

# Merton residents' views on the 'Epsom and St Helier 2020-2030' engagement





## CONTENTS

Background - why did we hold this event? .....	3
Preparation .....	3
Event programme .....	4
Pre-Event .....	5
The Presentations.....	6
Question and Answer Session .....	9
Table Discussions .....	15
Healthwatch Merton Key Recommendations.....	19



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## BACKGROUND - WHY DID WE HOLD THIS EVENT?

Epsom and St Helier University Hospitals NHS Trust initiated a public engagement process in July 2017 on a proposal they have developed to help them address the forecasts of a continued rise in demand from patients, and a continued drop in the availability nationally of clinical and nursing staff. The aim of this exercise was to both attract and quantify public support for a new facility which, if it were built, would treat the most serious 15% of emergency cases presenting at the Trust and increase efficiency by centralising specialist staff and facilities in one location.

Healthwatch Merton began to hear from residents that the public didn't understand the aim of the 'Epsom and St Helier 2020-2030' engagement. At the same time, the Trust approached us to ask if there was a better way to reach Merton communities. In response, Healthwatch Merton agreed to host an event for the public, which representatives from the Trust would attend to answer questions directly.



## PREPARATION

We publicised the event through our social media, two direct mailings to our mailing list and our regular email newsletter, which goes out to over 2000 people who have signed up to receive it. We also sent posters to partner organisations asking them to display these for the benefit of people who do not connect with us online. We had 15 people register for the event, and of these 13 attended on the night. We also had an extra 4 unregistered people who turned up on the evening itself, and since we had room to accommodate them they were also admitted.

As we prepared for the event we put a survey on our website asking people to respond with what they hoped it might mean when they heard there could be changes to local health services, and what they most worried it might mean, and directed people to respond to those questions in relation to St Helier in our invitations to register for the event.

## EVENT PROGRAMME

The first part of the evening consisted of two presentations; one from our guests Epsom and St Helier NHS Trust, and the other from Healthwatch Merton, using data from Merton and Sutton residents. This was followed by a question and answer section where attendees could ask for clarification on anything they particularly wanted to know more about. Then there were facilitated table discussions on five questions which had been slightly adapted from the ones posed in the leaflets and other literature being distributed by the Trust.

### The questions posed to local people in Epsom and St Helier documents are:

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?

### The adapted questions we used at our event were:

1. Do you agree with the aim to provide as much care as possible from existing hospital sites?
2. Do you think there is a good case for a new specialist acute facility on one site?
3. Do you think any other scenarios should be considered?
4. How would you like to be involved in these discussions in the future?
5. Is there anything else you would like to say?

## PRE-EVENT

Additionally, before the start of the event there was a place set up for people to respond to the two questions we posed in our website survey; “What are your hopes for Epsom and St Helier?” and “What are your worries and concerns for Epsom and St Helier?” One of the first attendees through the door asked if there would be any part of the evening where people could commend the Trust on what it does well, and we recognised that this was a valuable opportunity to capture data on what people would like to see stay the same at the Trust, as well as to congratulate them on the good work they do. In light of this excellent suggestion we added another piece of paper to the wall, to collect people’s thoughts about this as well.

The three pieces of flip-chart paper which we placed around the room were titled and responded to as follows:

### What are your hopes for change at Epsom and St Helier?

- “That there will be less and less people needing treatment there because they will be keeping fit and healthy!”

### What are your worries or concerns about change at Epsom and St Helier?

- “Sickle Cell patients come from miles around to be treated at St Helier - if A&E moves, will they still have the option to be transferred there?”
- “That residents will not listen to what is on offer, they might become blinkered and inflexible”

### What do you value most about Epsom and St Helier?

- “Careful, respectful work in the cardiac and renal departments”
- “St Helier shares patient records with GPs”
- “Provides very fast blood test results”
- “Provides timely discharge summaries”
- “Continuity”
- “Good service that meets the needs of the local community”
- “Value the good things the nurses and doctors is [sic] doing for the patients”

## THE PRESENTATIONS

The Trust's presentation was made by their Chief Executive Officer Daniel Elkeles, who spoke very briefly about the strengths of the Trust and of some of their significant achievements over the last 12 months. Key statistics included 913,583 patients seen at the Trust in the last year, 4828 babies welcomed to the world, and 95.3% of patients seen within 4 hours at A&E.

