



Improving Healthcare Together 2020-2030

NHS Surrey Downs, Sutton and Merton CCGs

Consultation period: January 8 – April 1 2020

Paper 2.a: Consultation Report

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- 1.3 This consultation has been monitored by the Consultation Institute, under its Consultation Quality Assurance Scheme. The Institute is happy to confirm that this consultation has fully met the requirements for best practice.

This project was carried out in compliance with ISO 20252:2012 and ISO 9001:2015.

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1. Executive Summary

Summary of the consultation process and key findings

Key Findings

^{1.1} The key findings below are expanded upon in the Executive Summary and covered in comprehensive detail in the main body of the report.

- » Many consultees recognised the challenges facing the NHS nationally, and Epsom St Helier University Hospitals Trust (ESTH) hospitals in particular, and welcomed the proposed investment into local hospitals;
- » There is widespread support for the clinical model from respondents, and particularly from clinical stakeholders and NHS staff, on the basis that it addresses the case for change. However, levels of support varied by geography with more individuals living in Merton CCG stating that the model of care is a poor or very poor solution;
- » Looking across all consultation strands, on balance Sutton received more support as a potential site for a new SECH, although views varied by where respondents lived; support for Sutton as a site was greater among those who also supported the proposed model of care;
- » Support for Epsom or St Helier as the site of the SECH tended to be stated mainly by respondents in the vicinity of those hospitals, who also often preferred to retain all acute services at their local hospital;
- » The most common concerns shared by respondents related to access to services, the impacts of the proposed changes on local communities and travel and transport to the SECH;
- » There was concern that the proposed changes might lead to poorer health outcomes and unnecessary risk to life, primarily as a result of longer journey times and that travel and access to a new SECH, wherever it might be built, would be difficult, time-consuming and expensive, with concerns about private and public transport, and parking provision at hospital sites;
- » A common concern was that separation of pre-natal, ante-natal and maternity care staff to different hospitals reduces consistency of care and support, and could potentially alter decisions on where to give birth;
- » Concern was expressed around health inequality and the potential for adverse impacts arising from the proposed changes on people living in socio-economically deprived areas, compared to those living in more affluent areas, largely due to the greater challenges around travel and access;
- » Some respondents and participants proposed alternatives or contrary evidence during the consultation, which are summarised and presented throughout this report;
- » Other themes were mentioned and are highlighted throughout the report. These include: the impact on other providers/hospitals, three-site working including staffing and hospital transfers, insufficient bed numbers for growing older population, and concerns around possible future privatisation.

Introduction

- 1.2 This executive summary highlights the consultation outcomes and provides an indication of the overall balance of opinions; however, readers are urged to consult our full report for more detailed insights and understanding of the assumptions, arguments, conclusions and feelings about the possible changes to how health and care services are organised in Merton, Sutton and Surrey Downs .
- 1.3 ORS' role is to independently analyse the feedback received from the public consultation on the future healthcare options for a new clinical model and specialist emergency care hospital covering Surrey Downs, Sutton and Merton CCG areas, and to prepare an independent report of the feedback received. In this report, we present the opinions and arguments of the many different interests participating in the consultation, but it is not ORS' role to 'make a case' for any proposal or variant, or make any recommendations as to how the IHT Programme Board should make use of the reported results. It is for the CCG Governing Bodies, via a joint Committees in Common, to take decisions based on all of the evidence available.

The commission

- 1.4 In 2017, Epsom and St Helier University Hospitals NHS Trust (ESTH) published a strategic outline case to address the challenges facing both Epsom and St Helier hospitals, relating to concerns around clinical sustainability, financial sustainability and the suitability of their estates. Following this, in 2018, the Improving Healthcare Together (IHT) programme was launched by Surrey Downs, Sutton and Merton Clinical Commissioning Groups (the CCGs)¹ – who are responsible for planning the majority of NHS hospital and community services for local people. The aim of IHT was to determine the potential solutions to the challenges at ESTH for the combined geographies of the CCGs.
- 1.5 In January 2020, the IHT programme launched a public consultation to gather feedback on the proposals, from those in the local area who could potentially be impacted by these changes, as well as residents in neighbouring areas and other stakeholders.

The current challenges: Case for Change

- 1.6 One of the greatest challenges facing hospitals nationally is a shortage of clinical staff in many specialities, including nursing. In particular, Epsom and St Helier hospitals currently:
 - » Cannot meet the consultant workforce standards set for major acute services across two sites;
 - » Have vacant consultant posts and gaps in the staff rotas, leading to knock on impacts on the quality of care and creating financial pressure;
 - » Have shortages of junior doctors and middle-grade doctors (so the hospitals must employ temporary staff to fill the gaps in the rotas); and
 - » Have high vacancy rates for nursing and midwifery staff.
- 1.7 Despite many recruitment initiatives over recent years, and efforts to increase the numbers entering training, with the current configuration of hospitals, there are no easy solutions to resolve the workforce challenges, close the significant gaps and meet standards across two sites.
- 1.8 Further challenges are:

¹ From 1st April 2020, five CCGs in Surrey, including Surrey Downs CCG have joined together to create a new singular commissioning organisation across the area - the Surrey Heartlands CCG; Similarly, CCGs in South West London, including Sutton and Merton CCGs, have joined several other CCGs to form South West London CCG. For ease and analysis purposes, however, this report continues to refer to the three CCGs that were in place during the consultation.

- » The condition of the existing hospital buildings, especially at the St Helier Hospital site, where over 90% of the buildings are older than the NHS; and
 - » Demand growth, cost inflation, the cost of meeting clinical standards, the high cost of maintaining the existing estate and significant efficiency programmes (such as reducing reliance on agency workforce). Fundamentally, however, they are largely driven by working across two sites, leading to duplicated rotas and support services.
- 1.9 These challenges – in particular that of staffing major acute services sufficiently – are so significant that the CCGs believe that large changes are needed in how healthcare is organised and delivered across the area.

The proposals

- 1.10 The CCGs plan to address these challenges, working with partners from all health and social care providers in the area. The IHT programme proposes introducing a **new model of care** to improve the quality of hospital services, where major acute services (defined as those for the most unwell patients dependent on critical care) would be co-located on a single site in a **new specialist emergency care hospital (SECH)**, with other hospital(s) providing district hospital services (the majority of the care that ESTH delivers) locally from refurbished buildings.
- 1.11 Following a comprehensive evaluation and options appraisal process, IHT shortlisted three options to take forward to wider formal consultation. Any new specialist emergency care hospital could be located on the existing Epsom, St Helier or Sutton hospital sites; the **CCGs' preferred location for a new specialist hospital is the Sutton Hospital site**. The consultation document² demonstrated how each option compared against the others based on a number of key criteria, namely: Quality of Care, Sustainability and Fit with Long Term Plan, Travel and Access, Deliverability, and Finances.

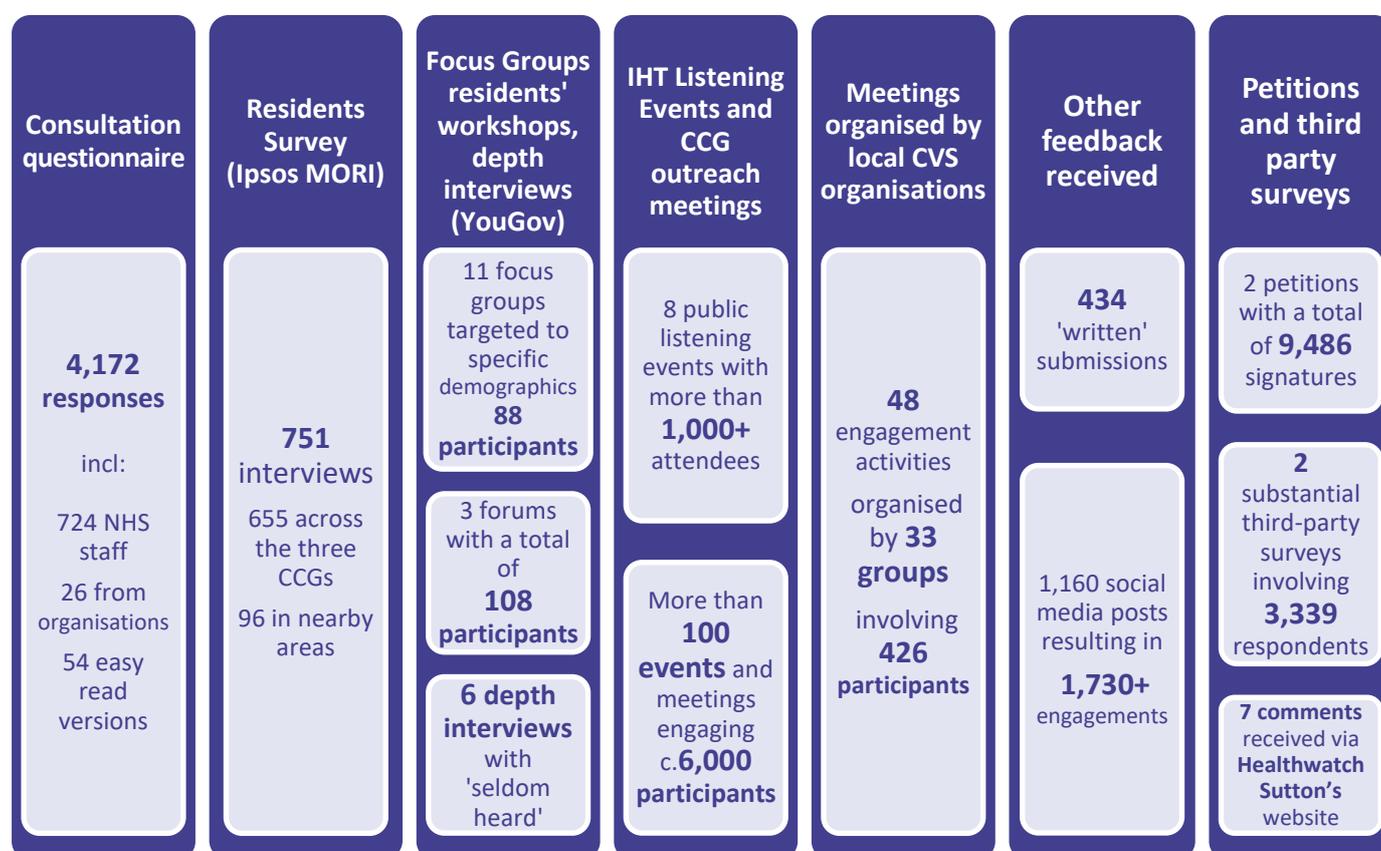
Consultation process

- 1.12 Following a period of pre-consultation engagement led by the three CCGs in 2018, the formal consultation period was launched on 8th January 2020 and ended on 1st April 2020. During this period, residents and other stakeholders were invited to provide feedback through a wide range of methods, including all the following:
- » A structured open consultation questionnaire, available to all, online and via paper versions (including an easy read version, and versions translated into other languages);
 - » a telephone residents survey (designed and conducted by independent research organisation **Ipsos MORI**)
 - » a series of focus groups and in-depth 1:1 interviews with people with specific protected characteristics (designed and conducted by independent research organisation **YouGov**)
 - » a series of larger deliberative forums with a randomly selected cross-section of the general public – one group in each CCG area (independently delivered by YouGov);
 - » public listening and mobile roadshows designed to reach out to the wider public as well as hard to reach and deprived communities, arranged and chaired by the IHT team;
 - » meetings and events carried out by each of the CCGs with hard to reach and protected characteristic groups, who may be impacted by the consultation proposals; and

² <https://improvinghealthcaretogether.org.uk/document/full-consultation-document/>

- » meetings with community groups and people with protected characteristics via a Community Voluntary Sector Scheme, led by the three Councils for Voluntary Services in each of the CCG areas.

- 1.13 In addition to the above, consultees could also submit feedback to IHT’s helpline in writing or by email, via SMS and by telephone, as well as commenting on social media. Several organisations and political stakeholders also organised petitions and their own questionnaires before and during the formal consultation period.
- 1.14 The above engagement programme used a targeted approach based on the findings from the independent Deprivation Impact Assessment and draft interim Integrated Impact Assessment³ which identified protected characteristic groups and hard to reach communities that may be potentially impacted by the proposals.
- 1.15 The IHT team, as well as the three CCGs own communications and engagement teams, planned and delivered a comprehensive communications programme to raise awareness of the consultation and how to take part. This included numerous press releases and advertorials in relevant local media and online channels, as well as large-scale distribution of leaflets promoting the consultation and how to get involved, and summary consultation documents and consultation questionnaires distributed to many outlets across the three CCGs. Extensive information and resources were available on the Improving Healthcare Together website: www.improvinghealthcaretogether.org.uk, along with a link to the online questionnaire. Further detail is provided in the IHT Programme’s consultation activity section of the consultation overview chapter.
- 1.16 The consultation programme as reported here by ORS received the following levels of response:



³ <https://improvinghealthcaretogether.org.uk/document/draft-of-independent-interim-integrated-impact-assessment-report/>

The consultation report

- 1.17 This executive summary summarises the consultation outcomes to highlight the overall balance of opinions. We trust that this summary is a sound guide to these outcomes and how they might be interpreted, but readers are urged to consult our full report for more detailed insights and understanding of the assumptions, arguments, conclusions and feelings about the possible changes to how health and care services are organised in Merton, Sutton and Surrey Downs .
- 1.18 In contrast to the more thematic approach in this executive summary, the full report considers the feedback from each element of the consultation in turn (which can at times be repetitive given that similar issues emerged across the different strands) because it is important that the full report provides a full evidence-base for those considering the consultation and its findings. We trust that both this summary and full report, in addition to the other stand-alone reports produced by the other independent research organisations involved, Ipsos MORI and YouGov, will be helpful to all concerned.
- 1.19 Consultation has been described as a dialogue, based on a genuine and purposeful exchange of views. ORS' role is to analyse the outcomes of this dialogue and to give an accurate account of the feedback received during the 12-week public consultation on the proposals for future healthcare options - a new clinical model and specialist emergency care hospital covering Surrey Downs, Sutton and Merton CCG areas – by way of an independent and detailed report.
- 1.20 It should be noted, that the consultation report reflects polarised views; this can be because those with strong feelings are more likely to provide these views robustly. Furthermore, ORS has an obligation to report these concerns and contrary views robustly, in order for decision-makers to be able to conscientiously take into account the issues raised (Gunning Principle 4). This does not mean that the Governing Board's decisions should be determined only by the feedback from consultation. It is for the CCG Governing Bodies, via a joint Committees in Common, to take decisions based on all of the evidence available⁴

Details on the next steps can be found at www.improvinghealthcaretogether.org.uk and typing 'Next steps' in the search box.

