Epsom and St Helier 2020 - 2030
Your views
This document provides an overview of the feedback we received during the period of initial engagement and involvement we held regarding the long term future of Epsom and St Helier Hospitals.

Over 13 weeks:

We attended 47 local meetings and events meeting with over 2,000 people.

We held 31 drop in sessions and meetings internally reaching over 2,500 staff.

11,977 people visited our website page on 2020-2030.

6,310 people viewed our video.

1,059 individual questionnaires were completed with:

- 89% agreeing with our aim to provide as much care as possible from our existing hospital sites at St Helier and Epsom and do this by working more closely with the other local health and care providers

- 79.8% agreeing that we have made the case that we will improve patient care by bringing together our services for our sickest or most at risk patients on a new specialist acute facility on one site.
What have we been doing?

Over the past few years, we have been talking to staff and the community, explaining the challenges we face and our goals for achieving facilities that are fit for providing healthcare in the 21st century. This work included communication online and face-to-face.

As a result of the feedback we received, we want to continue to find out what staff and local people think about us building a single specialist facility on our Epsom or St Helier site, or in a shared location with The Royal Marsden, and keeping most care local.

Over the coming months, we will continue to talk to local people and groups. The feedback we receive will help to guide us when we develop any options.

Any option we develop will go out to formal consultation before any decisions are made.

We wanted to listen to as many staff, patients, visitors, local groups and local people as possible. All along we have stressed that this is not a formal consultation, but is something which will help to shape future consultations.

The potential scenarios for the future

<table>
<thead>
<tr>
<th>Potential scenario</th>
<th>Epsom Hospital</th>
<th>St Helier Hospital</th>
<th>Sutton Hospital and the Royal Marsden – co-located</th>
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</thead>
<tbody>
<tr>
<td>1 Both Epsom and St Helier delivering a full range of local services with a new specialist acute facility based at Epsom.</td>
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<tr>
<td>2 Both Epsom and St Helier delivering a full range of local services with a new specialist acute facility based at St Helier.</td>
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<tr>
<td>3 Both Epsom and St Helier delivering a full range of local services and a new specialist acute facility (operating from a shared location) with The Royal Marsden at Sutton being where the centralised acute service is based.</td>
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Over 13 weeks (10 July to 6 October) we have gathered views from a wide range of people and organisations including the following:

- Patients
- Staff
- Patient forums, including GP patient groups
- Carers
- Local residents
- Neighbourhood groups and other local groups, including religious groups
- Local councils and councillors
- Local Healthwatch groups
- Clinical commissioning groups
- GPs
- Campaign groups
- Regulators
- Other providers in South West London and Surrey.
How we let people know

We worked with Healthwatch Sutton, a group of local patients, and Plain English Campaign, to develop a booklet and leaflet which described the challenges we are facing and possible ways to secure services locally into the future. We also produced a video which could be viewed on YouTube and on our website (which is still available to view), and a dedicated section of the website where people could sign up and send in their views.

We held 31 drop-in sessions for staff. This was in addition to the messages being sent to all staff internally through widespread distribution of posters and flyers, information on the Trust’s intranet, e-newsletters (eupdate and the Chief Executive’s weekly message), other targeted emails and screensavers (rolled out across all Trust computers).

Four hospital-site tours took place, offering anyone the opportunity to see the hospitals and give us feedback.

We produced 5,000 detailed booklets and 50,000 leaflets with questionnaires. The leaflets and questionnaires were:

- Given out by volunteers on wards and in departments
- Posted through the doors of homes on 189 roads
- Included in all antenatal packs during September.
- Given out by patients with the medication they take home
- Sent with outpatient letters throughout September
- Made available on wards and in departments
- Given out with the medication patients take home
- Sent with outpatient letters throughout September
- Made available on wards and in departments

We contacted 360 GPs and practice managers, and sent them information to share with their patients.

We delivered posters and leaflets to 39 local libraries.

We contacted our 420 Patient First members, who are patients (or former patients) and relatives and carers, for their views.

We contacted 28 residents’ associations and local groups, offering them meetings so we could answer their questions.

We contacted 25 local high schools and colleges.

We contacted 10 local carers’ forums and groups.

We contacted 15 religious groups including the three main local mosques.

We contacted 11 LGBT+ (lesbian, gay, bisexual, transgender) groups.

All three Healthwatch organisations (Sutton, Surrey and Merton) held workshop meetings and shared the information widely with their contacts.

Our video and information was played on all TV stations throughout the hospitals.
Healthwatch Surrey is working on behalf of Epsom and St Helier University Hospitals NHS Trust to share their proposed plans for future changes to their hospitals, and offer residents the opportunity to share their views with our independent organisation.

The Epsom and St Helier 2020-2030 video explains the reasons why the hospitals would like to change their estates and gives you information on how Epsom and St Helier Hospitals think this could be achieved.

Local people were invited to share their opinions at a number of opportunities, including a showcase day at Epsom Racecourse in September, listening events and online.

We worked with all of our local Healthwatch partners who arranged local meetings. Healthwatch Surrey also carried out extra volunteer-led research, supported by dedicated web information, which is available online at: www.healthwatchsurrey.co.uk.

We received widespread media coverage throughout the involvement activity (the process of getting people involved in shaping the formal consultation).

Coverage in our local newspapers reached 187,000 readers alone, and we also provided interviews for regional broadcast media. Our posts on social media site Twitter reached 133,800 people in July alone, with 30,000 of those reached within the first three days of the involvement activity.

Sutton, Epsom and Wimbledon Guardians featured the story prominently. This encouraged people to get involved and allowed them to fill in a questionnaire.

There were a total of 26 unique articles published (some syndicated) between the period of 7 July to 10 October.