This was followed by a ten-minute video presentation which outlines the current situation at the Trust when they are providing care for patients from its existing sites. It cites a number of problems with the buildings that they currently operate from, including: restrictions on space which impact privacy and infection control, and a less than optimal number and location of bathroom facilities for patients.

The video is available on the Trust's website here:

<https://www.epsom-sthelier.nhs.uk/epsom-and-st-helier-2020-2030>

Or directly at this link: <https://youtu.be/0sNTZEUTUeY>

The Healthwatch Merton presentation quoted people who had responded to our website survey about what hopes and concerns they have around change or development at St Helier. To broaden the debate we also made use of a slide presentation borrowed from our colleagues at Healthwatch Sutton, with the issues that their population had been raising, organised by theme.

### Quotes from Merton Residents (hopes):

- “An increased association with the Royal Marsden at Sutton [could] provide an opportunity for cancer care to be provided locally instead of travel to St Georges”
- “Ensure that these vital services are retained on the current site”
- “The threats to St Helier are removed”
- “That the NHS CCGs and local health managers listen to local people for a change”
- “That we don't spend another £50 million on consultation when local people have been quite clear that they want to retain their hospital and invest in it”
- “I want an Accident and Emergency retained on that site. I want a maternity unit and children's hospital retained on that site”
- “St Helier Hospital was built to serve the needs of the residents of the St Helier Estate, and must be kept where they are”
- “We need decent health services for people in this area and we need to invest in St Helier and upgrade it to serve this area for another 50 years plus”

## Quotes from Merton Residents (concerns):

- “Vital services such as A and E and a consultant-led maternity unit [will be moved] away from an area of huge deprivation to one of more affluence e.g. Belmont or Epsom”
- “That local concerns over the building which is St Helier Hospital obscure the question of real importance which is how to deliver the best level of healthcare to the people who currently look to St Helier for their healthcare needs”
- “Any downgrading of our hospital moves it nearer to closure”
- “The plans are led by budget constraints which are being imposed from above. I do not accept the financial restraints of the NHS budget”
- “This area is already underserved relatively within England”
- “There will be closing of services at St Helier and removal to a new site”

Sutton residents’ comments used in our presentation (with our thanks to Healthwatch Sutton for their kind permission to use their data):

### *Travel Concerns (Emergency)*

- “I have diabetes and should be able to receive emergency treatment locally (St Helier) and not at St Georges.”
- “Increased travel time in an emergency or when in labour”
- “That people have further to travel at the very times that they need help fast”
- “More people will die because the ambulances will take longer to get to the hospital”

### *Travel Concerns (General)*

- “Visitors face greater distances to travel at higher cost to see loved ones”
- “Elderly having to travel miles and miles on public transport. Not all old folk are up to the task”
- “The size and location of the Sutton Hospital site means congestion and parking problems”
- “Transport links to the site (Sutton Hospital) are not suitable for an acute hospital”

### *Long-Term Concerns*

- “We will lose one of the hospitals in the Trust. Both hospitals will be downgraded”
- “This is the beginning of the end for Epsom and St Helier. Everything will eventually be moved to the Sutton Hospital site”
- “We’ve been here before several times. Why should the change happen this time when it hasn’t before?”
- “You spend £400m and get something that is not fit for purpose (i.e. we suffer in the future)”

### *Financial Concerns*

- “Worried that the finance for this project will more than likely come from private sources”
- “What will the total costs eventually be?”
- “Where is the money going to be found for the new hospital at a time of cut backs?”
- “This is just a money saving exercise that will not give any benefits to patients”

### *Possible Benefits*

- “Moving services to old Sutton site good. We have the opportunity to work with the Royal Marsden and share costs”
- “Buses, rail and parking can be planned and factored in”
- “If all services are retained, the benefits would be a new modern hospital on the Sutton site”
- “Medical research could happen”
- “Keeping sites open as clinical centres and not turning them in to another housing estate”

## Other

- “I am not in favour of removing Maternity from Epsom. A great department, and all the better for being small in my view”
- “Which services would have to move to the Sutton site?”
- “Will clinicians be involved in making these decisions or non-medical managers who think about the figures and not other things?”
- “How many patients will be on the hospital Board that make the decision? If it hasn’t been made already.”