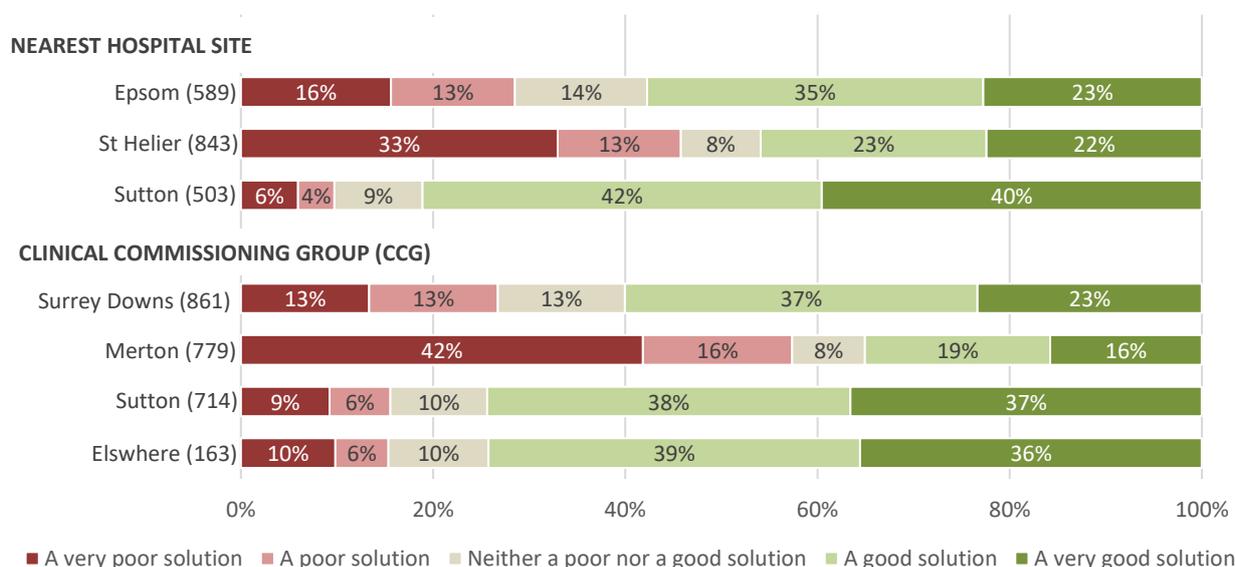
Key findings

The proposed model of care

Many consultees recognised the challenges facing the NHS nationally, and there was widespread support for the clinical model from respondents, and particularly from clinical stakeholders and NHS staff, on the basis that it addresses the case for change. However, levels of support varied by geography with more individuals living in Merton CCG stating that the model of care is a poor or very poor solution

- 1.21 Most organisations and those responding to the consultation questionnaire as NHS employees were very positive about the proposed model of care: of the latter, for example, around four in five (81%) felt it is a good or very good solution.
- 1.22 More than half (56%) of non-NHS staff individual respondents to the questionnaire shared this view (increasing to 61% when considering only those living within the ESTH catchment area⁵), although a third (33%) felt the proposed model is a poor or very poor solution (28% within the ESTH catchment) and results varied by geography as indicated below, in particular respondents living in Merton CCG stating that the model of care is a poor or very poor solution (57%):

Figure 1: Consultation questionnaire responses from other non-NHS staff individual respondents in response to the proposed model of care, by the nearest hospital to which respondents live and CCG area



- 1.23 Results were slightly more positive among respondents to the telephone residents' survey⁶, with just under two-thirds (63%) feeling that the proposed model of care is a good or very good solution, and just over a fifth (21%) considering it a poor or very poor solution
- 1.24 There was broad support for the proposed model of care in the written submissions (particularly among NHS Trusts and professional/clinical groups) and at the focus groups with members of the public and residents'

⁵ Based on respondents who provided their postcode when completing the consultation questionnaire.

⁶ In order to ensure closest comparability, where results from the residents' survey are contrasted against those from the consultation questionnaire, residents' survey results are based on those obtained from the ESTH catchment area, with 'don't know' responses excluded. A further explanation can be found in the relevant chapter.

workshops, as well as among many attending CCG-organised events and Community and Voluntary Sector (CVS) meetings. There was also some support on social media and in the locally organised questionnaires.

- 1.25 Those who supported the model of care, did so on the grounds that the changes will:
- » Improve standards of care and enable hospitals to meet quality standards;
 - » Help overcome long-standing staffing issues, especially among specialists;
 - » Ensure modern facilities for modern healthcare and better working conditions for staff;
 - » Increase efficiencies and place the Trust on a more secure financial footing; and
 - » Reduce waiting times.
- 1.26 At the higher-profile IHT Listening Events, while some support was expressed for the model of care in the meetings themselves and in handwritten notes left by attendees on the sticky notes provided to capture individual feedback, proceedings were somewhat dominated by negative feedback, with strong attendance at each of the events by specific groups vocally opposed to both the proposals and the consultation as a whole.
- 1.27 There was significant opposition to the proposed model of care in some quarters, not only at the Listening Events and some other meetings, but also in petitions organised by the local MP for Mitcham and Morden and a local campaign group. Opposing views and contrary arguments were also forthcoming in the written submissions from some MPs, local councillors, trades unions and campaign groups. Some local residents, particularly those living in the St Helier area, further expressed their opposition in letters and emails, as well as in comments made in response to the Merton Council questionnaire, and on social media.
- 1.28 While a number of opposing arguments to the proposed model of care were presented, covered in detail in the main body of this report, the three most prominent were that:
- » Service reductions at existing hospitals, particularly A&E and maternity services, are not in the best interests of patients and present enhanced risk to life;
 - » The proposal to centralise key acute and emergency services would lead to increased health inequalities by disproportionately impacting specific vulnerable groups, particularly those living in deprived areas, and older residents; and
 - » The centralisation of services, as proposed, is a precursor to the closure of the two existing hospitals and/or further privatisation of NHS services.
- 1.29 The vast majority of those consultees who viewed the proposed model of care negatively nonetheless recognised many of the challenges facing the NHS nationally, and ESTH hospitals in particular. This led to strong advocacy among opponents for an enhanced 'status quo', in which any forthcoming financial investment should be used to renovate and upgrade the two existing hospitals.

Centralisation of hospital births in the model of care split opinions among respondents, while separation of pre-natal, ante-natal and maternity care staff across different hospitals raised concerns, including implications for consistency of care and support, and the potential to alter expectant mother's decisions on where to give birth

- 1.30 As with accident and emergency services, centralisation of maternity services – particularly hospital births – at a new SECH was raised across all consultation strands. These comments and concerns focused on:
- » Concerns that longer travel times for mothers in labour, whether traveling by car or ambulance, leading to an increased risk of complications and negative outcomes as a result of delays;

- » Separation of pre-natal, ante-natal and maternity care staff to different hospitals reducing consistency of care and support;
- » The potential advantages of having all births located at a specialist hospital, with consultants and state-of-the-art emergency care available on location;
- » The effective reduction of choice, in which some mothers might feel pressure to choose a home birth over travelling a further distance for a hospital birth;
- » Conversely some mothers being put off home births, if living at a distance from a new SECH, due to concerns about what might happen if complications arose that required transfer from home to hospital; and
- » Whether births should be considered as emergency or acute at all, or should be excluded entirely from the proposed model of care.

The other most common concerns shared by respondents across all consultation strands related to access to services, the impacts of the proposed changes on local communities, and travel and transport to any new SECH; those who opposed centralisation outright went further and suggested that that the proposed changes might lead to poorer health outcomes and unnecessary risk to life

- ^{1.31} Across the various consultation strands, a wide range of concerns were expressed about the proposed model of care and the potential sites for a possible new SECH. It is important to note that many of these concerns were shared by opponents and ‘supporters’ alike. For the former, the issues raised were viewed as reasons not to go ahead with the proposed changes; for the latter, as important considerations to be addressed by decision-makers, and to be mitigated for, whatever the ultimate outcome.
- ^{1.32} The main other concerns raised across all consultation strands were that:
- » The proposed changes might lead to poorer health outcomes and unnecessary risk to life, primarily as a result of longer journey times;
 - » Travel and access to a new SECH, wherever it might be built, would be difficult, time-consuming and expensive, with concerns about private and public transport, and parking provision at hospital sites;
 - » The proposals do not provide for sufficient hospital bed numbers across Epsom Hospital, St Helier Hospital and a new SECH, particularly in light of the anticipated growing and ageing population;
 - » Current staffing issues might be exacerbated through having to provide three sites rather than two;
 - » New and existing NHS staff might be attracted to the acute hospital to the detriment of the proposed district facilities;
 - » Increased patient transfers between three sites would be risky and place additional pressure on the ambulance service;
 - » Confusion may arise as a result of having both a central A&E, and UTCs available locally, with public education needed on ‘where to go for what’;
 - » Three UTCs might compete for and detract from the role of GPs within their communities;
 - » The proposed funds are insufficient to build an entirely new hospital *and* refurbish two existing ones - nor is it financially sustainability to run three as opposed to two hospitals in future;

- » There is a potential for cost overruns at the SECH, leading to fewer available funds to refurbish existing facilities; and
- » The centralisation of services could have a detrimental impact on demand, workload and quality of care at St. George's and Croydon University Hospitals (both of which are currently over-stretched).

- 1.33 With the arrival of the coronavirus (Covid-19) pandemic in the UK, there were some respondents to the consultation who referred specifically to the virus and ongoing crisis in their submissions. Among individual respondents to the questionnaire who mentioned the virus, Covid-19 was viewed predominantly as an additional reason not to go ahead with the proposed changes by those who also objected on other grounds.
- 1.34 By contrast, some NHS staff members responding to the consultation questionnaire shared the view that the proposals would strengthen the ability of health services in the Trust are to deal with major incidences like Covid-19. The pandemic was mentioned by fewer than 2% of questionnaire respondents in their comments, despite it being headline news for much of February and March, and almost a third of all questionnaire responses being submitted after the UK Government had declared lockdown on 23rd March 2020.
- 1.35 Several councils and political organisations responded with requests ranging from extensions to the consultation period, to complete cancellation of both the consultation and any plans for major reorganisations of ESTH Trust acute and emergency services. These submissions are reported in detail, alongside those received from other contributors, in the main body of the report.

The location of a Specialist Emergency Care Hospital (SECH)

Across all consultation strands, Sutton received somewhat more support as a potential site for a new SECH, although views varied by where respondents lived; support for Sutton as a site was greater among those who also supported the proposed model of care, opponents and some local residents and stakeholders instead favoured their closest existing hospital

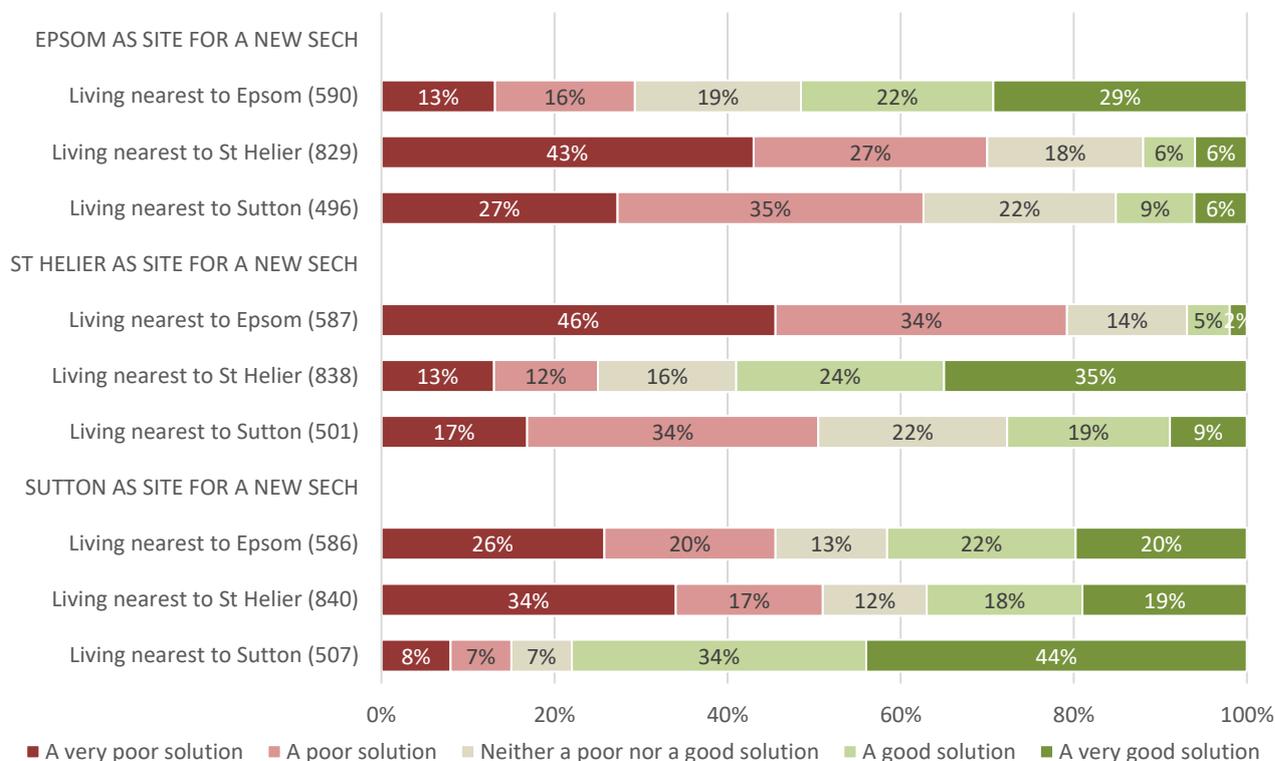
- 1.36 In the consultation questionnaire, there was a clear preference among NHS employees for building the new SECH on the Sutton site: more than three quarters felt this would be a good or very good solution (77%), while far fewer felt this way about locating it at St Helier (24%) or Epsom (15%).
- 1.37 Overall, non-NHS-staff individual respondents were also most positive about locating the new hospital at Sutton; however, the views were somewhat less clear cut and varied considerably by geography. Almost half (48%) felt that building on the Sutton site would be a good or very good solution (52% of those living within the ESTH catchment), compared with just over third for St Helier (37%) and just over a quarter for Epsom (27%)⁷.
- 1.38 In the telephone residents survey⁸, more than half thought that each of the three sites was a good or very good solution: 51% in relation to Epsom, 59% in relation to St Helier, and 52% in relation to Sutton. Conversely, the proportions stating that each site was a poor or very poor solution were also similar at around a quarter (28% for Epsom, 24% for St Helier and 25% for Sutton).
- 1.39 It should be noted that the results from both the consultation questionnaire and telephone residents' survey demonstrate a strong correlation between people's views on each location and their proximity to them; people typically tending to view the site that is closest to their place of residence favourably (Figure 2).

