust (SLHT) needs to improve, but at the same time raised concerns about the impact of the proposals on the continuity and quality of services. As such, they seek reassurances and explanations from the Trust Special Administrator (TSA) as to the impact of the changes and what will be provided where services change.

The LINKs generally supported the concept of providing care in the community and closer to home. They asked for reassurances about how this would be funded and how it will work in practice.

LINK organisations who provided comment opposed the TSA's proposals for delivering urgent and emergency care. Concerns were raised about the lack of capacity at Queen Elizabeth Hospital (QEH), Princess Royal University Hospital (PRUH) and King's College Hospital (KCH) and the lack of definition and detail regarding urgent care centres (UCCs). In particular, they argued that members of the public will not understand the difference between an UCC and Accident and Emergency (A&E), and so may present at the wrong place.

Most of the LINKs who responded to the consultation did not support either of the options for maternity services. As with the urgent care proposals, this is largely due to concerns around capacity and the knock-on effect this may have on patient safety. LINKs responding also worried about the impact on patient choice and continuity of care. More information on how the proposals would work was requested.

Some LINKs highlighted the potential benefits of the planned care proposals; largely that this would be efficient, would free up space at other hospitals and would mean fewer procedures would be cancelled due to emergency procedures taking priority. As such, one or two tended to support the proposals. However, most again expressed concerns about patient safety. The main concern was that there may not be the resources available at UHL to deal with emergency situations should a simple procedure go wrong.

Most LINKs agreed with the Trust Special Administrator's (TSA) proposals that the Department of Health (DH) should write off SLHT's debt. However, while they believe it is the right course of action, one or two LINKs highlighted that this will mean fewer funds are available for elsewhere in the NHS, but that they feel there is no viable alternative.

Several LINKs raised concerns about the impact of the proposals on patient and family transport, including problems with parking, public transport and cost. Most notably, LINKs emphasised the impact this may have on vulnerable groups such as older people, people on low incomes and those with mental health problems who may find it especially difficult to travel to their appointments. As such, LINKs felt they need more detail about the transport implications of the proposals.



Further detail was also sought on how transitional costs will be funded, how the results of the HEIA will be taken into account, and the impact of proposals on mental health services.

## **10.10 Union and staff representatives**

Responses to the consultation were received from a number of unions and staff side representatives. Amongst this stakeholder group there were calls for an extended and more in-depth consultation with concerns expressed that the time period allowed to form the recommendations was insufficient. Additionally there was concern that any changes made as a result of the recommendations were likely to be enacted faster than would be advisable if the short-term benefits were to be sustainable in the long-term.

Throughout all of the recommendations, questions were raised about the accuracy of data used in the consultation document, particularly in relation to the proposed journey times.

Within this stakeholder group, SLHT Staffside were the only group to explicitly acknowledge the need for change. Whilst GMB acknowledged the financial difficulties of South London Healthcare NHS (SLHT), they felt these difficulties were not as severe as suggested by the Trust Special Administrator (TSA) and could be solved in the main through addressing the Private Finance Initiative (PFI) contracts.

There was broad support for improved efficiencies within SLHT though this recommendation presented a number of questions. Concerns were raised about reductions in staffing levels as many were unconvinced that a decline in staff numbers would pay dividends in financial savings. Additionally it was not understood how a reduction in staff numbers could not adversely compromise quality of care. Requests were made for the TSA to give greater consideration to the particular demographics of the population served by SLHT.

Recommendations 2 and 3 elicited fewer and shorter responses from unions and staff representatives compared to other areas covered by the consultation. Recommendation 2 prompted calls for QMS to retain its name. It was thought a change to 'Bexley Health Campus' could discourage service users from attending and thus would erode QMS's service offering. Unison took this opportunity to stress the adverse effects on patient care that can stem from the involvement of private companies in the NHS. No clear consensus emerged about the involvement of Oxleas NHS Foundation Trust with ambiguities evident in which parts of the site would be transferred or sold, and opposition from GMB on behalf of staff currently working at Queen Mary's Hospital, Sidcup (QMS).

Although the organisations commenting on Recommendation 3 supported it in principle, many were concerned that SLHT would have a need for the buildings in time and this would accordingly compromise operational abilities.

Unison and GMB strongly approved of the TSA's recommendation for the Department of Health (DH) to cover the excess costs of the PFI arrangements, acknowledging the detrimental effect these financial arrangements have had on SLHT.

Of the three unions and staff representatives commenting on the proposed strategy for community based care, all were in support of it. In order for this proposal to achieve



success, Unison stressed the need for improvements to the integrated care pathways, greater financial investment in the strategy, robust modelling and protection of the present workforce which was likely to be further stretched by increased travel times to visit patients. Equally, SLHT Staffside emphasised the need for community care to be fully functioning before proposals could possibly be enacted.

The proposed changes to urgent and emergency care were met with some concern by this stakeholder group. It was felt that the proposed changes would result in worsened health outcomes due to increased travel times and A&E capacity issues. Unison, GMB and SLHT Staffside all queried data used in the consultation document.

Of those commenting on the proposed changes to maternity services, Unison/Unison's Community and Voluntary Organisations branch and GMB supported neither option, whilst SLHT Staffside placed a preference for an additional stand-alone unit at University Hospital Lewisham (UHL) (though they expressed strong concerns about patient safety in this scenario). Again the high levels of deprivation within many of the affected boroughs were thought to be important.

In reference to the proposed changes for planned care, Unison were opposed to the effect these would have on UHL specifically. GMB felt planned care should be protected from change as the proposals would result in unacceptable increases to travel times. They did however recognise the benefits of specialisation but felt these benefits could be derived within the current infrastructure. SLHT Staffside felt that elective surgery needed to be maintained at all hospitals to generate income. Additionally they felt the proposed changes would deter patients from using certain hospitals due to increased travel distances and this would leave these hospitals vulnerable to further service closures.

The dissolution of SLHT was only supported by Unison whilst GMB and SLHT Staffside felt the reorganisation would not address the core reasons for SLHT's financial difficulties thus rendering it a distracting exercise. The joint venture of Queen Elizabeth Hospital (QEH) and Lewisham Healthcare NHS Trust was only commented on by Unison and Lewisham NUT. The former was in favour of the move providing the hospitals were entrusted with autonomy in planning future service provision, whilst the latter referenced QEH's inability to cope with any additional workload. The options for running Princess Royal University Hospital (PRUH) elicited various responses that demonstrated an opposition to NHS involvement with private organisations; for SLHT Staffside this also meant involvement with King's College Hospital NHS Foundation Trust. Amongst those commenting, there was strong support for the DH to write off SLHT's accumulated debt.

