

Friends of Epsom and West Park Hospitals

Registered Charity No. 200456

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CE 22/8

Mr D Elkeles
Chief Executive
ESTH

18 August 2017

Dear Daniel

Involvement Document

I am enclosing a copy of our response to this well thought out document.

We are not a campaigning organisation so I am not sending it to the press but have no objection to you using it in any way you wish.

I am also sending a copy to our local MPs.

Yours sincerely

Geoffrey

Dr Geoffrey Robb
Chairman

Friends of Epsom & West Park Hospitals

Response to “Providing High-Quality Healthcare Services 2020-2030 – Involvement Document” published by Epsom & St Helier University Hospitals NHS Trust – July 2017

We commend the Trust Board for seeking the opinion of many organisations and individuals on how secondary healthcare should be delivered in the future, bearing in mind the fairly rapid changes in acute medical and surgical practice over the past 10 years or so. Our recommendations are based on the assumption that the Trust remains in its present form and is not split, as some have recommended, into London and Surrey based care respectively.

Given that assumption, our recommendation is that Option 2 of the six options outlined on page 25 of the document should be the preferred one. This would comprise the specialise acute facility being based at Epsom with local services remaining at St Helier Hospital. Our reasons for stating this are as follows:

1. Epsom Hospital is the most central of the suggested sites within the catchment area of the Trust. The map on pages 22 and 23 indicates the area served by NHS Surrey Downs CCG, together with that of the NHS Sutton CCG and NHS Merton CCG, but these are not necessarily the same as the effective catchment area – and, we believe, not that of Epsom Hospital. A more realistic approach would be to consider the geographical position of Epsom in comparison with the other hospitals delivering acute specialist services, as highlighted on that map.
2. The distances on Page 22 are misleading, in that they give no indication of average transit times. For instance, to get to St Peter’s or the Royal Surrey County Hospitals from Epsom is generally quicker than to travel the 6.9 miles to St Helier Hospital because of the accessibility of the M25 and other major roads.
3. There is, therefore, a greater probability of retaining most of the current catchment area if Epsom were chosen as the acute specialist site. Those in the south and west of the catchment area would be more likely to go to Guildford, St Peter’s or Kingston if the acute specialist unit were anywhere other than in Epsom. We know from personal experience that some residents in Fetcham and Bookham ask that ambulances take them to Guildford rather than to St Helier because of ease of access.
4. There is adequate space at Epsom for this development. It is a secure site appropriate for building a 500 bed acute hospital and on the whole the estate is more modern and in better repair than that at St Helier hospital.

It is for these reasons that we prefer Option 2.

A new-build hospital on the combined site of Sutton and the Royal Marsden Hospitals would have some benefit, which we recognise. Buildings would not need to be adapted and the physical link to the Royal Marsden Hospital would be beneficial for those with malignant disease. However, it is on the very edge of the catchment area, which would make it less attractive to those living on the western side.

The St Helier option seems to us to have little to recommend it. The buildings are of poor quality; we understand that the site is unstable; it is close to Croydon and to St George's Hospital and to have three acute specialist units within five miles of each other seems inappropriate.

We have not considered the dissolution of the Trust – giving the option of Epsom Hospital being relocated in Surrey – but it is a possibility which NHS England may be considering.

Gaston New.

Chairman.