⁷ Decreasing to 31% and 26% respectively for only those respondents who gave their postcode as within the ESTH catchment area.

⁸ From residents within the IHT catchment area, and excluding don't know responses.

However, the consultation questionnaire results show that while this is true of Epsom and St Helier, it is less so for Sutton.

Figure 2: Views of other non-NHS staff individual respondents to the consultation questionnaire on each possible site for a new SECH, by closest hospital



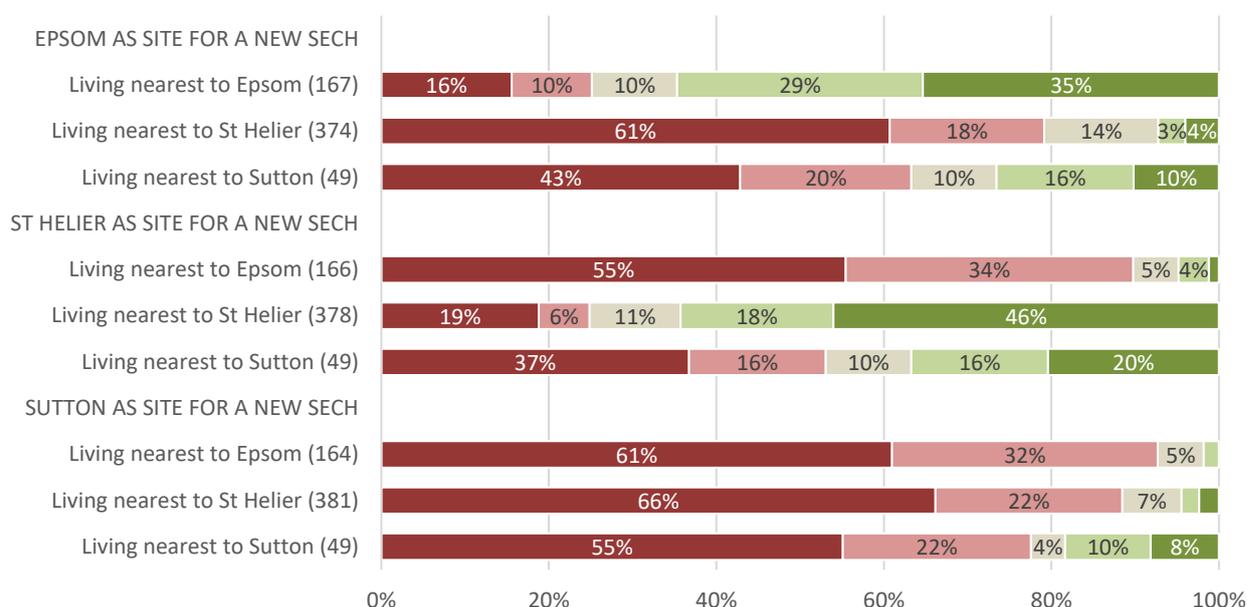
- 1.40 When isolating those responses that demonstrated a **clear preference** for one particular location for a new hospital (based on the respondent answering more positively about one site than the others), preferences for Epsom and St Helier tend to be concentrated in the areas nearest these hospitals, whereas those for Sutton are – at least to some extent – more widely distributed.
- 1.41 The results also show that, in general, the views of NHS staff are less strongly influenced by location than those of other respondents: three quarters of NHS staff felt that locating the new hospital at Sutton would be a good or very good solution, irrespective of which of the three current sites they lived closest to.
- 1.42 An additional finding from the telephone residents' survey is that respondents were more positive about sites they have recently used, suggesting that familiarity with hospitals is important in shaping views around the suitability of the three potential locations as sites for the new hospital. There is lower familiarity with the Sutton site as only a small number of clinics are run from Sutton Hospital (such as a phlebotomy service) and only 5% of residents report having used Sutton Hospital in the last year (compared with 47% for St Helier and 35% for Epsom). This lower familiarity with Sutton Hospital is likely to affect views of its suitability as a site and may partially explain the residents' survey finding that those living nearest the Sutton site are less likely to say their closest site is a good solution, in contrast to those living closest to the St Helier and Epsom.
- 1.43 Looking at the other consultation strands, many of those at the CVS and CCG events targeted at hard to reach and protected characteristic communities supported Sutton as their preferred site due to its central location within the catchment area and its proximity to a train station. Moreover, the focus group participants overwhelmingly viewed Sutton as the best option for the building of the new SECH, despite many having arrived at the sessions with misgivings or even outright objections as a result of local protests and campaigns

against change. This is important as it demonstrates that people can change their opinions on the proposals following careful explanations of the case for change and the rationale for the proposed model of care and preferred option.

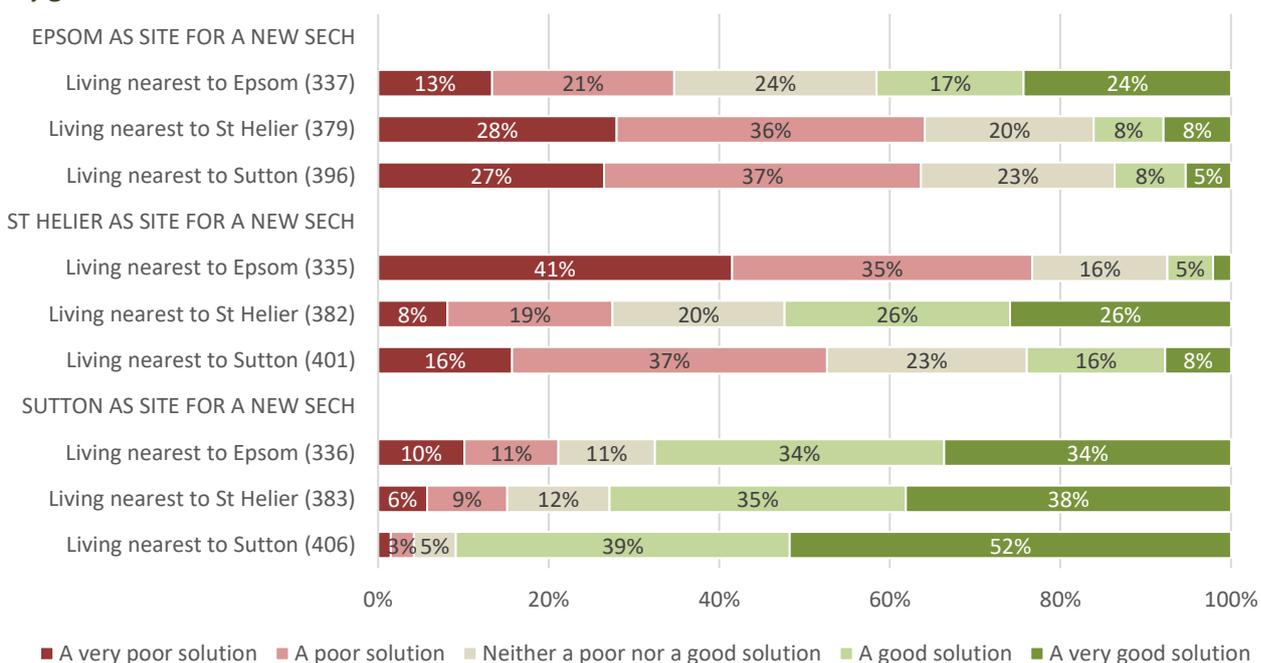
1.44 Furthermore, in the written submissions, most of those who supported the model of care and thus the consolidation of acute services at a Specialist Emergency Care Hospital (SECH) opted for Sutton as their preferred site choice. This correlation also strongly supported by the results from the consultation questionnaire (Figure 3) in which respondents in all areas who viewed the model of care positively also viewed building on the Sutton Site as a good or very good solution.

Figure 3: Views of other non-NHS staff individual respondents to the consultation questionnaire on each possible site for a new SECH, by closest hospital and views on the model of care

Other non-NHS staff individual respondents who view the proposed model of care as a poor or very poor solution



Other non-NHS staff individual respondents who view the proposed model of care as a good or very good solution



- 1.45 The main reasons given for considering that locating a new SECH at Sutton is a good or very good solution were that:
- » Sutton is most central to the population of the three CCG areas;
 - » There is sufficient land available there;
 - » It is easier, quicker and less disruptive to build on a ‘new’ hospital site than an existing one;
 - » It offers potential opportunities to improve care for cancer patients through co-location with the Royal Marsden Hospital (RMH);
 - » It retains the biggest percentage of the catchment, meaning best value for the taxpayer; and
 - » It will result in the provision of three urgent treatment sites – with the addition of UTCs at Epsom and St Helier - rather than two.

Support for Epsom or St Helier as the site of the SECH, tended to be stated mainly by respondents in the vicinity of those hospitals, who also often preferred to retain all acute services at their local hospital

- 1.46 The consultation questionnaire results reported earlier show some preference for building the new SECH at either Epsom or St Helier, particularly among non-NHS staff individual respondents (and especially those living closest to those hospital sites). Moreover, the residents’ survey is the most positive of all the consultation strands in this regard, with 59% of residents seeing St Helier as a good or very good solution and 51% viewing Epsom as so.
- 1.47 Some of those at the IHT Listening Events and the Merton CVS event and many residents submitting a written response also advocated for St Helier as the optimal site for the proposed SECH, mainly because it serves a high-density, deprived population that is in need of easily accessible acute services locally and would benefit from the resulting economic regeneration – and is the most accessible site for the majority of the area’s residents. There was, though, little explicit support elsewhere for siting a SECH there, chiefly due to concerns about the poor condition of the hospital buildings, difficult travel and access from other parts of the ESTH catchment area, and the relatively lengthy (and disruptive) indicative build period.
- 1.48 Support for Epsom as the location for the SECH was generally restricted to those areas closest to the existing hospital, namely Surrey Downs residents and some of those living in the south of the Sutton CCG area. Some (particularly respondents to the questionnaire organised by a local MP) advocated for it on the grounds of proximity, cost-effectiveness of build and the remoteness of more rural areas in the Surrey Downs CCG area from supporting acute services in neighbouring areas.
- 1.49 The health needs of older residents, who make up a greater proportion of the population of the Surrey Downs CCG than either of the other two CCG areas, were also raised as important reasons to build a new SECH in Epsom. Many others, however, commented on the poor state of repair of the existing hospital buildings, difficult access, the ‘too southerly’ location, and inadequate parking provision. Some CVS activity participants also questioned whether there would be sufficient space on the site for a new hospital, since part of it has been sold to a property developer.
- 1.50 Crucially though, those who opposed the proposed model of care in the written submissions and petitions and at the various consultation events did so chiefly on the grounds that acute services should be retained at both of these sites – with some of the £500m funding invested into improving building conditions to ensure they are fit for purpose.

- 1.51 The general reasons for preferring an ‘enhanced status quo’ option have been outlined earlier, but there were also some strong objections specifically to centralising acute services at Sutton, not least around the travel and access difficulties this would pose. Frequent congestion was noted, public transport to and from the site was often described as “poor” and there was a strong sense that more costly and complex journeys would become a reality for many of those who can least afford it and/or may struggle with mobility (the elderly and vulnerable and their carers, people with disabilities and heavily pregnant women for example).
- 1.52 The above concerns also link to the frequently made point that removing acute services from St Helier in particular will have a disproportionate impact on the significantly more deprived and higher need communities there – as well as on members of black and minority ethnic (BAME) groups, who disproportionately use A&E and experience barriers in accessing primary care – noting that there is a significantly higher proportion of BAME residents in the St Helier area than in either of the other two locations.
- 1.53 Also in relation to the Sutton site, while co-location and close working with the RMH was typically viewed as a positive thing, there was some concern that the high private caseload at this hospital would eventually be mirrored at the SECH, and that resources at the latter could be diverted to treating surgical patients (including private patients) from the Royal Marsden. On a related note, there was also some apprehension expressed at the IHT Listening Events that the number of single rooms included in the plans for a new SECH, regardless of where it might be built, is indicative of a future trend toward higher intakes of private patients.
- 1.54 In light of the above, there was a strong sense, even among some of those who supported the preferred option and viewed co-location with RMH positively, that clarification would be required as to any potential impacts on a new hospital’s caseload and capacity as a result of this close proximity and sharing of services. It was also a common view that, if Sutton were chosen as the site for a new SECH, the co-location with RMH was another reason why steps would need to be taken to ensure adequate road access to acute services.

Potential equality impacts, where identified by respondents, focused predominantly on the familiar but fundamentally important issues of travel and transport, and access to services; health inequality and the potential for adverse impacts on people living in socio-economically deprived areas was also a commonly stated concern, largely due to the greater challenges around travel and access

- 1.55 Across the entire consultation feedback, whilst many general mentions were made about concerns around travel and access, fewer other specific impacts were clearly identified. The overriding concerns both of, and about, individuals and groups with protected characteristics, related to concerns regarding loss of local services, and the potential challenges of travelling to a centralised SECH.
- 1.56 The three protected characteristics groups most frequently mentioned across all consultation strands were older people and those with disabilities, particularly in relation to reduced mobility, and of pregnant women and those about to or having just given birth. In all three cases, increases in journey times – whether by public or private transport, or by ambulance – were cited as having potential for significant impacts.
- 1.57 Health inequality was a key theme arising, particularly – although by no means exclusively – from those with serious reservations about the proposal to centralise specialist acute and emergency care at a single location. The potential for negative impacts from these changes on people living in socio-economically deprived areas of the ESTH catchment area were of concern to many respondents, with particularly strong advocacy for those residents living nearest to St Helier Hospital from some MPs, local councils and individual councillors, and campaign groups. The outcomes of these concerns ranged from outright opposition to any centralisation

or relocation of services, to support for the model of care on the proviso that it be built at the St Helier Hospital site.