## **10.11 Staff**

In general, while some staff groups noted the need for change, the specific proposals received little support, with particular opposition from those based in Lewisham. For example, a group of GPs in Lewisham who responded remarked on the proposals affecting University Hospital Lewisham (UHL) despite the fact that it is a solvent, successful organisation, delivering high quality care.

A few staff groups commented on the practicalities of improving efficiency and stressed that efficiency gains must be made without compromising quality. Other staff groups commented on this recommendation in relation to the impact on their own area of interest. There was little comment from staff on Recommendations 2-4, although



roundtable staff discussions are Queen Elizabeth Hospital (QEH) suggested the selling of land should only be viewed as a short-term fix.

Staff groups were mixed in their support of changes to the way in which services are provided. Most commenting on community care caveated their support on the basis that there is little evidence that, in its current form, it could deal with the proposed changes, and also pointed to a lack of detail in the TSA report on how it will work in practice, pointing to questions around financing, management structures, patient education and the overall timescales for implementation.

Those based in Lewisham Healthcare NHS Trust were strongly opposed to the proposed changes to urgent and emergency care and questioned the closure of, what they view as, a high performing unit. For example, Lewisham Healthcare NHS Trust consultant general surgeons noted that UHL already achieves the majority of clinical quality standards and so questioned why the changes to its Accident and Emergency (A&E) have been proposed. The consultant ITU team similarly argued that the Lewisham Intensive Care Unit (ICU) is one of the better performing units in the country and the recommendations will disproportionately hit critically ill patients from the most deprived areas of south east London

Some staff responses paid specific attention to the loss of the children's A&E department and the impact of the proposals on children more generally. For example, clinicians from the Children and Young People's Service at Lewisham Healthcare NHS Trust expressed concern that the recommendations make no reference to how the proposed changes will affect the provision of children's services. They expressed particular surprise that the Health Equalities Impact Assessment (HEIA) has not been available for public consultation.

Several responses from Lewisham Healthcare NHS Trust staff talked of, consequences of the plans for urgent and emergency care including fragmentation of services and impacts on patient outcomes in terms of safety and quality of care. Among other things, they suggested the proposals will lead to greater travel costs, increased lengths of stay and will have a detrimental impact on achieving community care goals as effective communication will be much harder to establish across more centres.

Further, they argued the urgent care centre (UCC) model is un-tested, and in contrast to the 77% of patients that it is anticipated will continue to use the UCC in Lewisham, they suggested this figure will be closer to 30%. This is a result of a variety of factors including the fact that the proposed referral pattern is not workable; the non-admitting nature of the UCC will impact on numbers of patients using the hospital for planned care and leads them to question whether other hospitals will be able to deal with the resulting increases in patient flows. These concerns about capacity were also raised by those outside Lewisham. The loss of specialist skills and impact on teaching and training were also mentioned.

Staff groups supported retaining an obstetric service on the Lewisham site, but had concerns about the practicalities of operating a low risk unit that is isolated from other acute services on the basis that it is neither safe nor sustainable. Again, they also questioned whether other sites will be able to cope, and believe that local women will choose to use King's College Hospital (KCH) and St Thomas's instead of QEH. Those responding referred to the more complex patient pathways and the resulting potential for breakdown in communication placing mothers and children, many of whom are particularly vulnerable, at increased risk, and suggested that this safeguarding



responsibility has been inadequately considered. Lewisham Healthcare NHS Trust Gynaecology and Obstetrics Consultants expressed serious reservations about the two proposed options for maternity care, describing them as unsustainable and unsafe. They questioned the concept of “*lower risk obstetric-led births*” and the sustainability of the site with the number of low risk births that would take place. They also expressed concerns about a lack of support from acute services and ITU to a stand-alone obstetric unit. They have put forward an option which maintains a consultant-led obstetric service at UHL with appropriate back-up from other clinical specialities, with redistribution of high risk patients.

Similarly, Lewisham Healthcare NHS Trust Consultant General Surgeons were concerned about the viability of an elective centre at Lewisham, particularly one surrounded by other local hospitals alongside critical care services, and as noted above, one with a lack of referrals from a local emergency department.

Few commented on the organisational changes proposed within Recommendation 6, and views were mixed. For example, West Kent Eye Centre was supportive and Lewisham Healthcare NHS Trust Ear, Nose and Throat consultants said the merger appears sensible but stressed that it must be clinically-led. A number of responses, particularly those from Lewisham Healthcare NHS Trust staff, argued for local determination, i.e. more local control over the changes, taking a patient-centred approach to healthcare. For example, Lewisham Healthcare NHS Trust Emergency Department Consultants strongly urged that the proposed merged trusts, local GPs and local residents are left to decide on service configuration. Similarly, the Trust’s Consultant and Specialist Doctors outlined their belief that the distribution of acute and elective services across the two sites of the future merged trust should be left to “*its new management, insofar as they can be resourced by and agreed with the CCGs of Lewisham and Greenwich, as they are best placed to represent the interests of their local populations.*”

Those mentioning it in their submission were in favour of PRUH being run by KCH, but there were some concerns over how this will happen in practice.

A few staff groups commented on the impact of the proposals on travel. They argued that the proposed journey times are unrealistic as they were calculated without traffic. Staff in Lewisham also pointed to the disproportionate impact on local residents, particularly those on low incomes, the elderly and those reliant on public transport. KCH Older People’s Committee focused on the impact on medical staff of congestion and lack of parking facilities.

The Director of Medical Education at South London Healthcare NHS Trust (SLHT) provided a practical comment on the implementation of the plans, in relation to the timing of any organisational change. He suggested that it would make sense to synchronise these changes with the major rotations for trainee doctors, i.e. the first Wednesday in August, and also the first Wednesday in December and April each year, which are times when change is already expected.

## **10.12 Education and training bodies**

Submissions were received from four education and training bodies. Generally, it would seem these organisations agree with the need for change, but Lewisham GP Vocational Training Scheme argued that the changes should not only be financially driven, but must be matched by considered management processes. From an educational perspective,



there appears to be a view that training is often one of the first areas to experience efficiency savings or “cuts”, indeed it was noted that it is not referred to in the Trust Special Administrator’s (TSA) report. However, these education and training bodies argued it can actually facilitate efficiency gains by helping to embed culture change, and are keen to work with the TSA to ensure this occurs.

The South London Local Education and Training Board and the London Deanery both supported the plans to establish a new healthcare campus at Bexley, with the former suggesting it would be an ideal co-ordinating site for one of its planned Community Education Hubs. In any reorganisation, both these bodies requested the TSA considers space for education is provided.

Lewisham GPs Vocational Training Scheme echoed the concerns of Lewisham groups elsewhere, that the loss of Accident and Emergency (A&E) in the borough will reduce the ability of remaining services to operate safely and effectively. For example, they queried what will happen in the event of post-operative complications. They also identified risks in terms of safeguarding children and women, particularly in relation to proposed changes in maternity care. They suggested that the best solution would be the integration of care from CCGs and local hospitals.

