

2018

# Make Healthcare Local



Make Healthcare Local

The campaign for increased access to acute and outpatient  
healthcare services in Welwyn Hatfield

**The Rt Hon Grant Shapps MP**

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# Mission Statement

To increase NHS services in Welwyn Hatfield by fighting for acute and outpatient services to be more accessible for local residents.

Over a number of years NHS services, previously based in Welwyn Hatfield, have been moved to the Lister Hospital or elsewhere. We believe it is unacceptable to see a continual drift of NHS services away from the fast-growing population of Welwyn Hatfield. This trend has resulted in increased journey times, the potential for residents to be put-off accessing medical assistance and greatly increased stress caused by limited transport options. But concern is not limited to the medical implications. The distancing of healthcare is also making it harder for friends and family to provide support, so important when a loved one is fragile and vulnerable in hospital.

In short, we believe that the current location of many medical services is detrimental to the health of Welwyn Hatfield constituents and that it needs to change.

We therefore think that the following services should be more easily available to Welwyn Hatfield residents:

- Access to A&E
- Chemotherapy and radiotherapy
- Colorectal cancer services
- Dementia services
- Endocrine and thyroid services
- Gastrointestinal cancer services
- Midwife led maternity
- Memory services
- Nephrology
- Psychiatric services
- Sleep medicine
- Better access to stroke care

# Introduction

Since the fateful Blair/Brown decision to strip our hospital healthcare services from Welwyn Hatfield, residents have been woefully under-served.

Despite two-thirds of responses to a 2007 consultation, *“Delivering Quality Healthcare for Hertfordshire (DQHH)”*, supporting healthcare services being maintained at the QEII Hospital in Welwyn Garden City, health bosses still opted to transfer all the major services to the Lister Hospital in Stevenage.



As a result, we have witnessed a steady erosion of the number of NHS services located in Welwyn Hatfield. This has resulted in increased travel times for constituents seeking treatment, deterred residents from accessing medical attention and made it harder for family and friends to visit, when they are in hospital.

Since my election as MP for Welwyn Hatfield in 2005, and indeed before, we have been fighting against the closure of Accident and Emergency, as well as other key healthcare services. Indeed, in 2010, we successfully extracted a pledge from local health chiefs to maintain a ‘Local A&E’, as well as a midwife-led maternity unit in Welwyn Garden City. Sadly, no sooner had the ink dried on that agreement, health bosses went back on their word, closing both these services, and renegeing on a deal to include beds inside the New QEII Hospital.

Although time has moved on, the healthcare issues confronting Welwyn Hatfield have not changed. Indeed, increases in population make the case for greater local healthcare provision greater, not smaller.

Therefore, we refuse to give up the fight to bring more outpatient services closer to home; thereby making them more accessible to Welwyn Hatfield residents.

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Last year, we presented the Health Secretary with a petition signed by over 6,000 constituents calling for an A&E to be reinstated at the New QEII site<sup>1</sup>. In 2018 we want to renew our efforts to bring hospital healthcare closer.

Whilst we recognise that providing an A&E is complicated by the necessity to incorporate surgery and beds, it is also clear that the downgrading of these services remains amongst the most important issues facing my constituents.

It is therefore time for us to do even more. And we are ready to redouble our efforts. This will be a truly cross-community campaign. We will draw on the strength of our growing population and speak with one voice in order to convince local health bosses that Welwyn Hatfield healthcare requires essential hospital services to be delivered closer to home.



**The Rt Hon Grant Shapps MP**  
**Member of Parliament for Welwyn Hatfield**

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<sup>1</sup> <http://www.whtimes.co.uk/news/petition-to-reinstate-a-e-in-welwyn-garden-city-passed-on-to-health-secretary-1-4580937>

## Background

The QEII was the first hospital of its kind to be built by the NHS. And the first general hospital to be built after World War II. It was opened in 1962, with the first patient admitted to hospital that August. Her Majesty Queen Elizabeth II officially opened the hospital named in her honour in June 1963<sup>2</sup>.

Over the 51 years it served the borough, it was greatly valued and utilised by the local community and many residents have memories of the hospital and the services it provided. A large part of our local population was born there, including two of my own children.

There was cause for optimism ahead of the 2005 General Election when Gordon Brown and the then Labour government promised to build a £540 million state-of-the-art super-hospital with a specialist cancer centre in Hatfield. This, however, was later scrapped – following Labour losing Welwyn Hatfield in the 2005 election – in favour of centralising most services at the Lister in Stevenage.<sup>3</sup> Disappointingly, leaked government emails found in the House of Commons library at the time, revealed that discussions took place to expand hospital services in key marginal Labour seats at the expense of other hospital facilities nearby.<sup>4</sup> The Lister is in Stevenage which was then still a marginal Labour constituency.

In 2007, the East and North Herts NHS Trust consulted on combining services into one location and the recommendation of the Trust was that services across East and North Herts should be centralised at Lister<sup>5</sup>. This retrograde decision was made despite two-thirds of responses showing people wanted these services centralised at the QEII. Our old hospital was to be demolished and replaced with a new smaller hospital, on the existing site, that would however still provide a local A&E facility, outpatient services as well as MRI and ultrasound facilities, plus pregnancy care<sup>6</sup>.

