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Via email to:

John Cryer MP, Leyton and Wanstead
Rt Hon Sir Iain Duncan Smith MP, Chingford and Woodford Green
Stella Creasy MP, Walthamstow

26 May 2021

Dear John, Sir Iain and Stella

Redevelopment of Whipps Cross Hospital

Thank you for your letter of 13 May in which you raise a number of questions and comments regarding the proposed redevelopment of Whipps Cross Hospital.

I want to thank you for the support you have provided over a number of years, as we have been developing our plans for a brand new hospital at Whipps Cross. I have responded in detail below to your comments and questions covering the four core themes you raise: clinical activity and capacity assumptions for the new hospital; alignment of plans with our strategic partners in the local health and care system; the future of the Margaret Centre; and future car parking provision.

Clinical activity and capacity assumptions for the new hospital

Overall, our plans across the local health and care system – both in the hospital and the community - will lead to improvements in the delivery of health and care services to our local population. The proposed new hospital will have more clinical space than the current hospital, with brand new clinical departments, increased diagnostic and day case capacity and significantly more single inpatient rooms, improving patient experience, privacy and dignity.

Our clinically-led health and care services strategy for Whipps Cross identifies the improvements in services we plan to deliver that, in turn, underpin our activity and capacity modelling for the new hospital. We aim to provide services in ways that will be more convenient for patients, will improve the quality of care and will reduce the time people need to spend in hospital, including through:

- expanded provision of ‘Same Day Emergency Care’ (SDEC), with a dedicated SDEC unit meaning we can treat more patients with a range of conditions, such as deep vein thrombosis, on the same day, avoiding the need for admission to a hospital bed;



- faster access to senior clinicians and diagnostic tests for those that attend hospital, meaning more people will be seen and discharged on the same day, rather than be admitted;
- more day case operations, meaning people are able to leave hospital earlier; and
- more outpatient appointments able to be done remotely, meaning fewer hospital attendances.

Working with our health system partners we are already putting in place some of these changes and our experience of responding to COVID-19 reinforces our confidence in delivery. For example, the Waltham Forest Integrated Discharge Hub - a partnership between Barts Health and the local authority in Waltham Forest - has made significant and sustained improvements in supporting the discharging of medically fit patients in an effective and safe manner. In May 2020, 54% of discharges referred to the hub were achieved within 24hrs of a referral, which rose to 75% by October 2020.

Also, in the last year we have been able to move from around 2% of outpatient appointments done virtually to a peak of around 30%, which demonstrates our plans for increasing digital appointments are achievable. Our plans for a significant increase in diagnostic activity, which is key to supporting the models of care described, will be delivered through a near doubling of diagnostic capacity in the new hospital in terms of the number of CT and MRI scanners.

Our clinicians are confident that these measures will enhance – rather than diminish – the quality of care that is offered. We know, for example, that a reduction in avoidable stays in hospital will mean a reduction in the risk of hospital acquired infections, deep vein thrombosis and deconditioning. Data from the Acute Frailty Network suggests that the impact of ‘deconditioning’ caused by bed rest can reduce muscle power from within the first 24 hours¹.

These changes, which are consistent with the policy direction of the NHS Long Term Plan, will see us working in an increasingly more integrated way with primary care, community services and social care and through our partners providing more care closer to people’s homes backed by additional investment. For example, Waltham Forest will see a £12 million rise in investment in primary care and community services by 2023/24, which will support delivery of the *Care Closer to Home* strategy, including implementing home monitoring services for oxygen and blood pressure and rolling out a diabetes transformation programme.

Taken together these changes in services will help more people avoid the need to attend hospital in the first place, reduce the need for admissions for those that do attend and, for many of those that are admitted, will reduce the time needed to be spent in a hospital bed. It is because of these measures that our activity and capacity modelling assumes a reduction of over 10% in the number of days patients admitted as emergencies will need to stay in hospital. That is why our modelling is confirming the assumptions we made at the Strategic Outline Case stage still apply - that fewer overnight inpatient beds are likely to be required in the new hospital, even after taking into account projected population growth in this part of northeast London.

We have published detailed information setting out the methodology used for our activity and capacity modelling, which can be found on our website². Our bed capacity modelling has been

¹ See rapid response to: Prevalence, severity, and nature of preventable patient harm across medical care settings: systematic review and meta-analysis. *BMJ* 2019; 366

drawn from looking at the historical activity trends for Whipps Cross as well as population projections and using NHS Improvement guidance of 92% bed occupancy. Our assumptions for the impact of future delivery of improved care models are based on stretching but realistic ambitions that both the hospital and the local health and care system will achieve. We have arrived at this through a benchmarking exercise that looked at the performance of the hospital and the system against that of similar hospitals and health and care systems on a range of measures. We have assumed that both the hospital and the system can get closer to the performance levels that have been achieved by the top 25% of their respective peer groups. The work on our activity and capacity modelling will be finalised as part of the completion of the Outline Business Case in the coming weeks.

The number of beds in any hospital is not fixed and the way in which the new hospital is being designed will give us greater flexibility in the future to respond to changes in operational pressures, with an appropriate number of beds. We have also identified space next to the new hospital for it to expand in the future if needed. This means the new hospital will make us more resilient in being able to deal with events such as another pandemic, as well as through close working with other hospitals in North East London (e.g. the significant increase in critical care capacity we have seen put in place at the Royal London Hospital over the last 12 months).

Aligning our plans with our strategic partners

A key strength of our programme has been - and continues to be - our close working with local partners across northeast London including local clinical commissioners, providers such as North East London NHS Foundation Trust and local Borough Councils. This has included the convening of system-wide forums to discuss and oversee the redevelopment of Whipps Cross Hospital, such as our strategic partnership board, chaired by Alwen Williams. As such, we have been able to test our assumptions and confirm alignment with system-wide activity and capacity modelling at northeast London level.

