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## 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

These are our  
recommendations

**Let us know  
what you think**

Your comments  
are important



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Office of the Trust Special Administrator, c/o South London Healthcare NHS Trust, Frogna Avenue, Sidcup, Kent DA14 6LT



## What is this document for?

This is a summary of our full consultation document and sets out the Trust Special Administrator's recommendations for securing a sustainable and long-term future for health services currently provided by South London Healthcare NHS Trust and the wider NHS in south east London. The London boroughs defined by the NHS as south east London are Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark.

The Trust Special Administrator has worked since July 2012 with GPs, hospital doctors, nurses, providers of community care and other services such as mental health services and social services as well as patients and members of the public to develop his recommendations.

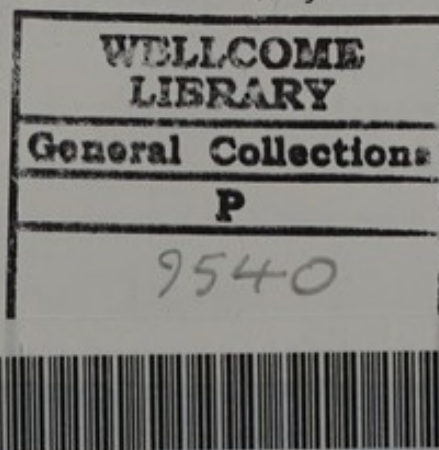
We would like to hear your views on the changes that the Trust Special Administrator is proposing. To find out more please read our full consultation document which is on our website at [www.tsa.nhs.uk](http://www.tsa.nhs.uk) or if you would like a printed copy please call us on **0800 953 0110**.

## Why is change needed?

South London Healthcare NHS Trust is the organisation that runs three main hospitals in south east London: Queen Elizabeth Hospital, Woolwich; Princess Royal University Hospital, Farnborough; and Queen Mary's Hospital, Sidcup. It is the most financially challenged trust in the whole of the NHS, on average overspending by around £1 million a week.

In the three years since its formation, South London Healthcare NHS Trust generated a total debt of £153 million by the end of March 2012. It overspent by £65 million in the last financial year (2011/12). This is equivalent to the cost of approximately 12,000 hip replacement operations.

It is predicted that by the end of this financial year (March 2013), South London Healthcare NHS Trust will have overspent, since it was created in 2009, by £207 million.



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## **How has the Trust Special Administrator gone about developing his recommendations?**

South London Healthcare NHS Trust does not have a credible plan in place to address this serious financial problem. This is not acceptable and puts patient care at risk in the future if the problem is not quickly addressed.

This is why on 16 July 2012 a Trust Special Administrator was appointed to South London Healthcare NHS Trust by the Secretary of State for Health. His task is to resolve this significant problem in a way that ensures high quality, safe and accessible services are available for the long-term for the communities served by South London Healthcare NHS Trust while supporting the future viability of the wider NHS across south east London.

The Trust Special Administrator's recommendations need to start with South London Healthcare NHS Trust. However, they also need to take a broader perspective across the whole of south east London. This is because

the issues need more than one organisation to solve them, and other NHS organisations in south east London also have challenges that need to be addressed as part of the health system.

A number of advisory and working groups – involving doctors, nurses, community healthcare providers, ambulance staff and social care providers as well as health and other professional experts, such as accountants – have helped the Trust Special Administrator develop the recommendations set out in this summary consultation document.

An additional group of nationally recognised expert doctors, drawn from across England – an External Clinical Panel – tested and checked the ideas of the south east London advisory groups, before the proposals were finalised.

## **What is the problem the Trust Special Administrator must solve?**

The Trust Special Administrator has to make recommendations that address the challenge of delivering both clinically and



financially sustainable services. If the recommendations only address the financial problems, quality could suffer, and if they only address clinical sustainability, services may be unaffordable.

The Trust Special Administrator therefore needs to balance both of these components in his recommendations, securing clinically and financially sustainable NHS services for patients for the future.

## **South London Healthcare NHS Trust's financial problems**

Every year that South London Healthcare NHS Trust overspends it needs to receive additional

financial support from the Department of Health so it can continue to pay its staff and suppliers. By the end of March 2013 the total support received from the Department of Health will have reached £207 million.

If the Trust does nothing differently to what it is doing now over the next three years (ending March 2016) it is expected to accumulate a further debt of more than £240 million. The predicted figures show that in the financial year 2015/16 itself (April 2015 – March 2016) it will overspend by another £74.9 million if it carries on as now. This is a worse position than this year.





