

**Waltham Forest Save our NHS**  
**The Redevelopment of Whipps Cross Hospital**  
**Speech to Health Scrutiny Committee 26/2/2019**

1. WF Save our NHS really welcomes the priority being given by planners in North East London, and the Council, to the redevelopment of Whipps Cross Hospital.
2. But we have real concerns that the number of beds in the current plan won't be enough; that pressure to sell public land for housing, and the financial pressures on Barts, all mean we could end up with a hospital that isn't fit for the future needs of those of us who live here, and depend on our local hospital.
3. These pressures are crystal clear in the Strategic Outline Case (SOC) Pg 60 (Barts)" is in need of cash in the short-term and, therefore, redevelopment solutions that delay potential (income)...from land sales at Whipps Cross may be difficult to defend unless the solutions can prove to be affordable."
4. Since Barts submitted the SOC it's been under pressure to cut the costs and increase the income it raises from the land. In recent "bridging work", it says: by "pursuing alternative clinical strategy scenarios", the area covered by the hospital could be reduced – by 12,652m<sup>2</sup>, and the cost by £104m. And that exploiting " a range of commercial opportunities" from the land released could reduce borrowing by £186.5m (Pg16).

That raises real concerns about what clinical services might not be provided, especially as I reckon the land we might loose is roughly the size of 1and3/4 football pitches. Hopefully Barts can tell you what it means.

## 5. Beds

5.1 The number of beds in any hospital really matter. Otherwise ill people needing admission get stuck on trolleys; ambulances stack up at A&E; there's pressure not to admit and pressure to discharge, and planned surgery gets cancelled. Across the country, including at WX, bed occupancy levels – which should be around 90% - have risen into the upper 90s.

5.2 Although 2 planning documents (The TST (Pg 8 Part 2) and ELHCP Estates Strategy (Pg 24)) put the current bed count at Whipps Cross as 589. An Appendix to the SOC refers to only 573 beds for the redeveloped hospital.

5.3 It bases it's argument for the beds we'll need on the 2016 Transforming Services Together plan or TST. The SOC basically says that we won't need extra services – and beds – to cater for the population growth because the plans in the TST to shift care from hospital into the community - will have transformed services in this part of London.

5.4 In fact what the TST actually says is that by 2025/26 the extra 550 beds we'd need because of population growth – that's an **additional** hospital- reduces to 240 beds if we take into account the impact of the TST programme.” ( Part 2 pg 63) An extra 240 beds by 2025/6.

5.5 That's assuming the TST delivers on it's plans. An independent analysis of the TST found we could end up with: “a disorganised system, .. harder for patients to navigate, offering poorer quality of care and even no care for some, and imposing greater burdens of unpaid care on family members, mainly women”. (“Transforming Services Together: what does East London's plan for health services imply for East Londoners?” CHPI Nov 2016 Pg 15)

6. So we have plans, including a proposal to cut clinical services, costs and land, but no proper public consultation as yet.

7. It seems to us that the squeeze on funding, and the pressure to maximise income from the land are already taking precedence over what we actually need from a new DGH.

- So we urge the council to do everything within it's power to campaign for proper funding of our new hospital
- We trust that you will forensically scrutinise the plans and insist on proper public consultation.
- And we ask that when considering planning permission the council ensures that any developments are not to the

detriment of the hospital. And any housing prioritises the needs of hospital staff and key workers over and above any other type of housing.

## **Notes**

(The SOC says : "The findings from TST conclude that, in order to meet the needs of a growing population, a series of transformational models should be adopted. Through successful implementation of these models over the next five-year period, this should be sufficient to manage the additional growth in the health system without the need to increase capacity within the local system" (Pg 48))

(The SOC states that "**The bed modelling undertaken is predicated on the assumption that, prior to the redevelopment, the system wide transformation** to support the delivery of new models of care and shift in care from hospital settings closer to people's homes, **is realised.**"(Pg 85))

The 2014 commission on hospital care for frail elderly people found no evidence that integrated care would deliver cash-able savings for hospitals. Dame Julie Moore who chaired the commission said: "As much as it suits us all to have one nice neat solution to the problem of our growing, ageing population ..... the truth is that as a catch-all answer it is simply wishful thinking. Integrated community care is a good thing ..... but this can never be a substitution for hospital care". (***nurse and CEO of Hospitals in Birmingham***)

We have a much lower bed to patient ratio than the OECD average. (2.8 beds per 1000 compared with OECD average of 4.8 per 1000 across 34 member countries.) Organisation for Economic Cooperation and Development.

Mary Burnett 26/2/2019