The Evening Standard featured two prominent articles about Epsom and St Helier 2020-2030, reaching approximately seven million readers.
Meetings we attended

We were invited to attend a wide range of meetings at many different venues and times, and were present at the following:

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>MEETING TITLE</th>
<th>VENUE</th>
<th>PUBLIC/CLOSED AND ATTENDANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Aug</td>
<td>2pm</td>
<td>Cancer Patient Forum</td>
<td>St Helier</td>
<td>Nine people</td>
</tr>
<tr>
<td>22 Aug</td>
<td>11am</td>
<td>Patient Forum</td>
<td>SWGLOC</td>
<td>Eight people</td>
</tr>
<tr>
<td>31 Aug</td>
<td>7pm</td>
<td>Tom Brake MP</td>
<td>Strawberry Lodge</td>
<td>More than 100 people</td>
</tr>
<tr>
<td>1 Sept</td>
<td>10am</td>
<td>Crispin Blunt VIP Meeting</td>
<td>Epsom Town Hall</td>
<td>Closed meeting – Eight Councillors and representatives of resident associations</td>
</tr>
<tr>
<td>5 Sept</td>
<td>6.30pm</td>
<td>Healthwatch, Sutton</td>
<td>Carshalton Beeches Baptist Free Church</td>
<td>Public meeting – 50 people</td>
</tr>
<tr>
<td>5 Sept</td>
<td>7pm</td>
<td>Epsom and Ewell Borough Council</td>
<td>Epsom and Ewell Town Hall</td>
<td>Closed meeting – 17 Councillors</td>
</tr>
<tr>
<td>5 Sept</td>
<td>9pm</td>
<td>Sutton Local Committee</td>
<td>Sutton Baptist Church</td>
<td>Public meeting – 34 attendees</td>
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<tr>
<td>6 Sept</td>
<td>8am – 8pm</td>
<td>Healthwatch Sunny feedback event</td>
<td>Epson Hospital</td>
<td>Spoke with patients and visitors</td>
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<tr>
<td>6 Sept</td>
<td>2pm</td>
<td>Obstetrician Group</td>
<td>Trinity Church, Sutton</td>
<td>Public meeting – 42 people</td>
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<tr>
<td>7 Sept</td>
<td>7.15pm</td>
<td>Merton Scrutiny Panel</td>
<td>Merton Civic Office, Morden</td>
<td>Public meeting – Councillors plus seven members of the public</td>
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<tr>
<td>7 Sept</td>
<td>7pm</td>
<td>Paul Scully MP, Public Meeting</td>
<td>Sutton College</td>
<td>Public meeting – over 100 people</td>
</tr>
<tr>
<td>8 Sept</td>
<td>8am – 8pm</td>
<td>Healthwatch Sunny feedback event</td>
<td>Banstead High Street</td>
<td>Spoke with members of the public</td>
</tr>
<tr>
<td>8 Sept</td>
<td>9pm</td>
<td>Sutton Scrutiny Committee</td>
<td>G3 Civic Office, Sutton</td>
<td>Council present</td>
</tr>
<tr>
<td>11 Sept</td>
<td>7pm</td>
<td>Derby Medical Centre Patient Forum</td>
<td>The Derby Square, Epsom</td>
<td>12 representatives of patient forums</td>
</tr>
<tr>
<td>12 Sept</td>
<td>7.30pm</td>
<td>Raynes Park and West Barnes Residents’ Association</td>
<td>Tennis Pavilion</td>
<td>Eight people</td>
</tr>
<tr>
<td>12 Sept</td>
<td>7.30pm</td>
<td>Politic</td>
<td>The Hayway, Epsom</td>
<td>15 members of the public</td>
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<tr>
<td>13 Sept</td>
<td>9.30pm</td>
<td>Sutton Cari Forum</td>
<td>Cric Centre, Sutton</td>
<td>22 people</td>
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<tr>
<td>13 Sept</td>
<td>11am</td>
<td>Sutton and Tour event</td>
<td>St Helier</td>
<td>10 people</td>
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<tr>
<td>14 Sept</td>
<td>10am</td>
<td>Maternity Voices Partnership</td>
<td>Casey Ward, Epsom Hospital</td>
<td>15 people</td>
</tr>
<tr>
<td>14 Sept</td>
<td>3.30pm</td>
<td>Talk and Tour event</td>
<td>Epson</td>
<td>10 people</td>
</tr>
<tr>
<td>14 Sept</td>
<td>7.30pm</td>
<td>Residents’ Meeting</td>
<td>Grantham Community Centre</td>
<td>Seven residents</td>
</tr>
<tr>
<td>15 Sept</td>
<td>8am – 8pm</td>
<td>Healthwatch Sunny feedback event</td>
<td>Cobham High Street</td>
<td>Spoke with members of the public</td>
</tr>
<tr>
<td>15 Sept</td>
<td>12.30pm</td>
<td>Epsom and Ewell Islamic Society</td>
<td>Hoole Road, Epsom</td>
<td>Over 700 people</td>
</tr>
<tr>
<td>17 Sept</td>
<td>11.30am–4pm</td>
<td>Healthwatch Sunny feedback event</td>
<td>Epsom and Ewell Family Fun Day</td>
<td>Spoke with members of the public</td>
</tr>
<tr>
<td>18 Sept</td>
<td>7pm</td>
<td>Epsom and Ewell Borough Council Public Meeting</td>
<td>Bourne Hall, Epsom Village</td>
<td>6 councillors plus six members of the public</td>
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</tbody>
</table>
25,000 people actively took part in the engagement

- We attended over 47 local meetings and events, meeting over 2,000 people, and held 31 drop-in sessions and meetings internally, reaching over 2,500 staff.
- 11,977 people have visited the 2020 to 2030 page on our website.
- 6,310 people have watched our video.

Of the 6,310 people who have watched the video:

- 14% had followed a link from a press release or Twitter;
- 80% watched the video on YouTube.

We have received 1,059 filled-in questionnaires from individuals.