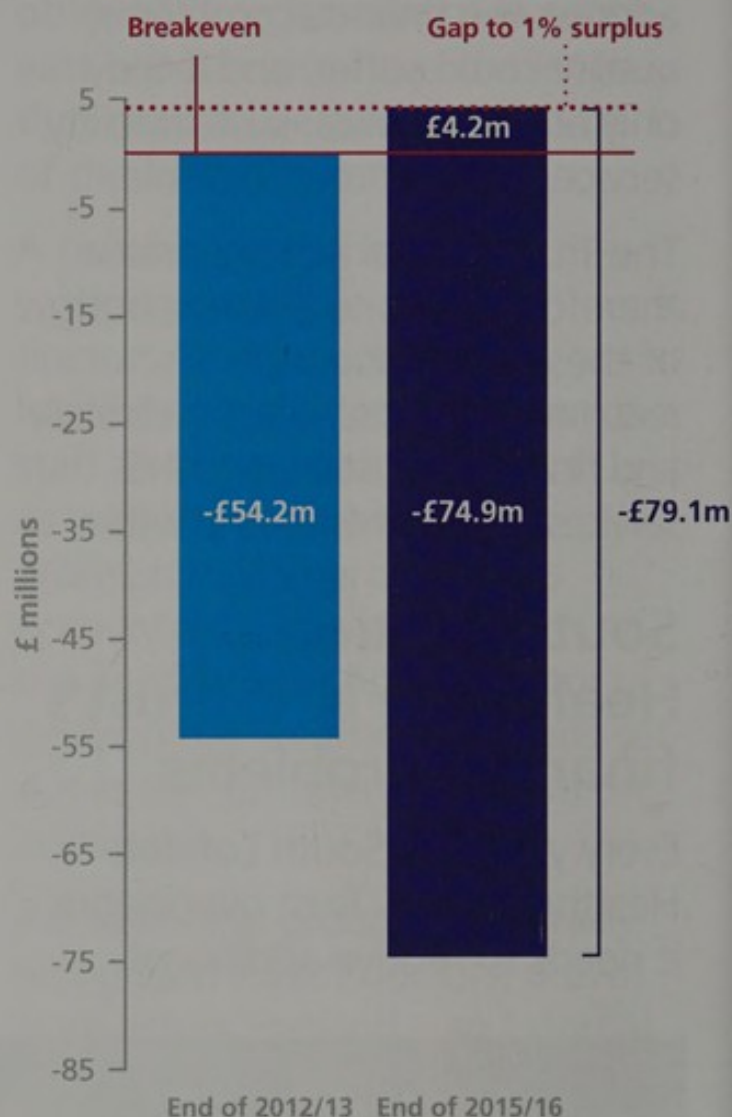
The challenge of the Trust Special Administrator is more than just getting South London Healthcare NHS Trust to stop overspending – though this is a significant task. It is to make the services provided by the Trust sustainable for the long-term. From a financial perspective this means that South London Healthcare NHS Trust's income (what it gets paid to deliver services to patients) must be 1% more than the amount it costs to deliver those services – this is called a surplus. For South London Healthcare NHS Trust in 2015/16 this equates to £4.2 million. 2015/16 has been chosen as a reasonable time period in which to make changes and bring the finances back into balance.

The overall financial gap to reversing the overspend and achieving a 1% surplus in 2015/16 is therefore £79.1 million pounds for South London Healthcare NHS Trust. This is shown in the chart opposite.

## The Trust Special Administrator's recommendations

The Trust Special Administrator has to develop a set of recommendations that address

Forecast deficit for 2012/13 and 2015/16 for South London Healthcare NHS Trust



this financial gap and to make sure this is done in a way that protects, and where possible improves, the care that is provided to patients in south east London.

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

When we talk about efficiency we mean how the Trust uses resources such as staff, buildings and supplies,



to treat a certain number of patients.

Hospital trusts that are more efficient will spend less on staff, buildings and equipment compared to the amount of income that they receive. The amount of income a hospital receives is related to the number of patients it treats.

In comparison with other NHS trusts, particularly high performing ones across England, South London Healthcare NHS Trust spends more than comparable organisations to do the same amount of work.

