IN RESPONSE to the 'Improving Healthcare Together 2020 to 2030' public consultation led by NHS Surrey Downs, NHS Sutton and NHS Merton Clinical Commissioning Groups:

GMB REJECTS all of the options proposed and calls on the government to abandon all attempts to remove acute services from Epsom and St Helier Hospitals for the following reasons:

A. Major Risk to Life

GMB states that the CCGs' proposals to remove acute services from Epsom and / or St Helier Hospitals and the CCGs' preferred option of building one acute facility on the Sutton site to cater for a population of 720,000+ present a major risk to life:

BEDS

1. The CCGs' preferred option involves cutting up to 200+ beds. This would leave around 1 bed per 1000 population.

2. According to the Kings Fund, between 1987/8 and 2016/17, the total number of NHS hospital beds fell by approximately 52.4 per cent, from 299,364 to 142,568.
www.kingsfund.org.uk/publications/nhs-hospital-bed-numbers

3. Pre-coronavirus pandemic, only around 4,000 NHS beds were for critical care.
www.telegraph.co.uk/global-health/science-and-disease/hospitals-could-need-75-times-number-critical-care-beds-treat/

4. Reports show that UK has fewer hospital beds per person than virtually anywhere in the western world with less than half (46.3%) of those in France and almost two thirds (35.6%) less than Germany.
www.independent.co.uk/life-style/health-and-families/health-news/nhs-stretched-to-breaking-point-claims-international-study-9263211.html

   www.nationalhealthexecutive.com/Health-Care-News/nhs-has-one-of-lowest-levels-of-doctors-and-nurses-in-western-world

5. The British Medical Association has called for more hospital beds.
www.bma.org.uk/news/media-centre/press-releases/2018/december/new-bma-analysis-shows-nhs-needs-thousands-of-extra-beds-to-meet-pressures-this-winter

6. The Royal College of Nursing has called for more hospital beds.
www.nursingtimes.net/news/hospital/more-nurses-needed-to-meet-winter-demand-experts-warn-30-10-2019/

7. The Royal College of Emergency Medicine has called for more hospitals beds.
https://www.rcem.ac.uk/RCEM/News/News_2019/NHS_in_England_needs_over_4000_extra_beds_this_winter.aspx

8. There are also high bed occupancy rates. In 2017, the Kings Fund warned that, in England, data on overnight hospital bed occupancy had risen from an average of 87.1 per cent in 2010/11 to 90.3 per cent in 2016/17….and that such levels of occupancy meant that the average hospital in

England was at risk of being unable to effectively manage patient flow leaving it vulnerable to fluctuations in demand.
www.kingsfund.org.uk/publications/nhs-hospital-bed-numbers

9. It has been stated that, worst case scenario, the proposals will result in a maximum of 100 additional beds at each of Croydon and St George's Hospitals. These are phantom beds. Neither Croydon nor St George's have the capacity to absorb this and there is little space for additional beds. Croydon hospital is also currently operating at full capacity.
insidecroydon.com/2018/12/24/mayday-hospital-is-already-operating-at-100-capacity/

10. A 2019 study by leading NHS doctors found that almost 5500 patients had died over the previous 3 years waiting for a bed in A&E.
www.theguardian.com/society/2019/dec/10/thousands-of-patients-die-waiting-for-beds-in-hospitals-study

11. A & E delays are at their worst ever level.
www.theguardian.com/society/2020/jan/09/ae-staff-despair-as-nhs-delays-are-at-their-worst-ever-level

www.theguardian.com/society/2020/jan/09/patients-suffer-record-delays-because-of-pressure-at-ae-units

12. The coronavirus pandemic has exposed, among other things, the serious shortage of hospital beds with the NHS having to rent 8,000 private hospital beds for £2,400,000 per day.
metro.co.uk/2020/03/16/nhs-rent-8000-private-hospital-beds-2400000-per-day-12406301/

Reports suggest that around 15% of the population will become severely ill and a further 5 per cent will become critically ill… and would require around 560,000 beds and another 93,000 beds with ventilators – critical care beds.
www.telegraph.co.uk/global-health/science-and-disease/hospitals-could-need-75-times-number-critical-care-beds-treat/

13. GMB strongly opposes the proposals as the reduction in the number of beds will lead to more suffering and more deaths.

