

COUNCILLOR NICK DRAPER

Cabinet Member for Community and Culture
(Labour, Colliers Wood Ward)



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Dear Epsom and St Helier NHS Trust

Re: 2020 – 30 Engagement

I have given some thought to the questions and suggestions you are currently raising in your consultation on the future of the Trust, and want to tell you that I believe that, where St. Helier Hospital is concerned, it should retain its current acute services: in particular, I believe it needs a full accident and Emergency service, free from diversions or relocations to other units, and a proper consultant-led maternity unit where mothers can have their children in the safety of a hospital, but as close as possible to home.

I say the above as a Councillor for Colliers Wood ward, in the north of the borough of Merton, living practically within sight of St. Georges Hospital. My three children were born there (the first over 30 years ago), my wife was treated for cancer there and, sadly, died there, I've had an emergency operation there, and over the years we've all of us visited A&E for lesser or greater reasons. I worked in the NHSBT unit next to the hospital for 9 years. I believe you can trust me when I say I know St. Georges.

St. Georges, right now, is in a mess. The CQC report released recently shows that it still has a long way to go to meet the requirements of last year's Warning Notice. And St. Georges is huge, and immensely busy. It is absolutely essential to the Colliers Wood community I serve, and to a large part of the wider community of Merton which, as Cabinet Member for Community and Culture, I also serve. If St. Georges fell over through lack of care, and, crucially, lack of investment, Colliers Wood would really suffer.

St. Helier, by comparison, is by your own admission, doing quite well: your involvement document states that "we have substantially increased our clinical staffing, becoming safer than ever before by improving services and we have stabilised our finances" – a position St. Georges could right now only dream of. I believe that the situation is so extreme that at times in the past few years St. Georges has had to redirect women already in labour to St. Helier, and that right now all 14 day referrals are sent to St. Helier over St. Georges.

As a politician I know that high level budgeting is about choices, and about necessity. Were I looking to inject capital into the local NHS, and I had a choice between a huge, struggling hospital and a relatively small, well-provisioned and well-organised one, I know which one

I'd go for. In a post-Brexit, impoverished Britain, I honestly can't imagine any Secretary of State investing an extra £400 million into Epsom & St. Helier at any stage in the next 10 years, not because the idea has no merit, but because there are higher, more pressing priorities. I believe your project has so little chance of financial success that I can't see why you're consulting on it.

Why, then, should I care about St. Helier's future? It's obvious to me. Firstly, large areas of Mitcham and Morden depend on your hospital as their primary A&E and maternity destinations, and that St. Georges is much more accessible to those areas than Epsom or even South Sutton (Belmont), so if St. Helier isn't there my already-overstretched local hospital would have to accommodate them too. Second, the investment needed for St. Georges doesn't as yet exist either, which means that residents in my ward are already at risk of it collapsing: St. Helier is the obvious, practical second string in that situation. We need your continued service.

At this point, you would expect me to append an array of statistics about deprivation and population size in the St. Helier catchment. I'm not going to do that, because you know them already, they're well-rehearsed, and they haven't changed much since the first closure consultation appeared some 18 years ago. I would imagine you've taken them on board and either just dismissed them or weighed their value against other factors and found them, in your eyes at least, to be wanting. My quoting them at this stage is hardly likely to result in a Damascene conversion.

Nor am I going to make comparisons between Epsom, Belmont and St. Helier. My granddaughter was born at Epsom 5 months ago to parents living in Sutton, so I'd be a hypocrite to suggest that it's anything other than a perfectly good small hospital, delivering the same necessary services to its catchment as any other hospital does. As for the Marsden site, which again I know well, I have nothing against it and can see the attraction for you and your staff. A sensible, phased new unit, properly funded and taking nothing away from the existing hospitals' services would be a boon to south-west London.

I don't, though, like the compromise that you are prepared to make with the rest of your catchment. Your 'for 85% of patients there would be no change' is meaningless. 85% of patients, whoever they may be at any one time, are relatively easy to treat. The 15% (i.e., as near as dammit the famous 80/20 split), in my experience take up as much of your time as the remaining 85%, because *they need much more care*. And that's the moral crux of the matter. I see their need as more important than your convenience.

Merton residents need St. Helier's services as they are, or better, wherever we live. I don't believe the money for Belmont will appear, and, if it exists, it is needed far more elsewhere; so the 'compromise' of removing acute services from St. Helier would in reality be your option 6 on page 25 of your consultation document. If you had asked me straight, rather than me having to find out about your consultation by searching the internet, I would have answered, straight, that option 1 on the same page is the only option of merit; and I would have asked you to fight for option 1, and would have been proud to fight alongside you. You still have the choice to do that, and I look forward to your exercising it.

Yours sincerely



Councillor Nick Draper