

# "Chat" from Whipps Cross Hospital Redevelopment Meeting 3

Thursday 4th March – courtesy Robert Gay

from Lorraine Richards to All Attendees:

So basically the hospital is squeezed onto a tiny part of the land and the rest sold off to fund it. Will this cover the entire cost of the build?18:41

from Molly Cooper to Everyone:

It is correct that the mental health unit at the Woodbury Centre will be moved away from the site Whipps Cross. If the nearest Mental health facility is provided outside the WX catchment area, how will A&E at Whipps Cross cope with mental health emergencies?18:41

from sybil Ritten to All Attendees:

The hospital was funded by the local community for the local community18:42

from Jon Ashley to All Attendees:

With so much car parking in the hospital plan, why are you building a hospital for the future but a transport plan for the past?18:42

How much would be saved on the new hospital construction if it were to utilise as much of the available land as needed to limit it to 2-3 stories? (simplifying foundations and construction, enabling lower cost construction method etc)18:42

from Robert Gay to Host (privately):

The latest leaflet says parking provision will be "improved" in the new hospital. At the moment there are 1100+ parking places, in the new multi-storey there will be only about 500. How is that an improved parking provision?18:43

from Jon Ashley to All Attendees:

Have you formally met with TfL and Waltham Forest to develop a transport master plan for the new hospital and neighbourhood? Public transport is a problem with the existing hospital and the 1800+ housing units must be catered for.18:43

from Nigel Lovell to Everyone:

The Royal College of Nursing has done research that shows that 57% of nurses will leave London in the next 5 years, with 75% of those saying that they would be more likely to stay if their accommodation needs were met. Do you not think that to have completely ignored the accommodation needs of front-line staff not only shows a disregard for their needs but also ignores what could be a valuable income stream for the hospital?18:43

<https://www.local.gov.uk/homes-nhs-staff-pilot-london-0>18:44

from Jon Ashley to All Attendees:

How much key worker housing will be provided in the new development. Will any be reserved for hospital workers?18:44

from Jane Harrington to Everyone:

I completely understand and applaud the community palliative care plans - total support at home is really important. But it seems mystifying to combine this with no hospice facilities - in which our area is hardly rich? Why can we not have both?18:45

from Nigel Lovell to Everyone:

Apart from selling off 75% of the hospital to developers, what other ways of funding the hospital were explored before this decision was made?18:46

from null to All Attendees:

Why is the new hospital being planned with 51 fewer beds when the hospital is always running at capacity18:46

from Jon Ashley to All Attendees:

Will the chapel be accessible to the public and hospital staff/visitors?18:46

from Robert Gay to All Attendees:

The latest leaflet says in the plans parking provision will be improved. At the moment there are 1100+ parking places on site, in the new multi-storey there will be only about 500. How is that improved provision?18:46

from Tuzie Morrison to All Attendees:

The garden/forest element for the hospital appears to be minimal..18:47

from Martin Deutsch to Everyone:

will the car park include proper secure (ideally guarded) cycle facilities for staff, visitors and patients - including shower and changing facilities for the staff?18:47

from Frances Simmons to All Attendees:

Will the ambulance station remain in the same place as now? (not within the red grid on the plan)18:47

from Robert Gay to All Attendees:

Is there a drop off space at the main entrance, and at the walkin entrance to A&E?18:47

from Molly Cooper to Everyone:

Patients with broken legs were turned away from Whipps recently at the height of the latest Covid demand. How will a reduced size whipps cope should another pandemic break out and the local population increase demands on whipps cross18:48

from Claire Weiss to All Attendees:

The 'short stay' ward - isn't all treatment intended to be short stay - how short is this short stay>  
Where will they be referred afterwards?18:49

from Robert Gay to All Attendees:

Garden terraces will not be good for people like me who have vertigo18:49

from Nigel Lovell to Everyone:

Will there be access to A&E for walk in patients? The brochure seems to talk about access for emergency patients who have been referred by GPs and for those brought in by ambulance, will there be provision for people who walk in to A&E with no referral?18:49

from Lottie Colquhoun to Robert Gay (privately):

Hi Robert - The first car park is for 500 spaces, however we will be exploring active travel plans and improved transport connections with local partners and TfL. We have a plan for a second car park after the hospital is built, when we will review our travel plan success and our car parking need again.18:50

from Jon Ashley to All Attendees:

There are fewer beds based on the unproven belief that integrated care services will reduce need for overnight stays. Why not keep the same number of beds until this belief is proven with data, because its not working yet.18:51

from Paul Bell to Everyone:

Nigel - there will be access for walk-in patients to A&E, hopefully my description of the ground floor plan explained where that will be.18:51

from hilda varley to Everyone:

I cannot hear anyone18:51

from Chandra Morar to Everyone:

The Wetland area next to Fille Brook Lane is supposed to deal with current water drainage issues near James Lane, what assurance can you give that this wetland feature will not lead to water logging and subsidence in the wetland area itself. Currently a large tree has fallen over near the current Energy Centre indicating that the soil structure of the wetland area is not stable.18:51

from Paul Bell to Everyone:

Martin - yes the car park will include secure cycle parking. There will be other areas for secure car parking including shower facilities for staff.18:52

from Robert Gay to All Attendees:

How is "active travel" going to work for those who are old or frail and need to be dropped off in cars?18:52

from Noel Chapman to Everyone:

On Behalf of PACT - What plans are you considering to ensure security for residents whose homes adjoin the Panhandle - are you aware some of those houses are less than 10 metres from the Panhandle boundary?18:53

from Jon Ashley to All Attendees:

Car park B will bring cars right into the heart of the site. This is undesirable surely18:53

from Ken Bean to Everyone:

Key issue will be to ensure retention of all hospital services during construction of the new hospital - can you cover phasing of the development and give assurance of maintenance of full level of services during the construction period please.18:53

from Robert Gay to All Attendees:

Why not increase the area for the hospital car parks rather than reduce the size of the car park?18:54

from Trish Willock to All Attendees:

Be useful to see the data that verifies there is a downward trend in the use of inpatient beds. I can't see how Community services which are already running at capacity will be able to work in partnership with inpatient services without risks to patient care.18:54

from Molly Cooper to Everyone:

Is it correct that the new Whipps Cross will be a centre for frail treatment for elderly people? How will old, frail people travel by car, these patients will not be able to access the hospital by bike18:54

from Tuzie Morrison to All Attendees:

The hospital would be better for patients if it was moved north towards the forest, benefit of nature etc. The planned number of beds in the hospital is lower than present even though the population of LBWF is increasing and the new residential area will bring even more.18:54

from Jon Ashley to All Attendees:

Original images had much more green space near the hospital and more interesting architecture with more natural light - all this has been lost in new scheme18:55

from Hilda Varley to Everyone:

people who are frail, ill18:55

from John Inglis to All Attendees:

Fille Brook Lane sounds like a good idea18:55

from Paul Bell to Everyone:

Molly - at this point we have identified space for potential future expansion of hospital facilities as part of a long term resilience strategy although at this time there is no specific expansion need identified.18:56

from Robert Gay to All Attendees:

It is all very well talking about linking the hospital with teh Forest land but the proposed tall buildings on the hospital site will spoil the views from the Forest land going towards Eagle Pond.18:56

from Vassos P to All Attendees:

Dear Sir/Madam, The documents I have are not very explanatory, as to what is happening to Peterborough Road, E1018:57

from hilda varley to Everyone:

or with children will need to use mini cabs . will there be parking for maternity admissions.18:57

from Jon Ashley to All Attendees:

Only 1500 new homes - I had heard more than 1800.18:57

from trish willock to All Attendees:

Do we know if any of the plans have community led housing and/or housing for keyworkers? It seems as if the land will be sold for profit and those that really need to be housed will not be able to afford to live in market rate "affordable" homes.18:58

from Chandra Morar to Everyone:

we need more details on the architecture of the high rise buildings over looking Peterborough Road homes to see if our privacy will be affected by these high rise residences.18:58

from Molly Cooper to Everyone:

Could you be more specific about how current clinical demand will be managed, when whipps is at full capacity? How does current full capacity not demonstrate the need to build in clinical facilities for expansion.18:58

from Nigel Lovell to Everyone:

How has the number of patients that this hospital will care for been calculated? Our current hospital has had to serve us for 100 years, it's likely that whatever is built will have to serve us for the next 100, we need to ensure that what is built is of sufficient capacity to cope for the future.18:58

from sybil Ritten to All Attendees:

With the new hospital and 1800 homes how will James lane cope with increased traffic. even with no car ownership surely people will be needing deliveries and service vehicles attending their homes. Won't the increased traffic impact the emergency vehicles?18:58

from Ken Bean to Everyone:

what % of housing will be "affordable" in line with GLA & LBWF plan policies?18:59

from Paul Bell to Everyone:

Ken - one of the great benefits of building the new hospital in this location is that we can build it in a single phase with no temporary decant accommodation. This minimises disruption on the existing hospital during construction and optimises value to the public purse.18:59

from Lorraine Richards to All Attendees:

Less beds for the area, but 1500 new homes... that is potentially 3000+ more people. It doesn't add up. The NHS needs help not to have to work harder!18:59

from Jon Ashley to All Attendees:

How will cross Whipps Cross Road be provided for pedestrians and cyclists. Bridge or tunnel?18:59

from Caroline White to Everyone:

What links have been made with primary care in terms of additional increase in local population as a result of the housing development and their access to primary care?18:59

from Robert Gay to All Attendees:

Impact emergency services in particular as the ambulance station is on James Lane and James Lane cannot easily be widened because the land beside is Epping Forest land18:59

from Paul Bell to Everyone:

Ken - affordable housing provision will be 50% in line with policy18:59

from hilda varley to Everyone:

the hospital plan is for 10% fewer beds with a growing population. and closure of the hospice and current bed occupation is at a dangerous level, and are local hospitals19:00

from Robert Gay to All Attendees:

Really affordable, or market price "affordable"?19:00

from Noel Chapman to Everyone:

On behalf of PACT- David Mc Mahon what will happen to the water that you plan to channel along the new path and through the Panhandle when it meets Lea Bridge Road? Are you diverting one issue and causing another for residents of West End Avenue and Halford Road ?19:00

from Jon Ashley to All Attendees:

Please reassure us that the high rise building adjacent to hospital will not allow view into any hospital space or roof terraces.19:00

from gregory madden to Everyone:

Ken, the assumption is 50% affordable housing.19:00

from Chandra Morar to Everyone:

Can you please make sure that the construction of hospital is of high quality materials, to ensure that the hospital survives another 100 years. I worked at the new Royal London Hospital and the paint was flaking off walls, the toilets had problems etc.. it was all cheap construction.19:01

from Jon Ashley to All Attendees:

Assumption of 50% not guarantee and no statement on key worker housing for hospital workers which is acknowledged to be a retention problem for NHS staff19:01

from Molly Cooper to Everyone:

What provision is there for cancer treatment, which by its nature requires long term complex care19:01

from Tuzie Morrison to All Attendees:

Is there any accommodation reserved for trainee nursing and medical staff?19:02

from Nigel Lovell to Everyone:

Research shows that a lack of beds has a direct negative impact on A&E waiting times. Given that the NHS hasn't reached the target of less than 4 hour waiting time for A&E patients since 2015, shouldn't the hospital be looking to increase, not decrease, hospital bed numbers?19:02

from hilda varley to Everyone:

affordable housing does not reduce the housing waiting list we need social housing. how is it a good business model to pay or subsidise private landlords rent19:02

from Frances Simmons to All Attendees:

Has English Heritage come back yet on the preservation of the old laundry on the site? or whether it can be demolished/moved??19:02

from David McMahon to Everyone:

Hi Noel - the proposal is for water will be fed into sustainable drainage systems which includes attenuation ponds to allow water to filter into the drainage system more slowly reducing flood risk. A large zone has been allowed within Fille Brook Park to facilitate this19:03

from hilda varley to Everyone:

can you say how many beds are in the current maternity block? how many are single rooms with ensuite bathroom? and secondly how many maternity beds are planned for in the new development?  
19:04

from Jeanette Dye to Everyone:

Will the original hospital and pond stay the same? Instead of housing. Could these buildings be for staff only and also, a large care home, as this hospital was supposed to be mainly for old people?  
19:04

from Martin Deutsch to Everyone:

will there still be some sort of incinerator/boiler house on site - and will these be used for CHP for the homes (and local area?)  
19:05

from Jon Ashley to All Attendees:

Mayor of London will "steal" £2m of the project fund under current rules to pay others to reduce their environmental impact. What is Trust and WF and local politicians doing to keep the fund available to give us the best and most sustainable hospital for long term  
19:05

from Jeanette Dye to Everyone:

What was the long skinny bit outlined in blue?  
19:05

from Jon Ashley to All Attendees:

Renewable energy (PV and Ground Source Heat pumps ) will be used for energy for new hospital. No CHP or gas/oil fired heating.  
19:06

from hilda varley to Everyone:

in the last meeting a member of the panel mentioned LB Waltham Forest building business was involvement in the build fir either the hospital or the flats . I can't remember what it is called 66 bricks or similar  
19:06

from Marie Kerrigan to Everyone:

It all looks very suited to privatisation and commersial interests , rather than its core function as a hospital.  
19:06

from Jon Ashley to All Attendees:

The land belongs to the NHS not Waltham Forest. Its being used for housing to meet WF targets and contribute to hospital budget.  
19:07

from Robert Gay to All Attendees:

Balconies are no use as outdoor space  
19:07

from Lorraine Richards to All Attendees:

Waltham Forest should be using their own land, not land owned by the hospital surely?19:08

from Frances Simmons to All Attendees:

James Lane seems to have at least three exit points from the hospital with quite heavy and diverse traffic. Given that the road is quite narrow already and that there is not only Leytonstone School, but also Clare Road is the exit/entrance to hundreds of homes around St Andrews/Colworth Road and Forest Drive. Worried about access to these homes not just for cars & vans but also emergency vehicles. What proposals do you have now for James Lane?19:08

from Yinting Ta to Everyone:

What is the ongoing funding situation for the new WXH? I have concerns re: Private Finance Initiatives used in previous years in the NHS - this is an unsustainable and highly damaging scheme and data from the Nuffield Trust shows Barts Health Trust is one of the biggest PFI schemes in the UK.19:08

from Marie Kerrigan to Everyone:

\Surely fewer houses, parks and fancy bits ( there is Hollow Ponds) after all and more hospital facilities is better for the local growing population, new families, higher demand on A and E.19:09

from hilda varley to Everyone:

it would prudent and cost effective to build a hospital that is larger now rather than wait19:09

from Marie Kerrigan to Everyone:

Feel all the frilly stuff will also be privatised or will it be open access, therefore not very peaceful for patients19:10

from Yinting Ta to Everyone:

Have plans for bike storage been considered yet? This is often an afterthought, where bike racks are in poorly observed areas (risking theft), with difficult access to the hospital, and positioned far away from changing rooms.19:10

from Lorraine Richards to All Attendees:

Whipps Cross has already had several wards closed over the years already and now more beds will be lost....19:10

from Paul Bell to Everyone:

Martin - there is no waste incineration proposed. As part of our net zero carbon strategy the new hospital will have a 100% electric fuel source with only emergency standby power using combustible fuel. This is a different strategy to CHP.19:10

from Jon Ashley to All Attendees:

What is stopping Barts reducing hospital beds NOW if it is so feasible using the methods you describe?19:11

from Robert Gay to All Attendees:

The trouble with what Mr Finney says is that Acute Hospitals end up picking up what other parts of the health service (and underfunded social care) have not picked up19:12

from null to Everyone:

Worried about the security at the rear of Peterborough Road, will there be high fences to avoid Burglary opportunities at the back. No alleys where various activity can be hidden behind. Also wildlife encouragement in our gardens. Thank you19:12

from hilda varley to Everyone:

how many occupied spaces will have no natural day light?19:12

from Lorraine Richards to All Attendees:

People are still going to be ill.... are you saying that at the moment there are people using beds that actually don't need to? I don't believe that is true. Bed blockers I agree... waiting for social services etc that can be improved.19:13

from null to All Attendees:

The community services do not have the capacity to care for more people at home at the present time and the communication between hospital and community needs to improve19:13

from null to Everyone:

Also, what about Peterborough Road will it be used to park cars and takes spaces like shops do already19:13

from Chandra Morar to Everyone:

the development is a mini city housing thousands of additional residents. How are existing services such as policing, GPs, schools and colleges etc going to cope with this extra influx of people? You are not in control of such services.19:13

from null to Everyone:

It is a nice idea19:13

from Lorraine Richards to All Attendees:

Are doctors going to be taught to send people home regardless.... I'm getting very annoyed. Good point Nigel!!!19:13

from Jon Ashley to All Attendees:

Its not working - experience last week proves it.19:14

from olexandra stepaniuk to Everyone:

In previous meetings you have referred to previous pilot studies of ICS how long did they last and what staff turnover did you experience in the pilot projects and how does that compare to turnover of care staff generally?19:14

from Molly Cooper to Everyone:

Elderly patients are being discharged to first floor flats when they cannot leave their beds and they have to wait for carers to assist them every 3 hours, is this the future?19:14

from Jon Ashley to All Attendees:

Shipping people home to release beds when they are not ready just creates problems for them and for the health and care service.19:15

from hilda varley to Everyone:

in addition to the services you mention Chandra the plan cannot control over home care services gps dentist's community nurses. the Kings Fund no beds should be cut without community services being in place and working well.19:16

from Yinting Ta to Everyone:

The palliative care services are to be integrated into the hospital. I.e. there will be no separate Margaret Centre, and pall care services will be based on a ward in the main hospital. As someone that works in pall care, I have concerns - the main, acute hospital environment is not compatible with the holistic care approach of pall care - has the impact of this been fully considered? including consulting pall care staff and service users?19:17

from John Inglis to All Attendees:

Thanks to the panel for a very clear presentation. How and when will the housing be brought forwards?19:17

from Jane Harrington to Everyone:

absolutely agree Yinting19:18

from Jon Ashley to All Attendees:

Yinting - it will not even be on a ward - it will be on individual beds wherever the patient happens to be - no special environment or facilities.19:19

from Yinting Ta to Everyone:

RE: current comment on surgery - apparently WXH is hoping to become a frailty unit incl for surgery in future - this population is hardly one that can be served as a day case19:19

from hilda varley to Everyone:

an elderly relative aged 99 was discharged home alone after fracturing his hip. previously he walked a mile a day . we were assured he'd get the same care at home. I 6 weeks he has over 40 carets come in only 2 or 3 turned up mite than once. he was re admitted to hospital with 6 weeks. he was emaciated, dehydrated infected bed sores septicaemia chest infection. he was hallucinating.19:20

from Jon Ashley to All Attendees:

So next step would be all major casualties would go straight to another Trust hospital, further downgrading the capability at Whipps?19:21

from Frances Simmons to All Attendees:

Yinting definitely agree - palliative care needs to be kept separate from busy acute wards - Margaret Centre needs to be integrated into the new hospital as a specialist unit. We shouldn't lose it!19:21

from Mary Moore to Everyone:

Totally agree. Dying is an art not to be muddled in with trying to extend life at all costs19:21

from Martin Deutsch to Everyone:

will there still be paed's wards? my daughter came to A&E and was admitted to a ward for a few days - I feel that this is definitely a facility that needs to be available in the local area rather than being shipped off to another hospital.19:22

from Deborah madden to Everyone:

Martin, yes there will still be a children's ward19:22

from Martin Deutsch to Everyone:

good to hear, thanks19:22

from gregory madden to Everyone:

Hello Yinting. The new WX hospital will not be funded through PFI. The expectation is that it will be funded through Government although this will be partly offset by land sales proceeds. We are currently working with the Department of Health and NHS England / Improvement regarding the cost of the hospital. This is on-going as we further develop the design as part of developing our Outline Business Case which will then be submitted to Government for approval.19:23

from hilda varley to Everyone:

the elderly relative was discharged too soon with inadequate care put in place .he was ne19:23

from Nigel Lovell to Everyone:

Following the answers given to my question about hospital bed numbers, here's a link to research by NICE which suggests that planned occupancy levels above 85% carry risk to patient outcomes. - <https://www.nice.org.uk/guidance/ng94/evidence/39.bed-occupancy-pdf-172397464704>19:24

from hilda varley to Everyone:

what do you mean by business case ?19:24

from Jane Harrington to Everyone:

Of course dying is best when its quietly at home. But believe me, when that cant happen, dying n a general ward is not an acceptable alternative19:25

from JJ (Wiilma.org) Khun to Everyone:

Due to time as it look as though all questions will likely not be answered tonight could we still receive responses? Thanks19:27

from Merrin Playle to All Attendees:

Will residents of the new housing be in the WHX zone?19:27

from Yinting Ta to Everyone:

Thanks for ans re: PFI Gregory Madden19:27

from Chandra Morar to Everyone:

will responses to questions raised be posted on some site?19:27

from Noel Chapman to Everyone:

On Behalf of PACT - Georges question about security - Passive surveillance ? What happens in the dark, at night, surely nobody wants lighting, is it not impossible to ensure security - this 'stepping back' idea you cannot do that in the Panhandle it's total width is under 30metres, Many of the houses are less than 10metres from the boundary, they will not want trees shading their gardens or providing an aim to climbing into gardens.19:29

from hilda varley to Everyone:

seems the PR cannot convince people that a smaller hospital is going to be great thing for local people now and into the future. a lot of people will suffer and the costs will be born by the public in terms of buying in the care they need when discharged from hospital post surgery or after birth or die at home. the Costas are not only monetary eg giving uo work to care for someone ( most employers are not flexible) but also physically demanding nursing people at home 24hrs a day not to mention emotionall19:31

from Yinting Ta to Everyone:

RE: comment that the NHS is not a landlord - this is sensible of course, however, having the NHS continually sell off limited assets to keep itself afloat, and then having to buy land back is completely non-sensical19:31

from Nigel Lovell to Everyone:

The provision of a dedicated palliative care unit should be integral. Both my parents died in The Margaret Centre and the care and compassion given by the staff there was superb. I cannot imagine how awful our experience would have been had my parents been on a ward