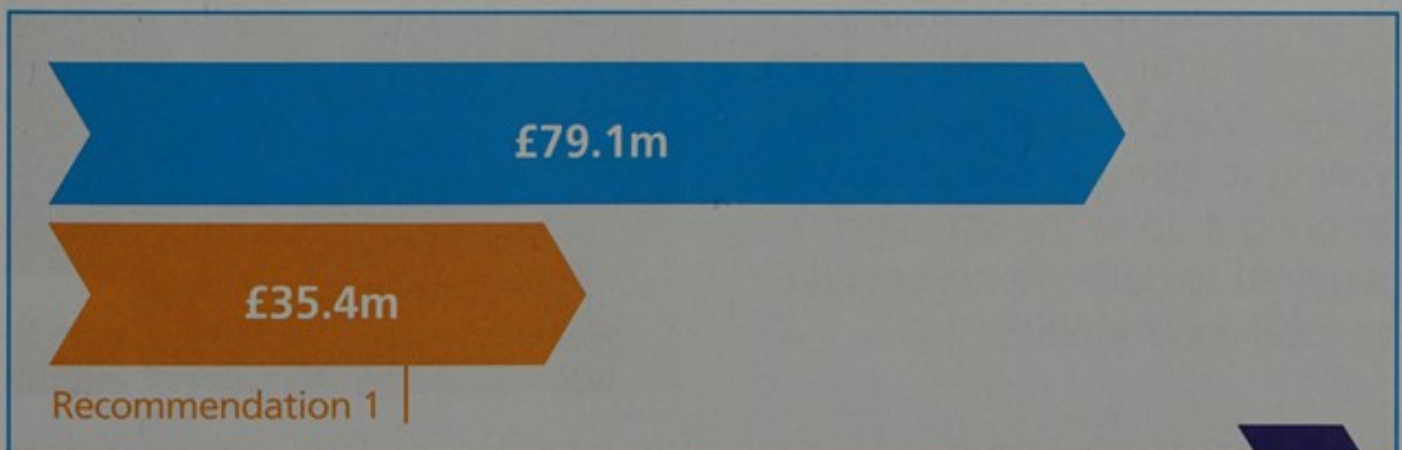
Making some tough but important changes around how operating theatres are used, how clinical supplies are purchased and how staff are organised, to use the resources it has more wisely, could save South London Healthcare NHS Trust £79 million by the end of March 2016.

The Trust could deliver £43.3 million savings itself over the next three years. However, the analysis undertaken by the Trust Special Administrator has shown that the potential efficiency savings are much larger than that – £79 million. Subtracting £43.3 million from the maximum opportunity identified means the savings from Recommendation One total £35.4 million.

#### ➤ Recommendation One:

The operational efficiency of the hospitals that make up South London Healthcare NHS Trust needs to improve so that the Trust's costs are in line with strong performing NHS organisations.

#### Financial impact of recommendations in 2015/16 for South London Healthcare NHS Trust





## 2. The Bexley Health Campus

The future of Queen Mary's Hospital has been an area for discussion between the NHS and the London Borough of Bexley for the last two years. Both are keen to maximise Queen Mary's Hospital's potential as a provider of a range of healthcare services to Bexley and neighbouring communities. Together Bexley Clinical Commissioning Group (responsible for planning and buying healthcare for local people) and the London Borough of Bexley have developed a vision for Queen Mary's Hospital to be turned into Bexley Health Campus. This would provide a range of services to local communities. The Trust Special Administrator supports this proposal.

It is also recommended that the space required to develop the Health Campus be transferred or sold to Oxleas NHS Foundation Trust. Oxleas not only already provides a range of services from Queen Mary's Hospital, it is also willing to invest in the site in order to bring it up to the standard required to deliver excellent care to local communities.

It is proposed that Dartford and Gravesham NHS Trust initially provide a day surgery service at Queen Mary's Hospital ahead of a procurement process to identify a long term partner. In addition it is proposed that Guys and St Thomas's NHS Foundation Trust develop and provide the radiotherapy service.

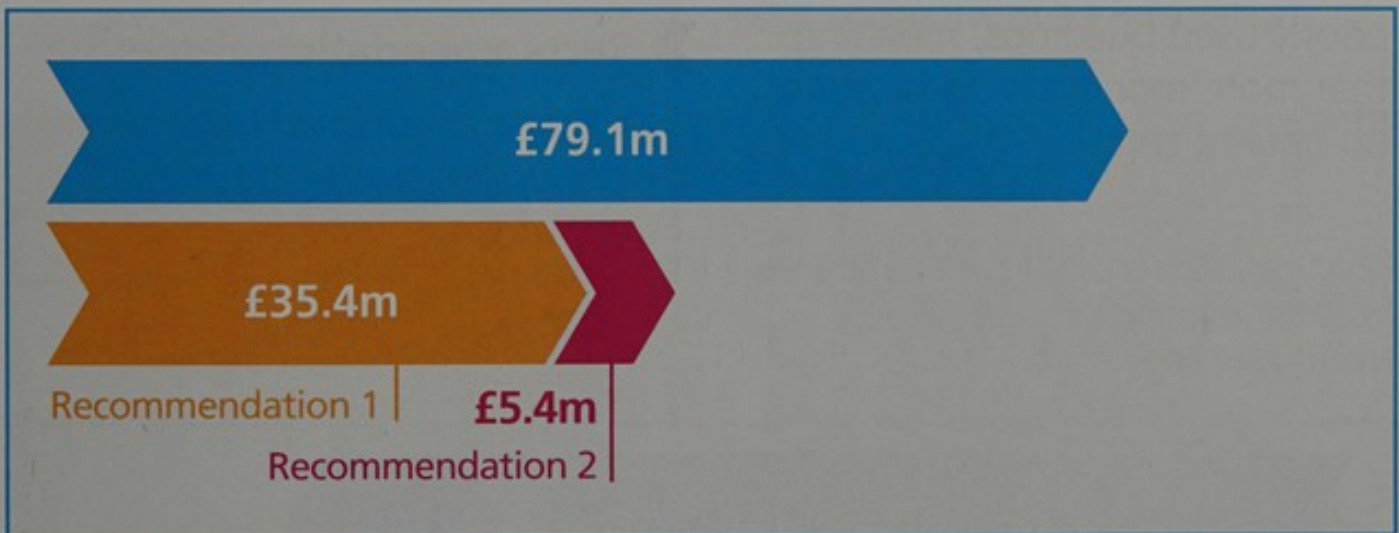
Developing a Health Campus is great for patients as they will have improved facilities. In addition it helps address some of the financial problems at South London Healthcare NHS Trust as it would no longer have to meet the cost of running the buildings, which is £5.4 million.



