ESTH 2020-2030
Epsom and St Helier University Hospitals NHS Trust
4th Floor Ferguson House
St Helier Hospital
Wrythe Lane
Carshalton
Surrey SM5 1AA

25 September 2017

Epsom and St Helier 2020-2030

Dear Mr Elkeles,

I am writing in response to your ongoing engagement named Epsom and St Helier 2020-2030 and I would be grateful if you could include this as my official response to the process.

As I understand it, St Helier Hospital is at risk of losing all acute services including major accident and emergency as well as consultant led maternity services in two-thirds of your proposals. I am wholly against an engagement process that could leave St Helier Hospital’s acute services at threat.

I have undertaken a detailed analysis of a 1 mile radius surrounding each of the three proposed sites for the hospital catchment area’s acute services (Rose Hill, Epsom and Belmont). The statistics are shockingly definitive in that the site requiring any investment is Rose Hill and that, most importantly, St Helier Hospital simply cannot afford to lose its acute services or put them at risk.

Health

There are 3,465 people with ‘bad’ or ‘very bad’ health living within a mile of St Helier compared to just 1,525 living an equivalent distance in Belmont and 937 in Epsom. Moving acute services from Rose Hill to Epsom or Belmont would literally be moving them from an area with statistically bad health to an area with better health. That goes against every principle of a hospital’s purpose.
Currently, both St Helier Hospital and Epsom Hospital have acute services and yet these services are used far more frequently at St Helier. In 2015, St Helier had 21,428 adult A&E admissions compared to 14,039 in Epsom. In the same year, St Helier had 22,555 paediatric A&E attendances compared to 14,721 paediatric A&E attendances at Epsom. A loss of major A&E would clearly be disproportionately damaging to the residents living near St Helier considering that statistically poor health has resulted in a significant demand on local acute services.

Similarly, the maternity facilities at St Helier are in considerably more demand than at Epsom. In 2015, 2,987 babies were born at St Helier compared to 1,988 at Epsom Hospital. This is unsurprising considering there are 2,310 females between 15-39 (the age bracket most likely to need consultant led maternity services) living a mile from St Helier Hospital, whereas there are only 1,320 the same distance around the proposed site in Sutton and 1,045 around Epsom. Moving consultant led maternity from Rose Hill to Epsom or Belmont would mean moving them from an area with a far higher need for the services to one with far less need.

Furthermore, according to Public Health England, 38% of the neighbourhoods within a mile of St Helier Hospital are considered to be in the 40% most deprived neighbourhoods for health across the country. There are no such neighbourhoods an equivalent distance to Epsom Hospital and just 13% of neighbourhoods considered as deprived for health within a mile of the site at Belmont.

The statistics on health could not be clearer: acute services are in far greater need at St Helier’s current site in Rose Hill. Moving these services on this knowledge would be simply unjustifiable.

**Local Population**

70,154 people live within a mile of St Helier Hospital, compared to 28,691 living an equivalent distance to the site in Epsom and 39,297 in Belmont. Of these, there are 15,053 dependent children within a mile of St Helier Hospital compared to 5,715 in Epsom and 6,851 in Belmont. Similarly, 12,121 people over the age of 60 live within a mile of St Helier Hospital compared to 6,801 in Epsom and 9,931 in Belmont. These dependent children and elderly residents are precisely the groups that are most likely to need quick and easy access to local acute services.

Unsurprisingly, therefore, the acute services are currently used by considerably more people at St Helier Hospital than at Epsom Hospital, illustrating both the demand and their
importance. Considering the stark differences in the local population sizes, it is unlikely that this demand will change. A loss of acute services at St Helier would therefore impact the lives of considerably more people than in either Epsom or Belmont, moving services including major A&E and consultant led maternity services further away from a much larger number of people.

Travel

14,335 people living within a mile of St Helier do not have a car in their household. This is almost 3 times the number of people without transport an equivalent distance in Belmont and 5 times the number in Epsom. For people without transport, the time it would take them to travel to access their local acute service is of utmost importance.

Fortunately, there are 7 different bus routes to St Helier Hospital, with 5 running every 12 minutes or faster in peak time. Of the 7 routes, 4 stop directly at the hospital. There is also a local tube station in Morden and the 157 bus route connects St Helier Hospital with Morden station in just 10 minutes.