Lewisham GPs Vocational Training Scheme was joined by GP Educators in south east London in their concern that the loss of acute medicine in Lewisham will also impact significantly on training opportunities for doctors in the area, which could impact on recruitment to local jobs.

As with other stakeholder groups, there was some comment on movement between sites within the new configuration. For example, GP Educators in south east London identified a risk in terms of moving clinicians and patients resulting in a loss of information and disjointed care. They also suggested that thought must be given to the impact on the ambulance service and how those with basic but urgent and acute problems will be managed.

### 10.13 Independent sector

One submission was received from a stakeholder within the independent sector, Serco. They stated that they believe the extent of the problems facing healthcare in south east London have been communicated clearly, and solutions presented are reasonable to achieve the required change. They noted that the savings modelled regarding operational efficiency are achievable, and that the concept of a shared Elective Care Centre of Excellence could benefit the wider health economy. Although they support the proposed changes to South London Healthcare NHS Trust (SLHT), they felt there is *“great opportunity to combine efficiency with important improvements to patient experience and care quality”*.

### 10.14 Other community and expert patient groups

A range of community and expert patient groups responded to the consultation from across south east London. Most concentrated on Recommendation 5 and specifically the plans for University Hospital Lewisham (UHL). A number of common themes emerged across many of the responses.



Firstly, they talked about the size of the population in south east London, its potential growth in the coming years and its relative deprivation. For example, Lewisham People Before Profit stated that the proposals do not take into account plans for new homes in the area, attracting young families with needs for a range of services. Commenting specifically on the proposals for maternity care, the Stillbirth and Neonatal Death Society (South East London) expressed concern that a full Health Equalities Impact Assessment (HEIA) was not completed before the draft recommendations were published.

Stakeholders' main comments were around local residents' access to care, particularly emergency care. The proposed changes to UHL's Accident and Emergency (A&E) were of concern to these respondents, who referred to capacity issues at other hospitals. Some recognised the value of the proposed urgent care centre (UCC), but there were questions about the accuracy of patient flow modelling. For example, the Charlton Central Residents' Association suggested that many people will still go to A&E regardless. Goldsmiths, University of London noted there were no plans to increase capacity at other sites.

Several of the responses raised the issue of travel times and the need for better transport links if patients are to be able to access care easily. Disability Voice Bromley highlighted this particular issue for disabled people, who may be reliant on public transport or specialist door-to-door transport as visitors, or on patient transport as patients. They felt it imperative that the full impact of the proposed changes on travel times and ease of travel from different parts of the borough was investigated and adverse outcomes ameliorated.

A number of responses were received from local branches of the National Childbirth Trust who made several points about the recommendations for maternity care. They felt that obstetric services should be retained at UHL, with midwife-led centres available at all local hospitals, so that women's choices would not be reduced. They questioned the evidence that larger units provide safer, more effective care and said that consideration should be given to retaining a stand-alone midwife-led unit on any site facing the closure of birthing services.

Several of the responses commented on the Private Finance Initiative (PFI) debt, and commented on the perceived unfairness of the consequences for UHL. Save Lewisham Hospital stated that UHL was outside the Trust Special Administrator's (TSA) remit, and felt that the recommendations would lead to worsening care for local residents. It felt that the TSA should have carried out a full HEIA before publishing the draft report to help shape the recommendations for consultation. King's College Hospital's Older People's Committee suggested that the proposals "*represent an experiment with no basis in evidence*", and argued that generally the TSA's review fails the four tests laid down by the Secretary of State for Health and will lead to a reduction in the quality of clinical care.

## 10.15 Other health bodies

Other health bodies responding included local GP practices, hospices and local networks. Their responses tended to focus on the proposals for transforming care in south east London. Several noted the deprivation within the area and were concerned that the recommendations would have a negative impact on local residents and widen health inequalities. They commented on the lack of an Health Equalities Impact Assessment (HEIA) prior to the publication of the draft recommendations. Amersham Vale Practice in particular called this a "*shocking failure*".



There was some recognition of the problems faced by South London Healthcare NHS Trust (SLHT) and the need for action, both to ensure financial sustainability and clinical safety. However, several of the health bodies responding, particularly GP practices, expressed concerns about the proposed changes to University Hospital Lewisham, in relation to urgent and emergency care, paediatrics and maternity.

Some questioned the modelling of patient flows for emergency care, suggesting that patients would be more likely to attend King's College Hospital (KCH). They did not believe there would be capacity across other local hospitals to cope with increased demand from Lewisham.

Several commented on the lack of attention paid to paediatrics in the draft report, saying that it omitted to mention the services provided at University Hospital Lewisham (UHL) for the children and families of Lewisham, and the impact of the proposals on these services.

In the opinion of most of those commenting, a stand-alone obstetric unit would not be a safe or viable option. They also tended to reject the other option of the current obstetric-led deliveries being transferred to other providers; it was not felt to be viable as they were already struggling with capacity.

While there was strong agreement with the need for high quality community care, health bodies responding asked for more information on how this would be funded and provided. GP practices also referred to the draft report's statement that primary care could manage a significant amount of work that is currently provided in hospitals. They emphasised that there would need to be investment for this to be successful. This point was also made by London-wide Local Medical Committees, who said that careful time and contract management would be needed.

Similarly, a few GP practices pointed to the fact that social care is a crucial element of community care, not only to prevent admission or readmission into hospital, but also to maintain the health of people living with long-term conditions.

The South London Cardiovascular and Stroke Network noted some specific points about the proposals. For example, it asked for consideration to be given to the medical support a stroke unit needs and how this could be met in services proposed for the Lewisham hospital site. They also wanted greater clarity in the implementation plan as to how a combined trust would manage its emergency and elective services, and which cardiac services would remain on the Lewisham site.

## **10.16 Other stakeholders**

A number of stakeholder responses did not fall into the previously defined categories, and have been grouped within a separate category. Where appropriate some responses have been discussed together.

The Lewisham Healthcare NHS Trust Safeguarding Children and Young People and Vulnerable Adults Committee expressed deep concern that safeguarding of vulnerable people within the borough would be adversely affected due to the draft recommendations. They had concerns regarding both options for maternity care in the area, and highlighted a loss of integrated health and social care teams that support many highly vulnerable women. Lewisham Safeguarding Children Board provided a



similar response to the consultation, and emphasised that proposed changes relating to A&E and maternity services in Lewisham are likely to have a detrimental effect on the welfare of children.