- 441 people signed a form to support the case for investing between £300 - £400 million, keeping services local and developing a new specialist acute facility. Of these 276 people provided information about their age profile with the majority are between the ages 45 to 65+ with the largest group being over 65+ (108 are 65+).
- Over 270 senior medical (clinical) staff have signed a letter to support Epsom and St Helier staying together as one organisation and the need for a new specialist acute facility located at one of our sites.
- Healthwatch Surrey has reported that its Facebook advertising has reached 8,948 people in the Epsom area. On the Healthwatch website, 5,144 people have seen the relevant page. Also, they have spoken to 1,908 people. Of those, 1,389 took leaflets away with them.

What we were asking people to share their views on

The questions we asked were developed with the Consultation Institute, with the aim of finding out what local people want from local healthcare services. The answers and feedback provided have guided the development of the strategic outline case (part of the NHS process of setting out the case for change when considering large-scale investment and development). All future work will continue to be developed with local interested groups.

The questions asked were as follows:

1. Do you agree with our aim to provide as much care as possible from our existing hospital sites at St Helier and Epsom and do this by working more closely with the other local health and care providers?
2. Do you think we have made the case that we will improve patient care by bringing together our services for our sickest or most at-risk patients on a new specialist acute facility on one site?
3. We have set out several scenarios on how we can do this. Do you think we should consider any other scenarios?
4. How would you like to be involved in these discussions in the future?
5. Is there anything else you would like to tell us?
What we have heard

A large number of people have taken the time to share their views. This includes people responding to the questions asked, sending us individual letters, and attending public and group meetings. We also heard from stakeholders, official organisations and campaigners.

441 Pledges of support
Using cards and the online form, 441 people have pledged their support for us investing between £300 million and £400 million, keeping services local and developing a new specialist acute facility.

1,059 Individual responses

Question 1
Do you agree with our aim to provide as much care as possible from our existing hospital sites at St Helier and Epsom and do this by working more closely with the other local health and care providers?

- 941 people answered yes.
- 19 people answered no.
- 16 people said that they either did not know or they needed more information.
- Two people stated that they wanted no change.
- 34 people answered N/A.
- 40 people made general comments.
- Seven people said that they wanted just one hospital site.

Key themes
- Travel and accessibility were mentioned 40 times in the responses.
- Social issues such as deprivation, concentration of housing and deprived areas were mentioned 26 times in the responses.
- Pressure placed on other hospitals as a result of any changes was mentioned three times in the responses.
- Separating the two hospitals (Epsom and St Helier) was mentioned three times in the responses.
Question 2
Do you think we have made the case that we will improve patient care by bringing together our services for our sickest or most at-risk patients on a new specialist acute facility on one site?

- 845 people answered yes, including 42 people who said yes, ‘as long as the site is at …’
- 73 people answered no.
- 63 people said they did not know or they need more information.
- Nine people said that wanted both sites to stay as they are.
- 44 people said N/A.
- 24 people left general comments.
- One person wanted one hospital site.

Key themes
- Travel and accessibility were mentioned 24 times in the responses.
- Social issues such as deprivation, concentration of housing and deprived areas were mentioned 18 times in the responses.
- Pressure placed on other hospitals as a result of any changes was mentioned once in the responses.
- Separating the two hospitals (Epsom and St Helier Hospitals) was mentioned once in the responses.

Question 3
We have set out several scenarios on how we can do this. In all of these 85% of patients will continue to be seen and treated as they are now with the sickest and most at-risk patients being cared for in a new specialist acute facility located on one of our three sites (Epsom or St Helier or at Sutton co-located with The Royal Marsden). Do you think we should consider any other scenarios?

- 149 people answered yes, and 50 of those proposed different scenarios.
- 446 people answered no.
- 88 people said that they preferred one of the scenarios we had presented.
- 71 people said they didn’t know or they needed more information.
- 189 said N/A.
- Eight people responded that they wanted no change.
- Four people said they thought we should have a single site.
- 104 people left general comments which did not relate to the question but will be used to guide the development of any options.

The general comments made encompassed:
- ‘Have you any plans to take over Headley Court Rehab?’
- ‘All scenarios need to consider patient/visitor access as this area is often near grid lock at any time.’
- ‘Are there any land constraints on any of the sites?’
- ‘As long as all sick patients are being treated that are high risk.’
- ‘Consider if increasing antibiotic resistance dictates more than 15% need highest protection.’
The different scenarios people proposed can be grouped into six main themes.

1. Build a new super hospital
   - In Surrey near Epsom
   - Between Epsom and St Helier
   - Close down both Epsom and St Helier and build a bigger, modern hospital between them
   - Larger hospital at Sutton site rather than spending loads renovating St Helier
   - A complete hospital at Sutton site
   - New hospital in Sutton or have services at Epsom
   - New hospital on a greenfield site
   - Redevelop Sutton site.

2. Close one or both hospitals
   - Close Epsom, increase the number of people St Helier is equipped for
   - Close Epsom
   - Close St Helier, downgrade Epsom
   - New unit with Epsom and Royal Surrey, demolish St Helier.

3. Acute facilities on both or all three sites
   - Acute facilities on all three sites – Sutton (cancer and others), St Helier Hospital (renal), Epsom (orthopaedics/eye)
   - Acute facility on all three sites
   - An acute facility at both sites.

4. Separating Epsom and St Helier or merging with another trust
   - Separate Epsom and St Helier
   - Dissolve the Trust
   - Merge with another trust to share services across a larger area
   - Join with a private healthcare body
   - Co-operate with other trusts
   - Business case to include the cost of splitting acute services between St George's and St Peter's.

5. Rebuild St Helier Hospital
   - Build on Greenshaw Wood at the rear of St Helier
   - Build on May Fields, St Helier
   - Main hospital complex at Horton playing fields opposite St Helier
   - Rebuild St Helier across the road, and turn the old site into a park
   - Rebuild St Helier
   - Improve St Helier
   - Build another storey on top of St Helier
   - Buy back land from the London Borough of Sutton and build a replacement for St Helier on that site.