**Recommendation Two:**

Queen Mary's Hospital Sidcup should be developed into a Bexley Health Campus providing a range of services to the local population, including day case elective surgery, endoscopy and radiotherapy. The facility should be owned by Oxleas NHS Foundation Trust and services should be provided by a range of organisations.

Financial impact of recommendations in 2015/16 for South London Healthcare NHS Trust





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

South London Healthcare NHS Trust has three main hospital sites, but also provides services from a number of other locations and buildings. Some of these buildings are not used as well as they could be. For example, space in some of the buildings the Trust rents is only used to treat patients for a few hours a day, and only five days a week. Money is spent on buildings rather than services for patients. This is not a good use of taxpayers' money.

Addressing this issue would reduce how much the Trust spends on renting or maintaining poorly used buildings, meaning that more money could be spent on patient care.

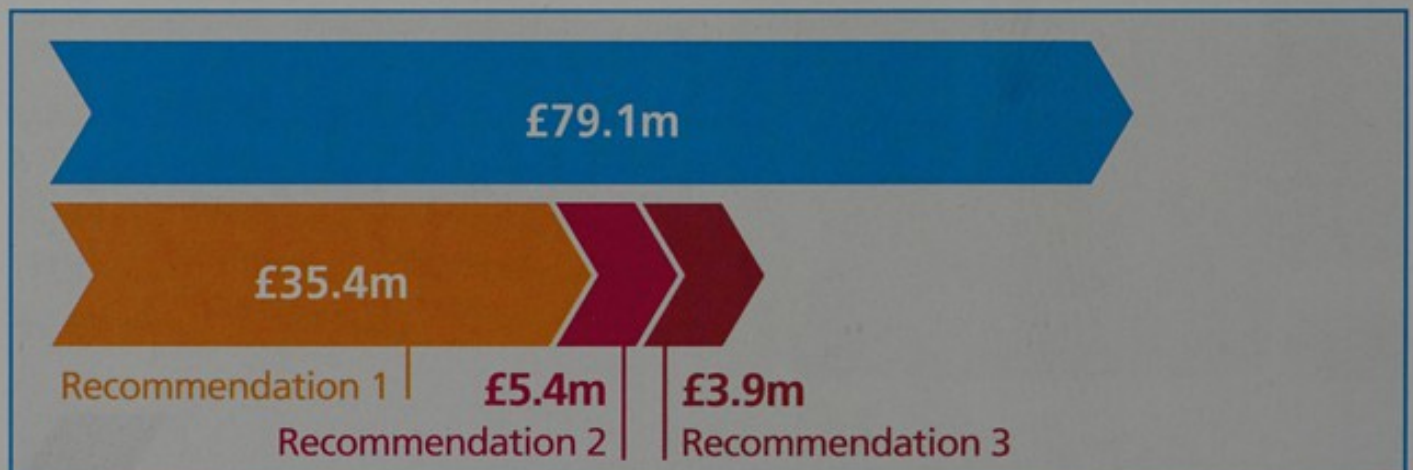
Financial impact of recommendations in 2015/16 for South London Healthcare NHS Trust

Three opportunities have been identified within this recommendation:

- Sale of excess land at Queen Mary's Hospital: Saves £0.7 million a year
- Sale of Orpington Hospital: Saves £1.5 million a year
- Ending South London Healthcare NHS Trust's lease at Beckenham Beacon: Saves £1.7 million a year.

This recommendation is not about stopping NHS services. Other NHS organisations such as Bromley Clinical Commissioning Group would continue to ensure services were provided for local people in these areas.

**Recommendation Three:**  
Vacant and poorly utilised premises should be exited or sold.





#### 4. National support in relation to excess Private Finance Initiative costs

Private Finance Initiative (PFI) is a concept that was introduced across the public sector, including the NHS, in the early 1990s. One of the concepts of PFI is that new buildings that previously would have been funded by public sector money are instead funded through private finance. In the NHS this is usually by building hospitals or other facilities – paying back the money borrowed over a period of 30 to 35 years. PFI contracts are in this way similar to a mortgage on a house.