Lewisham Adult and Older Adult Mental Health Commissioning was concerned by the proposal to close Lewisham Accident and Emergency (A&E), and the affect this will have on mental health services and patients in the borough. They stated that the Trust Special Administrator (TSA) draft report does not outline the effect on mental health services or service users of the planned proposals. They argued that although an urgent care centre (UCC) may provide a level of access for psychiatric patients, it is unfeasible that a full psychiatric liaison service will be retained without a fully functional A&E department. They suggested that if the proposals do go ahead, a full impact assessment on mental health needs to be undertaken and actions planned to minimise the effect on this population.

The Lewisham Director of Public Health submission focused on concerns relating to emergency care, maternity services and community based care. The paper intentionally identified only the most important potential negative impacts of each recommendation, which it noted will affect the health and wellbeing of Lewisham residents. Where possible, the paper identified a number of factors which may mitigate the potential negative effects of the recommendation; for example consultant-led paediatric specialist support for the UCC or joint care planning to reduce the loss of continuity of care for children and mothers.



# 11. Appendices



# **Appendix A: Glossary**

A&E: Accident and Emergency

CCG: Clinical Commissioning Group

DH: Department of Health

HEIA: Health Equalities Impact Assessment

KCH: King's College Hospital

ICU: Intensive Care Unit

LINKs: Local Involvement Networks

NHS: National Health Service

NED: Non-Executive Director

NUT: National Union of Teachers'

PFI: Private Finance Initiative

PRUH: Princess Royal University Hospital

QEH: Queen Elizabeth Hospital

QMS: Queen Mary's Hospital, Sidcup

RCOG: Royal College of Obstetrics and Gynaecology

SHA: Strategic Health Authority

SLHT: South London Healthcare NHS Trust

TSA: Trust Special Administrator

UCC: urgent care centre

UHL: University Hospital Lewisham



## Appendix B: Demographic information

Demographic information, where this information has been recorded via the response form, is given below, although it is important to bear in mind that this is just a subset of the consultation participants and cannot be taken to be representative of the consultation participants in general. (It should be noted that all percentages referred to below are rounded to the nearest whole number, and that when two or more such figures are added, it can create rounding error; the rounded figures given in a column, therefore, may not sum to exactly 100%.)

Comparative figures for the population of south east London (where available) are also provided.<sup>16</sup>

**Table A1**

Consultation responses by gender			
Gender	Number of responses	% of responses giving gender <sup>17</sup>	% of population in south east London
Male	2586	37	49
Female	4200	60	51
Prefer not to say	250	4	N/A
<i>Stating gender</i>	7034		
<i>Not answered</i>	91		
<b>Total</b>	<b>7125<sup>18</sup></b>		

Source: Ipsos MORI

<sup>16</sup> Source: Census 2011

<sup>17</sup> Please note percentages are not directly comparable with the percentages given for south east London because a category is also included in the table for 'prefer not to say'.

<sup>18</sup> Those completing a hard copy response form were able to allocate themselves to one or more of these categories, so responses to this question do not sum to the total.



**Table A2**

<b>Consultation responses by age</b>			
<b>Age</b>	<b>Number of responses</b>	<b>% of responses giving age<sup>19</sup></b>	<b>% of population in south east London</b>
Under 18	28	*	22
18-24	228	3	13
25-44	2921	42	35
45-64	2652	38	22
65+	1004	14	11
Prefer not to say	201	3	N/A
<i>Stating age</i>	7034		
<i>Not answered</i>	91		
<b>Total</b>	<b>7125</b>		

*Source: Ipsos MORI*

<sup>19</sup> Please note percentages are not directly comparable with the percentages given for south east London because a category is also included in the table for 'prefer not to say'.



**Table A3**

<b>Consultation responses by borough</b>			
<b>Borough</b>	<b>Number of responses</b>	<b>% of responses giving borough<sup>20</sup></b>	<b>% of population in south east London</b>
Bexley	341	5	14
Bromley	768	11	19
Greenwich	771	11	15
Lambeth	72	1	18
Lewisham	4,110	59	17
Southwark	193	3	17
None of these	310	4	N/A
Prefer not to say	437	6	N/A
<i>Stating borough</i>	6999		
<i>Not answered</i>	126		
<b>Total</b>	<b>7125<sup>21</sup></b>		

*Source: Ipsos MORI*

<sup>20</sup> Please note percentages are not directly comparable with the percentages given for south east London because a category is also included in the table for 'prefer not to say'.

<sup>21</sup> Those completing a hard copy response form were able to allocate themselves to one or more of these categories, so responses to this question do not sum to the total.



**Table A4**

<b>Consultation responses by ethnicity</b>			
Ethnicity	Number of responses	% of responses stating ethnicity <sup>22</sup>	% of population in south east London
White	5336	76	66
Mixed	183	3	5
Asian or Asian British	240	3	6
Black or Black British	419	6	19
Chinese	46	1	2
Other	135	2	2
Prefer not to say	655	9	N/A
<i>Stating ethnicity</i>	7010		
<i>Not answered</i>	115		
<b>Total</b>	<b>7125<sup>23</sup></b>		

*Source: Ipsos MORI*

<sup>22</sup> Please note percentages are not directly comparable with the percentages given for south east London because a category is also included in the table for 'prefer not to say'.

<sup>23</sup> Those completing a hard copy response form were able to allocate themselves to one or more of these categories, so responses to this question do not sum to the total.



## Appendix C: Petitions and campaigns

The text of each petition/campaign that was received is detailed here

### Petition 1:

Keep politics out of NHS. Doctors and nurses and medical staff are very capable to run NHS services (*hand written comment – slightly illegible*)

### Petition 2:

Save Lewisham Hospital - A&E and Maternity Services under threat

Earlier this year, South London Healthcare NHS Trust went “bust”. The Lib-Dem/Tory Government appointed a Special Administrator who proposed closing Lewisham’s Accident and Emergency Unit, slashing Lewisham’s maternity services and merging Lewisham health services with those in Greenwich.

Lewisham Labour’s Mayor, MPs and Councillors strongly object to these outrageous proposals as they spell the end of Lewisham Hospital as we know it.

We will be doing everything we can to save Lewisham’s A&E and Maternity Services from the worst of the libdem/tory government’s cuts in Lewisham and arguing that people across South London should have the full benefit of good quality NHS services.

KEEP LEWISHAM’S FULL A&E AND MATERNITY SERVICES OPEN

We, the undersigned, note with great concern the proposals in respect of A&E and maternity services at Lewisham Hospital contained in the draft report of the Special Administrator of the South London Healthcare Trust published on 29 October 2012.

We believe a full admitting A&E services and a full maternity service at Lewisham Hospital must remain and ask the Administrator to amend his final recommendations to the Secretary of State to reflect this.

We further call upon the Secretary of State for Health to reject any recommendations put to him which would result in reductions in the services provided to residents of Lewisham by Lewisham Hospital.