6. Change services or location
   - Include a geriatric/convalescent home and mental health hospital
   - Centralise fairly-acute services as well (such as infection prone patients)
   - Put a walk-in centre near the old Sutton site taking the pressure off St Helier
   - Increase telephone and online appointments, home visits and GP opening hours, and use rehabilitation, intermediate care, and community beds to reduce bed shortages
   - Use Headley Court when the military leave
   - Use the Wilson
   - Sutton to deal with all orthopaedic work or perhaps some other specialist area.
Most people said that they did not think we should consider any scenarios other than the three we propose.

88 people said that they preferred one of the scenarios we had presented and this can be broken down as follows:

- **Have a new specialist facility at either Epsom or St Helier** – three people
- **Have a new specialist facility at either Epsom or Sutton** – one person
- **Have a new specialist facility at either St Helier or Sutton** – two people
- **Have a new specialist facility at Epsom** – 15 people
- **Have a new specialist facility at St Helier** – 13 people
- **Have a new specialist facility at Sutton** – 42 people
- **Have a new specialist facility at Sutton, specifically mentioning The Royal Marsden** – 12 people.

In answer to question three, 24 people highlighted the importance of travel, transport, access and parking.

Six people mentioned keeping maternity and paediatrics on both sites.

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**Question 4**

How would you like to be involved in these discussions in the future?

914 people answered this question. Of these, 52 people confirmed that they wanted to be involved by simply answering yes. Others confirmed how they would like to be involved. This included:

- 170 people – the majority of those who responded to the question – confirmed that they would like to be contacted by email, with some also wanting to attend meetings.
- 143 people mentioned meetings, and a further 108 people mentioned post, media, website and newsletters.
- 83 people said they did not want to be involved, with 128 people responding N/A.
- A small, but important, number of elderly people (fewer than 20) mentioned that they would not be able to be involved because of their age or illness.

**Question 5**

Is there anything else you would like to tell us?

Although most people did not answer question 5, many of those who did chose to repeat their choice for where a single acute specialist site should be located.

84 respondents took the opportunity to leave comments about the services they had personally experienced or improvements which could be made. The majority of these comments were positive.

There were also 65 responses highlighting issues relating to transport, including congested roads, the need for better parking at the site and poor bus services between sites.

22 people asked further questions ranging from wanting clarification on the scenarios to how and if the funding will be available:

“Your leaflet mentions £300m - £400m costs - in the current economic environment (and uncertainty post Brexit) is this amount ever likely to be allocated?” Local resident.
What we heard from the meetings we attended

Many questions were asked by people at the meetings, which provided an opportunity to discuss issues and concerns.

Issues raised at most of the meetings were as follows.

- Transport and accessibility, including the travel times between sites if services move
- Levels of deprivation and social issues
- The number of reviews which have already taken place
- What ‘85% of services remaining local’ actually means
- What ‘15% of services’ actually means for local people
- What the scenarios will mean for maternity and children’s services
- Funding – how it will be funded, if it is feasible to attract the level of investment needed and the cost of funding
- Whether this would lead to privatisation.

Members of KOSHH (Keep Our St Helier Hospital) contributed to a large number of the public meetings, sharing their view that both sites – Epsom and St Helier – should keep all acute services. The campaign group was clear to make the point that they did not support any investment if it meant services moving off either site to a single facility, even if that facility was located at St Helier Hospital.

Letters from individuals

We received 71 letters from individuals campaigning not to close St Helier Hospital and not to shut services at St Helier Hospital.

- 26 people raised the issue of transport
- 23 people were concerned about the impact on other hospitals
- 11 people raised social issues

We received 122 letters from people campaigning not to shut services at St Helier Hospital and to build the new acute facility at St Helier Hospital.

- 60 people raised the issue of transport
- 40 people were concerned about the effect on other hospitals
- One letter proposed that the new acute facility building should be built at Epsom.

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- 60 people raised the issue of transport
- 40 people were concerned about the effect on other hospitals

One letter proposed that the new acute facility building should be built at Epsom.

@Transport

Social issues

Impact
We have many stakeholders (individual people, groups and organisations) who have a significant interest in the services we provide. These include staff and trade unions, the local NHS, local authorities, residents’ associations and MPs. We were keen to hear all of their views, as well as to ask residents, patients and carers for their thoughts, concerns and ideas.

A copy of formal letters from stakeholders can be found on our website www.epsom-sthelier.nhs.uk.

Stakeholders

1. Responses broadly in favour of the proposed clinical model

Many stakeholders have written with their broad support for a specialist acute facility on one of our sites. Some of them have expressed views on which of our three hospital sites they think it should be built.

Trust staff

A large number of the senior medical (clinical) staff (all 36 senior nurses and over 240 consultants) signed a public letter, which supports the hospitals remaining as one trust and the development of a new facility for the acutely unwell and most at-risk located on one of our sites.

A wider letter of support was also signed by 189 members of staff.

“We, the undersigned, are a group of senior doctors and nurses at Epsom and St Helier Hospitals. We are a very strong team, and together have achieved a great deal in recent years. We believe that the Epsom and St Helier team is better together, and that we should continue to work as one team, one Trust.” Trust Consultants and Senior Nurses.

Key consultants also produced public statements, including:

Clinical Director of Gynaecology, Mrs Carolyn Croucher: “I first worked at this Trust in 1989 as a newly qualified doctor and have always been struck by the amazing staff who work here, and care so much for their patients. Much has changed in that time, but our buildings are in a sorry state for 21st century and modern acute healthcare. Our patients deserve better accommodation and facilities.

‘Whilst our Women’s Health Departments now offer many innovative services across all our sites, and I will continue to do so, 2020-2030 is an exciting opportunity to provide our community with a sustainable acute service for the future, yet still retaining its caring heart.’