In 2010, the Trust and the local Clinical Commissioning Group (formerly the Primary Care Trust) committed to maintaining a Local A&E facility at the New QEII<sup>7</sup>. However, the commitment was subsequently downgraded to providing an Urgent Care Centre instead,

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<sup>2</sup> <https://www.newqeii.info/about/history/healthcare-welwyn-garden-city>

<sup>3</sup> <http://www.thecomet.net/news/hatfield-superhospital-scrapped-lister-to-stay-1-284731>

<sup>4</sup> <https://www.thetimes.co.uk/article/labour-manipulated-hospital-closures-0x3g8hs2rq2>

<sup>5</sup> <http://www.enherts-tr.nhs.uk/files/2010/04/ENH0217-Safety-quality-sustainability-the-clinical-case-for-change.pdf?phpMyAdmin=QWQ2uIZLEdWrTBI2eV5F08m0jca>

<sup>6</sup> <http://www.bbc.co.uk/news/mobile/uk-england-beds-bucks-herts-14449563>

<sup>7</sup> <https://www.hertfordshire.gov.uk/statweb/meetingsnov04toapr13/Health%20Scrutiny%20Committee/20101020/Item%205%20-%20Appendix%20A.pdf>

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and services that were previously expected to remain in Welwyn Hatfield were relocated to the Lister.

Since the QEII A&E closed in 2014, the Lister Hospital A&E has been under considerable strain and pressure and has not met its own waiting times<sup>8</sup>. This is despite efforts to increase capacity. Sadly this was not a clinically led decision but actually East and North Herts NHS Trust spent £1 million on management consultancy firms to demonstrate that removing beds from the QEII and relocating to Lister would not impact the A&E services. In fact, struggling to cope with the increase in admissions, the A&E at the Lister has on numerous occasions been forced to redirect some patients back to the New QEII, due to overcrowding<sup>9</sup>. In our opinion, this demonstrates that there is therefore demand for another A&E within the Trust's boundaries. Indeed, with only two A&Es to cater for Hertfordshire's growing population of more than 1.1million people<sup>10</sup>, it seems obvious that Watford and the Lister cannot possibly cope on their own.

On top of this, local healthcare services have been scaled back including as recently as October 2017<sup>11</sup>, when the Trust announced a reduction in funding for IVF treatment and also details of a mutual resignation scheme to cut down on the numbers of staff<sup>12</sup>.

But it's not just about a lack of an A&E. We have seen numerous other services disappear from Welwyn Hatfield. For example, in order to use the following services, you would need to go all the way to the Lister hospital or beyond. Note that some of these services have never been available locally:

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<sup>8</sup> <http://www.thecomet.net/news/patients-claim-a-e-department-at-stevenage-s-lister-hospital-is-in-meltdown-1-4452706>

<sup>9</sup> <http://www.thecomet.net/news/without-centralising-a-e-services-at-stevenage-s-lister-hospital-we-wouldnt-have-coped-says-nhs-trust-chief-as-data-shows-waiting-time-targets-are-not-being-met-1-4441740>

<sup>10</sup> <https://en.wikipedia.org/wiki/Hertfordshire>

<sup>11</sup> <http://www.whtimes.co.uk/news/welwyn-hatfield-stevenage-st-albans-east-north-hertfordshire-herts-valley-ccg-ivf-1-5234709>

<sup>12</sup> <http://www.whtimes.co.uk/news/welwyn-hatfield-mp-slams-health-care-chiefs-over-cuts-1-5242496>

## Returning our hospital services

- **Access to A&E**

The nearest A&E is at the Lister in Stevenage which is too far away for patients and their visitors to get to. The Lister is under considerable strain – it has one of the worst 4-hour target achieved figures in the country and an A&E at the New QEII would help and keep patients safe.<sup>13</sup>

- **Chemotherapy and radiotherapy**

This treatment is gruelling and distressing enough without adding in the extra challenge of commuting a long way from home. Having it close to home is shown to provide patient compliance and improved quality of life indicators.<sup>14</sup>

- **Colorectal cancer services**

Access to local and faster diagnostic pathway achieves early detection and long-term survival rates.<sup>15</sup>

- **Dementia services**

These services are best placed to be provided in a community setting because patients with dementia are more comfortable in familiar environments and thereby do not present acutely to hospitals which leads to delayed discharges.

- **Endocrine and thyroid services**

Surgery would require at least 24-48 hr of admission. QEII should look to provide a 'one stop shop' clinic for endocrine and particularly thyroid services. Study has illustrated the benefits of a one-stop clinic with on-site cytology in providing a rapid diagnostic head and neck cancer service.