### Petition 3:

I am writing to state that I am against the proposed plans to close Lewisham A&E. The plans will not result in improved services, actual financial gains or support for a long-term strategy in line with the future of the NHS.

The demise of A&E services at Lewisham hospital will indirectly cause a massive financial burden to other services (e.g. ambulance services).

I beg you to take a moral stand and halt this consultation process as its proposals do not serve any of the stakeholders involved.

### Petition 4:

I am writing to object to the current proposal to close the accident and emergency department and remove maternity services at Lewisham hospital. This proposal would results in only one fully functioning accident and emergency unit to serve the three



quarters of a million people who live in Bexley, Greenwich and Lewisham. This is not acceptable. The plans regarding a stand-alone UCC have been completely discredited by the clinical staff at Lewisham hospital who have stated that “On review of our case mix, by our estimation at most only 30% of the total attendances to the present-day combined ED and UCC could be safely managed in a stand-alone UCC”.

According to David Cameron, *Hansard*, 31 October 2012; Vol. 552, c. 230: there will be no changes to NHS Configurations unless they have:

1. The support of local GPs
2. Unless they have strong public and patient engagement
3. Unless they are backed by sound clinical evidence
4. Unless they provide support for patient choice

The current situation at Lewisham, does not meet even one of these criteria.

1. Local GPs have written as a group to the consultation to express their concerns that the proposed plan will risk the health and wellbeing of the community those GPs serve.
2. There has been an appalling lack of proper consultation with the public. The public in turn have voiced their complete disagreement with the plan as can clearly be seen by the overwhelming numbers that marched through Lewisham last Saturday.
3. As I mentioned above, the clinical evidence has been discredited by the clinicians who serve at Lewisham hospital.
4. The results of the proposal leaves one A&E unit serving the people in Bexley, Greenwich and Lewisham. Surely you cannot consider this aligned with the aims and intentions of Patient Choice?

I insist that you respect the remit given by the prime minister and halt the current consultation process.

#### **Petition 5:**

We, the residents of Bentley Court Retirement flats, Whitburn Road, Lewisham SE13 7US, strongly oppose the proposed withdrawal of the full 24 hour A and E facility at Lewisham Hospital. This brand new, state of the art department was upgraded very recently at great expense and it is desperately needed in this area with its high incidence of “red alert” cases needing emergency inpatient treatment. Closure of Lewisham A and E would force these cases, many of them affecting the elderly and other vulnerable groups, to be taken to Woolwich or King’s College Hospital through some of the worst traffic black-spots in London. This could quite conceivably lead to loss of life. We also oppose the closure of the acclaimed Maternity and neonatal facility which is recognised as being one of the best in the country and has also been in operation for a very short time.

We urge you to re-think your proposed strategy and put patients before penny-pinching.

#### **Petition 6:**

Last Saturday, I marched along with thousands of others to demonstrate against the proposed plans to close the A&E and maternity services at Lewisham. If these proposals



are acted upon, the people of this borough and beyond will be left with poorer, less accessible and more inconvenient services. What are the benefits of these proposals? The benefits are supposed to be that the current financial difficulties that are being faced by South London Healthcare NHS Trust will be resolved. However, the proposal forgets to take account of the incredibly complex financial burdens that are placed on a society that neglects to provide quality care to all of its citizens regardless of their individual financial circumstances. If the plan is to save money and have a casual regard for the real vision behind the NHS, then that plan will sow the seeds for the disintegration of the NHS. The long-term costs will be far greater than the burden that exists currently.

I fully appreciate that there is no funding to continue to support the South London Healthcare NHS Trust. Therefore, we need a proper and legal clinical review of services across south-east London not the current consultation which has ignored the input of key stakeholders such as the clinical staff who work at Lewisham A&E.

I urge you to halt the current consultation and proceed with a course of action that will resolve the financial difficulties at the South London Healthcare NHS Trust without causing irreparable damage to the services in this part of London.

### **Petition 7:**

Save Lewisham Hospital!

A “special administrator” was appointed by the government to propose solutions to the financial crisis in neighbouring Queen Elizabeth Hospital, Woolwich (QEH) and Princess Royal University Hospital, Bromley (PRU) – a crisis caused by crippling PFI debts.

His “solution” is to close Lewisham A+E, including its children’s A+E, so it will no longer admit sick patients. That means Lewisham will also lose its emergency medical, surgical and paediatric services and intensive care unit. This is despite the fact that Lewisham Hospital is not in debt and is a very busy, popular and clinically well performing hospital!

He hopes this will divert patients, and therefore money, towards QEH. He wants to sell two thirds of the Lewisham site to pay the debts in the neighbouring hospitals. Closing Lewisham A+E will be a disaster, not only for the people of Lewisham, but also for Greenwich and Bexley.

If Lewisham A+E closes that will mean 3 boroughs with a population of 750,000 sharing one A+E, at Queen Elizabeth, Woolwich.

It will mean long journeys for sick people from Lewisham. It will overwhelm QEH, where £100 million of cuts are being made, and it could cost lives.

Lewisham could lose its maternity services with its popular new Birth Centre and the 4000 woman who give birth there each year would have to go to already overstretched units in other hospitals. The maternity doctors in Lewisham have said the alternative proposal of a “stand-alone” maternity, without emergency backup such as blood transfusion, is unsafe.

These plans are not supported by Lewisham Hospital doctors, nurses or local GPs.

See the Save Lewisham Hospital campaign website for guidance on completing the online form



This form is long and not always clear what the questions mean, so if you don't want to answer any questions you should just leave them.

The most important questions are:

Question 13 about the plans to close Lewisham A+E. We suggest you ANSWER 'Strongly Oppose' to Question 13.

ANSWER question 14 to say why Lewisham Hospital needs its A+E and emergency care to stay open.

Question 15 is about the plans for maternity services. We suggest you ANSWER "I do not support either of these options" to Question 15.

ANSWER Question 16 to say why we need to keep our maternity unit with full emergency back-up for safe maternity care in Lewisham Hospital.

You can speed through the other questions with 'strongly disagree' or 'next'

We, the undersigned, note with great concern the proposals in respect of A&E and maternity services at Lewisham Hospital contained in the draft report of the Special Administrator of the South London Healthcare Trust published on 29 October 2012.

We believe a full admitting A&E service and a full maternity service at Lewisham Hospital must remain and ask the Administrator to amend his final recommendations to the Secretary of State to reflect this.

We further call upon the Secretary of State for Health to reject any recommendations put to him which would result in reductions in the services provided to residents of Lewisham by Lewisham Hospital.

#### **Petition 8:**

A petition against the closure of Lewisham Hospital Accident and Emergency Department signed on behalf of members of Lewisham Seventh Day Adventist Church and local residents.