AMBULANCE TRANSFERS

14. The proposals place increased reliance on ambulance transfers which present a major risk to life.

15. Under the proposals, the public will only be able to access the acute facility via GP or ambulance referral; they will not be able to walk in off the street. This is a major shift in service provision, which is not being clearly explained to the public.

16. It is proposed to downgrade Epsom & St Helier hospitals from major acute hospitals to district hospitals. There will be situations where a patient being treated at a district hospital suddenly needs access to acute services. Someone having elective surgery might suddenly suffer a complication and therefore need to be moved by urgent ambulance transfer as there would be no critical care or emergency beds or staff available. Additionally, maternity complications might arise from the drive to encourage home births. Home births were strongly discouraged on safety grounds for the last 50+ years. Complications arising during home births would require longer journeys for many people to reach the single acute unit. There are very few midwives experienced with home births.

17. There will be a difference between A&E which will deal with life threatening issues (based at the acute facility) and 'Urgent Treatment Centres', which will be GP or nurse led (based at the district hospitals). Paramedics will have to decide where patients should be taken but they will also inevitably be encouraged to push as many patients as possible towards the Urgent

Treatment Centres. GMB are concerned that the paramedics will be blamed when patients are taken to the 'wrong hospital'.

18. There will be a target to keep patients in the acute facility no longer than 3 days after which they will either be discharged or transferred by ambulance back to a district hospital. If the patient then needs further acute care, they will then have to be transferred back to the acute facility by ambulance. There will therefore be an increased requirement for ambulance transfers. There are safety fears resulting from shuttling patients between hospitals. For example, 330 children were transferred between Royal Marsden and St George's hospitals between 2000 and 2015. In one year, 22 children were transferred for intensive care a total of 31 times, which some experiencing at least 3 transfers individually. There has been an official review into children dying in terrible agony but it has so far been covered up.
    www.hsj.co.uk/policy-and-regulation/exclusive-nhs-england-buried-concerns-over-child-cancer-services/7025307.article

    www.independent.co.uk/news/health/royal-marsden-child-cancer-safety-nhs-england-a9311176.html

19. We understand that ambulances will no longer be based at Epsom or St Helier hospitals but they will be based in Sutton. This is for a population of 720,000 and rising. This will mean longer waiting times for ambulances for many people and further to travel and is another major shift in service provision.

20. There will be transport issues with ambulances getting to the Sutton site, which is often grid locked. Rush hour, in particular, can easily add 60+ minutes on to average journey times. Sutton does not have the infrastructure to cope with the proposals and the situation would only be exacerbated by e.g. a gas leak or burst water mains. Resuscitation Council (UK) says that each minute of delay to defibrillation reduces the probability of survival to hospital discharge by 10%.
    www.resus.org.uk/resuscitation-guidelines/adult-basic-life-support-and-automated-external-defibrillation/#chain

21. We are unaware of any increased budget for the ambulance services to absorb the effect of the proposals.

22. Epsom & St Helier hospitals already have high expenditure on private taxis owing to a failure to invest in and increase capacity in the ambulance service.
    www.epsom-sthelier.nhs.uk/download.cfm?doc=docm93jijm4n7484.pdf&ver=18185

23. A paramedic was lately diagnosed with covid-19 and there are reports that ambulance services run by private contractors are not providing staff with hand sanitiser and PPE. Increased reliance on ambulance transfer will lead to increased risk to both patients and staff.
    www.mirror.co.uk/news/uk-news/breaking-coronavirus-paramedic-tests-positive-21679528

    www.gmb-southern.org.uk/news/nhs-workers-transporting-coronavirus-patients-not-given-hand-sanitiser

24. GMB strongly opposes the proposals as they require an over-reliance ambulance transfers, which will lead to more suffering and more deaths.

