

From: John Cryer MP <john.cryer.mp@parliament.uk>

Sent: 02 June 2021 12:56

To: Lisa

Subject: Re: Letter from John Cryer MP (Case Ref: JC34733)

Dear Constituent,

Re: Update – Whipps Cross Hospital redevelopment

As you will have seen from my previous correspondence, there are a number of serious concerns about the redevelopment of Whipps which I have raised continuously with the trust, Bart's, over many months.

I have recently drafted a lengthy letter to the trust which set out my main concerns. This has also been signed by Iain Duncan Smith and Stella Creasy. Please see pasted below a copy of this letter for your information.

Among such concerns are the planned cut of 50 beds. Even before the pandemic, this would have been difficult to justify. In the light of Covid, it seems utterly ludicrous. The trust's modelling, on which the cut is based, is drawn from comparable hospitals. I fail to see why they have gone down this path. Any modelling should be based on the local health environment which includes a growing number of elderly people with attendant morbidity rates and a rising number of children and young people based on growing live birth rates and migration into Waltham Forest, Redbridge and neighbouring boroughs.

There is also very widespread worry, which I share, at the planned removal of the Margaret Centre, which provides end-of-life care. I have never heard a bad word said about the centre but the current plan is to shut it and scatter the beds across the new hospital where there will be a lack of specialist care.

Much of the trust's plans revolve around placing some facilities in the community. But community facilities – including bricks and mortar – have disappeared over the past decade. For example we have seen the removal of the last two wards of intermediate care at the former Wanstead Hospital and fewer GP surgeries with lengthening patient lists. Exactly where the new community-based services remains obscure.

Let me make one thing very clear: I have regularly consulted with health professionals including people who have spent decades working at Whipps. I would love to see a new hospital as would many of the people who work at Whipps but only if it is to be an appropriate design with the services and beds we need, otherwise I am deeply worried that we will see a repeat of the Queen's Hospital, Romford, which was built a few years ago and has been riddled with serious problems ever since.

I hope this communications proves useful and as soon I receive a reply from Barts NHS Trust I will be in touch.

Best wishes

John Cryer MP

**Mr Alastair Finney
Whipps Cross Redevelopment Director
Barts Health NHS Trust
Junction 2, Whipps Cross Hospital**

May 2021

Dear Mr Finney,

Further to your correspondence with John Cryer, we – as local Members of Parliament whose constituents rely on Whipps Cross for healthcare – have a number of further questions and comments to raise regarding the development.

First, you have previously stated that the future bed requirement will be in the range of 525, a cut of 50. We fundamentally disagree with this decision and believe that calculations on bed capacity should be based on local history and the needs and requirements of our communities, not drawn from figures based on other hospitals.

To illustrate the importance of maintaining bed capacity, we would like to draw your attention to recent comments by Sir Simon Stevens, Chief Executive of the NHS, who stated that: “As parts of the country are thinking about acute hospital beds for the next five years, the base case should not be expectation of reductions in those hospital beds.” He expressly stated that the NHS would need more bed capacity to deal with demand and that the policy of cutting beds had caused hospitals to become “overly pressurised” and needed to stop.

Second, we have all heard from many constituents regarding the vexed question of the Margaret Centre, which has received nothing but praise from the families of those who have, over the years, had cause to use the Centre. In all discussions we have received assurance that the centre would remain in existence in the new hospital. However, redistributing the beds to acute medical wards will mean the centre will be in name only, and be effectively closed. In reality, the fewer beds in the new build will increase existing pressure on the remaining beds, which, as acute beds work out at a higher cost per patient, will result in enormous pressure on those ‘palliative beds.’ Furthermore, the plan to redistribute its 11 beds throughout the hospital will mean there will be no concentration of palliative expertise. This decision seems to be a step backwards, not affording families the privacy and peace they require as their loved one nears the end of their life.

It is important we hear the opinions of palliative care clinicians on this proposal, as their views will help inform the debate about this decision.

Third, we believe the parking provision across the whole estate is inadequate and will detrimentally impact both staff and patients. This is compounded by the plans to have no parking in the residential area – beyond that provided for disabled residents. Although we understand the drive to encourage people to walk or cycle to work, it is unreasonable to expect staff – many of whom live a considerable distance from the hospital – to rely on public transport for their shifts which may start or finish at unsociable hours. 500 parking spaces for the hospital is inadequate for staff, visitors, elderly patients or those with mobility issues.

Although we understand there may be plans to build an additional multi-storey and thus expand the parking provision in a second phase, we do not understand why – if it has already been recognised that the first iteration of the plans will not provide enough parking – increased parking is not included in the first phase of the building project.

Fourth, we are seeking clarification on whether the assumptions made in the Strategic Outline Case (SOC), have been tested with local partners such as NELFT, Borough Councils and CCGs, as your plans are strongly based on increased community facilities. Community provision, such as the former Wanstead Hospital, has been drastically cut and yet your new proposals expect community provision to absorb additional services such as physiotherapy, occupational therapy and community nurses. We would be grateful if you would outline how existing community provision will have the capacity to assume these further services, without significant additional funding.

Fifth, we are also concerned that some of the justification for building a hospital with fewer beds is based on the presence of the Urgent Care Centre. However, as we understand it, the full capacity of the Centre has been fully required over the three years it has been operating, alongside the full capacity of a hospital with more beds than those planned for the new build.

Sixth, your clinical strategy aims to increase convenience and quality through faster access to senior clinicians and diagnostic tests, rapid discharges, increased use of day case operations and remote appointments for outpatients. We would be grateful if you could provide supporting evidence on how you plan to achieve this, without cutting the quality of care that is offered. We are concerned that the cut in bed numbers has been based on the assumption that all patients will benefit from less time in hospital and remote appointments.

Finally, the location for a community health building has not been included in the development plans that we have seen, so we would be grateful for detail on where this site would be and how it would fit into the current proposed footprint.

We appreciate your engagement on this important issue and look forward to your detailed response.

Yours ever,

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