We the undersigned note with great concern the proposals in respect of A&E and Maternity services at Lewisham Hospital contained in the draft report of the Special Administrator of the South London Healthcare Trust published on 29 October 2012.

We believe a full admitting A&E service and a full maternity service at Lewisham Hospital must remain and ask the Administrator to amend his final recommendations to the Secretary of State to reflect this.

We further call upon the Secretary of State for Health to reject any recommendations put to him which would result in reductions in the services provided to residents of Lewisham by Lewisham Hospital.

Lewisham Seventh Day Adventist church members believe these changes would have a deleterious and in some cases fatal impact on residents of the borough and vehemently oppose the closure of A&E and changes to maternity services.



**Petition 9:**

We are from Lewisham Speaking Up an independent Charity set up for and by people with learning disabilities and we say: Stop the closure of Lewisham Hospital A&E. Please sign our petition.

**Petition 10:**

We, the undersigned, note with great concern the proposals in respect of A&E and maternity services at Lewisham Hospital contained in the draft report of the Special Administrator of the South London Healthcare Trust published on 29 October 2012.

We believe a full admitting A&E service and a full maternity service at Lewisham Hospital must remain and ask the Administrator to amend his final recommendations to the Secretary of State to reflect this.

We further call upon the Secretary of State for Health to reject any recommendations put to him which would result in reductions in the services provided to residents of Lewisham by Lewisham Hospital.

**Petition 11:**

Save Lewisham Accident & Emergency Dept

We, the undersigned, note with great concern the proposals in respect of A&E and maternity services at Lewisham Hospital contained in the draft report of the Special Administrator of the South London Healthcare Trust published on 29 October 2012.

We believe a full admitting A&E service and a full maternity service at Lewisham Hospital must remain and ask the Administrator to amend his final recommendations to the Secretary of State to reflect this.

We further call upon the Secretary of State for Health to reject any recommendations put to him which would result in reductions in the services provided to residents of Lewisham by Lewisham Hospital.

**Petition 12:**

We, health workers in Southeast London, have grave concerns about the proposal to downgrade emergency medical and surgical services at Lewisham Hospital made by the Trust Special Administrator (TSA) for South London Healthcare NHS Trust. Lewisham Hospital is not part of that trust. It is a solvent, successful organization that delivers high-quality care to its patients. Yet the TSA has taken the extraordinary view that Lewisham's Accident and Emergency Department should close to admissions, leading to closure of acute services including full maternity services, and that most of the hospital site be sold.

Emergency services are vital for the population of Lewisham, which contains some of the most deprived wards in England. Lewisham Hospital's new £12 million A&E department opened as recently as April 2012 in response to the need for expanded services. The TSA's report asserts that the need for emergency care would be reduced by 30% simply by providing more care in the community. However, there is simply no clinical evidence to back this up. In any case Lewisham Hospital has already been innovative in working with social services to provide more care at home and avoid admissions in patients with chronic illness. Our intensive care unit has excellent



standardised mortality rates. Our new birthing centre has high maternal satisfaction and provides high-quality care to a community with a high proportion of 'high risk' births, which would be jeopardised if maternity services are lost or downgraded. Lewisham Hospital features in the top 40 hospitals in the CHKS rankings. If its acute services are lost, they could not be provided by others without risking patients' safety and quality of care.

The TSA's review fails the "four tests" that you and the Secretary of State for Health have recently laid down in Parliament. It does not have the backing of GPs. It does not have public support, as the demonstrations, public meetings and the petition have shown. It is not based on sound clinical evidence (detailed responses from groups of clinicians, including GPs, are at <http://www.savelewishamhospital.com/>). Even the report itself acknowledges that it will not improve patient choice.

Your government's response to this report has an importance beyond Lewisham. The report is an attempted regional reconfiguration, tacked onto the statutory regime for an unsustainable provider, which is being used here for the first time ever. The report was drawn up to statutory timescales that are much too short for a considered reconfiguration, with the result that the clinical consultation is desultory and the clinical evidence is of poor quality. If this report is accepted as it stands, it will create a dangerous precedent for the rest of England. Furthermore, the TSA has produced a report which perversely recommends that a solvent and successful organisation be punished to save a separate, unsustainable provider. We doubt that this is a signal that you will want to send to the NHS and the public.

We urge you and the Secretary of State for Health to reject the recommendation that Lewisham Hospital lose its A&E and acute services.

### **Petition 13:**

We, doctors in Lewisham, have grave concerns about the proposal to downgrade emergency medical and surgical services at Lewisham Hospital made by the Trust Special Administrator (TSA) for South London Healthcare NHS Trust. Lewisham Hospital is not part of that trust. It is a solvent, successful organisation that delivers high-quality care to its patients. Yet the TSA has taken the extraordinary view that Lewisham's Accident and Emergency Department should close to admissions, leading to closure of acute services including full maternity services, and that most of the hospital site be sold.

Emergency services are vital for the population of Lewisham, which contains some of the most deprived wards in England. Lewisham Hospital's new £12 million A&E department opened as recently as April 2012 in response to the need for expanded services. The TSA's report asserts that the need for emergency care would be reduced by 30% simply by providing more care in the community. However, there is simply no clinical evidence to back this up. In any case Lewisham Hospital has already been innovative in working with social services to provide more care at home and avoid admissions in patients with chronic illness. Our intensive care unit has excellent standardised mortality rates. Our new birthing centre has high maternal satisfaction and provides high-quality care to a community with a high proportion of 'high risk' births, which would be jeopardised if maternity services are lost or downgraded. Lewisham Hospital features in the top 40 hospitals in the CHKS rankings. If its acute services are lost, they could not be provided by others without risking patients' safety and quality of care.



The TSA's review fails the "four tests" that you and the Secretary of State for Health have recently laid down in Parliament. It does not have the backing of GPs. It does not have public support, as the demonstrations, public meetings and the petition have shown. It is not based on sound clinical evidence (detailed responses from groups of clinicians, including GPs, are at <http://www.savelewishamhospital.com/>). Even the report itself acknowledges that it will not improve patient choice.

Your government's response to this report has an importance beyond Lewisham. The report is an attempted regional reconfiguration, tacked onto the statutory regime for an unsustainable provider, which is being used here for the first time ever. The report was drawn up to statutory timescales that are much too short for a considered reconfiguration, with the result that the clinical consultation is desultory and the clinical evidence is of poor quality. If this report is accepted as it stands, it will create a dangerous precedent for the rest of England. Furthermore, the TSA has produced a report which perversely recommends that a solvent and successful organisation be punished to save a separate, unsustainable provider. We doubt that this is a signal that you will want to send to the NHS and the public.

We urge you and the Secretary of State for Health to reject the recommendation that Lewisham Hospital lose its A&E and acute services.