Dr Simon Stern, Head of the Haematology Department and the Trust’s Lead for Chemotherapy: “I think the case to create a single acute facility on one of our sites is very strong, and it has a real resonance for me. I worked at another trust for 11 years, and was working there when they made the decision to create a single acute facility. It was a long journey, but it worked – they were a failing trust beforehand, but it helped them to improve care for patients and overcome financial difficulty. Just imagine what it could do for Epsom and St Helier!"

“I know from experience that creating a single acute facility is the right thing to do, and it can work. Bringing clinical expertise on to one site for the benefit of our sickest patients makes a lot of sense.”

Clinical Lead for Cardiology, Dr Richard Bogle: “We need to develop a one-site modern hospital with a critical mass of staff, allowing us to provide the right care to the right patient in the right place. We simply can’t continue to do that in our existing buildings as they’re too old – they were built to care for a set of illnesses that existed in the last century.

“Splitting staff across two sites is causing us problems at the moment, so we have to do something new. It’s time to put aside the political arguments about which geographical area would be best for a new facility, and work together to build a case for change. I think Epsom and St Helier 2020-2030 is a very positive move, and one that I am very supportive of.”

Trade unions / Staffside partnership representatives

“Support of the proposals that Epsom and St Helier stay together as one trust… A new purpose built building would go a long way to meeting the training and development needs of staff whilst providing state of the art care to our ageing population and increasing patient numbers. It would mean that more money could be diverted from crumbling building repairs to frontline patient services.”

Royal College of Nursing, Chartered Society of Physiotherapists, Society of Radiographers, British and Irish Orthoptic Society, Royal College of Midwives, British Medical Association and UNISON.

Surrey Heartlands Health and Care Partnership

Transformation Board (STP)

‘…the Board believes that there is a case to consolidate the Acute services the Trust provides but when these are worked up in detail they must fully consider the impact on the other Acute hospitals within our STP so that we do not inadvertently compromise any other hospitals clinical viability.’

David McNulty, Independent Chair, Surrey Heartlands Health and Care Partnership Transformation Board.
Local authorities

"Epsom and Ewell Borough Council fully supports the need for a new specialist acute facility within the Trust’s area which brings together services for our most sick and most at-risk patients, as we believe this will secure the future of the Trust and its two main sites. " Epsom and Ewell Borough Council.

"Sutton Scrutiny Committee understands and agrees with the background thinking and analysis which the Trust sets out in its '2020 -2030 Involvement Document' and in that context would be happy to support approaches which would secure the continuation of provision at our local hospital and the work to rebalance both the services and provision which are delivered from a hospital setting and is or can in future be delivered in the community." London Borough of Sutton Scrutiny Committee.

Residents’ associations

"We live on one site included those from Mole Valley, Ewell Village, Epsom Town, Ashtead and West Ewell and Rushley residents' associations."

"The populations of Epsom and Ewell are growing and ageing. At some times we may need treatment in specialist hospitals further away but we can reasonably expect 95% of our health needs to be met properly, locally and in 21st century facilities. Although there are advances in tele-medicine and care at home, child birth and second tier rehabilitation treatment should also be accessible to us, to visits from our relatives and local to our home carers. Whether we live on the borders of Sutton, Kingston, Ashtead or Banstead, Residents of Epsom and Ewell want to live no further than 20 minutes away from an ambulance reaching us and getting us to appropriate emergency treatment."

"In summary we support your proposal to press ahead with a business case for a single Acute Care Unit. There have been so many attempts for over 25 years to make a step function improvement in our health care facilities. It is vital that this initiative succeeds and we have confidence in your current management team that they can make this happen. " Belmont and South Cheam Residents' Association, Belmont, South Sutton and South Cheam Neighbourhood Forum.

"As a residents association we recognise the need for a new strategic approach to address the ever increasing demands on the health service but would caution that should the new Acute Unit be located at Sutton or St Helier then it is likely that Bookham residents might prefer to be seen and treated at the Royal Surrey County Hospital in Guildford and assurances would be required to ensure that they have the capacity to handle the additional demand that an extra catchment population of circa 11,000 would require. " Bookham Residents' Association.

"Financially it of course makes sense and allow those specialists to work in one area would make sense and allow those specialists to be dealing with a critical mass of patients that truly make it both safe and economical to provide those services. However it is also important that travelling time and distance to the specialist site is not too great that residents fear not being able to reach the facility in time. " Shanklin Village Residents' Association.

"We support – in principle – the creation of a specialist acute facility either at Epsom or Sutton, subject to the retention of a full suite of local services at Epsom Hospital, including non-urgent Accident & Emergency services. " Reigate and Banstead Council.

"In 2019 the Royal Marsden NHS Foundation Trust "welcomes the opportunity to work with Epsom and St Helier hospitals on the development of modern healthcare facilities on the Sutton site.""

South West London acute hospital trusts

Kingston Hospital NHS Foundation Trust, Croydon Health Services NHS Trust and St George’s University Hospitals NHS Foundation Trust have written to us with their broad support for improvements in the infrastructure and environment for acute services across South West London.

"We fully support the need to improve the infrastructure and environment for acute services across South West London and note the particular challenges at St Helier. Given the need for major capital investment across the South West London acute sites, it is important that within the option appraisal for acute services across Epsom and St Helier, there is careful consideration to the services that should be provided outside six acute services, so that we have vibrant, sustainable acute hospitals at Kingston, Croydon and a regional centre of excellence at St George’s to go alongside the acute solution for Epsom and St Helier." Kingston Hospital NHS Foundation Trust.

The Royal Marsden Hospital

"Help us build a better St Helier Hospital." Stephen Hammond MP for Wimbledon, Raynes Park, Morden and Motspur Park.

"St Helier is safe now help to build a new local hospital." Paul Scully MP for Sutton and Cheam.