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<sup>13</sup> <http://www.hertfordshiremercury.co.uk/news/east-north-herts-among-worst-1044101>

<sup>14</sup> Mitchell, T. (2011) Chemotherapy closer to home: Patients' perspectives of receiving chemotherapy in outpatient clinic and/or a unique mobile chemotherapy unit. Project Report. University of the West of England

<sup>15</sup> [https://www.cancerresearchuk.org/sites/default/files/ace\\_-\\_improving\\_diagnostic\\_pathways\\_for\\_patients\\_with\\_suspected\\_colorectal\\_cancer\\_-\\_final\\_report\\_v1.0\\_270617.pdf](https://www.cancerresearchuk.org/sites/default/files/ace_-_improving_diagnostic_pathways_for_patients_with_suspected_colorectal_cancer_-_final_report_v1.0_270617.pdf)

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- **Gastrointestinal cancer services**

Expanding provision of gastrointestinal endoscope more locally would help with reaching two-week cancer targets. Also, as above for colorectal screening.

- **Midwife led maternity**

Local people should have the option of being born at the New QEII and stop parents-to-be struggling to get to Stevenage in time for the birth of their children.

Royal College Midwives advocate this<sup>16</sup> and since the NHS supports home births, it's inconsistent for local health chiefs argue that a midwife-led maternity unit would be unsafe.

- **Memory services**

Would reduce waiting times for this vulnerable group and the same reasons as with dementia services mentioned above.

- **Nephrology**

Dialysis services provided locally helps to ensure patients do not have to travel long distances and manage their chronic illness closer to home.

- **Psychiatric services**

Cannot be offered locally unless an A&E returns to Welwyn Hatfield and the same reasons for dementia services.

- **Sleep medicine**

No particular reason why this couldn't be offered locally and would relieve stress to Welwyn Hatfield residents if provision was brought closer to home.

- **Better access to stroke care**

Stroke rehab beds closer to home would help to reduce the bed blockages in acute units. In fact, failure to include beds at the New QEII is one of the original promises broken by health bosses who told the community there would be intermediate care beds available after the New QEII was built.

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<sup>16</sup> <https://www.rcm.org.uk/news-views-and-analysis/analysis/benefits-of-birth-centres>

## Our campaign

We believe that the erosion of healthcare services in Welwyn Hatfield is unacceptable. At a time when the borough's population is growing and therefore demand for public services is increasing, it cannot be right for the East and North Herts NHS Trust and the Clinical Commissioning Groups to be relocating services only to the Lister.

Welwyn Hatfield Borough Council is currently in the process of adopting a Local Plan, setting out the number of new homes it intends to build between now and 2032. This could see 16,000 new dwellings over the next decade. Or more, depending on the outcome of the Public Inquiry<sup>17</sup>. This will also have a considerable effect on primary care services which would put doctors surgeries under strain as well.

It is now clear that the decision to relocate services to Stevenage and elsewhere has meant a decline in access of services offered to Welwyn Hatfield residents. We are calling on the East and North Herts NHS Trust to reverse the drift of NHS services away from the Borough, and recognise the growing demand for acute and outpatient care here in Welwyn Hatfield. The frequent stories of long waiting times and cancelled appointments provide evidence that the 2007 decision to take essential services out of the borough was a mistake that urgently needs rectifying.

This campaign aims to be a real community effort, involving thousands of local people, calling for healthcare services to be returned to the Borough and access to acute care to be enhanced. To achieve change, we want to engage and involve as many people in the fight as possible. And, to do this, the campaign will be multi-faceted and will include:

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<sup>17</sup> <http://www.welhat.gov.uk/CHttpHandler.ashx?id=11148&p=0>, page 12

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1. Gathering first-hand experiences of using local healthcare services, and what services are needed back. We will use this data to show the NHS Trust and the Clinical Commissioning Groups that there is a real need for those services to be closer to home.
2. Launching an online petition.
3. Meetings with the East and North Herts NHS Trust and the Clinical Commissioning Group.
4. Meeting with Health Ministers.
5. Parliamentary Questions and Debates.
6. Presenting the online petition to Parliament.
7. Commissioning academic research into best practice in hospitals and healthcare including an international comparison study.

NOTE: The above is not a conclusive list. As the campaign develops there will be further opportunities to involve the public and incorporate different elements to the campaign.

## Conclusion

The constant erosion of local hospital healthcare in Welwyn Hatfield must be reversed. Our Borough's rising population is resulting in an increased demand for local healthcare services which should be close by and accessible to all. We believe that the 2007 consultation, that led to all these changes, was fundamentally flawed. The consequences of this decision are being felt by residents today.

We recognise that the provision of healthcare within a hospital trust is nowadays controlled by health bosses on a local basis. We are concerned that none of those in charge live in Welwyn Hatfield. This absence leads to health chiefs overlooking how inaccessible hospital healthcare has become for some of our most vulnerable residents. We believe it is time they got to hear the authentic voice of residents' concerns, in order that they can better allocate hospital healthcare to the advantage of local people.

We call on East and North Herts NHS Trust and the Clinical Commissioning Group to urgently address the drift of healthcare services away from the Borough, by locating certain services in Welwyn Hatfield and by working to make acute care more accessible for all.



[www.MakeHealthcareLocal.org](http://www.MakeHealthcareLocal.org)

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