It currently costs South London Healthcare NHS Trust £69

million each year to maintain its PFI contracts at Princess Royal University Hospital (£35 million) and Queen Elizabeth Hospital (£34 million). Analysis has shown that the two PFI contracts cost substantially more than is affordable locally and for this South London Healthcare NHS Trust should not be penalised.

It is therefore recommended that the Department of Health provides additional funds each year to the local NHS to cover the additional costs of the PFI buildings at Queen Elizabeth Hospital and Princess Royal University Hospital until the relevant contracts end. In the financial year 2015/16, this would be a payment of £25.1 million.

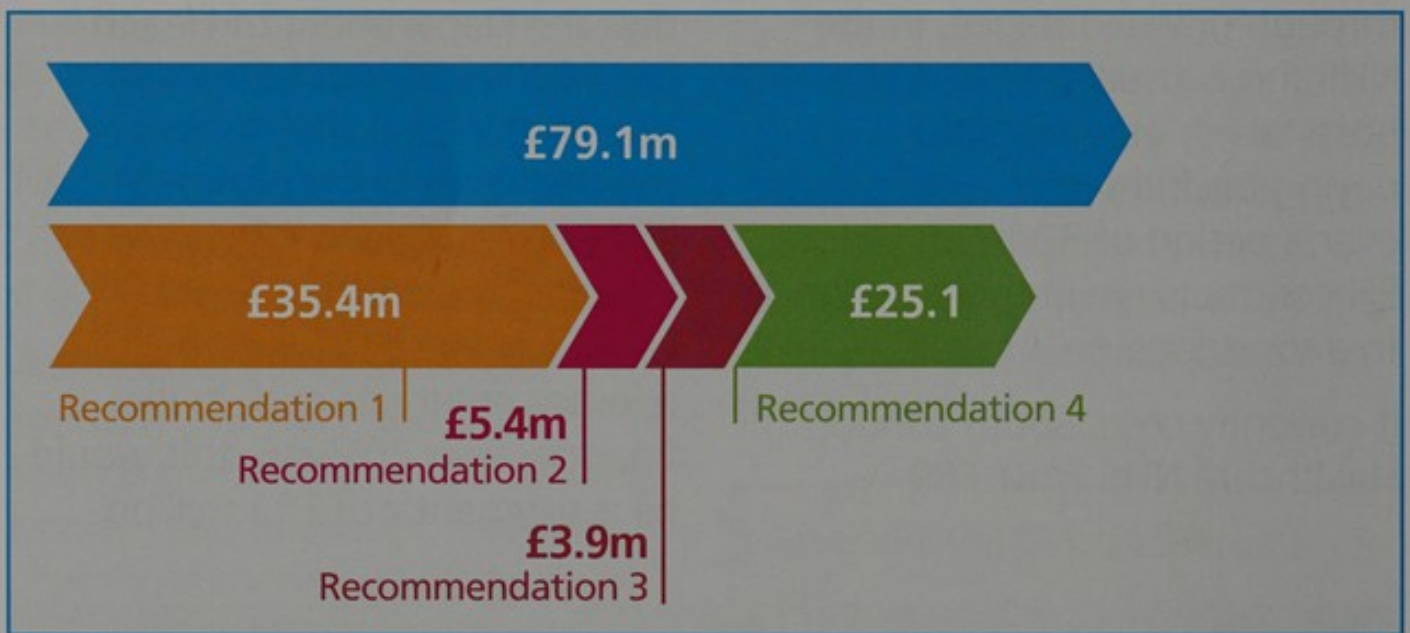




## ➤ Recommendation Four:

On an annual basis until the relevant contracts end, the Department of Health should provide additional funds to the local NHS to cover the excess costs of the PFI buildings at Queen Elizabeth Hospital and Princess Royal University Hospital.

Financial impact of recommendations in 2015/16 for South London Healthcare NHS Trust





## How South London Healthcare NHS Trust works as part of the NHS locally

The improvements outlined in the first four recommendations will significantly reduce South London Healthcare NHS Trust's costs by £69.8 million in 2015/16. But they do not address the entirety of the problem as they do not bridge the financial gap (£79.1 million) which is required to secure safe, high quality, sustainable, and affordable services in the long-term. The remaining financial gap is still very big, and analysis shows it is due to how the wider health system in south east London is designed and delivered and South London Healthcare NHS Trust's role in this.

No hospital anywhere in the country operates in isolation. Every hospital is part of a bigger NHS family, working closely with other healthcare services such as GPs, the ambulance service, community healthcare providers and other hospitals. Each NHS organisation's financial position is therefore affected by how it works as part of the wider healthcare system.

The Trust Special Administrator has explored how South London Healthcare NHS Trust and its

hospitals work as part of the wider system in south east London. Only by doing this could he develop a set of recommendations that will ensure high quality, safe services can be provided within the funding available and last into the future in the area.