"I think that the proposals retain 85% of services at Epsom is excellent and without that commitment any proposal could not work for the areas around Epsom Hospital that we wish to support."

"I think the case made in the presentation to us was excellent and made it very clear to me that this would be a vital step forward for the long term patient care for the most at risk patients and for the long term security of Epsom Hospital." Epsom and Ewell Liberal Democrats.

Friends of Epsom and West Park Hospitals

In favour of keeping services locally specifically at Epsom Hospital. "A new build hospital on the combined site of Sutton and The Royal Marsden Hospital would have some benefit, which we recognise… however, it is on the edge of the catchment area, which would make it less attractive to those living on the western side. The buildings are of poor quality."

Local MPs

Sir Paul Beresford MP for Mole Valley.

"I am convinced that it is essential to have a new acute care facility, otherwise the hospital services provided to my constituents north of Reigate and Redhill faces inevitable long term decline. The current facilities are out of date and the recruitment of doctors and nurses is increasingly challenging." Crispin Blunt MP for Reigate.

"The future of St Helier is my top priority. That’s why during the recent election, I consistently made the case that the £100 million plus of investment which was scrapped by the Conservative Government."

"We have a great local hospital with hard-working staff who deliver good care, but they’re let down by outdated, poor quality buildings. Tom Brake MP for Carshalton and Wallington.

"Help us build a better St Helier Hospital." Stephen Hammond MP for Wimbledon, Raynes Park, Morden and Motspur Park.

Sir Paul Scully MP for Sutton and Cheam.

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Stakeholder responses not in favour

Stakeholder responses not in favour of keeping as much care as possible from our existing hospital sites and bringing together our services for our sickest or most at-risk patients on one specialist acute site located at Sutton or St Helier, then is careful consideration to the services that should be provided outside six acute services, so that we have vibrant, sustainable acute hospitals at Kingston, Croydon and a regional centre of excellence at St George’s to go alongside the acute solution for Epsom and St Helier."

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"Surrey County Council recognises the case for change to provide as much care as locally possible and supports the case for improving hospital services."

"Surrey County Council supports the Trust and commissioners taking the next step in working up in more detail how best to meet the needs of local residents."

Surrey County Council.

Broadly neutral

"Surrey County Council supports Epsom and St Helier University Hospital NHS Trust's need to engage with Sutton valued on the quality and sustainability of their local health services…"

"Surrey County Council recognises the case for change to provide as much care as locally possible and supports the case for improving hospital services."

"Surrey County Council supports the Trust and commissioners taking the next step in working up in more detail how best to meet the needs of local residents."

Surrey County Council.

Sir Paul Scully MP for Tooting (although we do not serve her constituency): "I understand that St Helier Hospital is at risk of losing all acute services, including major accident and emergency as
well as consultant led maternity services. As the Member of Parliament for Tooting, I am extremely concerned about the impact this closure would have on St George’s Hospital.”

**London Borough of Merton Council**

“The Council is committed to ensuring that the residents of Merton have access to a full range of NHS acute services on the St Helier Hospital site. Any attempt to relocate acute services away from an area of relative deprivation in favour of an affluent area would be plainly incompatible with the duty on the CCG under section 1457 of the NHS Act to have regard to the need to tackle health inequalities.”

**Central Medical Practice**

Strongly supporting services remaining at St Helier “Our practice has nearly 9,000 patients, 60% of whom are Tamils … residents rely on St Helier as their local hospital, are more likely to require support and healthcare, based in a more deprived neighbourhood.”

Councillor Stephen Alambritis, Leader of Merton Council, encouraged people to sign up to campaign to build a new hospital at St Helier. Merton councillors also wrote to us strongly supporting services remaining at St Helier.

“Figgies Marsh ward is a deprived area with many families and lots of young children. My residents have worse health and significant lower life spans … we all know that St George’s is struggling … to lose some of its (St Helier) core services would significantly add to the pressure that hospital (St George’s) is already under.” Councillor Agatha Akyigiyina.

Strongly supporting services remaining at St Helier “the worst service is provided in the parts of our borough that most need it … within a mile of St Helier there are 3,465 people with ‘bad’ or ‘very bad health’ … clearly the closure of services at St Helier would have a disproportionate impact on those with the worst health.” Councillor Mark Allison.

Strongly supporting services remaining at St Helier “my residents are not only more deprived but also have the greater health needs eg maternity and A&E,” Councillor Stan Anderson.

Letters were also received from the following which can be found on our website (www.epson-sthelier.nhs.uk): Councillor Lasmi Attawar, Councillor Caroline Cooper, Councillor Pauline Cowper, Councillor Nick Draper, Councillor Ross Garrod, Councillor Joan Henry, Councillor Philip Jones, Councillor Sally Kenny, Councillor Dennis Pearce, Councillor Geraldine Stanford, Councillor Martin Whelton.

The majority of concerns raised by the councillors related to transport, deprivation especially health issues, the large local population and number of children in the area, the investment plans to bring new housing to the area and the impact on local businesses.

**Carshalton and Wallington Labour Party**

“opposed to the removal of A&E and Acute care services from both Epsom and St Helier Hospital. The aim of the proposals put forward by the Epsom and 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 £628 million in the coming decade.”

Siobhain McDonagh MP (MP for Mitcham and Morden): “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.”

**5 Petitions**

A number of people commented on the future of one of the hospitals without answering the questions we asked.

We received 15 petitions from local groups (signed by 2,855 people in total) to keep services at St Helier Hospital or build a new hospital at St Helier. And we received seven petitions from Morden primary schools (signed by 566 people) to keep all services open at St Helier and to use any funds to improve services at any St Helier.

**What all this information is telling us**

Local people remain very passionate about their local hospitals, and a large number took time to share their views and ask questions. Despite the focus on the questions we asked, there were many views given on which site the new acute facility should be on.

Many different campaign groups took the opportunity to share their views through petitions or letters.

