

**To:** 2020-2030, Esth (EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST)

**Subject:** Fw: PRESS RELEASE: CARSHALTON & WELLINGTON LABOUR PARTY'S POSITION ON 'EPSOM & ST HELIER 2020-2030'

## **PRESS RELEASE**

### **CARSHALTON & WALLINGTON LABOUR'S POSITION ON 'EPSOM & ST HELIER 2020-2030'**

Carshalton & Wallington Labour Party is opposed to the removal of A&E and Acute care services from both Epsom & St Helier Hospital. The aim of the proposals put forward by the Epsom & St Helier Trust is to reduce the existing two acute hospitals to one. The underlying motives, concealed from the public, is that the South West London Five Year Plan aims to cut the acute beds in South London by 44 per cent to reduce a projected financial deficit of £828 million in the coming decade.

We are shocked that in the plans there is no considerations of the number of beds and the increase of population in the catchment areas by 2025. Currently, we have 2.0 beds per 1000 which is lower than that for the English average of 2.76 per 1000(2013 data). Our nearest neighbouring country France has 6.29 beds per 1000. The planned cut in acute beds and the increase in population at a conservative rate of 1 percent will mean that we are likely to have less than 2.0 beds per 1000.

The choice of a newly built specialist A&E and Acute Care Hospital either at Epsom or at St Helier or adjacent to the Royal Marsden in Belmont is both deceptive. The management have deemed that St Helier Hospital building is 'not fit for purpose' for 21<sup>st</sup> century health care. The Epsom site also has limitations in terms of a site for a newly built facility. Therefore the choice to locate the new specialist facility at Epsom or St Helier is mere tokenism. It seems clear from what has been said at public meetings by politicians, managers and councillors that the Royal Marsden would be the preferred site for the new facility because of the advantage of building on a vacant land.

If the A&E and Acute Care specialist facility is co-located with the Royal Marsden Hospital, there would be serious consequences for Epsom & St Helier hospitals. Removal of these services will result in the loss of patient numbers, acute beds, surgical theatres, consultants and significant financial revenue from both hospitals, resulting in their downgrading. In addition, location at that site would pose a greater risk to patients because of the lack of transport infrastructure, the increase in travel time and ambulance queuing.

We believe that both Epsom and St Helier site need investment to upgrade their facilities to the best possible standard. Any capital funding should be spent to do that in proportion to their needs with St Helier needing more investment because of its older and neglected building infrastructure. Furthermore we are opposed to any capital funding through PFI because of the extortionate repayments at the expense of patient care. Any capital funds should be provided by NHS England at the current low rate of interest.

We are gravely concerned that the engagement process took place over the summer holiday break when many people were away and setting of the deadline of 30 September. We urge the trust to extend this deadline. Furthermore, we consider the questions that are asked to be so vague and ambiguous that people would be indicating their preference without understanding the full implication. The least we demand is the management publish the details of all the feedback, the number of people responding to the questions, the letters received, the petition received etc for public scrutiny. At every public meeting, the dissent has been significant and these voices should be heard.