#### **Petition 14:**

Save Lewisham Accident & Emergency Dept

We, the undersigned, note with great concern the proposals in respect of A&E and maternity services at Lewisham Hospital contained in the draft report of the Special Administrator of the South London Healthcare Trust published on 29 October 2012.

We believe a full admitting A&E service and a full maternity service at Lewisham Hospital must remain and ask the Administrator to amend his final recommendations to the Secretary of State to reflect this.

We further call upon the Secretary of State for Health to reject any recommendations put to him which would result in reductions in the services provided to residents of Lewisham by Lewisham Hospital.

#### **Petition 15:**

We, the undersigned, note with great concern the proposals in respect of A&E and maternity services at Lewisham Hospital contained in the draft report of the Special Administrator of the South London Healthcare Trust published on 29 October 2012.

We believe a full admitting A&E service and a full maternity service at Lewisham Hospital must remain and ask the Administrator to amend his final recommendations to the Secretary of State to reflect this.

We further call upon the Secretary of State for Health to reject any recommendations put to him which would result in reductions in the services provided to residents of Lewisham by Lewisham Hospital.

#### **Campaign response:**

Dear Mr Kershaw, Trust Special Administrator



Please accept this as my contribution to the consultation on the draft proposals on the NHS in south east London and in particular for Lewisham Hospital. I have been unable to find a copy of the official consultation response forms.

In answer to Question 13, I strongly oppose these proposals as they will lead to the closure of Lewisham Accident and Emergency Department, and its medical, surgical, paediatric and intensive care beds.

Comment: *(space provided to add comment)*

In answer to Question 15 on maternity services, I do not support either of these options. Both options are unacceptable as they would leave Lewisham without a maternity unit with full medical, surgical and intensive care back up for emergencies.

Comment: *(space provided to add comment)*

Travel time to Queen Elizabeth Hospital, Woolwich

It would take me ..... (time) to get to Queen Elizabeth Hospital by bus/car (delete as applicable) compared with ..... (time) to get to Lewisham Hospital.

Comment: *(space provided to add comment)*



# **Appendix D: Responses from organisations and groups**

## **Stakeholder analysis**

The Trust Special Administrator (TSA) was required to consult a small number of stakeholders under statutory guidance. However, recognising the need for wide engagement on the recommendations, an expanded list of stakeholders were invited to respond to the consultation. Where these stakeholders have responded by letter and email, their comments have been analysed qualitatively as part of the stakeholder analysis in Chapter 10<sup>24</sup>. Where they have responded by response form, their responses to the closed questions have been included in the closed question analysis throughout the report and their free-text comments have been included in the analysis in Chapter 10.

### **National bodies**

Care Quality Commission  
Cooperation and Competition Panel  
Independent Reconfiguration Panel  
Monitor  
NHS Commissioning Board

### **Royal Colleges**

College of Emergency Medicine, London Board  
Royal College of Midwives  
Royal College of Nursing  
Royal College of Obstetricians and Gynaecologists  
Royal College of Physicians

### **Strategic Health Authorities**

NHS London  
NHS South of England

### **Commissioners**

Bexley Clinical Commissioning Group  
Bromley Clinical Commissioning Group  
Dartford, Gravesham and Swanley Clinical Commissioning Group  
Greenwich Clinical Commissioning Group  
Lambeth Clinical Commissioning Group  
Lewisham Clinical Commissioning Group  
London Specialised Commissioning Group  
NHS South East London  
NHS South West London

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<sup>24</sup> Please note that the National Clinical Advisory Team also submitted a response, but it was received too late to be included in the analysis.



Southwark Clinical Commissioning Group  
West Kent Clinical Commissioning Group

### **Provider Trusts**

Bromley Healthcare  
Dartford and Gravesham NHS Trust  
King's Health Partners<sup>25</sup>  
Lewisham Healthcare NHS Trust  
London Ambulance Service NHS Trust  
Oxleas NHS Foundation Trust  
South London Healthcare NHS Trust Former Chair and Non-Executive Directors

### **Local authorities**

Bexley Council  
Bromley Council  
Greenwich Council  
Kent County Council  
Lambeth Council  
Lewisham Council  
London Assembly Health and Environment Committee  
Southwark Council

### **Overview and Scrutiny Committees**

Bexley Health Overview and Scrutiny Committee  
Lambeth Council's Health and Adult Services Scrutiny Sub-Committee  
Southwark Council's Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee

### **Politicians**

Bellingham's Councillors  
Bexley, Bromley and Greenwich Constituency Labour Parties  
Bob Neill MP  
Boris Johnson, Mayor of London  
Clive Efford MP  
Councillor Amanda De Ryk  
Councillor Chris Best  
David Evenett MP  
Greenwich Conservative Council  
Harriet Harman MP and Tessa Jowell MP  
Heidi Alexander MP  
James Brokenshire MP  
Jim Dowd MP  
Jo Johnson MP  
Joan Ruddock MP  
Len Duvall AM  
Lewisham Green Party  
Lewisham Liberal Democrat Council Group  
Lewisham Liberal Democrats  
Lewisham West and Penge Constituency Labour Party

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<sup>25</sup> King's Health Partners includes Guy's and St Thomas' NHS Foundation Trust, King's College Hospital NHS Foundation Trust, King's College London and South London and Maudsley NHS Foundation Trust



London Assembly Labour  
Nick Raynsford MP  
Penge and Cator Councillors  
Teresa Pearce MP

**Local Involvement Networks (LINKs)**

Bexley LINK  
Bromley LINK  
Greenwich LINK  
Kent LINK  
Lambeth LINK  
Lewisham LINK  
Mid Surrey LINK  
Southwark LINK

**Union and staff representatives**

GMB  
Lewisham NUT  
South London Healthcare NHS Trust Staffside  
Unison  
Unison Communities and Voluntary Organisations Branch (London Region)  
Unite

**Staff\***

Group of Lewisham GPs  
GSTS Pathology  
**Lewisham Healthcare NHS Trust Emergency Department Consultants**  
**Lewisham Healthcare NHS Trust Senior Medical Staff**  
**Lewisham Intensive Therapy Unit - High Dependency Unit Nursing Staff**  
Lewisham Public Health  
Princess Royal University Hospital Library and Knowledge Service  
Princess Royal University Hospital Specialist Palliative Care Team  
Queen Elizabeth Hospital Midwifery Clinical Practice Facilitators  
Queen Elizabeth Hospital Outpatient Department Reception Staff  
Queen Elizabeth Hospital Roundtable  
Queen Mary's Hospital, Sidcup Dementia Strategy Group  
Queen Mary's Hospital, Sidcup Roundtable  
South East London Screening Board  
South London Healthcare NHS Trust Director of Medical Education  
South London Healthcare NHS Trust Ophthalmology Consultants  
South London Healthcare NHS Trust Supervisors of Midwives Team  
**University Hospital Lewisham Acute, Elderly and Specialty Medicine, Radiology  
and Pathology Consultants and Physicians**  
**University Hospital Lewisham Anaesthesia and Pain Management Consultants**  
**University Hospital Lewisham Consultant General Surgeons**  
**University Hospital Lewisham Consultant Obstetricians and Gynaecologists**  
**University Hospital Lewisham Ear, Nose and Throat Consultants**  
**University Hospital Lewisham Intensive Care Consultants**  
**University Hospital Lewisham Paediatric Consultants**



## West Kent Eye Centre

\* Groups of staff from Lewisham are indicated in **bold** and were analysed as a subset within the overall staff group of stakeholders. Please note that staff responding as individuals, for example as individual consultants or chaplains, are included with the data from response forms if they submitted a response form, or with the additional letters or emails if they submitted a letter or email.