The comments gathered by Healthwatch Sutton indicate that people in Sutton tend to assume that a new facility would be on the old Sutton Hospital site; however, the siting of any new facility is not being discussed by the Trust at this stage, and they wished to emphasize that no decisions have been made. The issue they are currently seeking opinion on is one step before considerations about where services can be delivered. They are seeking to establish whether there is local support to seek funds for building a purpose-built centre for emergency care (with which maternity and paediatrics would become co-located, to maximise outcomes for their patients in the event that they need emergency treatment); if this can be shown to be the case then discussions about where it would best serve the local populations which the Trust has responsibilities towards would begin.

## QUESTION AND ANSWER SESSION

People in the room had over 45 minutes to ask questions of the staff representing the hospitals; Daniel Elkeles the Chief Executive Officer, and Charlotte Hall the Chief Nurse, who helpfully was also able to give her perspective as a registered nurse, midwife and district nurse. The full list of questions and replies which were raised is as follows:

### **1. If you get the money for a new hospital, where will the ongoing running costs come from after that? Will it be up to the CCGs to fund it?**

Under the costings done by the Trust, there would be enough savings in spending to offset the future running costs of having an extra building. This would come from savings such as employing less agency staff if specialist services stop being split over two sites. The Trust is currently spending over £1m per month on agency staff. If they were to put these six services on to one site for 15% of the patients they treat, they would be able to get rid of this spend completely.

**2. Is the 85% figure [of services which will stay in the place they currently are] true at both sites or is that an aggregate across them?**

The actual figure is 86% at Epsom, if you include SWLEOC (South West London Elective Orthopaedics Centre) which accounts for that extra 1%. The figure at St Helier is 85%.

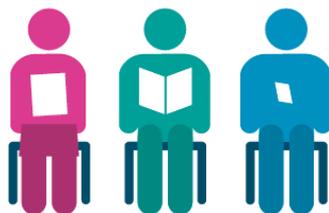
**3. What Equality Impact Assessments have been done on these proposals and where can we access them?**

None as yet but if things move forward into the next stage, which is presenting a business case, then that is when they would be done. They would then be available as part of the business case supporting documents and would be on the Epsom and St Helier website.

**4. What does the 15% acute visits mean? Does it include all A&E or is it only the most severe cases?**

Only the most severe cases. In all of the scenarios there would still be a local A&E at both Epsom and St Helier Hospitals. This means that of the 150,000 patients they see in A&E every year, 100,000 patients would still receive the care they need at their local hospital.

## WAITING ROOM



**5. How would people know whether they need to go to the new specialist A&E instead of the one they currently use?**

Most severely ill patients would arrive as they do now via ambulance. The ambulance is similar to a mobile intensive care unit with highly trained staff. The ambulance team will assess a patient and take them to the nearest suitable hospital. This is actually what currently happens with most Merton patients as the ambulances make a choice between St Helier or St Georges, and they don't base it on which is the nearest hospital, but instead on which has the best specialist care available; e.g. patients suffering a stroke might go to St George's, even if they are collected from Rose Hill.

## 6. How will you make best use of midwives and where do they fit into your plans?

The midwives at the Trust have very much been involved in the discussions about what the future of maternity services should look like; and the consensus among them is that they would suggest the midwife-led unit should be in the same location as the specialist emergency services, to get the best outcomes for the mothers in their care. Combining the current two birthing units into one will also free up midwives to increase the amount of support available to help with home births for women who want them; the Trust has an aim to increase the amount of home births from around 1% to 5%.