- 1.58 Among consultation questionnaire respondents and telephone survey participants, there was little evidence that the majority of protected characteristics groups were likely to view the proposed model of care, or the possible sites for a new site, significantly differently to other members of the public living in the same geographic locations.
- 1.59 In some cases, views among certain protected characteristics groups appeared more positive; the residents' telephone survey, for example, found that a higher proportion of younger people aged 16-34 years and people from BAME backgrounds viewed the proposed model of care positively compared to other respondents. Similarly, and perhaps surprisingly – given the concerns expressed by campaigners and political stakeholders – the residents' survey found that views of people living in more deprived areas were more likely to view the model of care as good or very good, compared to those living in the least deprived areas, although noting that this more positive view may be conditional on the SECH being located near to them.
- 1.60 In the consultation questionnaire, there were some protected characteristic and other potentially vulnerable groups who were more negative about the proposed model of care – specifically women who were pregnant or had given birth in the last year (although the total number of respondents in that groups was relatively low) and people living in more deprived areas, particularly those nearest to St Helier Hospital. As elsewhere, the concerns raised by these groups related to timely and affordable access to health services for both regular appointments, and in emergencies.
- 1.61 Consultation questionnaire respondents who identified as having a disability, or a long-term illness or health condition, were also more likely to view the proposed model of care somewhat more negatively than other respondents living in the same areas. The concerns raised, and suggested mitigation measures, included the need for improvements to road infrastructure and public transport links to and between sites, and the need for adequate and affordable parking for patients and visitors at all sites.
- 1.62 The deliberative work undertaken by YouGov, individual CCGs and CVS organisations to target engagement with seldom-heard and protected characteristics groups was able to identify some more specific potential equality impacts, and ideas for mitigation measures. These, along with more detailed equalities reporting, are covered in a dedicated chapter of this report, as well as in those covering each individual consultation strand. The specific concerns raised include:
- » Older members of traveller communities might find navigating to new and unfamiliar hospital locations particularly challenging;
 - » Some people with disabilities, particularly those who are blind or visually impaired, or who have sensory impairments as a result of neurological conditions or learning disabilities, could find accessing and navigating around unfamiliar hospital buildings particularly challenging;
 - » As a consequence of the above, the need to include people with disabilities (including those with learning disabilities) in service and building development and design;
 - » Provision, under the proposed model of care, for mental health services – particularly in relation to attendance at emergency departments and acute admissions;
 - » The needs of BAME groups, who – particularly in deprived communities - disproportionately use A&E and experience barriers in accessing primary care, as well as experiencing higher rates of diabetes and heart and stroke problems compared to other groups; and

- » Environmental impacts, from increased traffic and noise, and the implications of building a helipad at a new SECH, to the need to ensure that building design and transport infrastructure prioritises 'green' technologies.

There were suggestions for some alternatives to, or variations on, the main proposals

- 1.63 Some respondents and participants proposed alternatives or amendments to the main proposals. Most often, these focused on maintaining or improving local services. For example:
- » An enhanced 'status quo' - retaining and improving the current sites instead of building a new hospital;
 - » Building the new hospital in a different location (with various suggestions made as to the most suitable area or site, but the most common being the open space opposite St Helier Hospital, and the West Park and Headley Park locations in the Epsom area);
 - » Building the new SECH, but still retaining the full range of acute services at the remaining two sites (i.e. having three A&E departments, etc.);
 - » Having up to four smaller 'SECHs' to offer better coverage of the whole area; and
 - » More general alternatives, e.g. increasing funding to help the NHS meet the ongoing challenges and recruit more staff.
- 1.64 Other proposed alternatives were more radical in nature, and called for further redevelopment or centralisation, including:
- » Building the new SECH at Sutton, but only retaining one of the other two sites;
 - » Demolishing the current Epsom and/or St Helier Hospitals, and starting them again (rather than trying to renovate older buildings that may be no longer fit for purpose); and
 - » Increased centralisation, i.e. focusing on just one 'super hospital'.
- 1.65 Finally, and importantly, a written submission from South West London Renal Community (signed by senior clinicians of St George's University Hospital NHS Trust and St Helier and Epsom University Hospitals NHS Trust) supported Sutton as the site, and the relocation of inpatient renal services currently provided at St Helier to the proposed SECH at Sutton if the preferred option is taken forward. However, the Renal Community also felt that patient care could be improved if all tertiary renal medical and surgical practice were to be offered in one new purpose-built facility, and proposed St George's Hospital as the best location for this.

The consultation process

Finally, there was some criticism of the consultation process, mainly by opponents of the proposals

- 1.66 The IHT consultation process itself was criticised, in the majority by opponents of the proposals themselves, across all consultation strands. These criticisms were mainly for:
- » Being initiated too soon, before issues relating to the options and the impact assessment were fully understood and agreed;
 - » Providing misleading information and omitting important supporting details;
 - » Using complicated and ambiguous terminology;
 - » Insufficient and/or inaccurate modelling;

- » Promoting a preferred option without properly discussing the potential benefits of other more modest, realistic options (such as ‘business as usual’ and ‘do minimum’);
- » Appearing as a ‘fait accompli’ to be implemented regardless of public opinion;
- » Over-subscribed public events; and
- » That the consultation should have been cancelled or at least extended to account for the current Covid-19 pandemic.

^{1.67} Other criticisms included poor or biased questionnaire design, the perception of excessive spending on consultation, and a sense among some respondents that this was just another in a series of proposals that would not come to fruition.

^{1.68} By contrast, some consultees responding across all strands of the consultation expressed the view that “the experts should be allowed to decide”, that a decision should simply be made and acted upon, and that politically motivated individuals and groups were deliberately spreading biased or inaccurate information in order to influence the views of the public on way or another.

2. Consultation Overview

Purpose, methodology, reporting

Overview

The commission

- 2.1 In 2017, Epsom and St Helier University Hospitals NHS Trust (ESTH) published a strategic outline case to address the challenges facing both Epsom and St Helier hospitals, relating to concerns around clinical sustainability, financial sustainability and the suitability of their estates. Following this, in 2018, the Improving Healthcare Together (IHT) programme was launched by Surrey Downs, Sutton and Merton Clinical Commissioning Groups (the CCGs)⁹ – who are responsible for planning the majority of NHS hospital and community services for local people. The aim of IHT was to determine the potential solutions to the challenges at ESTH for the combined geographies of the CCGs.
- 2.2 In January 2020, the IHT programme launched a public consultation to gather feedback on the proposals, from those in the local area who could potentially be impacted by these changes, as well as residents in neighbouring areas and other stakeholders.

The current challenges: Case for Change

- 2.3 One of the greatest challenges facing hospitals nationally is a shortage of clinical staff in many specialities, including nursing. In 2017, all South West London (SWL) acute trusts undertook a self-assessment to identify their performance against clinical standards and their ability to meet the required levels of consultant cover (Surrey trusts were not included, but Epsom Hospital was included as part of a SWL Trust).
- 2.4 The work underpinning the SWL Clinical Quality Standards was led by the SW London Medical Directors between October 2016 and October 2017, and was approved by the SW London Clinical Senate on 28 September 2017. It is important to note that the SWL Clinical Standards align with national standards.
- 2.5 Six services were identified as key to the sustainability of acute services: Emergency Department, Obstetrics, Emergency Surgery, Paediatrics, Acute Medicine and Intensive Care.
- 2.6 Based on a self-assessment against these standards, providers advised the SWL health and care partnership that three of the four acute trusts are clinically sustainable, but there is a specific need to address issues at ESTH; in particular its significant gaps meeting standards across two sites for acute medicine and emergency department. Epsom and St Helier hospitals currently:
 - » Cannot meet the consultant workforce standards set for major acute services across two sites
 - » Have vacant consultant posts and gaps in the staff rotas, leading to knock on impacts on the quality of care and creating financial pressure.
 - » Have shortages of junior doctors and middle-grade doctors (so the hospitals must employ temporary staff to fill the gaps in the rotas), and

⁹ From 1st April 2020, five CCGs in Surrey, including Surrey Downs CCG have joined together to create a new singular commissioning organisation across the area - the Surrey Heartlands CCG; Similarly, CCGs in South West London, including Sutton and Merton CCGs, have joined several other CCGs to form South West London CCG. For ease and analysis purposes, however, this report continues to refer to the three CCGs that were in place during the consultation.

- » Have high vacancy rates for nursing and midwifery staff.
- 2.7 Despite many recruitment initiatives over recent years, and efforts to increase the numbers entering training, with the current configuration of hospitals, there are no easy solutions to resolve the workforce challenges, close the significant gaps and meet standards across two sites, in particular for acute medicine and emergency departments.
- 2.8 Further challenges are:
- » The condition of the existing hospital buildings, especially at the St Helier Hospital site, where over 90% of the buildings are older than the NHS
 - » The financial challenges due to demand growth, cost inflation, the cost of meeting clinical standards, the high cost of maintaining the existing estate and significant efficiency programmes (such as reducing reliance on agency workforce). However, fundamentally they are largely driven by working across two sites, and therefore duplicating rotas and support services.
- 2.9 These challenges – in particular the challenge of staffing major acute services sufficiently – are so significant that the CCGs believe that large changes are needed in how healthcare is organised and delivered across the area.

The proposals

- 2.10 The CCGs plan to address the challenges identified, together with partners from all health and social care providers in the area. The IHT programme proposes introducing a **new model of care** to improve the quality of hospital services, where major acute services (defined as those dependent on critical care) would be co-located on a single site in a **new specialist emergency care hospital**, with other hospital(s) providing district hospital services (the majority of the care that ESTH delivers) locally from refurbished buildings.
- 2.11 The overall objectives would be to provide better joined-up services and improved continuity of care, patient experience and patient outcomes; and delivering district services locally and making sure patients have access to local urgent treatment 24 hours a day, 365 days of the year.
- 2.12 Following an evaluation and options appraisal process that involved representatives such as CCG representatives, clinical staff and members of the public etc, IHT shortlisted three options to take forward to wider formal consultation. Any new specialist emergency care hospital could be located on the existing Epsom, St Helier or Sutton hospital sites; the **CCGs' preferred location for a new specialist hospital is the Sutton Hospital site**. Each of the options were assessed against key criteria, namely: Quality of Care, Sustainability and Fit with Long Term Plan, Travel and Access, Deliverability and Finances. The consultation document demonstrated how each option compared against the others, for each criterion:

Figure 4: Comparison of Criteria across CCG area

Criteria	Sutton	St Helier	Epsom
 Quality of care Would it improve safety and quality of clinical care, improve patient experience, provide the number of beds needed and solve the issues surrounding workforce, recruitment and keeping staff?	The proposed changes would deliver improved quality of care in all options. In all options, how we deliver care would be the same. There would be the same number of beds (a slight increase on what is available now) and the workforce issues would be solved.		
 Long-term clinical sustainability Does it improve access to urgent and emergency care and are there other clinical benefits for patients?	Three urgent treatment centres that would be open 24 hours a day, 365 days of the year Located with Royal Marsden, it would improve care for Epsom and St Helier cancer patients	Two urgent treatment centres that would be open 24 hours a day, 365 days of the year	Two urgent treatment centres that would be open 24 hours a day, 365 days of the year
 Meeting the health needs of local people What would the effect be on older people and people from deprived communities?	Least overall effect on travel for older people and people from deprived communities	Greatest effect on travel for older people and least effect on travel for people from deprived communities	Least effect on travel for older people and greatest effect on travel for people from deprived communities
 Fit with the NHS Long Term Plan Would it fit with the NHS Long Term Plan and support bringing health and care services together?	All options would be similar to how the NHS Long Term Plan sees healthcare delivered in the future.		
 Access, including travel What would the effect be on travel and accessibility?	Smallest increase in average travel time. Fewer local people would have to travel further, as Sutton is the most central to where people live in the areas of Surrey Downs, Sutton and Merton.	Second greatest increase in average travel time. More local people would have to travel further, with more complicated journeys.	Greatest increase in average travel times. A larger number of local people would have to travel further, with more complicated journeys.
 How easy it is to deliver? How complex would it be to build and how long would it take? What would be the effect on neighbouring hospitals?	Easiest to build Would take four years to build Least effect on neighbouring hospitals – 50 beds move to other local hospitals	More complicated to build Would take seven years to build Bigger effect on neighbouring hospitals – 81 beds move to other local hospitals	More complicated to build Would take six years to build Greatest effect on neighbouring hospitals – 205 beds move to other local hospitals
 Finance What is the cost to build and the long-term financial benefit to the NHS over 50 years, which is the planned lifetime of hospital buildings?	Most cost to build: \$511 million. It has the most new buildings but because it keeps the most patients in the area and there are extra benefits of being located with the Royal Marsden it is the best value for the taxpayer	Least cost to build: \$430 million. It has the most refurbished buildings and keeps the majority of patients in the area, making it medium value for the taxpayer	Medium cost to build: \$466 million. The build size is smaller as it keeps the least number of patients in the area. It also has the largest investment needed at other providers and so is the least value for the taxpayer

The consultation

Consultation programme

- 2.13 Following a period of pre-consultation engagement led by the three CCGs in 2018, the formal consultation period was launched on 8th January 2020 and ended on 1st April 2020. During this period, residents and other stakeholders were invited to provide feedback through a wide range of methods, including all the following:
- » A structured open consultation questionnaire, available to all, online and via paper versions (including an easy read version, and versions translated into Polish, Tamil and Urdu);
 - » a telephone residents survey (designed and conducted by independent research organisation **Ipsos MORI**)
 - » a series of focus groups and in-depth 1:1 interviews with people with specific protected characteristics (designed and conducted by independent research organisation **YouGov**)
 - » a series of larger deliberative forums with a randomly selected cross-section of the general public – one group in each CCG area (independently delivered by **YouGov**);
 - » public listening and pop-up events arranged and chaired by the IHT team;
 - » meetings and events carried out by each of the CCGs;
 - » meetings with a range of community groups and people with protected characteristics via a Community Voluntary Sector Scheme, led by the three lead Councils for Voluntary Services in each of the CCG areas;
- 2.14 ORS were responsible for analysing results and notes from each of the above activities, and bringing together all feedback gathered into a comprehensive consultation report, also including:

- » analysing and reporting submissions and other responses received by the IHT team during the consultation period;
 - » analysing and reporting petitions and third-party surveys received by the IHT team during the consultation period;
 - » analysing and reporting social media activity and feedback.
- 2.15 During the consultation period in early 2020, concern about the impacts of COVID-19 caused the UK government to establish a range of measures that were designed to limit non-essential public contact. The most stringent measures were introduced in March during the final two weeks of the 12-week consultation period.
- 2.16 One IHT listening event and a small number of the CCGs' face-to-face meetings and events arranged to take place during this final period had to be cancelled as a result, including the final listening event in Epsom, and two deliberative events with Merton residents and young people (led by independent research organisation YouGov).
- 2.17 In terms of mitigations for the cancelled listening event, stakeholders were notified of the cancellation via social media and the IHT consultation website, and those that had registered were emailed directly. Stakeholders could access the IHT presentation (which was recorded and uploaded on the IHT website) and submit questions or comments via the IHT inbox. The deliberative events went ahead, but instead using virtual using chat based online discussions. For further information refer to YouGov report (at www.improvinghealthcaretogether.org.uk and typing 'Independent analysis on feedback from deliberative focus groups, workshops and depth interviews' in the search box.)
- 2.18 The large response to the consultation questionnaire in the final week of consultation (both online and via paper versions) demonstrates that stakeholders were still able to participate and provide feedback throughout the consultation period, up to and including on, the consultation closing date. The IHT Team also undertook an analysis of the response received against the audiences identified during the initial impact analysis and stakeholder mapping exercises as mostly likely to be impacted by the proposals, and are confident that they have engaged sufficiently with these groups to have a clear understanding of any issues or concerns that these groups may hold. On this basis, and in discussion with The Consultation Institute (tCI), it was agreed that the consultation could close as planned.