Indeed the Whipps Cross redevelopment programme itself is a catalyst for driving the planning and delivery of service transformation strategies across the local integrated care system. For example, a new Clinical and Professional Advisory Group (CPAG) is bringing together clinical and professional leaders from across our health and care system to support the development of closer integration, to improve services sustainably to meet the priority needs of local people.

It has also been a long-established aim of the redevelopment programme to provide the opportunity for the co-location of community services on the Whipps Cross site and we have identified space very near to the new hospital, for a building to support community health and care facilities. Your letter says the location for this has not been included within the development plans. However, the proposed location of the new building for these facilities was included in our pre-planning application consultation booklet, which we published earlier this year³ and we have been talking about this regularly and consistently in a number of virtual public meetings and staff briefings over the past few months.

Commissioners, clinicians and local providers are working together to agree the range of services to be provided from this building, but we would expect this to include, for example, an Urgent

² This information can be found at the following address:

<https://www.bartshealth.nhs.uk/download.cfm?ver=28563>

³ This document can be found at: <https://www.bartshealth.nhs.uk/download.cfm?doc=docm93ijim4n16592>

Treatment Centre providing improved urgent care by primary and community clinicians with a range of diagnostics aimed at reducing A&E attendances and avoidable admissions to hospital. Current thinking also includes the exciting potential to develop a 'centre of excellence' for the planning and delivery of frailty services to our population, providing a genuine interface between hospital and community services and including training and research facilities.

Margaret Centre

The new hospital will continue to deliver high quality specialist palliative and end-of-life care. We recognise that the Margaret Centre's role in the delivery of care and its future generates considerable interest among local people. That is why we are undertaking a clinically-led review of the model of care, including how we organise the provision of specialist palliative care and end-of-life care in the new Whipps Cross Hospital, all informed by the engagement and support of patients and local interest groups. Your letter suggests there is a plan to redistribute palliative care beds to acute medical wards. Whilst a proposal along these lines emerged last year, no decision has been taken, which is why clinicians are reviewing the model of care so that the right decision is taken to inform the next phase of detailed planning and design for the new hospital.

To date we have made progress in mapping the provision of the current palliative and end-of-life care services available to patients from across the Whipps Cross catchment area. This includes the hospital's specialist palliative care team that cares for inpatients at Whipps Cross Hospital, including in the Margaret Centre inpatient unit, as well as the Waltham Forest community palliative care nursing team co-located in the Margaret Centre. In addition to this we have also mapped services that are provided by our partners in primary care, community services, social care and the voluntary sector – for example, the Enhanced Palliative Integrated Care (EPIC) team for Waltham Forest.

We anticipate that the first phase of the review, focusing on the future model of care, will be completed in June. Once the outcomes are agreed, we will set out how – with partners – palliative and end-of-life care will continue to be transformed across the Whipps Cross Hospital catchment area. The second phase of the work, following on from that, will be to assess the options for the configuration of specialist services in the new hospital, as the redevelopment plans are taken forward in greater detail. We will continue to engage with patients and local interest groups in supporting this work.

Car Parking

We have an ambition to develop an exemplary sustainable Whipps Cross, with a hospital able to deliver net zero carbon emissions and by introducing new green spaces and reducing the need for car use to the site, whilst continuing to provide appropriate hospital parking for staff, patients and visitors within significantly improved car parking facilities. In line with this overall approach, the proposals for the residential development assume provision for disabled parking only, which mirrors many other new or proposed residential developments in the capital.

For the hospital itself, our overall ambition is to deliver between a 25% and 40% reduction in car parking spaces over several years, from the current approximate 1,200 spaces to between 730 – 890 spaces. To do this, we have begun to work with Transport for London and Waltham Forest and Redbridge Councils to develop further our active travel plan to improve access to sustainable transport modes - including walking, cycling and public transport - to support a gradual reduction in car use and a consequent reduction in the overall demand for car parking spaces.

Subject to planning permission, our plans would deliver the first 500 spaces in a new multi-storey car park to be built ahead of the start of construction of the new hospital. It is necessary to have this in place to serve the current hospital because of the number of existing spaces on the site of the old nurses' accommodation that will be lost during construction. If my interpretation is right, your letter appears to assume the total number of car parking spaces during this period will therefore be 500. However, during the period of hospital construction the combination of the new car park and the existing car park provision that can remain in place elsewhere on the hospital site will provide over 900 spaces.

To minimise the scale of the first car park and ensure future site flexibility, we have also identified a location for a second new multi-storey car park, which would be constructed after the new hospital is completed. Further work will be undertaken over the coming years to determine the size required for this car park in the context of the implementation of the active travel plan described above.

Conclusion

I hope that this provides a detailed and reassuring response to the queries you raise on behalf of your constituents. I would be very happy to hold a briefing session with you all, potentially involving clinicians, if that would be helpful to talk further about our proposals, in particular in relation to improving health and care services.

I have written to you separately to inform you that our planning applications are now live on the Waltham Forest Council website. The Local Planning Authority is undertaking a statutory consultation on the proposals.

In the meantime, I want to thank you again for writing and for your continued support for our overall shared objective of a fantastic new hospital at Whipps Cross that we hope will serve our communities for generations to come. We hope we can continue to rely on that support as we look to secure approval for the outline business case for the new hospital from the Government later this year and, looking further ahead, as we continue to develop our plans with the aim of completing a new hospital by the end of 2026.

Yours sincerely



Alastair Finney
Redevelopment Director, Whipps Cross Hospital