## 7. Under your proposals, will there be an operating theatre co-located with maternity?

Yes. By having one birthing unit the Trust would be able to provide specialist care on site every hour of the day. They cannot do this at the moment as the staff are split across two sites. Having one birthing centre with a midwifery led service will mean that should a woman have problems during giving birth everyone will be on site available to help the mother and the baby any time of the day or night.

## 8. What proportion of Merton residents use Epsom and St Helier as opposed to St Georges?

No-one at the meeting had this figure, but the proportion of Epsom and St Helier patients who come from Merton is 10%.

## 9. Will this be similar to other models across London which concentrate specialists on a single site, and if so which ones are similar?

Putting specialist services together in one location to treat the very sickest and most at-risk patients on one site is not new. Some of the best examples include heart attacks, stroke and major trauma. For Merton residents, you would go to St George's to receive your care as this is where all of the specialists are based. London has some of the best outcomes for people suffering from a stroke because it has located the experts on to four hospital sites.

**10. Wouldn't it be a good idea to have SWLEOC co-located with the emergency orthopaedics unit?**

Actually, one of the reasons that SWLEOC is successful as a planned-care specialist centre is because it is isolated from emergency orthopaedics. Being in an entirely separate building means that staff time and theatre space can't be diverted to emergency cases at short notice, and so patients get their planned operations exactly on schedule. The staff at SWLEOC don't want to be co-located with emergency orthopaedics. It also means SWLEOC can be free from infections as patients are screened in advance of coming in for their planned operation.

**11. You say you are looking for money; the local papers report that Epsom and St Helier was given money 5 years ago to build a new hospital at the St Helier site, where has that gone?**

Investment in St Helier was considered over 5 years ago but as the NHS system could not come to an agreement on the wider plans for the NHS locally, this did not happen.



**12. Are you looking to get finances from the private sector to build this hospital?**

Not currently. The Trust is confident that there is a good case for this area being given one of the capital grants which Government hands out every year to create new hospital buildings. They have a budget of around £3-4 billion specifically to be given out for this purpose. In addition, the Secretary of State Jeremy Hunt has announced that in the forthcoming budget more money is being proposed to invest in NHS capital.

**13. Once you have this new specialist centre, will you close St Helier and demolish the building?**

No. Under all of the scenarios 85% of patients will continue to receive their care and treatment from St Helier Hospital. Over the next few years the Trust will be spending over £60m at St Helier improving the critical infrastructure which includes things like replacing the roof and windows and repairing the drainage. However, this will not be enough to address the logistical challenges presented by the building in its current layout, to providing the standard of patient experience which the Trust believes their patients have a right to expect. Moving some beds to a new facility would allow for the extra space to be converted into greater privacy for the remaining beds, and an increase in the number of toilets and bathrooms.

**14. What strides have been made in educating the public to only use A&E appropriately?**

Progress on this is hard, but the Trust is less focussed on educating the public and more focussed on continuing to be able to get people to the right place for them to receive care, whatever door they come through.



**15. In terms of location, is there not a case for the acute hospital to be located in St Helier in an area of greatest deprivation?**

This is an argument which is coming up a lot in the engagement work being done by Epsom and St Helier, and would definitely be a consideration in the next stages of the process, if plans progress.

**16. You have guaranteed to keep the hospitals open until 2020. This has helped recruitment and cut down on the amount of agency staff needed. 2020 is almost upon us, will you be able to guarantee to keep them open up until, say, 2025?**

If progress happens at the rate which Epsom and St Helier CEO Daniel Elkeles hopes, then the new specialist emergency centre would open in 2024. Hospital staff at all levels have agreed that if a new facility can be funded and work is begun, then they will make a commitment to keeping services going across both sites at least until the new facility can be finished.

**17. What is your preferred location for an acute specialist facility at the moment?**

The Trust has no official preferred location for the new building, and is not even consulting on location issues at this stage. There are viable options at all three sites (Epsom, St Helier, and the old Sutton Hospital site co-located with the Royal Marsden). If enough support can be raised in the community to actually secure the money to build the new specialist acute care centre then more consultation with patients and the public will be necessary to help decide on the most appropriate location to open the new facility in.