Most people who came to the meetings to discuss Epsom and St Helier 2020 to 2030, and most of those who responded to our questions, agreed with our aim to provide as much care as possible from our existing hospital sites at St Helier and Epsom, and to do this by working more closely with the other local health and care providers. Most also agreed that patient care will be improved by bringing together services for the sickest or most at-risk patients in a new specialist facility on one site.

Most people who gave their views on the future of one of the hospitals without referring to the questions we asked, or our materials, focused on saving services and rebuilding St Helier Hospital or building the new facility at St Helier Hospital.

Issues which were raised throughout the involvement included the following:

- The need to understand what services will be in the specialist facility and what will be kept local, and the evidence of why this change will improve outcomes for patients
- Concern over what will happen in the long term to the sites where the specialised facility is not based
- The need for assurance that this is not for private patients rather than NHS patients
- The effect the scenarios will have on other providers
- Where the £300 million to £400 million needed will come from and how much it will cost to borrow this money
- What the process is and when a decision will be made
- The timescale for getting permission to build a new facility, and what will happen to the sites and services in the short term.
Key themes

The key themes of the main issues raised are:

1. Transport
2. Deprivation
3. Impact on other hospitals

1 Transport

In the individual responses, 64 people mentioned travel in the first two questions answered and a further 65 people raised issues relating to transport when answering question five. Nine subcategories were noted:

- Distance
- Parking
- Accessibility
- Traffic
- Journey time
- Friends and family visiting
- General access
- Car
- Public transport (particularly bus services).

Most comments highlighted distance, public transport, parking, and accessibility.

We received other general comments from 69 people, mainly by email, and 13 of these comments also focused on transport issues.

Of the 193 letters we received from individuals, St Helier Hospital was the local hospital for 90% people, and 86 people specifically raised concerns about transport if services were to move from their local hospital. 26 of the letters mentioned concerns about bus services.

Several petitions also raised the issue of transport. 245 people signed a petition which included:

“...we oppose the building of the new acute specialist facility adjoining The Royal Marsden hospital because of lack of transport.”

Carshalton and Wallington Labour Party.

The theme of transport was continued in the petition letters (signed by 566 people) from seven primary schools in Morden:

“...people would not be able to travel to Belmont or Epsom. Instead we would either be unable to access health services or we would put further pressure on St George’s Hospital.”

Abbotsbury Primary School, Aragon Primary School, Cranmer School, Hatfield Primary School, St Teresa’s Primary School, Malmesbury Primary School and Morden Primary School.

Transport issues were also something which was a focus for residents’ associations including:

“Whether we live on the borders of Sutton, Kingston, Ashtead or Banstead, Residents of Epsom and Ewell want to live no further than 30 minutes away from an ambulance reaching us and getting us to appropriate emergency treatment ... Living outside London but inside the M25, we know transport and accessibility are key difficulties for many residents.”

Epsom and Ewell Neighbourhood Residents’ Association.

And;

“If the Acute Care Unit is to go to the Sutton Hospital site in Belmont, then improvements we must ensure are provided as a minimum must include:

- Provision of sufficient and affordable parking onsite. We have major concerns that the underground car park proposed as part of the London Cancer Hub development may not be established within acceptable timescales. If not committed, then a car park under the ACU may be a practical alternative.

A plan put in place to ensure that on-street parking in the surrounding roads is not seen as an attractive alternative.

- The road network around the site must be enhanced both at a macro and a micro level to ensure that emergency services can reach the site and to ensure that there is no detrimental effect for local residents.

- Public transport improvements will be needed to ease travel throughout the hospital’s catchment area and in particular between Belmont and Epsom and Belmont and St Helier.”

Belmont and South Cheam Residents’ Association and Belmont, South Sutton and South Cheam Neighbourhood Forum.

Twitter allowed local people to comment on Epsom and St Helier 2020 to 2030. The many comments made on a wide range of issues helped us to understand people’s concerns and answer their questions. During the period from 10 July 2017 to 5 October 2017, we saw a 50% increase in the number of people who were reached by our Twitter posts compared with the same period last year. Among the comments received, some people indicated they were keen to understand more about plans for transport systems and where any new facility might be created.
2

Deprivation

44 people mentioned deprivation in their responses to the questions. There were four subcategories:

- Elderly or frail
- Vulnerability
- Wealth
- Children and families

Of the 193 letters we received, 32 mentioned families and children, and nine elderly or frail people. There were also comments relating to car ownership.

One local resident wrote: “If there is to be a new hospital it should be built on the St Helier site where the surrounding population have poorer health than neighbouring more affluent areas. They also have less car ownership and are more reliant on public transport.”

Two councillors wrote to highlight the health issues within their areas and the important employment hospitals bring to an area:

“The Rose Hill area also has considerably increased health pressures compared to Belmont which includes life expectancy, long-term illness and a higher birth rate. In the immediate vicinity of St Helier, 50% of the area is in the 40% most deprived neighbourhoods for employment compared to just 8% at Belmont and zero at Epsom Hospital. It is also a considerable source of employment both for local people and in supporting businesses at Rose Hill which heavily rely on the hospital. Without the hospital, the problems will become even more acute and will inevitably have a major impact on the economy locally and an employment.” Councillor Martin Whelton, Merton Council Cabinet Member for Regeneration, Environment and Housing.

“The residents in Figges Marsh, the ward I represent, are reliant on the acute services at St Helier Hospital, as it is one of the most deprived wards in the East of the London Borough of Merton. Therefore, they have more health needs than those at the proposed other sites at Epsom and Belmont…”

“There are also more dependent children - 15,053 compared to 3,715 in Epsom and 6,851 in Belmont, and more people over the age of 60 - 12,121 compared to 6,081 in Epsom and 9,931 in Belmont…”

“St Helier is the biggest employer for the local area, and in addition brings many people to Rose Hill who support the local businesses, shops and cafes. 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.” Councillor Geraldine Stanford, Merton Council.