### Health needs and health care are changing

People nowadays have quite different healthcare needs to those of say twenty or thirty years ago. More people survive things like a heart attack, cancer or a stroke, but may require ongoing care to help them in their longer-term recovery. And many more people are living with what we call 'long-term conditions' – things like asthma, diabetes and arthritis for example – conditions that cannot be cured but can be managed with medicines and other therapies.

Alongside this, medicine and treatments for health conditions are also changing. This is because doctors, nurses and therapists are taking advantage of improved medicines and technology, as well as better knowledge and evidence of what works.



Because of these advances many more people's health and medical conditions are treated at home and in GP surgeries than ever before. Now only very sick people need to be treated in hospital and for some of the sickest they need to be in specialist units. We therefore need to make sure that the coordination of care between different NHS organisations, and between hospitals and other community settings, is better – to help patients receive the best care in the most suitable place.

### **Linking changing health need with the current and future financial position of the NHS in south east London**

In looking at how healthcare is changing, and how it will continue to change over the coming years, we must also look at the funding available to the NHS across south east London and how this may change over time. The two elements are very closely linked.

All NHS organisations providing hospital care will face the same financial pressures in the future. This will be from an increase in inflation on costs, a reduction in

the nationally agreed price that commissioners (those who plan and buy care) will pay for services, and a drive towards reducing unnecessary admissions to hospital and delivering more care in the community. This latter point is good for patients but reduces hospital income.

The financial position for the NHS in south east London has been analysed to show income and costs today, and predicted income and costs over the next three years to 2015/16.

What this has revealed is that whilst South London Healthcare NHS Trust is facing significant financial challenges today making it unsustainable, those challenges will be faced by the wider NHS in south east London over the coming years.

The analysis has highlighted that Lewisham Healthcare NHS Trust is expected to be making a loss from 2014/15 and by the end of March 2016 will be £3 million short of achieving a 1% surplus – the measure of a financially sustainable NHS organisation.

Adding South London Healthcare NHS Trust's financial gap to



1% surplus of £79.1 million to Lewisham Healthcare NHS Trust's gap of £3 million, creates a financial gap of £82.1 million for the NHS in south east London. The Trust Special Administrator's recommendations need to address this total financial gap to ensure sustainable services for the whole of south east London.



Forecast deficit for 2012/13 and 2015/16 for south east London health system



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

Looking at the financial situation now in south east London, and predicted income and costs over the coming years, there is a need to take a step back and design a new way to deliver affordable services. The doctors and nurses advising the Trust Special Administrator agreed that the task should be to design the best possible and highest quality care for the people of south east London within the funding available. This is what makes services last for the long-term.

This next section sets out a recommendation for a new way of delivering affordable services in south east London.



## ► Care in the community and closer to home

Currently access to, and the quality of, community services, for example, GP services, community nurses and local clinics is varied across south east London.

This is why the six clinical commissioning groups in south east London have produced a plan to improve community based care for south east London.

The Trust Special Administrator recommends that this is further developed and then implemented to deliver improved community services for patients. This will enable people to receive care in the most appropriate location, much of which will be closer to, or in, their home.

## ► Urgent and emergency care

A recent study<sup>1</sup> showed that patients in London admitted to hospital as an emergency at the weekend have a significantly increased (10%) risk of dying compared with those patients admitted on a weekday. The reasons for this are complicated but reduced service provision, including fewer senior doctors working at weekends, is associated with this higher death rate.

As part of ongoing work across London, expert panels of specialist doctors and nurses have developed a set of clinical quality standards for emergency care. These set out to address the existing variations in standards and in whether patients live or die, or have to live with a disability or poor quality of life after emergency treatment across London's NHS.

Changing where and how emergency care services are delivered, to enable the NHS in south east London to meet the agreed clinical standards for emergency care could save around 100 lives a year<sup>1</sup>. At the moment these standards are not consistently met in any of south east London's main hospitals. Meeting the standards for emergency care will therefore be a significant challenge for the local NHS.





There is a lot of clinical evidence and detail underpinning the emergency care standards, but essentially the importance of having a senior consultant doctor available in departments and on wards 24 hours a day, 7 days a week focused on caring for the most seriously sick and injured patients is at their heart. In addition access to key diagnostic tests and reporting, and ensuring patients can be assessed by a range of experts (nursing, physio and occupational therapists, pharmacy and pain teams) is considered vital to delivering higher standards of care.

To meet the clinical standards for emergency care outlined here, and increase the availability of specialist consultant doctors 24 hours a day, 7 days a week for seriously ill patients, it is recommended those who are most critically ill will be best served by four major hospitals in the future instead of five.

It is recommended that these hospitals are:

- King's College Hospital
- St Thomas' Hospital

- Queen Elizabeth Hospital
- Princess Royal University Hospital

Care for those suffering from trauma, stroke, or heart attacks and emergency vascular services will be provided in the same hospitals that they are now.