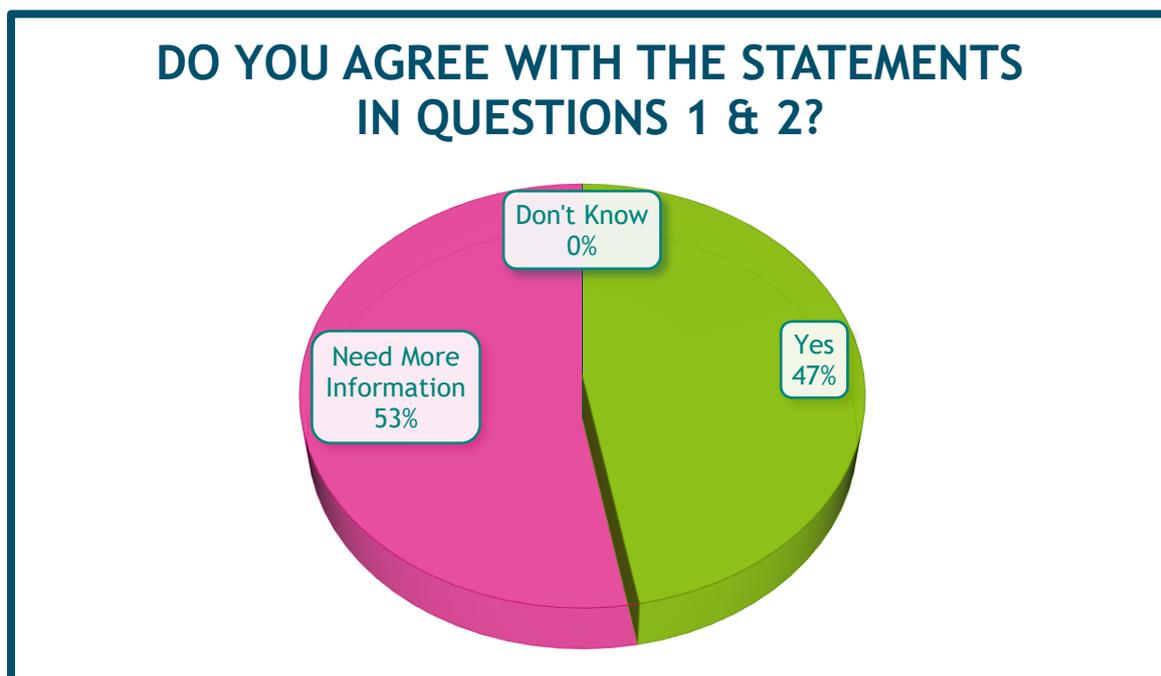


## TABLE DISCUSSIONS

The attendees were split into two tables for the final discussions. The hospital staff left the event so that people could be honest and candid in sharing their thoughts anonymously. Each table was facilitated by a member of Healthwatch Merton staff. For the first two questions participants were asked to indicate whether they would respond “yes”, “no”, “don’t know” or “need more information” and the results were:

	Yes	No	Don't Know	Need more information
Q1. Do you agree with the aim to provide as much care as possible from existing hospital sites?	8	0	0	9
Q2. Do you think there is a good case for a new specialist acute facility on one site?	8	0	0	9

When visualised, that data looks like this:



**Question 1. Do you agree with the aim to provide as much care as possible from existing hospital sites?**

There was broad agreement across both tables that this makes sense. “Yes, if the provision is fit for purpose and the quality of care is good”. One of the ways that this was expressed was that “you should have local care for local people” - some people in the room felt very strongly that being cared for close to home was a high priority for them and for other local people that they knew. One table concluded that “the most powerful argument [for a new facility] is that 85% of people will be treated in the same place, with the same facilities as now”.

Another thing that everyone agreed on was that it was a great relief to be told that it would be impossible to shut St Helier because of the cost associated with such a complicated demolition, and that the existing site and building would be retained whatever happens.

**Question 2. Do you think there is a good case for a new specialist acute facility on one site?**

One of the bluntest answers to this question was “Yes if it’s sited in Sutton or St Helier”.

An equally straightforward answer with a different perspective was “I would always prefer to go further to see a specialist”.