The theme of deprivation was continued in petition letters (signed by 566 people) from seven primary schools in Morden:

“There are also many young families who have a great need for a consultant led maternity unit and fully functioning Accident and Emergency unit.” Parents and children.

The issue of deprivation was raised strongly by Merton councillors as well as Siobhan McDonagh MP for Mitcham and Morden, who said:

“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.”

3

Impact on other hospitals

Many people also made comments about other hospitals. In particular there were 63 mentions of other hospitals in the letters received which raised concerns about the ability of other hospitals to cope with more patients if services were moved:

“St George’s Hospital is really busy hospital.” Local resident.

“The St George’s Hospital is facing tremendous pressures to deliver care …. as a regular user of St George’s hospital this would have a detrimental impact on the standard of care, at a time this is already struggling.” Local resident.

This theme was also raised by local councillors including:

“St George’s is huge, and immensely busy.” Councillor Nick Draper.

“Moving these services away from St Helier would therefore only increase pressure on St George’s and Croydon.” Councillor Joan Henry.

“There would be a serious knock on effect for Croydon University Hospital, particularly from the residents in Pollards Hill and Longthornton wards.” Councillor Tony Newman and Councillor Manju Shahul.

In addition to these themes, one issue raised at all of the meetings was the number of reviews that have taken place and the need to move forward.

“In summary we support your proposal to press ahead with a business case for a single Acute Care Unit. There have been so many attempts for over 25 years to make a step function improvement in our health care facilities. It is vital that this initiative succeeds and we have confidence in your current management team that they can make this happen.” Belmont and South Cheam Residents’ Association and Belmont, South Sutton and South Cheam Neighbourhood Forum.

Other themes from the questionnaires we received included:

- keeping services local
- effect on other hospitals
- the need to refurbish and improve existing sites
- funding and finance.
What happens now?

The comments and feedback we have received from a wide range of people have been really helpful in identifying major areas of concern. They have also given us information, in terms of age and location, about the people getting involved.

In the next phase, we will be discussing the issues raised with the people who raised them, as well as those people who have given their permission to be contacted and expressed a wish to be involved in the future. We will also be setting up workshops and sessions with them in the future.

We will continue to involve as many people as possible.

We have not made any decisions on the future yet. What people tell us will help to shape any changes. Over the coming months we will continue to work with people with many viewpoints to develop the detail of any proposed changes.

Any proposed changes will be part of a formal consultation, which is many months away. Any formal consultation is independent of us and is led by Clinical Commissioning Groups.

The strategic outline case we have developed includes details on the next steps. A copy of this will be sent to every person and organisation who responded to the involvement activity. This report will be published on our website www.epsom-sthelier.nhs.uk and if you would like a hard copy sent to you please contact on 020 8296 3783 or email esth.communications@nhs.net.

To get involved or to see the responses from the main groups involved so far, go to our website on www.epsom-sthelier.nhs.uk, or phone us on 020 8296 3783 or email esth.communications@nhs.net.

All of the information and materials we have developed, as well as responses from our key stakeholders, can be found on our website www.epsom-sthelier.nhs.uk.

Carshalton and Wallington Labour Party

Central Medical Practice

Epsom and Ewell Liberal Democrats

Friends of Epsom and West Park Hospitals

Local authorities

Epsom and Ewell Borough Council
London Borough of Merton Council
London Borough of Sutton Council
Mole Valley District Council
Reigate and Banstead Borough Council
Surrey County Council

Local Healthwatch organisations

Merton
Surrey
Sutton

MPs
Dr Rosena Allin-Khan MP
Sir Paul Beresford MP
Crispin Blunt MP
Tom Brake MP
Stephen Hammond MP
Chris Grayling MP
Sisiham McDonagh MP
Paul Scully MP

Merton Councilors
Cllr Agatha Akyigina
Cllr Stephen Alambritis
Cllr Mark Allison
Cllr Stan Anderson
Cllr Laxmi Attawar
Cllr Caroline Cooper
Cllr Pauline Cowper
Cllr Nick Draper
Cllr Ross Garnul
Cllr Joan Hem
Cllr Philip Jones
Cllr Sally Kenny
Cllr Dennis Pearce
Cllr Geraldine Stanford
Cllr Martin Whelton

Petitions
Baiful Futuh Mosque, Morden
Carshalton and Wallington Labour Party
Central Medical Centre
General petition
Keep St Helier Hospital’s Acute Service Open
Local resident and parishioners Our Lady of Assumption
Local residents and parishioners of St Faeters and St Pauls
Local resident and parishioner St Theresa
North East Mitcham Community Centre
Pollards Hill Residents
Residents of Venston Close
St Barnabas Church
Save St Helier Hospital Campaign
South London Nepalese (Gurkha) Association
Sutton Save St Helier Hospital Campaign

Petitions from Schools
Abbotsbury Primary School, Morden
Aragon Primary School
Cranmer School
Hatfield Primary School Morden
Malmsbury Primary School
Morden Primary School
St Teresa’s Primary School

Residents’ associations
Standing Committee of Residents’ Associations in a joint letter with Ewell Village
Epsom Town
Ewell Downs
Nonsuch
Stamford Ward
College Ward
Ashhead
West Ewell and Rusley
Belmont and South Cheam Residents’ Association and Belmont, South Sutton and South Cheam Neighbourhood Forum
Bookham Residents’ Association
Cobham and Downside Residents’ Association
Shanklin Village Residents’ Association

South West London acute hospital trusts
Croydon Health Services NHS Trust
Kingston Hospital NHS Foundation Trust
St George’s University Hospitals NHS Foundation Trust

Surrey Heartlands Sustainability and Transformation Partnership Board
The Royal Marsden Hospital NHS Foundation Trust

Trade unions (Staffside)

Trust staff
How to contact us
Email: esth.communications@nhs.net

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

Website: www.epsom-sthelier.nhs.uk