There will continue to be urgent care centres at:

- Queen Mary's Hospital
- Guy's Hospital

And it is recommended that there will be a 24 hours a day, 7 day a week urgent care centre at University Hospital Lewisham providing round-the-clock treatment for conditions such as:

- Illnesses and injuries not likely to need a stay in hospital
- X-rays and other tests
- Minor fractures (breaks)
- Stitching wounds
- Draining abscesses that do not need general anaesthetic
- Minor ear, nose, throat and eye infections.

[See the full consultation document for more details.](#)

<sup>1</sup> London Health Programmes, *Acute medicine and emergency general surgery case for change, 2012*



Clearly this recommendation proposes change for University Hospital Lewisham. However, this is less than some may initially think. Based on analysis done by the Trust, it is expected that nearly 80% of patients who currently visit University Hospital Lewisham's A&E would still be treated at the urgent care centre there in the future. This recommendation is not about 'closing' an A&E department but rather making changes to it. The building and service would still be open 24 hours a day, 7 days a week to receive patients who need urgent care and treatment. If you can get yourself to the hospital by walking or via your own, or public transport then University Hospital Lewisham's proposed urgent care centre would be able to give you the care you need. Those who did require more specialist emergency services would not have to make the decision about where to go. They would be taken direct to the right place having called an ambulance because of the severity of their health problem, or they would be transferred by ambulance if assessed at University Hospital Lewisham's urgent care centre as needing further care. Transfers like this

happen now across London to get patients to the most appropriate place for treatment.

### ► **Maternity services**

A 2012 study<sup>2</sup> highlighted that the maternal death rate (when a woman dies whilst giving birth or shortly afterwards) in London was twice the rate of the rest of the country. Additionally, in terms of women's experience, compared to other parts of the country, more women in London report that they think the care they received could have been better.

This is unacceptable and maternity services must be improved in south east London in line with clinical standards for maternity services which include a consultant obstetrician (senior doctor specialising in labour and birth) being on the labour ward 24 hours a day, 7 days a week and all women being provided with one-to-one care during established labour from a midwife.

There are two options being considered for improving maternity services in south east London so they meet the clinical standards and work within the resources available outlined here. These are:





**1 Consultant obstetrician led deliveries across four major hospitals:**

- King's College Hospital
- St Thomas' Hospital
- Queen Elizabeth Hospital
- Princess Royal University Hospital

**2 Consultant obstetrician led deliveries across four major hospitals as well as a 'stand alone' consultant obstetrician led delivery unit at University Hospital Lewisham**

Ante-natal (before birth) and post-natal (after birth) screening, care and follow up would happen as it does now at all seven main hospital sites across south east London as well as in GP surgeries and other community settings.

The Trust Special Administrator is keen to seek views on these options, to feed into his considerations for a single recommendation in his final report to the Secretary of State for Health.

[See the full consultation document for more details.](#)

<sup>2</sup> Bewley, S. Helleur, A., 2012. *Rising Maternal Deaths in London, UK. The Lancet, Vol. 379]*



## ► Planned care

Planned care is when you know that you are having an operation or treatment and this is booked in advance. There are three different types of planned care:

- 1 Day case surgery – when you go into hospital in the morning for an operation and go home the same day. This is around 70-80% of all planned care
- 2 Routine, non complex operations that require a stay in hospital, for example knee or hip replacements
- 3 More complex operations when it is known in advance that intensive care support or backup will be required.

Many people who have a planned operation find that their operation date is changed or cancelled at

the last minute, sometimes even when they are in hospital. This is often because an emergency patient arrives and urgently needs the bed or the operating theatre.

The following proposals for planned care will improve patient experience, reduce cancellations and reduce waiting times to come into hospital, therefore improving care for patients.

It is recommended that day case surgery should continue to be delivered across all seven main hospitals in south east London as it is today so it is accessible to patients.

It is recommended that more complex operations should be delivered at the four major hospitals so patients have access to backup intensive care services should they be required:





- King's College Hospital
- St Thomas' Hospital
- Queen Elizabeth Hospital
- Princess Royal University Hospital

patient experience and the effectiveness of services as it will be a completely planned service with no emergency pressures to accommodate.

Specialist non complex elective services should be provided at Guy's Hospital, King's College Hospital and St Thomas' Hospital as they are today.

For routine, non complex operations that require a stay in hospital such as hip and knee replacements, some routine gynaecology, general surgery and other services it is recommended that a new 'elective' (or planned care) centre is created at University Hospital Lewisham that will serve the whole of south east London. This will improve the

**Recommendation Five:**

To improve the quality of care for the local population within the financial resources available there should be a transformation in the way services are provided in south east London. Specifically, changes are recommended in relation to community-based care and emergency, maternity and elective services.

Financial impact of recommendations in 2015/16 for the NHS in south east London





## 6. Delivering service improvement through organisational change

The first five recommendations outline an even greater challenge than the one the Trust has faced in recent years. Strong leadership that can work with staff throughout the organisations to make the changes required must be in place.