Activities carried out by IHT, the CCGs and ESTH to promote the consultation

- 2.19 The IHT team, as well as the three CCGs own communications and engagement teams and ESTH, planned and delivered a comprehensive communications programme to raise awareness of the consultation and how to take part. This included numerous press releases and advertorials in relevant local media and online channels, as well as a public launch at a Committees In Common meeting held on January 8th 2020.
- 2.20 Information and resources were available on the Improving Healthcare Together website www.improvinghealthcaretogether.org.uk, along with a link to the online questionnaire, which was setup and hosted by ORS.
- 2.21 579,023 leaflets (in an envelope clearly marked as an NHS communication) advertising the consultation and how to get involved, were distributed via Royal Mail. This door-to-door campaign aimed to reach all households identified to be within the three CCGs and the wider IHT catchment area (including parts of Kingston Upon Thames and the London Borough of Croydon).

- 2.22 Paper copies of the summary consultation document, questionnaire and leaflets were also available from a variety of locations including 98 GP practices, 135 pharmacies, 107 dentists' surgeries, 72 opticians, and 26 libraries across the three CCGs. They were also provided to all local authorities, the CCGs and hospitals in the area, community and voluntary groups, Citizens' Advice and job centres, 73 primary schools, 7 gyms, and via email to various residents' associations and parish councils.
- 2.23 In total, at least 4,434 standard questionnaires, 930 easy read questionnaires, 5,292 summary consultation documents, 107,183 consultation leaflets and 5,000 'Talk to us' postcards were distributed to the above stakeholders and partners. Furthermore, all consultation materials were also available at the public meetings and events.
- 2.24 The Improving Healthcare Together team also provided further paper copies to residents on request. Copies could also be requested in large print, easy read or in the three most common other languages including Tamil, Urdu and Polish. For example, 3,000 copies (each) of the questionnaire and summary document in Tamil were distributed to MPs Elliot Colburn and Paul Scully in Sutton to share with their local Tamil community. In the event, however, the vast majority of respondents – regardless of their ethnicity – chose to respond in English. Two responses to the consultation questionnaire were received in Tamil and Urdu and were translated and are included in the feedback in this report.
- 2.25 The IHT team organised a series of large Public Listening events, each in a different location within the area, as well as a number of smaller events. These were advertised in the IHT leaflets, website, social media and elsewhere particularly having regard for areas of health inequalities.
- 2.26 ESTH also organised extensive communications and promotional activity of the consultation questionnaire to all staff working at the Epsom and St Helier hospitals. These included weekly messaging from the CEO, website, and social media as well as presentations at various divisional and public board meetings and cascading awareness via HR down the management structure. Additionally, ESTH has distributed leaflets, summary documents and questionnaires to various patient areas within the hospitals.
- 2.27 The three CCGs also arranged and hosted numerous other meetings and events with many different local and community organisations, as well as also responding to requests to attend different organisation's meetings. The engagement programme used a targeted approach based on the findings from the independent Deprivation Impact Assessment and draft interim Integrated Impact Assessment which identified protected characteristic groups and hard to reach communities that may be potentially impacted by the proposals. The organisations included residents associations, groups involving people with various disabilities, long term conditions or learning difficulties; women who were pregnant or had recently given birth; young people under 25; parents of children under 16; older people; BME communities; deprived and low income communities; homeless people; housebound people; migrants, refugees, asylum seekers; and Gypsy, Roma and Travellers. It is estimated that at least 6,000 people were engaged in some way via these activities.
- 2.28 IHT programme and the CCGs worked together to deliver a series of mobile roadshows and pop-up information activities across the CCG areas to promote the consultation and how to get involved (details of which are included in the CCG event logs in Appendix A).
- 2.29 IHT also provided and manned a helpline throughout the consultation offering telephone, SMS, and email: stakeholders could leave phone messages, send SMS messages and email with queries and feedback.

Quantitative consultation

Open consultation questionnaire

- 2.30 The main form of quantitative engagement was the open consultation questionnaire which was available for anyone to complete - either via the dedicated consultation website or by completing a paper version. The questionnaire was designed to be completed on the basis of the issues presented in the consultation document, with questions about the model of care, the available options, any travel and access impacts, suggestions for alternative solutions, and potential equalities issues.
- 2.31 Open questionnaires are an important form of consultation, being inclusive and giving people an opportunity to express and explain any views, including disagreement with proposals; but they are not random sample surveys of a given population - so they cannot necessarily be expected to be representative of the general balance of opinion. For example, the young are usually under-represented while the elderly and residents living in more affluent areas tend to be over-represented. Respondents from groups or areas who feel disproportionately affected by the proposals are also typically over-represented compared with others, for example, the number of responses from the Merton CCG area was proportionally greater than other CCGs.
- 2.32 The total number of questionnaire responses received was 4,172 (of which 3,573 were online submissions and the remaining 419 were paper questionnaires).
- » 26 responses were submitted on behalf of an organisation
 - » 724 responses were from individuals identifying themselves as employees of the NHS
 - » 3,422 responses from other non-NHS staff individual respondents, responding in various ways (e.g. as a local resident, or some other interested party) but not covered by either of the definitions above.
- 2.33 54 “Easy Read” versions of the questionnaire were received and were included in the analysis. Most questionnaires were completed in English, although the completed questionnaires included two responses in Urdu and Tamil which were translated to incorporate the feedback.
- 2.34 Views of NHS employees have been reported separately to those of other individual respondents as their perspective may be informed differently by their experience of working within the NHS. In the executive summary and questionnaire chapter, views of staff are generally reported first but this for reasons of reporting convenience (further explained in the relevant chapter), and in no way is intended to suggest that views from staff are considered as any more or less important than those from residents and other non-NHS staff individual respondents. Further explanation of how views from organisations are reported is also covered in the relevant section of this chapter

Residents survey

- 2.35 The other primary form of quantitative consultation was the residents’ telephone survey, undertaken by Ipsos Mori. This was undertaken in order to ensure that a representative profile of opinions was gained across the area from residents aged 16 and over, using similar questions to the consultation questionnaire.
- 2.36 655 telephone interviews were completed during February and March 2020 across Merton, Sutton and Surrey Downs CCG areas, as well as 96 interviews with residents who could potentially be affected by the proposals, in areas immediately neighbouring the three CCGs (primarily parts of London Borough of Croydon and Kingston Upon Thames).

- 2.37 The residents telephone survey was primarily designed to be reflective of views across the whole of the three CCGs, however it is also important to consider views of those living within the catchment area of the exiting ESTH hospitals (including residents living in parts of London Borough of Croydon and Kingston Upon Thames). The catchment area was defined as all Lower Super Output Areas (LSOAs) that are nearest to one of the current IHT hospital sites (Epsom, St Helier or Sutton) based on travel times by car in the middle of the day, according to an analysis undertaken by Mott MacDonald. This data was also used to determine respondents' closest IHT hospital site (out of Epsom, St Helier and Sutton).
- 2.38 The residents telephone survey, conducted using a quota based sampling approach, ensured that residents who were less likely to engage with the wider consultation were included and encouraged to give their views about the proposals. A survey approach was used because, with an adult population of over 550,000 residents, it would have been neither practical nor cost-effective to do a census of all households or residents.
- 2.39 The extent to which results can be generalised from a sample depends on how well the sample represents the population from which it is drawn, and different types of people in different places may have been more or less likely to take part. This is known as response bias and can be corrected through a process of statistical weighting.
- 2.40 During this process, the demographic characteristics of respondents were compared against data for the population of each CCG (in this instance, for each of Surrey Downs, Merton and Sutton CCGs, as well as surrounding affected areas) to identify which types of people were more or less likely to take part in the survey. Statistical weights were then calculated and applied to the data so that the survey results are consistent with the overall population.
- 2.41 The survey data, once weighted, is broadly representative of the entire population of the three CCGs and neighbouring areas and the results thus provide a statistically reliable estimate of the views of residents. The achieved sample of 655 responses across the three CCGs, yields findings for that population that have a sampling tolerance of about ± 4 percentage points or better, whilst results for the sample of 475 across the IHT catchment area have a sampling tolerance of about ± 5 percentage points or better. Results for subgroups such as each individual CCG have sampling tolerances of around $\pm 6-7$ percentage points or better.
- 2.42 The residents' telephone survey report highlights that taking into account the sample sizes, the opinion splits, and the degrees of statistical weightings used (to compensate for different response rates from different demographic groups), the survey findings are sufficiently accurate to allow confident conclusions to be drawn about opinions on the questions asked.
- 2.43 Given this context, when the report refers to results based on the weighted data, the results are given as the proportion of "residents". Any results based on unweighted data (including the results from the open consultation questionnaire) refer specifically to the proportion of "respondents".

Qualitative consultation

Focus groups, workshops and interviews with members of the public

- 2.44 Other consultation activities used a 'deliberative' approach to encourage members of the public to reflect in depth about the consultation proposals and options, while both receiving and questioning background information and discussing their ideas in detail.
- 2.45 Many of these deliberative discussions with members of the public were undertaken by leading independent research organisation, YouGov. Specifically, YouGov was commissioned to undertake:
- » 11 focus groups with members of the public (each lasting around 1.5 hours);

- » 3 all-day deliberative workshops (one in each CCG area) with a more representative sample of residents; and
- » 6 in-depth interviews with individuals from ‘harder to reach’ (or ‘seldom heard’) groups.

- 2.46 The original intention was for all deliberative activities to be conducted via face-to-face discussion. However, due to the impacts of the COVID-19 pandemic and requirements for social distancing, the final focus group (with Young People) was carried out online and the final workshop (with Merton CCG residents) was instead conducted as 4 x 1.5 hour online focus groups, with participants who had initially opted in to the face to face event. Three of the six depth interviews were also carried out by telephone.
- 2.47 The focus groups were aimed at reaching those who may face a greater impact from the proposed changes to services: recent users of maternity services, people aged 65+ (and people aged 55+ with long-term health conditions), parents of children aged 16 and under, and young people up to age 24. There were 88 participants in total. Six individual depth interviews were conducted: five with Gypsy Roma Travellers and one with an individual who identified as transgender. Interviewees were recruited from the three core CCG catchments plus the wider Trust catchment.
- 2.48 The workshops aimed to be more reflective of the general population, and so were recruited with the intention of obtaining representative samples of people based on ward, social grade, gender, ethnicity, disability and urban / rural locality from each CCG area. These involved 108 participants in total.
- 2.49 The following tables provide a summary of the events and numbers of attendees:

Table 1: Summary of focus group location, date, time, CCG and number of attendees

Focus group / sample criteria	Time and date	Location	No. of attendees
Aged 65+ or 55+ with LLTI Living in Surrey Downs CCG	18/02/20 – 4:00pm - 5:30pm	Surrey Downs	9
Aged 65+ or 55+ with LLTI Living in Merton CCG	19/02/20 – 4:00pm - 5:30pm	Merton	9
Aged 65+ or 55+ with LLTI Living in Sutton CCG	20/02/20 – 4:00pm - 5:30pm	Sutton	10
Aged 16-24 Living in Merton / Sutton / Surrey Downs CCGs	20/02/20 – 6:00pm - 7:30pm	Sutton	8
Women aged 18-44 Have used obstetric services in past 18 months Living in Merton CCG	25/02/20 – 6:00pm - 7:30pm	Merton	8
Parents of children under 16 Living in Merton CCG	25/02/20 – 8:00pm - 9:30pm	Merton	7
Women aged 18-44 Have used obstetric services in past 18 months Living in Surrey Downs CCG	26/02/20 – 6:00pm - 7:30pm	Surrey Downs	8
All parents of children under 16 Living in Surrey Downs CCG	26/02/20 – 8:00pm - 9:30pm	Surrey Downs	10
Women aged 18-44 Have used obstetric services in past 18 months Living in Sutton CCG	27/02/20 – 6:00pm - 7:30pm	Sutton	7

Focus group / sample criteria	Time and date	Location	No. of attendees
Parents of children under 16 Living in Sutton CCG	28/02/20 – 8:00pm - 9:30pm	Sutton	6
Aged 16-24 Living in Merton / Sutton / Surrey Downs CCGs	31/03/20 – 6:00pm - 7:30pm	Online	6

Table 2: Summary of workshop location, date, time, CCG and number of attendees

Workshop Time and date	Location	No. of attendees
07/03/20 – 10:00am – 3:00pm	Surrey Downs	38
14/03/20 – 10:00am – 3:00pm	Sutton	37
w/c 23/03/2020	Merton	33

- ^{2.50} Most participants were recruited via the YouGov online panel, while some community groups were approached to assist with recruit for the in-depth interviews. As standard good practice, people were recompensed for their time and efforts in travelling and taking part.
- ^{2.51} During face to face discussions, participants were shown consultation information about the proposed changes to local hospital services. Online focus groups were held as text-based chats using a secure online platform, and participants were shown consultation information on a series of whiteboards before discussing the information with the moderator. For telephone depth interviews, consultation information was sent to participants via email and read out over the telephone. Participants were also shown a short video outlining the proposed changes.
- ^{2.52} In all discussions, consultation information was covered one stage at a time – looking first at the case for change, followed by the proposed model of care, and finally the three site options. This was to ensure that participants had opportunity to ask questions and clarify information, before discussing their immediate and more considered reactions.
- ^{2.53} Although, like all other forms of qualitative consultation, deliberative focus groups cannot be certified as statistically representative samples of public opinion, the meetings reported here gave diverse members of the public the opportunity to participate actively. Because the meetings were inclusive, the outcomes are broadly indicative of how informed opinion would incline on the basis of similar discussions.