CONSULTANT DOCTORS

25. The proposals say that there is a shortage of 3 consultant doctors (1 acute and 2 intensive care). Despite saying this, it is then proposed to significantly cut the numbers of paediatric and obstetric consultant doctors as detailed in the below table ***(details taken from p15 Issues Paper):***

	Current consultant staffing	**Total requirement (two sites)**	**Total requirement (one site)**
Obstetrics	26	22	12-16
Paediatrics	26	24	12-16
TOTAL	52	46	24-32

We need more consultant doctors to cater for the needs of what is projected to be a growing population in the area, not less. We particularly object to the proposal to significantly cut the number of specialised paediatric and obstetric consultants and are alarmed that children are being particularly targeted with the cuts.

B. Flawed Procedure

26. The proposal is flawed as there has been insufficient demographic modelling. Understanding the projected demographic is fundamental to the issue of whether or not the proposal will have capacity to cater for the projected needs of the areas it covers. In particular, ONS statistics show an expected 24% or 25% growth in population by 2039, which has not been provided for. The Joint Clinical Senate Review stated that at least 10 years' capacity modelling is required whereas modelling has only been done to 2025 / 2026 ***(Senate Report p8)***. The CCGs' have failed to address the Senate's recommendation and GMB states that no proper consultation can take place in the absence of sufficient demographic modelling.

27. The consultation has 3 options, all of which would see acute services removed from Epsom and / or St Helier Hospitals. This is a major service change. There is no option for those responding to the consultation to disagree with all of the proposals. The Joint Clinical Senate were likewise not consulted on the shortlisting of the options ***(Senate Report p7).*** We submit that the consultation is fundamentally flawed as it should include the option to retain all services at all hospitals.

28. As far as we are aware, local councils were not included in the stakeholder meetings and were not given the draft paperwork in advance. We have also seen no costings regarding the impact on the town / infrastructure surrounding the Sutton site or the Epsom and St Helier sites. Given that the Council and ultimately taxpayers will ultimately bear such costs, this is a significant omission.

29. Downgrading Epsom and / or St Helier hospitals will have a knock-on effect for Croydon hospital and St George's hospital ***(Senate report p8)*****.** However, both St George's and Croydon are already over-stretched and under-funded and have also been assessed by the CQC as requiring improvement.
    www.cqc.org.uk/news/releases/cqc-rates-croydon-health-services-nhs-trust-requires-improvement

    www.cqc.org.uk/sites/default/files/new_reports/AAAJ5484.pdf

30. During the engagement process, pre-consultation, individuals in the Stakeholders Reference Group were not informed of the date and time of meetings unless they signed non-disclosure agreements. We object to the fact that important participants were required to sign non-disclosure agreements. This is a matter of considerable public interest and the process must be fully transparent and all relevant parties included at important points in the procedure.

31. The proposals are disingenuously painted in a positive light – as e.g. the 'new way of working' and investing in 'state of the art new specialist emergency care'. However, the proposals are part of the government's Sustainability and Transformation Plan, which is a national cost cutting exercise.
    www.england.nhs.uk/integratedcare/stps/faqs/

    The 44 Sustainability and Transformation Partnerships across England are tasked with cost cutting and 50% of them include proposals to reduce acute bed numbers or the number of A&E departments.
    www.kingsfund.org.uk/publications/nhs-hospital-bed-numbers

The government should clearly state that it is looking to close acute services at Epsom and / or St Helier hospitals and that, overall, it is looking to provide as few acute services as possible i.e. that it intends to have only approximately 40 major acute facilities in England (currently there are around 225 major acute hospitals), against a population of over 55 million.

Examples of other closures of acute services:
Poole A&E to close and move to Bournemouth, 8 miles away ***(article from January 2020)***
www.itv.com/news/meridian/2020-01-14/poole-hospital-s-a-e-to-close-as-part-of-147m-nhs-shake-up-plans/

Cheltenham A&E to close ***(article from 2 August 2019)***
www.itv.com/news/westcountry/2019-08-02/plans-to-close-cheltenham-s-a-e-department-have-been-confirmed-by-the-town-s-mp/

Weston A&E to close ***(article from September 2019)***
www.bristolpost.co.uk/news/local-news/weston-hospital-ae-closure-ccg-3357000

24 casualty units marked for closure ***(article from 14 February 2017 – Johnston Press Investigations Unit)***
inews.co.uk/news/health/full-list-24-aes-marked-closure-529223
(Kingston hospital is also mentioned in this list and may also be affected longer term).