It is felt that there is not enough capacity or capability within South London Healthcare NHS Trust to take on this challenge which will include significant changes to the systems and processes at the hospitals as well as their culture. Therefore, it is recommended that South London Healthcare NHS Trust stops being an organisation in its own right (is legally dissolved) and the Trust's services, staff and assets (for example buildings) become part of other organisations.

The options being considered within this recommendation are outlined below:

### ► Queen Mary's Hospital, Sidcup

Recommendation two outlines a proposal for the future of Queen Mary's Hospital as a Bexley Health Campus, providing a range of services

for the local population. It is proposed that Oxleas NHS Foundation Trust should own and run the site with a number of other providers also providing NHS services from the Health Campus.

### ► Queen Elizabeth Hospital, Woolwich

Lewisham Healthcare NHS Trust has said that it would like to run services at Queen Elizabeth Hospital. With this in mind this recommendation proposes that the two hospitals come together as one single organisation to deliver healthcare services for the populations in Lewisham and Greenwich from two sites.

### ► Princess Royal University Hospital, Farnborough

There are two options being considered for Princess Royal University Hospital.

- 1 The first, and preferred option, is for King's College Hospital NHS Foundation Trust to run the hospital and the services it provides.
- 2 The second option is to run a procurement process to find the best organisation to run the hospital and its NHS



services – which could be an NHS or an independent sector organisation or a combination of both.

Finally, in order for these new organisations to have the best chance of success it is recommended that they are not saddled with the debt of the past and the Department of Health should write off the accumulated debts owed to it from South London Healthcare NHS Trust, estimated at £207 million by the end of March 2013.

### ▶ Recommendation Six:

In order to deliver this transformation programme, South London Healthcare NHS Trust should be dissolved and other organisations should take over the management and delivery of the NHS services it currently provides. The Department of Health should write off the accumulated debt from South London Healthcare NHS Trust.





## What happens if we do nothing?

Why is there the need for such significant change? Surely the money can be found from somewhere or provided by the government?

Unfortunately, the situation facing South London Healthcare NHS Trust, and indeed soon the wider NHS in south east London, is very serious and therefore needs bold solutions to protect services for local patients into the future.

The fact is, if nothing is done to address this worsening problem, things will get worse for patients across south east London.

Though services are mostly providing good standards of care at the moment, given the financial pressures all NHS organisations are facing they may not be able to do so in the future. It will be patients, and the doctors, nurses and other health professionals who treat them and care for them, who will be the first to feel the consequences if nothing is done to address these immense financial problems.

## Have your say

### Return the consultation response form

The full *Securing sustainable NHS services* consultation document sets out these recommendations in a lot more detail and can be found on the website [www.tsa.nhs.uk](http://www.tsa.nhs.uk) or on request using the contact details below.

You will also find the consultation response form online and within hard copies of the full consultation document – this is one way you can have your say.

### Come to a consultation event

We will be running consultation events across the six boroughs of south east London. These events are your chance to learn more, speak to the Trust Special Administrator, Chief Medical Advisor and Strategic Advisor and let us know what you think.

To find out about events near you please visit [www.tsa.nhs.uk](http://www.tsa.nhs.uk) or contact us using the details opposite.

## Get in touch

If you would like to request a printed copy of the full consultation document and response form or if you would like to get in touch with the *Securing sustainable NHS services* team please:

- ▶ Call us (freephone)  
**0800 953 0110**
- ▶ Email us  
**tsaconsultation@nhs.uk**
- ▶ Visit our website  
**www.tsa.nhs.uk**
- ▶ Follow us on Twitter  
**@OfficeTSA**

To tell us your views please complete our online response form or send your completed response form to:

### Freepost Plus RSHB-CGKA-RYHK

TSA Consultation  
Ipsos MORI Research Services  
House  
Elmgrove Road  
Harrow HA1 2QG

You have until **midnight on 13 December 2012** to get your response form back to us. The freepost envelope provided in the full consultation document is second class, so please ensure you post your response form in plenty of time to reach us. Responses received after midnight on 13 December 2012 will not be accepted or considered.

If you have any queries about how to complete the response form, please email Ipsos MORI at **tsaconsultation@ipsos-mori.com** or call them on **0808 129 5719** (free from landlines, mobile charges will apply).

We look forward to hearing from you.



## Next steps

After the consultation on the Trust Special Administrator's draft recommendations closes at midnight on 13 December 2012, he has 15 working days to review the feedback and develop his final recommendations to secure safe and sustainable NHS services for those people served by South London Healthcare NHS Trust and the wider NHS in south east London.

The recommendations will be outlined in his final report that he must submit to the Secretary of State for Health by Monday 7 January 2013. The Secretary of State then has up to 20 working days to make a decision on the Trust Special Administrator's recommendations. A decision will be made on the future of South London Healthcare NHS Trust and health services in south east London by Friday 1 February 2013.





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[tsaconsultation@nhs.net](mailto:tsaconsultation@nhs.net)

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