Written submissions

- ^{2.54} During the formal consultation process, 434 written submissions were received - all of which have been read and summarised by ORS. The table below shows the breakdown of contributors by type. It should be noted that three contributors, two local MPs and one local councillor, submitted several emails and letters. As each contained points of feedback, they have been included in the summary.

Table 3: Summary of contributors and submissions

Contributor type	Number of individual submissions
NHS trusts and professional groups	8
Local authorities	7
Members of Parliament	15
Councillors and political groups	32
Trades unions/councils	4
Charities and special interest/community groups	9
Individual residents	359

Meetings hosted and attended by the IHT team

- ^{2.55} Over 1,000¹⁰ members of the public, NHS staff, carers, patients and their representatives attended the eight events. Also in attendance at the meetings were members of local action groups such as Keep Our St Helier Hospital (latterly Keep our St Helier Hospital and Keep Our Epsom Hospital, henceforth referred to as KOSHH), local political stakeholders including councillors and MPs, and other community representatives. The programme was a mixture of afternoon (1.30-3.30pm) and evening (6.30-8.30pm) meetings as shown below. Equalities monitoring forms were used to collect participants characteristics, and where those were completed and returned, the data is presented in the Equalities chapter of this report (chapter 12).
- ^{2.56} Events were hosted in community and accessible venues, near public transport. The selection of venues and their location was to ensure that covered areas of health inequalities where possible. These public meetings were targeted to support engagement with protected characteristics groups, deprived groups and areas of health inequalities.

Table 4: Summary of listening events by location, date, time, CCG and number of attendees

Listening Event	Location	Date	Time of day	Approximate No. of attendees
Sutton 1	Sutton	21 January 2020	EVE	150
Merton 1	Morden	24 January 2020	PM	94
Epsom 1	Epsom	28 January 2020	PM	125
Epsom 2	Spalding	11 February 2020	EVE	270
Merton 2	Mitcham	12 February 2020	EVE	160
Sutton 3	Wallington	12 February 2020	PM	120
Sutton 3	Carshalton	2 March 2020	EVE	47+
Merton 3	Mitcham	5 March 2020	PM	85
Epsom 3	Leatherhead	17 March 2020	CANCELLED DUE TO COVID-19	

¹⁰ The notes provided to ORS from the Sutton 3 event did not include number of attendees, but 47 equalities monitoring forms were identified as being from this event, so the number of participants is likely to be at least 50.

Outreach meetings hosted and attended by the CCGs

- 2.57 During the engagement period, the three CCGs either hosted or had representatives attend many outreach meetings and events to provide people with information about the engagement and the opportunity to take part.
- 2.58 The events were primarily targeted to groups identified by the Deprivation Impact Assessment and the draft interim Integrated Impact Assessment report and intended as an opportunity for the public to find out about the proposals, ask any questions, and for the CCGs to promote broader engagement, signpost and encourage stakeholders to complete the consultation questionnaire. ORS provided the CCGs with a meeting record template and some participant feedback was captured by CCG staff/event organisers, including observations, questions and reflections from both local people and NHS staff. Equalities monitoring forms were used to collect participants' characteristics, and where those were completed and returned, the data is presented in the Equalities chapter of this report (chapter 12).
- 2.59 Although not independently facilitated, in contrast to some of the other meetings reported above, it is nevertheless important to take note of the feedback received by members of the public and other stakeholders. It should be noted that the issues discussed at the CCG-hosted events are generally consistent with feedback provided in other ways.
- 2.60 It is important to note that all members of the public who spoke to CCG staff or attended meetings were informed and encouraged to use official response channels (such as the consultation questionnaire) to submit their views. While accurate numbers are not possible to provide, a reasonable estimate is that nearly 6,000 people overall were engaged in some way through the various meetings and activities, in excess of the planned target.

Meetings organised and supported by local CVS organisations

- 2.61 During the engagement period, Central Surrey Voluntary Action (CSVA), Community Action Sutton (CAS) and Merton Voluntary Service (MVS) were commissioned to organise, or support other CVS groups to organise, meetings and events to provide people with information about the engagement and the opportunity to take part. The events were primarily targeted at groups identified in the Deprivation Impact Assessment and draft interim Integrated Impact Assessment and intended as an opportunity for participants to find out about the proposals and ask any questions, and to understand any particular impacts on these groups, as well as promote broader engagement and signpost stakeholders to the consultation questionnaire.
- 2.62 The activities engaged with a highly diverse range of people via existing networks and voluntary and community sector organisations and groups, with a particular focus on protected characteristic and seldom-heard groups identified in the Deprivation Impact Assessment and draft interim Integrated Impact Assessment¹¹ proposals. ORS provided a meeting record template, and participant feedback was captured by CVS staff/event organisers, including observations, questions and reflections from local people. In total 426 people participated in the 48 CVS organised activities and events facilitated by 33 community organisations.

¹¹ <https://improvinghealthcaretogether.org.uk/document/draft-of-independent-interim-integrated-impact-assessment-report/>

Petitions and locally organised questionnaires

- 2.63 The IHT team received two petitions objecting to its proposals as follows:
- » One organised by Siobhain McDonagh MP: opposing cuts to services and any closure of St Helier’s A&E or Maternity services, specifically (signed by 3,390 people);
 - » Another organised by KOSHH: opposing any service reductions and promoting the maintaining of services at all existing sites (signed by 6,069 people).
- 2.64 In addition, IHT became aware of four locally organised questionnaires, which had been setup and promoted by third parties, namely:
- » Chris Grayling MP and Sir Paul Beresford MP: with support for any new hospital to be situated as centrally as possible, with emphasis on travel links and forward planning based on housing forecasts, with a new specialist centre based at Epsom (1,210 responses);
 - » Merton Council: strongly supporting the following services being maintained at St Helier: emergency, maternity and Queen Mary’s Hospital for children (2,129 responses);
 - » Healthwatch Sutton: promoted the formal consultation questionnaire, hosted by ORS, and also offered interested parties the option of making comment on their own website in response to the statement, ‘If you would like to share your views regarding Improving Healthcare Together’s proposal to change hospital services in Sutton and Epsom, please give details in the box below’; ORS have reported the small number of comments received;
 - » Healthwatch Surrey: promoted the formal consultation questionnaire, hosted by ORS, and also offered interested parties the option of making comment on their own website, although no comments were made

Views from organisations responding to the consultation

- 2.65 A wide range of organisations responded to the consultation via the various available activities. These include key NHS and clinical organisations, local authorities, important political stakeholders, campaign groups, trade unions, community and voluntary organisations and local businesses. Readers who are particularly interested in understanding the views presented by the various organisations are primarily directed to the appropriate sections of Chapter 3 (consultation questionnaire) and chapter 6 (written submissions).

The nature of consultation

Consultation feedback

- 2.66 All types of consultation responses are important, and this report presents an independent analysis so that all of them may be taken into account. Some contributions have been highlighted as significant by meeting of at least one of the following criteria:
- » Relevant to and/or having implications for one or more of the options;
 - » Well-evidenced – for example, submissions from professional bodies, staff and concerned people or local groups that point to evidence to support their perspective;
 - » Deliberative – based on thoughtful discussion in public meetings and other group settings;
 - » Representative of the general population and/or particular localities, groups or points of view;
 - » Focused on the views from under-represented people or equality groups; or

- » 'Novel' – in the sense of raising 'different' issues from those being repeated by a number of respondents or arising from a different perspective.

2.67 The report also identifies where strength of feeling may be particularly intense, either in relation to specific themes or possible outcomes, or coming from specific groups of respondents.

The consultation report

2.68 In contrast to the more thematic approach in the executive summary, the full report considers the feedback from each element of the consultation in turn (which can at times be repetitive given that similar issues emerged across the different strands) because it is important that the overall report provides a full evidence-base for those considering the consultation and its findings. We trust that both the summary and full report, in addition to the other stand-alone reports produced by the other independent research organisations involved, Ipsos MORI and YouGov, will be helpful to all concerned.

2.69 Consultation has been described as a dialogue, based on a genuine and purposeful exchange of views. ORS' role is to analyse the outcomes of this dialogue and to give an accurate account of the feedback received during the 12-week public consultation on the proposals for future healthcare options - a new clinical model and specialist emergency care hospital covering Surrey Downs, Sutton and Merton CCG areas – by way of an independent and detailed report.

2.70 It should be noted, that the consultation report reflects polarised views; this can be because those with strong feelings are more likely to provide these views robustly. Furthermore, ORS has an obligation to report these concerns and contrary views robustly, in order for decision-makers to be able to conscientiously take into account the issues raised (Gunning Principle 4). This does not mean that the Governing Board's decisions should be determined only by the feedback from consultation. It is for the CCG Governing Bodies, via a joint Committees in Common, to take decisions based on all of the evidence available¹².

Details on the next steps can be found at www.improvinghealthcaretogether.org.uk and typing 'Next steps' in the search box.

3. Consultation Questionnaire

Analysis of data and feedback from respondents

Introduction

- 3.1 The open consultation questionnaire was available throughout the entire twelve-week consultation period, from 8th January to 1st April 2020
- 3.2 Information and resources were available on the Improving Healthcare Together website www.improvinghealthcaretogether.org.uk, along with a link to the online questionnaire, which was setup and hosted by ORS.
- 3.3 Paper copies of the questionnaire were available from numerous locations such as GP practices, pharmacies, dentists' surgeries, opticians, and libraries across the three CCGs and the Epsom and St Helier Hospitals. The Improving Healthcare Together team also provided paper copies to residents on request. Copies could also be requested in braille, easy read or in a number of different languages.
- 3.4 All questionnaire responses received by ORS or Improving Healthcare Together by the close of the consultation period, in which at least one of the consultation questions was answered, were included in the analysis, regardless of whether any profile questions were answered.
- 3.5 A total of 4,172 questionnaires were completed, which included:
 - » 3,753 online responses
 - » 419 paper questionnaires (including 54 "Easy Read" versions of the questionnaire)
- 3.6 Most questionnaires were completed in English, although the completed questionnaires included two responses in Urdu and Tamil which were translated by ORS and included in the feedback
- 3.7 It is important that consultation questionnaires are open and accessible to all, while being alert to the possibility of multiple completions (by the same people) distorting the analysis. Therefore, while making it easy to complete the questionnaire online, ORS monitors the IP addresses and web browser cookies via which surveys are completed (this is explained in the privacy notice). On this occasion, the monitoring showed that there were well over a hundred IP addresses which each generated more than one response.
- 3.8 Some IP addresses yielded large numbers of responses, but upon investigation these appeared to belong to NHS hospitals or large network providers likely to provide services to local authorities and other public sector organisations within South West London. The majority of the duplicate IP addresses that were identified yielded relatively few completed questionnaires.
- 3.9 A similar analysis of web browser "cookies" was also undertaken – where responses originated from users on the same computer using the same browser and the same credentials (e.g. user account). Far fewer submissions were received with duplicate cookies, and after careful study of these responses, only three were considered to be identical responses (potentially a result of a respondent inadvertently submitting multiple times, or returning to a partially completed questionnaire response but instead starting afresh etc), and these have therefore been excluded on this basis.

Questionnaire responses: by response type and demographics

- 3.10 The 4,172 responses were comprised of the following:

- » 26 responses submitted on behalf of an organisation
- » 724 responses from individuals identifying themselves as employees of the NHS
- » 3,422 responses from other non-NHS staff individual respondents, responding in various ways (e.g. as a local resident, or some other interested party) but not covered by either of the definitions above.

3.11 Five respondents who completed the questionnaire on behalf of organisations did not provide specific details about the organisation to which they belong, but nonetheless provided sufficient detail in their text comments to indicate that they were not responding purely as individuals. Table 5 details the 21 identified organisations that submitted consultation questionnaire responses. Further explanation of how views from organisations are reported is covered in the relevant section of this chapter

Table 5: Summary of questionnaire responses from organisations

Ashlea Medical Practice PPG	London Borough of Merton Councillor for Cricket Green ward
Belmont South, Sutton and South Cheam Neighbourhood Forum & Belmont and South Cheam Residents Association	Love Me Love My Mind
Business owner based in Surrey Hills	Merton Council
Eastwick Park Surgery PPG	Members of Unison and GMB unions and the Labour Party
Epsom and Ewell Borough Council	Old Coulsdon Medical Practice PPG
Chair of Stamford Ward Residents' Association in Epsom & Director on Board of West Park Community Development Trust	Healthwatch Croydon
Independent Mental Health Network	GMB Union
Leatherhead Hospital Group	Surrey Downs Diabetes UK
Patient Experience Lead at Surrey and Sussex Healthcare	A Sutton Borough councillor
Trustee of AgeUK Merton Rep of Apostles Residents Association	Sutton Mental Health Foundation
Prompt pay services	The Keep Our St Helier Hospital (KOSHH) and Keep Our Epsom Hospital (KOEH) Campaign

3.12 The data from the consultation questionnaire has not been combined to produce “overall” findings because the size of the stakeholder groups, and the numbers of their respective responses, are very different – and, moreover, they have distinctive views and feedback cannot simply be merged. Therefore, we show the results for each stakeholder group, without an overall percentage.

3.13 As noted above, the views of NHS employees have been reported separately to those of other individual respondents as their perspective may be informed by their experience of working within the NHS. For convenience of reporting and to provide clarity, the views of staff are generally reported first. This is for reasons of reporting convenience explained below, but in no way is intended to suggest that views from staff are considered as any more or less important than those from residents and other individuals:

- » Terminology: as many NHS staff also indicated that they were also responding in some other capacity e.g. as individual residents, it therefore makes sense in the commentary to refer firstly to staff, and then secondly to ‘all other non-NHS staff individual respondents’. The views of organisations are reported at the end of this chapter.
- » Explanation: Other non-NHS staff individual respondents’ views are more complex e.g. vary more by geography and other factors, and therefore can’t be summarised in a single paragraph but need further additional explanation in the commentary.