Travelling from Rose Hill to either Epsom or Belmont is significantly more difficult. To travel by bus from Rose Hill to Epsom Hospital requires 2 buses and takes over an hour. Travelling by bus to Belmont requires a 20 minute bus and a 15 minute walk. For those who cannot walk this distance (the case for the majority of those needing to access acute services), the bus takes half an hour. There are no tube stops supporting either Epsom or Belmont.

For a resident who needs to reach the hospital quickly to access its acute services, how quickly they can reach them should be one of your utmost priorities. Not only does the local area to St Helier have a significantly larger population than Epsom or Belmont, but this population is significantly more dependent on strong local transport links to their nearest acute services. If acute services were to only be in Epsom or Belmont, a significantly larger number of residents without access to a car would struggle to access them quickly and easily.

Jobs and Economic Consequences

A loss of acute services at St Helier Hospital would have a detrimental knock on effect on jobs and the local economy. St Helier Hospital is the biggest employer for the local area and, in addition, brings many people including staff, patients and visitors to Rose Hill who support the local businesses, shops and cafés. The precinct has recently lost both a Co-op
and a Post Office and if services were to be downgraded or removed from Rose Hill, there would be a dramatic impact on the area which already has a large number of households without work.

Half of the neighbourhoods within a mile of St Helier’s current site are considered to be in the 40% most deprived neighbourhoods for employment. And that’s with a fully operational St Helier Hospital. Comparatively, there are no neighbourhoods within a mile of Epsom Hospital considered to be in the 40% most deprived for employment, and just 8% of the neighbourhoods within a mile of Belmont meet this level of deprivation.

The local economy to St Helier Hospital is already far worse off for employment than either Belmont or Epsom and it is dependent on a fully operational St Helier Hospital. The impact, therefore, that the downgrading of St Helier Hospital would have on the local area is significant.

St George’s Hospital and Croydon University Hospital

St George’s Hospital is already under immense pressure. In August 2017, a Care Quality Commission report found that the Trust had only partially met the requirements of a Warning Notice issued in 2016. For a hospital to be recently under a Warning Notice, the last thing it needs is increased pressure.

A loss of acute services at St Helier Hospital would inevitably lead to increased pressure on St George’s as the hospital is far easier to access for the majority of my constituents, so many of whom have told me throughout this engagement process that they would access St George’s acute services if St Helier’s were to move to Epsom or Belmont. But it is St George’s Hospital that already relies on St Helier as the safety valve. A Morden based GP surgery recently clarified to me that all 14 day referrals are currently being sent to St Helier over St George’s. In addition, the maternity unit at St George’s Hospital had to temporarily close in both 2014 and 2015, directing women already in labour to St Helier.

I am concerned that the Trust has not considered the knock on effect that the loss of acute services at one hospital would have on others. For my constituents living in Pollards Hill or Longthornton, they are most likely to look to Croydon University Hospital if they lost their acute services at St Helier. I understand, however, that you haven’t even approached either the Leader of Croydon Council or the Chair of their Health and Wellbeing Board to hear their views on your proposals.

The loss of acute services at one hospital will directly impact the acute services at others. The assumption that all residents who use St Helier’s acute services would continue to use
them in Epsom or Belmont is absolutely wrong. A loss of acute services at St Helier could prove to be the breaking point for St George’s Hospital and an overwhelming burden for Croydon University Hospital.

Deprivation

The neighbourhoods within a mile of St Helier Hospital are considerably more deprived than those surrounding Epsom or Belmont with 26% of the neighbourhoods within a mile of St Helier considered in the 30% most deprived in the country, compared to just 4% of the neighbourhoods around Belmont and none of the neighbourhoods surrounding Epsom.

Similarly, Rose Hill is far more income deprived. Half of the neighbourhoods within a mile of St Helier’s current site are considered in the 40% most deprived neighbourhoods for income, compared to just 13% of Belmont’s neighbourhoods and none of Epsom’s.

Rose Hill also has a considerably lower standard of education, skills and training. Moving St Helier Hospital’s acute services to Epsom or Belmont would be moving them from a considerably more deprived area to a considerably less deprived area.

