

## London Borough of Sutton

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Date: 12 March 2008

Councillor Mary O'Connor  
Chair of Darzi JOSC  
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Dear *Mary*

### Re: Response to Consultation on the Healthcare for London Proposals.

You asked for comments on the Darzi proposal by Friday 6 March. I regret that it was not possible to meet that deadline.

Our principal concern lies with the very short consultation period which has been allowed to help decide the future for this huge and vital service for London. It is likely to see the shape of health care in London for the foreseeable future. I also need to draw attention to developments which are already taking place that tend to suggest that Darzi is already being implemented and thus pre-empting what the consultation process may produce. I know that the various health trusts who are involved with this will argue that these are being done in the interests of clinical safety. Where changes are being made for the benefit of patients that must be applauded in spite of the timing. Nevertheless, it pre-empts the Darzi consultation. Some of the changes locally seem to be being made for business reasons e.g. the South West London and St George's Mental Health Trust's proposals to close the Henderson Hospital site for patients with personality disorders in Sutton.

This leads me to our next concern and that Darzi is completely silent about what is to be done about mental health care in London, although we understand that this is being dealt with separately. NHS expenditure on mental health care is the single biggest item of expenditure by that Service. This handling of mental health issues does not seem appropriate particularly as mental health care patients will disproportionately probably require greater access to other health care services. Thus there has not been a holistic approach to health.

In this vein, Darzi's treatment of paediatric services in the consultative document is very much an afterthought. We agree though that these services need to be specialized and from centres of excellence, though we would hope that these would be relatively small and within the local community to ensure easy contact for parents, etc. and to avoid creating an institutional approach.

Whilst generally we can see the sense in having centres of excellence for trauma, cardiac and stroke problems the Government's implementation plans must address how people are likely to be able to visit their friends and families when receiving this specialist care. It is a well-known fact that patients



**Sutton**

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recovery is both better and quicker where appropriately supported by families and loved ones.

A critical issue where we need assurances by Government now will be in the light of whatever the government decides to do with Darzi. Here we strongly believe there needs to be a separate consultation exercise on implementation. I have already noted that Darzi will lead to a major reshaping of health care services in London and we need to be satisfied that the infrastructure is there to take the new shape of NHS in London.

GPs will be taking on additional work from hospitals. We think this is highly appropriate where this can be done safely and where it is closer to people's homes and also achieves cost savings. Nevertheless, we need to be satisfied that GPs will have the necessary training and resources (by resources we mean building infrastructure, staffing, skill sets, competences, etc to take on this extra work. The Darzi vision in losing work from hospitals to GPs will clearly have an effect on staffing and on the financial viability of hospitals. In Sutton this is particularly complicated given the fact that services at the Epsom and St Helier hospital sites are commissioned both by the Sutton and Merton Primary Care Trust as well as the Surrey PCT. Surrey has already decided that it wishes to have different arrangements e.g. over kidney treatments. This poses a threat to the viability of the one and only, albeit outdated, hospital that we have serving a very large community, including one which by any test suffers from deprivation.

One underlying concern is that the test of deprivation may not fully address the physical deprivation, which for example the London Borough of Sutton experiences, with a disproportionate number of elderly people whose ability to travel to get medical treatment is severely limited. Their needs and the needs of an appropriate supporting transport infrastructure to service any changes must be taken into account and appropriate funding provided for it. This will be a new problem of this Government's own making and they must meet the full immediate and ongoing costs of addressing them.

With the need for government to consult on their implementation plans it might be helpful to explain in more detail our thinking here.

There will be a need for staff movement and changes in services and it is absolutely vital that the standard of care does not suffer. I regret that I need to disagree with your assessment that there needs to be equality of treatment across London. This is because that implies equality at the lowest common denominator. There must not be any reduction in the quality of service and services need to be brought up to the best standards.

The government's implementation plan also needs to address the training needs because there will need to be a major training and retraining initiative if services are to be maintained. We were particularly struck by the presentation by the Royal College of Surgeons and their proposals for accreditation of surgeons in order to address the problems identified by the report on the difficulties involving heart surgery at the Bristol hospitals. Accreditation of training courses, trainers and people will require quite a considerable lead in time, not least in the development of standards against which accreditation can be made. The government needs to work closely with the Royal College in funding this work in view of the societal cost of having surgeons who are not up to the job.

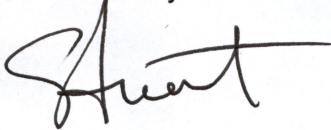
We would also expect to see an impact assessment which addresses adequately and particularly the environmental impact of more and longer journeys to reach centres of excellence and local community care centres.

Looking at particular services, we have concerns about maternity provision given the demands on the London health services from people whose ethnic background means that they are more prone to illness and complications in maternity. A balance needs to be struck between having centres of excellence for the difficult cases and having adequate local provision within the community for straightforward cases. Generally, capacity also needs to be built into the system so that it can manage the large migrant population that London has as typified for example by the increase in births to mothers here whose country of origin is other than the United Kingdom.

Our final point is that if Darzi results in work and/or responsibilities being shunted on to local authorities then that must be fully funded by government. We would expect to see this specifically addressed in the supporting impact assessment.

I am copying this response to members of my health scrutiny committee, local MPs, members of the Darzi JOSC and local borough /district councils

Yours sincerely

A handwritten signature in black ink, appearing to read 'Stuart', with a long horizontal flourish extending to the right.

Cllr Stuart Gordon-Bullock  
Chair  
Health and Well Being Scrutiny Committee