There were a lot of counter-questions asked during this section of the discussions, which indicates that more communication about the plans and the rationale behind them needs to happen to help people feel informed enough to answer the question. Some examples are:

- “How many people who currently go to A&E under their own steam would be recorded as a minor incident and how many as a major incident?”
- “Will this model save lives? Can you highlight models from other places which show that this isn’t just ‘cost-saving’ to prove that your focus is really on improving care? Can you quote examples where this has improved mortality?”
- “Maternity services - is the inconvenience of travelling further outweighed by life saved? Or is there no difference in life saved and people will just be travelling for nothing?”
- “How will this affect disabled people with non-urgent care needs?”
- “Is the population density around St Helier going to be taken into account?”
- “Could we have some examples of what would be acute (requiring treatment at existing A&E’s) and what would be ‘super-acute’ (requiring treatment at the new specialist facility)?”

Comments which supported the case for a new facility were:

- “The pool of doctors is reducing, this is a big concern”
- “I understand what the midwives are saying about co-locating with emergency care to increase the chances of good outcomes for the patients of theirs who encounter difficulties”
- “This would make better use of limited resources, making sure most appropriate care is offered to individuals”

It was also discussed that the new facility in itself would not be the whole of the answer; particular mention was given to the fact that triage of patients ought to mean that they get to the right place at the right time, and that retention and further recruitment of appropriate staff was essential to any configuration of facilities.

One table wanted to stress that they expected the Equality Impact Assessment for the Business Case to be made public, and felt that a strong EIA could help to strengthen the case for a new facility.

### **Question 3. Do you think any other scenarios should be considered?**

One response to this question was that since “this can only happen if they get money out of the treasury”, and so the most likely scenarios was that there would be no money on the table and nothing would ever happen.

Another person said that things should stay just as they are; “stick with the status quo”; and any available money in the local NHS should be used for primary care and prevention.

One person wanted it noted that “all scenarios should include improved public transport for visitors, particularly between sites”, and requested “more bus routes please!”

One table thought that other residents in Merton would want the Trust to look at having a ‘lesser’ super-acute (improved A&E) at both sites. Though those people themselves didn’t see any way that such a model would be feasible, they felt it was important that the option be explored and any factors prohibiting it needed to be made clear.

#### Question 4. How would you like to be involved in these discussions in the future?

People requested further communication through Healthwatch newsletter bulletins, social media and website.

Several people were very keen to see that people who were most likely to be affected by change were explicitly and actively included in the discussion; “The Trust must, must, must engage thoroughly with the people right next to St Helier, in a way that they find compelling”.

An interesting side discussion took place between members of opposing political parties (Labour and Conservative), who found themselves strongly agreeing that they wanted future discussions of these issues to be centred around the outcomes for patients in terms of both experience and safety, with politics taking a back seat to practical concerns.

A final comment was a request to “present us with the strategic plan”.

#### Question 5. Is there anything else you would like to say?

At least two people were so convinced by the case made by the Trust, that their comments centred around a fear that the plan might not happen; “Get on with it, or the money will disappear again” and “I’m worried that we will look like ‘we don’t know what we want’ and this will hinder acquiring money to improve anything”.

Another person wanted to make sure that Epsom and St Helier were working with local partners to ensure that any opportunities arising from changes to services were not missed; “Is there anything which can be moved, or which can tie into even more local sites to help keep people well and contribute to prevention?”





## HEALTHWATCH MERTON KEY RECOMMENDATIONS

1. That as suggested by the Merton residents present at this meeting; the Trust needs to ensure that people living close to the Hospital, particularly those from the St Helier estate, are deeply involved in the exploration of options and in the whole process of consultation, including any final decisions which are made.
2. That equivalent examples from other Trusts, and greater detail about what the level of care provided/severity of cases treated would be in each of the settings under the proposed new model should be provided to help people understand the ‘why’ and the ‘how’ of the proposals.
3. That a Frequently Asked Questions document be compiled and regularly updated, with answers from the Trust so that people who have common concerns can be directed to it when they want to research the discussion so far. Healthwatch Merton would be happy to link to it from our website.

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