The deprivation of the local area to St Helier Hospital should be of significant importance to you. The National Health Service Act 2006, as amended by the Health and Social Care Act 2012, placed a duty on the NHS, Secretary of State, and CCGs to reduce health inequalities between patients in access to, and outcomes from, health care services.

Any proposal to move acute services away from an area of multiple deprivation, such as the area immediately surrounding St Helier Hospital, would have to be justified on health equality grounds. This is outlined clearly in Section 14T of the Health and Social Care Act 2012.

It is imperative that you also take into account how services are accessed. It is statistically proven that those living in a more deprived area with poorer health are more likely to access A&E instead of local GP services. It is no wonder therefore that the most deprived areas in 2014 had 4.9 fewer GPs and nurses per 100,000 residents than the least deprived areas.

As such, even considering moving acute services away from the statistically far more deprived area of Rose Hill to the far less deprived areas of either Epsom or Belmont would completely go against your responsibility to ensure health equality. You would be moving acute services from an area that, due to its deprivation, is more reliant on them. You have a duty to ensure health equality across the entirety of the Trust’s catchment area.
Closure of the Wilson

Earlier this year, the Wilson Walk-In Centre closed its doors. This was the only direct access NHS facility in East Merton and its closure has led to a vast increase in those attending A&E at both St Helier and St George’s Hospitals. In fact, according to a Morden based GP, St Helier’s A&E attendances have increased by 20% since the Wilson closed.

The replacement for the Wilson Walk-In Centre is the NHS non-emergency number, 111. This has made it harder for those in East Merton who have poor employment security or poor English to access out of hours services. To make matters worse, a staff member at the Wilson told me during this engagement process that 4-5 people a day still arrive looking for the walk-in. If it is an emergency, the staff advise them to go to St Helier Hospital.

The loss of local health services has already left my constituents reliant on St Helier Hospital’s acute services. We simply cannot afford to lose the services from the acute facilities that we have been forced to rely on.

The Process

Epsom and St Helier University Hospitals NHS Trust does not have the authority to decide the changes that should be made to its services. This role is played by NHS Commissioners and local authorities including each impacted Council’s Health and Wellbeing Board. Though the process itself is not illegal, you do not have the authority to make the changes you are proposing and so I consider it to be a hugely unjustifiable spend of public money and a misleading of the general public, particularly at a time of austerity.

I am appalled that you have openly acknowledged to key stakeholders that your preferred outcome for the engagement is for the acute services to move to Belmont. What is the point of an engagement process if those organising it are approaching it with such bias?

Of course, this is a process that has been run so many times before to a huge expense of an estimated £40-50 million to the taxpayer. From ‘Better Healthcare, Closer to Home’ to ‘Better Services, Better Value’, consultation after consultation has shown that Rose Hill is the best site for St Helier Hospital. Nothing has changed.

What’s more, there is no indication in the Government budget that any funds are available for the building of a new hospital. As such, spending money on an engagement or consultation is a complete misuse of public funds.

I am also extremely concerned at the long term impact on a hospital that loses acute services. Historically, this has happened to other hospitals, including in London. These
examples could not be clearer: once a hospital loses acute services, it is the beginning of the end for that hospital.

In addition, I am particularly concerned at the lack of criteria to measure the public's response to this engagement. The questions you have included on your public engagement materials are written in such a way to be able to determine any reply they receive as a positive one. If the question at this stage is whether everybody in South London would want investment in their hospitals then of course the answer is yes. We don't need a £37,000+ engagement to decipher that. But that is not the question at stake here. The question is whether this investment should come at the expense of at least one of St Helier Hospital or Epsom Hospital's acute services. The statistics outlined in my letter could not be clearer as to the devastating impact that this would have on St Helier Hospital and my constituents who rely on it.

This is an engagement being run whilst Parliament is in recess and over the school summer holidays, minimising the opportunity for parents and politicians to contribute to the process. I would be very grateful if you could inform me as to how you will measure the response to the engagement as I have been overwhelmed by the number of my constituents who have confirmed that they are completely opposed to St Helier being at risk of losing any services and wanting to ensure that this concern is heard and counted loud and clear.

I wholeheartedly support any investment in St Helier Hospital if and only if there is no threat to their acute services.

Please register this letter as my official response to the engagement process.

Yours Sincerely,

Siobhain McDonagh

Siobhain McDonagh MP