### **Education and training bodies**

GP Educators in south east London  
Lewisham GP Vocational Training Scheme  
London Deanery  
South London Local Education and Training Board

### **Independent sector**

Serco

### **Other community and expert patient groups**

Beckenham and Borders National Childbirth Trust  
Bellingham Interagency  
Bexley Patient Council  
Bishop of Woolwich and Colleagues  
Bromley and Chislehurst National Childbirth Trust  
Bromley Learning Disability Partnership Board  
Catford and Bromley Synagogue  
Charlton Central Residents' Association  
Disability Voice Bromley  
Forest Hill Society  
Goldsmiths, University of London  
Greenwich Parents with a Learning Disability Self Advocacy Group  
Hambleton Clinic Patient Participation Group  
King's College Hospital Older People's Committee  
Ladies of the Monday Home Group  
Lewisham Maternity Services and Liaison Committee Lay Members  
Lewisham People Before Profit  
Lewisham Speaking Up Advocacy Group  
London Health Emergency  
Multiple Sclerosis Society, South East London and Kent Region  
National Childbirth Trust Greenwich and Lewisham  
Orpington and District National Childbirth Trust  
Parkinsons UK Lewisham Branch  
Prendergast Hilly Fields College  
Save Lewisham Hospital Campaign  
St Dunstan's Bellingham Parochial Church Council  
Stillbirth and Neonatal Death Society  
Sydenham Society

### **Other health bodies**

Amersham Vale Practice  
Bellingham Green Surgery  
Bellingham Health Forum



Greenwich and Bexley Community Hospice  
Lee Road Surgery  
Lewisham Centre for Children and Young People  
Londonwide Local Medical Committees  
Morden Hill Surgery  
Neighbourhood 3 GPs  
Queens Road Partnership  
South Lewisham Group Practice  
South London Cardiovascular and Stroke Network  
St Christopher's Hospice  
Sydenham Green Practice  
Woolstone Medical Centre

### **Other**

Lewisham Adult and Older Adult Mental Health Commissioning  
Lewisham Director of Public Health  
Lewisham Healthcare NHS Trust Safeguarding Children and Young People and  
Vulnerable Adults Committee  
Lewisham Safeguarding Children Board

## **Responses using the response form**

A number of respondents using the response form stated that they were representing an organisation or group. Where this was the case and they gave the name of that organisation or group, this is listed below (where this was legible). It is not known whether these respondents were **formally** responding on behalf of that organisation or group, or how they assembled the views of other members. While this information was asked, it was not always supplied and where information was provided, it was self-reported.

More than one response was submitted on behalf of some of these organisations or groups.

Many other respondents who stated that they were responding on behalf of an organisation or group did not provide any information or did not specify exactly which organisation or group they were representing. For example, some said they were representing a hospital or particular department with no further information. For this reason, the number of organisations listed below does not match the 86 organisations included throughout this report.

Addey and Stanhope School  
Advocacy in Greenwich  
All Saints' Church of England Primary School  
Area Dean of Orpington (Church of England)  
Bexley Patient Council  
Bexley Specialist & Community Children's Services  
Bexley Voluntary Service Council  
Bexley, Bromley & Greenwich Local Pharmaceutical Committee  
Bromley Mencap (incorporating Bromley Scope)  
Bromley Sparks and Advocate 4 Health  
Burney Street Patient Participation Group



Burney Street Practice  
 Chair of West Beckenham Residents Association  
 Chartered Society of Physiotherapy  
 Coalition of Latin American Organisations (CLAUK)  
 Community Centre, Mitchell Close  
 Copers Cope Area Residents' Association  
 Councillor Amanda de Ryk on behalf of residents of Blackheath Ward, Lewisham  
 Deptford Action Group for the Elderly  
 Elderly Watch  
 Greenwich & Bexley Community Hospice  
 Greenwich Asian Parents Association  
 Greenwich Conservative Council Group  
 Healthcare Audit Consultants Ltd  
 Heidi Alexander MP  
 Hither Green Community Association  
 Indian Workers Association (GB), Greenwich & Bexley Branch  
 Indo Caribbean Organisation  
 Knoll Residents Association  
 Lewisham branch of Parkinson's UK  
 Lewisham Healthcare NHS Trust<sup>26</sup>  
 Lewisham ITU/HDU Nursing Staff  
 Lewisham Pensioners Forum  
 Lewisham Special School Headteachers and the Brent Knoll Watergate Co-operative Trust  
 Library & Knowledge Services at SLHT  
 Local tax payers in Lewisham  
 Macmillan Cancer Support  
 Mid Surrey LINK  
 Multiple Sclerosis Society Bexley & Dartford Branch  
 Oxleas NHS Foundation Trust<sup>27</sup>  
 Park Langley Residents Association  
 Pensioners Forum, Lewisham  
 QE Imaging Department, Queen Elizabeth Hospital  
 Queen Elizabeth Hospital patients  
 SLHT Medical Microbiology staff  
 Soroptimist International Beckenham and District  
 South London Academic Health Science Network, King's Health Partners  
 Southwark Council  
 Speech and Language Therapy, Specialist Children's Services, QEW/QMS  
 Speech and Language Therapy, Specialist Children's Services, Queen Mary's

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<sup>26</sup> Please note that a separate formal response was received from this organisation. It is not known who provided the response on the response form.

<sup>27</sup> Please note that a separate formal response was received from this organisation. It is not known who provided the response on the response form.



Hospital  
Speech and Language Therapy Service to Children in Bexley, Specialist SLT Team –  
Hearing Impairment  
St Margaret's Lee C of E School  
Steering Group of the Health & Wellbeing Forum, GAVS  
The Ladywell Society  
Vanburgh Group 2000 Patient Participation Group  
We Love the NHS  
Woolstone Medical Centre  
[www.savelewishamhospital.com](http://www.savelewishamhospital.com)