

Written Questions Received for September 2020 Trust Board Meeting

Question sent in by ...	Question	To be answered by ...	Reply
Sandra Ash	<p>Q.1. Given that the IHT plan is to remove all acute services from both Epsom and St Helier Hospitals, why do these drawings include a whole separate building marked:</p> <ul style="list-style-type: none"> • "Acute Inpatient Services" in the case of Epsom as a District hospital and • "NEW Acute Inpatient Services" in the St Helier case of it being a District hospital? <p>The IHT plan clearly states that the intention is to locate ALL acute services at a SINGLE site and the decision to locate them all at the Marsden site has been made.</p> <p>My understanding is that no acute services at all would be provided at either of these hospitals under the IHT plan, let alone Inpatient Acute Services. These drawings will have helped to mislead many members of the public into believing that the Sutton option was an additional facility and not a poor substitute for two existing Acute Hospitals.</p> <p>Many people left the Consultation meetings believing that both hospitals would also retain a full A&E and maternity services.</p> <p>Q.2. Can you explain the misleading and dishonest illustrations which were used as part of the very expensively produced publicity material designed to persuade the public to accept the so-called "Improving Healthcare Together" proposals?"</p>	Trevor Fitzgerald	<p>A.1. Nearly all of the Trust's inpatient bed base is designated as General and Acute beds (exceptions include critical care beds). Under IHT, the Trust's six acute services will be located at Sutton Hospital in the new Specialist Emergency Care Hospital. The District Hospitals (Epsom and St Helier) will retain acute inpatient beds under the IHT Programme for both planned care, like SWLEOC, and rehabilitation beds primarily for older people who need a longer time to recover following an acute episode of care.</p> <p>In addition, all outpatient activity will continue to take place at St Helier and Epsom hospitals and will be supported by diagnostic facilities on site including x-ray, CT Scanners and MRI scanners. The urgent treatment centres will remain at both existing sites and will in the main see patients who are self-presenting.</p> <p>A.2. The drawings included by our commissioners in the IHT consultation were early feasibility studies and did not represent a final design. More detailed design work for the new facility at Sutton and the refurbishment of Epsom and St Helier hospital sites is being undertaken as part of our Business Case and we have shared the latest thinking during the Annual Public Meeting</p>

<p>Marielise Audley</p>	<p>Q.3. A Surrey Councillor at the June 4th meeting of the Surrey County Council Adult Health and Scrutiny Committee attended by Daniel Elkeles, expressed concerns about land sales and development around Epsom Hospital "leading residents to feel it was being 'squashed' into an ever smaller site". Does the drawing of Epsom Hospital included in the video "Our five year strategy" indicate the final footprint anticipated for Epsom Hospital at the end of the planned reconfiguration?</p>	<p>Trevor Fitzgerald</p>	<p>A.3. The image on the video "Our five year strategy" of Epsom hospital is not representative of the final footprint for Epsom Hospital at the end of the planned reconfiguration. It was just designed to be an image that people could identify as Epsom Hospital.</p> <p>The image is to represent that we will continue to run acute services and invest in our builds at both Epsom and St Helier hospitals when we have built and moved into the Specialist Emergency Care Hospital at Sutton.</p> <p>The image for Epsom shows Bradbury and Denbies Wing. Under the reconfiguration, in addition to the above, Wells, Woodcote and Langley Wing will remain and continue to provide acute services.</p> <p>Hopefully Cllr Audley will have seen the refurbishment work happening to the Wells Wing to make it our main inpatient building, fit for patient care for the foreseeable future. In addition, we are about to start work refurbishing the Langley Wing to accommodate additional services moving from West Park and are soon to start construction of a multi-story car park on our existing patient parking; this follows recent upgrades to the Denbies, Bradbury and Woodcote Wings. I hope this demonstrates that the Trust sees an improved Epsom hospital as a key part of our long-term plans</p>
<p>Natalie Stowe</p>	<p>Q.4. What is the solution to the parking situation at Epsom Hospital, both short and long term? We had a Consultant who missed an important family meeting yesterday because he couldn't find a park and he had to drive back home and then get a taxi in to work... my colleague also had to pay for parking to park in the public car park today (£14.50) because the 60 spaces in the visitor car park for staff, were already taken just after 9am.</p>	<p>Trevor Fitzgerald</p>	<p>A.4. We understand the current car parking issues being experienced at Epsom Hospital. As the Trust re-starts planned care surgery and face to face outpatients, we need to use our visitor's car park for patients and visitors again. We are monitoring the demand daily and allowing staff to use part of the visitor's car park, subject to capacity. We may need to re-introduce charging for staff to manage the demand.</p> <p>Longer term, the Trust is progressing the delivery of a multi-storey car park in the Visitors car park. Subject to planning permission, we are hoping construction work will start in</p>

<p>Jeff Croucher</p>	<p>Q.5. P3 of your major commitments is maximising integration through community services and primary care. As a local GP patient and system lead this is really important to me. Could you describe what this might look like for a Sutton resident receiving healthcare in 5 years' time if the opportunities to integrate secondary primary and community services are realised.</p>	<p>Thirza Sawtell</p>	<p>November 2020 and will take a year to complete. During construction, we will need to move most of our staff car parking off site to a park and ride facility. This will be difficult in the short term for staff and we will be undertaking detailed communications with staff in the near future.</p> <p>A.5. We are fortunate that our vision for integrated care across Sutton is one that has been developed both with our partners in General Practice, the Local Authority, the mental health trust, the voluntary sector and local health commissioners through our Sutton Health and Care Alliance and with local people as part of the development of the Sutton Plan.</p> <p>Local people and communities will remain at the centre of all we do.</p> <p>Local people will be provided with the information, support and time to make their own, informed decisions about their health and lifestyle. This will be provided in a variety of formats and increasingly will use digital technology and social media. With a focus on health rather than sickness, people will be signposted to local opportunities such as leisure facilities and to local resources such as local community or interest groups.</p> <p>The General Practice will remain the cornerstone of people's access to healthcare. However, as practices increasingly work together in Primary Care Networks, community, social care and voluntary services will also wrap around the practice population forming an integrated team and way of working, with the person not the organisation at the centre of care. This will mean that people will be able to see the right clinician first time and with shared care records will not need to keep repeating their story.</p> <p>The primary care clinician will be able to access advice in timely ways from specialist colleagues supporting the development of a shared care plan and avoiding the need to wait for a hospital appointment. Where the patient does require a specialist opinion this may be undertaken using digital</p>
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