3.14 The table below summarises the demographic information of those who responded to the consultation questionnaire.

3.15 Population data is used as a comparator and is based on that of the catchment area for Epsom and St Helier Hospitals Trust (ESHT), defined based on a car travel analysis. Doing so gives some indication about how well the response profile of the questionnaire matches the population of those who use ESTH services and may be most directly affected by the proposals. However, to give as full an indication of possible of the demographic profile, all questionnaire responses have been included irrespective of location (i.e. even if a respondent is understood to live outside of the ESHT catchment).

Table 6: Summary of equalities monitoring information for questionnaire respondents

	Characteristic	Questionnaire Responses		Population aged 16+
		Number of Responses	%	
BY AGE	Under 25	153	4.8%	11.1%
	25 to 34	249	7.8%	14.7%
	35 to 44	534	16.6%	18.6%
	45 to 54	632	19.7%	18.7%
	55 to 64	703	21.9%	14.8%
	65 to 74	630	19.6%	11.6%
	75 or over	310	9.7%	10.5%
	Total valid responses	3,211	100.0%	100.0%
	<i>Not known</i>	<i>961</i>	-	-
BY GENDER	Male	1,174	36.9%	48.1%
	Female	2,001	62.9%	51.9%
	Other ¹³	5	0.2%	-
	Total valid responses	3,180	100.0%	100.0%
	<i>Not known</i>	<i>992</i>	-	-
BY DISABILITY	Has a disability	869	28.1%	16.0%
	No disability	2,225	71.9%	84.0%
	Total valid responses	3,094	100.0%	100.0%
	<i>Not known</i>	<i>1,078</i>	-	-
BY ETHNIC GROUP	White	2,541	85.2%	83.4%
	Mixed	53	1.0%	2.2%
	Asian/Asian British	237	4.1%	9.5%
	Black/Black British	112	2.0%	3.7%
	Other	38	0.7%	1.2%
	Total valid responses	2,981	100.0%	100.0%
	<i>Not known</i>	<i>1,191</i>	-	-
BY RELIGION	Buddhist	20	0.7%	0.8%
	Christian	1,731	59.0%	66.6%
	Hindu	63	2.1%	3.5%
	Jewish	20	0.7%	0.3%
	Muslim	90	3.1%	3.6%

¹³ No suitable comparative data is available for 'other'; population figures are therefore based on male/female only.

	Sikh	6	0.2%	0.2%
	Other religion	67	2.3%	0.5%
	No religion	939	32.0%	22.5%
	Total valid responses	2,236	100.0%	100.0%
	<i>Not known</i>	<i>1,236</i>	-	-
BY PREGNANCY/ HAVING GIVEN BIRTH IN THE LAST 12 MONTHS	Yes	74	3.0%	2.7%
	No	2,408	97.0%	97.3%
	Total valid responses	2,482	100.0%	100.0%
	<i>Not known</i>	<i>1,690</i>	-	-
BY WHETHER GENDER IS THE SAME AS AT BIRTH¹⁴	Yes	3,018	98.2%	-
	No	54	1.8%	-
	Total valid responses	3,072	100.0%	-
	<i>Not known</i>	<i>1,100</i>	-	-
BY SEXUAL ORIENTATION¹⁵	Asexual	53	1.9%	-
	Bisexual	87	3.0%	-
	Gay or lesbian	62	2.2%	-
	Heterosexual or straight	2,637	92.2%	-
	Other	21	0.7%	-
	Total valid responses	2,860	100.0%	-
	<i>Not known</i>	<i>1,312</i>	-	-
INDIVIDUAL IS RESPONDING AS A:	Carer	271	8.1%	12.0%
	Parent/guardian of a child under 16	546	16.3%	37.4%

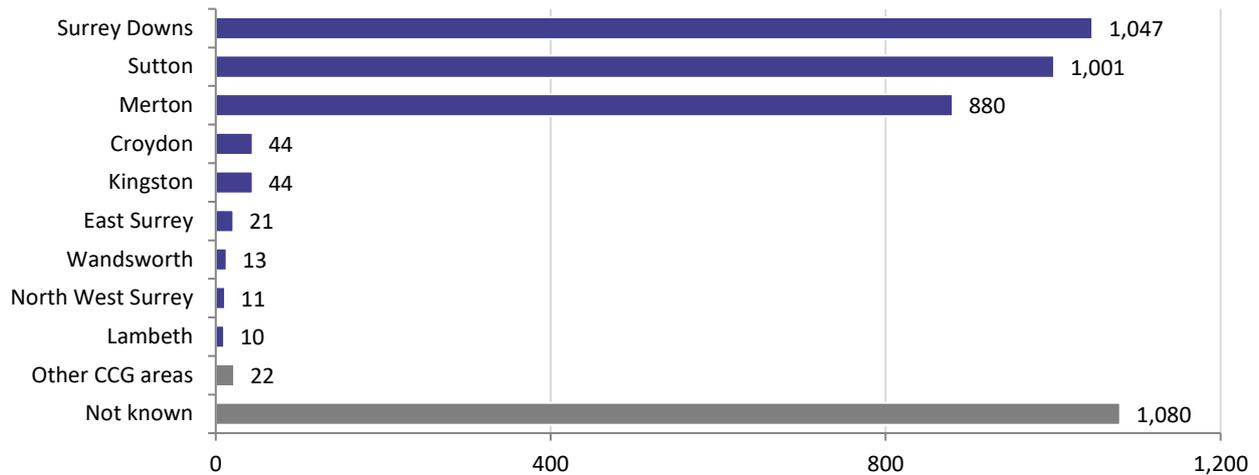
Questionnaire responses: by area

^{3.16} The figure below summarises the number of responses received by CCG area (based on a mix of postcodes, where this information was provided as part of the questionnaire response, and an additional question asking respondents about which area they lived in). The locations of roughly a quarter of respondents (1,080) are unknown. Of the remaining responses (i.e. where a location was provided), the vast majority originated from within the Surrey Downs, Sutton and Merton CCG areas, with smaller numbers of responses received from nearby areas such as Croydon and Kingston CCGs.

¹⁴ No suitable secondary population data are currently available for comparison.

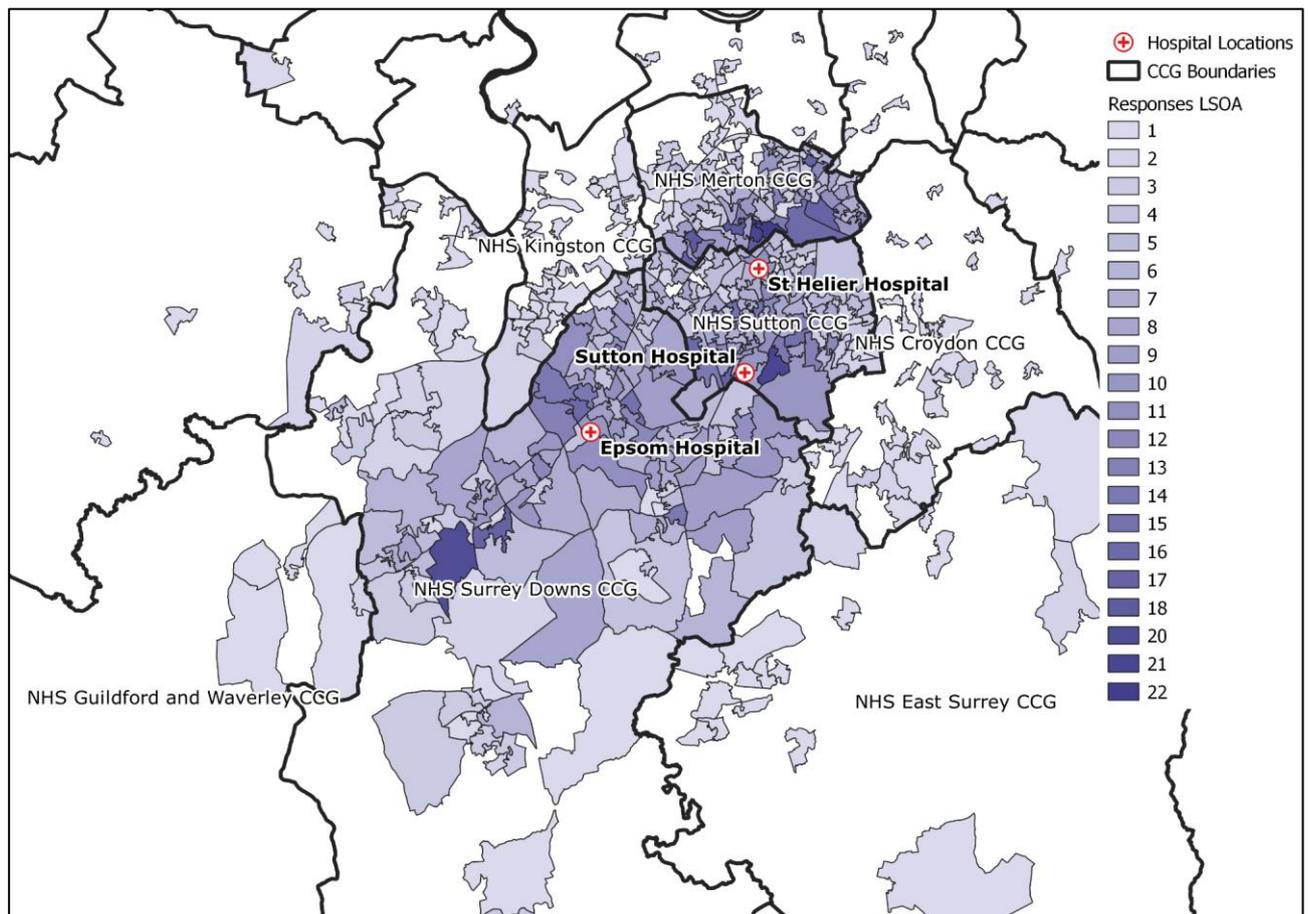
¹⁵ No suitable secondary population data are currently available for comparison.

Figure 5: Distribution of consultation questionnaire responses received, by CCG area



3.17 The map below is shaded to show the numbers of responses by Lower Super Output Area (with darker shades showing a higher number of responses). It can be seen that response levels tended to be highest in areas in proximity to the three hospital sites: across Sutton CCG, in the south of Merton CCG and in the north of Surrey Downs CCG.

Figure 6: Map showing number of responses per LSOA (for questionnaires where a postcode was provided).



3.18 The table overleaf provides a further summary based on whether responses originate from within the ESHT catchment area or outside of it (where known). The catchment area is defined as all LSOAs that are nearest to one of the current IHT hospital sites (Epsom, St Helier or Sutton) based on travel times by car in the middle

of the day, according to an analysis undertaken by Mott MacDonald. This data was also used to determine respondents' closest IHT hospital site (out of Epsom, St Helier and Sutton hospitals).

- 3.19 Valid postcodes were provided in 2,404 cases. The majority of these responses (1,968) originated from within the ESHT catchment area, with roughly a third of respondents in each of the catchments for the three hospitals – broadly in line with the distribution of the adult population within the area, albeit with those nearest St Helier being slightly overrepresented, and those in Sutton slightly underrepresented.
- 3.20 It is worth noting that, of those known to be responding from *outside the ESHT catchment area*, nearly four in five (341 out of 436 respondents) live nearest to St Helier Hospital. Moreover, these 341 respondents from outside the catchment comprise roughly a third of the total respondents (1,028) whose nearest hospital of the three is St Helier (the number of respondents living nearest to either Epsom Hospital or the Sutton site but outside of the catchment is comparatively small – 61 and 34 respondents respectively).
- 3.21 When reporting the results for respondents nearest to St Helier, any noticeable differences in views between those inside and outside the catchment area have been noted in footnotes or in the main text commentary.

Table 7: Summary of the consultation questionnaire responses by catchment area, compared to the relevant population (plus a summary of responses from outside the catchment or where the location is unknown).

Nearest hospital site		Questionnaire responses		Population aged 16+	
		Number of Responses	%	Total pop. (nearest hundred)	%
WITHIN ESHT CATCHMENT AREA	Epsom	645	33%	153,200	34%
	St Helier	687	35%	136,300	30%
	Sutton	636	32%	160,200	36%
	Total within catchment area	1,968	100%	449,700	100%
OUTSIDE ESHT CATCHMENT AREA	Epsom	61	-	-	-
	St Helier	341	-	-	-
	Sutton	34	-	-	-
	Total outside catchment area	436	-	-	-
OTHER/EXACT LOCATION UNKNOWN		1,769	-	-	-

Findings in graphical format

- 3.22 For simplicity and ease of access, the results of the consultation questionnaire are presented in a largely graphical format. Where possible, the colours used on the charts have been standardised with a 'traffic light' system in which:
- » Green shades represent positive responses i.e. 'a good solution' or 'a very good solution'
 - » Beige shades represent neutral responses i.e. 'neither a poor nor a good solution'
 - » Red shades represent negative responses i.e. 'a poor solution' or 'a very poor solution'
- 3.23 The numbers on pie charts are percentages indicating the proportions of respondents giving a particular view. It should be noted that, when reporting combined percentages of poor and very poor, or good and very good, responses in the text commentary, the figure may sum differently (+/- 1%) to the figures shown on stacked bar charts due to rounding of decimal places.
- 3.24 The number of valid responses recorded for each question (base size) are reported throughout. As not all respondents answered every question, the valid responses vary between questions. Every response to every question has been taken into consideration.

- ^{3.25} As noted above, the views of NHS employees have been reported separately to those of other individual respondents. For convenience of reporting and to provide clarity, the views of staff are generally reported first. This is for terminology reasons: as many staff also responded in some other capacity e.g. as individual residents, it therefore it makes sense in the commentary to able to refer firstly to staff, and then secondly to ‘all *other non-NHS staff* respondents’. The views of organisations are reported at the end of this chapter.
- ^{3.26} Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of “don’t know” categories, or multiple answers. Throughout the report an asterisk (*) denotes any value greater than zero, but less than half of one per cent. In some cases, figures of 2% or below have been excluded from graphs for presentational reasons.