32. The Royal Marsden in Sutton (which would be located next to the proposed site of the new acute facility) earned £100m in revenues from private patients in 2017, representing about a third of its income and bringing it close to the 49% limit on the amount NHS hospitals can earn from private patients.
www.ft.com/content/befcda6c-2b91-11e9-a5ab-ff8ef2b976c7
However, the exact link between Royal Marsden and the proposed new Sutton acute facility has not been detailed. ***(Senate Report p8).***

33. The proposal is contradictory in that it suggests that buildings at Epsom & St Helier are not fit for purpose but then states that 85% of patient interactions will remain at Epsom & St Helier. In either case, there has been a failure to consider the 'Do Least Option' of using some of the £500m to invest in and properly maintain the buildings at each of Epsom & St Helier hospitals instead of removing acute services from them.

34. The consultation uses mis-leading terminology (e.g. referring to 'specialist doctors') with the risk that the public will not appreciate that, overall, it is proposed to substantially reduce the number of consultant doctors in paediatrics and obstetrics.

35. The impact of the proposals on maternity care will be significant. We believe that what is intended is a major shift in hospital based maternity care i.e. hospital births to midwifery led care i.e. home births. Again, the proposals don't make this clear and there has been insufficient demographic modelling to consider the impact of this. ***(Senate Report p10).***

36. We question GP capacity to staff Urgent Treatment Centres. We also believe urgent treatment centres will themselves be soon under threat with the government initially promising that the urgent treatment centres would be a 24/7 service whereas history suggests that this will end up as office hours only followed by the closure of many GP's surgeries.
www.theguardian.com/society/2015/sep/29/almost-half-seven-day-trial-gp-surgeries-cut-hours-after-lack-of-demand

www.theguardian.com/society/2019/may/31/gp-surgery-closures-in-uk-hit-all-time-high-in-2018

www.pharmatimes.com/news/gp_surgery_closures_hit_all-time-high_last_year_1289671

37. The proposal is misleading as Epsom Hospital has already sold off (for a very low price) 20-25% of its buildings / land to the private sector. The sale concerned prime land that is now being used to build luxury flats, all of which will be sold at a premium. It is feared that more land will be sold. At the same time, the hospital buildings have been replaced with portacabins as well as office space rented at high cost from the private sector.
    www.getsurrey.co.uk/news/surrey-news/epsom-general-hospital-boss-defends-16028774

    Further, the statement '*Our proposal is to keep most services at their present hospitals in refurbished buildings'* includes no requirement not to sell off more of our NHS land and it also does not preclude the use of portacabins and renting buildings from the private sector.

38. Our understanding is that the £511m for the proposals will have to be borrowed and it is feared that this is a private finance initiative in another guise. Further, the cost of borrowing is likely to affect 6 NHS Trusts. None of this has been clearly explained.

39. Although the proposals suggest that non acute surgery will not take place in the new acute facility but in the district hospital(s), we have concerns as to how complex elective surgery will be treated. If, for safety's sake, it is decided to do any elective surgery that carries any risk at the acute facility, this would ultimately lead to the majority of services being entirely centralised in the one location. Any surgery that involves general anaesthetic involves risk. If the Sutton site is chosen for all such work then this would be a location with a much smaller capacity than the 1048 beds that we currently have. In the alternative, if elective surgery remains at the district hospitals then cases that become acute will have to be conveyed to the acute facility by urgent ambulance transfer.

SUMMARY

The proposals regarding the removal of acute services from Epsom and / or St Helier Hospitals constitute a major risk to life. The consultation process is also flawed. GMB calls on the government to put an immediate stop on all plans to remove acute services from Epsom and / or St Helier Hospitals. We need to retain all services in all hospitals. We need to properly invest in all services at all hospitals and we need more beds, more specialist doctors and more staff, not less.□