Key findings

- 3.27 Those responding as NHS employees were positive about the proposed model of care: around four in five (81%) felt it is a good or very good solution. More than half of the other respondents shared this view (56%), although a third of them felt the proposed model is a poor or very poor solution (33%)¹⁶.
- 3.28 Among NHS employees there was a clear preference for building the new specialist emergency care hospital on the Sutton site: more than three quarters felt this would be a good or very good solution (77%), while far fewer felt this way about locating it at St Helier (24%) or Epsom (15%).
- 3.29 Overall, the other non-NHS staff individual respondents were most positive about locating the new hospital at Sutton; however, the views were somewhat less clear cut. Almost half (48%) felt that building on the Sutton site would be a good or very good solution, compared with just over a third for St Helier (37%) and just over a quarter for Epsom (27%)¹⁷.
- 3.30 The views of other non-NHS staff individual respondents appear to be strongly influenced by where they live: for example, respondents whose nearest hospital is Epsom, or who live in the Surrey Downs CCG area, tended to answer more positively about Epsom being the new specialist hospital site (and likewise for the two remaining hospitals and their respective catchments and CCG areas).
- 3.31 However, the information collected via the questionnaire suggests that respondents' views on the most suitable site are not solely dictated by location. Looking at questionnaire responses that yielded a clear preference for the location of the new hospital (based on the respondent answering more positively about one site than the others), it can be seen that preferences for Epsom and St Helier tended to be concentrated in the areas nearest these hospitals, whereas preferences for Sutton were – at least to some extent – more widely distributed.
- 3.32 There are also links between views on proposed sites, respondents' locations, and the proposed model of care. Of those respondents who felt the model of care is a good or very good solution, most were positive about Sutton as the preferred site – even if they lived nearer to one of the other two hospitals. On the other hand, those who felt the proposed model of care is a poor or very poor solution tended to favour their current local hospital as their preferred location for the new specialist hospital.
- 3.33 In general, the views of NHS staff appear to have been less strongly influenced by location than those of other respondents (although a significant minority of responses from NHS employees living in Merton CCG were unsupportive of the proposed model of care, and more supportive of St Helier as the proposed site for the new hospital, when compared to other staff). Most staff felt that locating the new hospital at Sutton would be a good or very good solution, irrespective of which of the three current sites they lived closest to.
- 3.34 In terms of responses submitted by organisations, most were positive about the proposed model of care; however, there was no real consensus as to the most suitable location for the new specialist hospital (more answered positively about Sutton than about either of the other two sites, but even so, the views were very mixed).

¹⁶ Views were more positive among ESTH catchment residents, with 61% of questionnaire respondents with postcodes within the ESTH catchment area viewing the model as a good or very good solution, compared to 28% who viewed it as poor or very poor.

¹⁷ 52% of respondents from the ESTH catchment area viewed Sutton as a good or very good solution, compared to 31% for St Helier Hospital and 26% for Epsom.

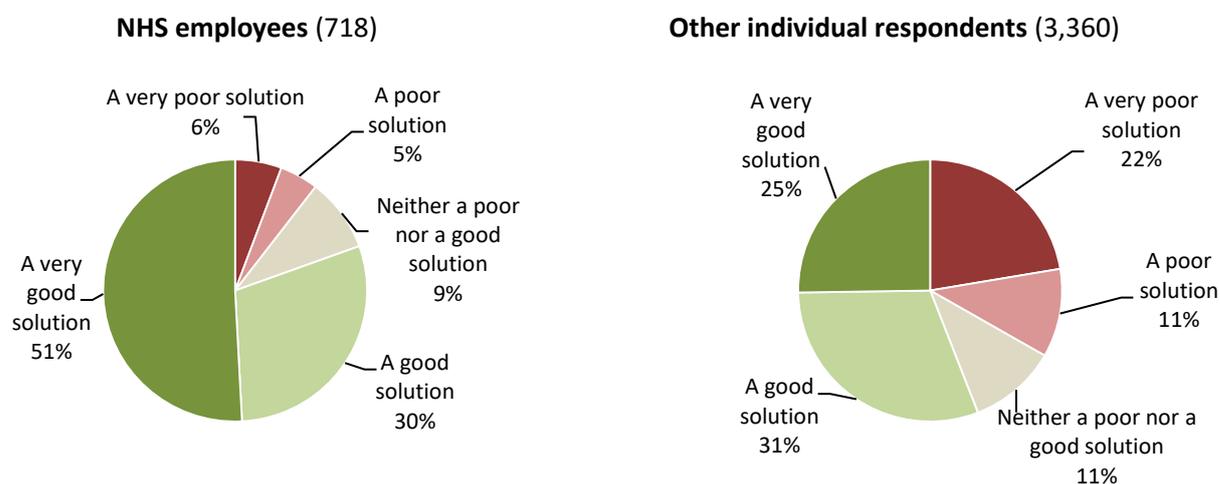
Model of care (or new way of working)

Our proposal is to keep most services at their present hospitals in refurbished buildings, and bring together six core (main) services for the most unwell patients, those who need more specialist care, and births in hospital onto one site in a state-of-the-art new specialist emergency care hospital.

Please tell us how good or poor you think this proposal would be for people living in the Surrey Downs, Sutton and Merton area.

- 3.35 The majority of NHS staff (81%) viewed the proposal as a good or very good solution for people living in the Surrey Downs, Sutton and Merton areas; only a tenth viewed it as being poor or very poor (10%).
- 3.36 More than half of other non-NHS staff individual respondents felt the proposal was a good or very good solution (56%), although a third felt it was either poor or very poor (33%).

Figure 7: Consultation questionnaire responses from staff and other non-NHS staff individual respondents in response to the proposed model of care



- 3.37 The charts overleaf show how responses differ according to location i.e. by which hospital is nearest to where respondents live, and which CCG area they live in (for questionnaire responses where this information was provided).
- 3.38 It can be seen that NHS staff tended to be supportive of the proposed model of care irrespective of where they live, albeit there was slightly lower support among those staff who live in the Merton CCG area.
- 3.39 Among other non-NHS staff individual respondents, views on the proposed model of care were least positive among those whose nearest hospital is St Helier, or who live in the Merton CCG area, although residents of those areas living *within* the ESTH trust catchment were more positive than those living outside¹⁸.

¹⁸ Of those individual respondents whose nearest hospital is St Helier (rather than Epsom or Sutton), 48% inside the ESHT catchment feel that the proposed model is good or very good – slightly higher than the equivalent result for those who are outside the catchment area (42%).

Figure 8: Consultation questionnaire responses from NHS staff in response to the proposed model of care, by the nearest hospital to which respondents live and CCG area

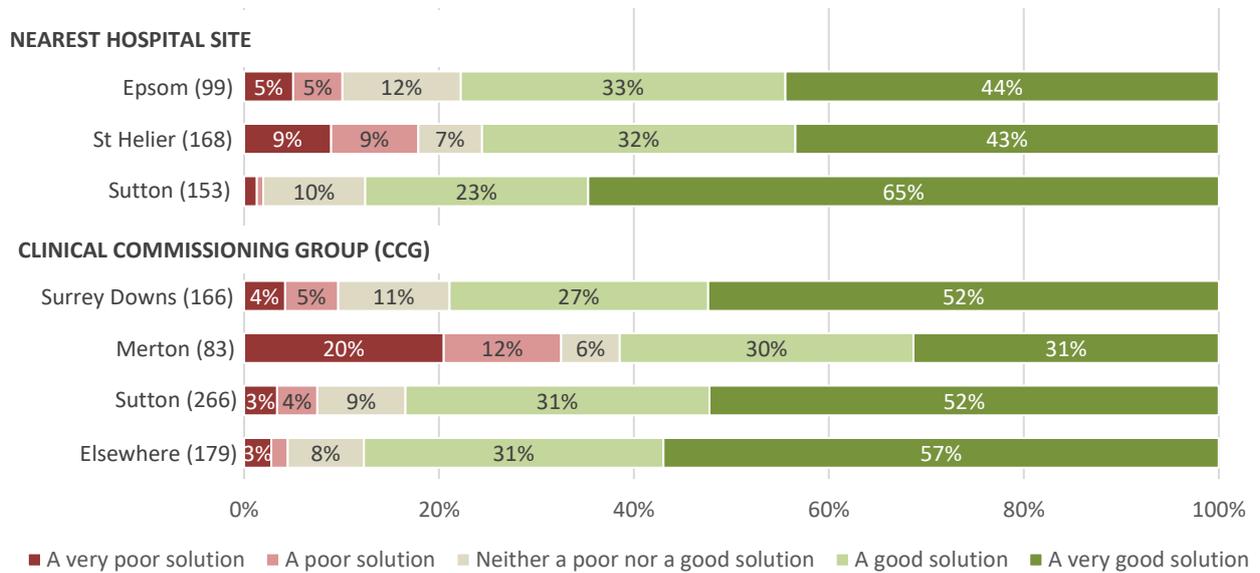
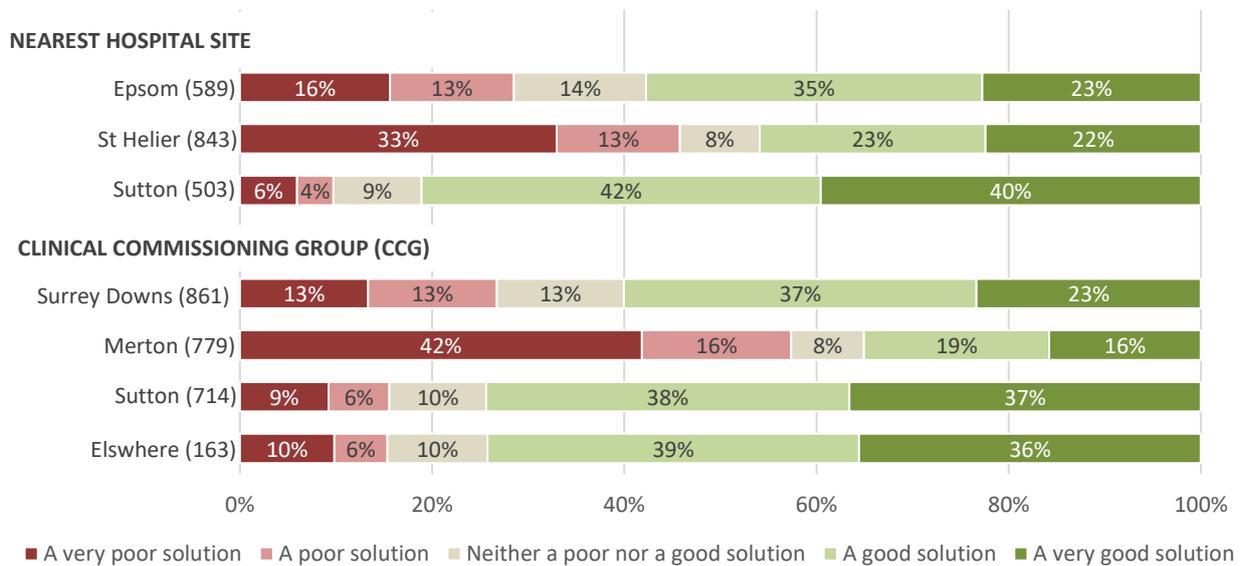


Figure 9: Consultation questionnaire responses from other, non-NHS staff, individual respondents in response to the proposed model of care, by the nearest hospital to which respondents live and CCG area



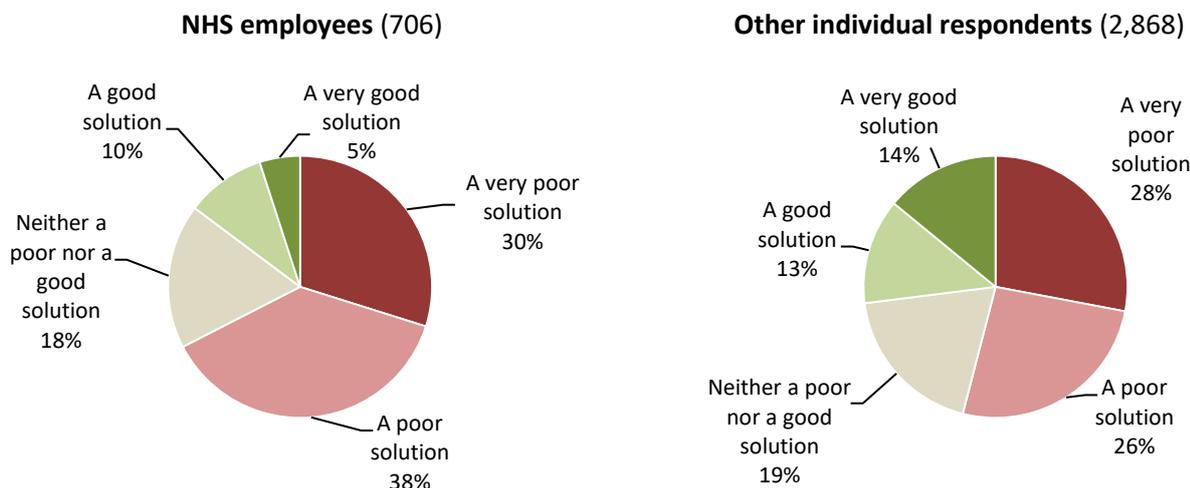
The location of the specialist emergency care hospital

Epsom Hospital as the new emergency care hospital site

Please tell us how good or poor you think building the new specialist emergency care hospital on the Epsom Hospital site would be for people living in the Surrey Downs, Sutton and Merton area.

- 3.40 Less than a fifth of NHS employees felt that building the new specialist emergency care hospital on the Epsom Hospital site would be a good or very good solution (15%). Moreover, two thirds of these respondents felt it would be a poor or very poor solution (67%).
- 3.41 Just over a quarter of other non-NHS staff individual respondents felt that building on the Epsom Hospital site would be a good or very good solution (27%), whereas more than half felt it would be a poor or very poor solution (54%).

Figure 10: Consultation questionnaire responses from staff and other non-NHS staff individual respondents in response to Epsom being the preferred site for the new specialist emergency care hospital



- 3.42 The charts overleaf show how responses differ according to location, i.e. by which hospital is nearest to where respondents live, and which CCG area they live in (for questionnaire responses where this information was provided).
- 3.43 Only minorities of NHS staff felt that Epsom would be a good or very good solution for the site of the new specialist emergency care hospital, irrespective of CCG area or nearest hospital (although there was somewhat more support in Surrey Downs CCG and among those staff who are nearest to Epsom).
- 3.44 Around half of the other non-NHS staff individual respondents who live closest to Epsom or in Surrey Downs CCG felt that Epsom would be a good or very good solution. However, there was much more limited support among individuals whose nearest hospital is St Helier¹⁹ or Sutton, or who live in the Merton or Sutton CCG areas.

¹⁹ Only 8% of those nearest to St Helier *and* within the ESTH catchment felt that locating the hospital at Epsom would be a good or very good solution; the equivalent result for those nearest St Helier but outside of the catchment was 17%.

Figure 11: Consultation questionnaire responses from NHS employees in response to Epsom being the site for the new specialist emergency care hospital, by the nearest hospital to which respondents live and their CCG area

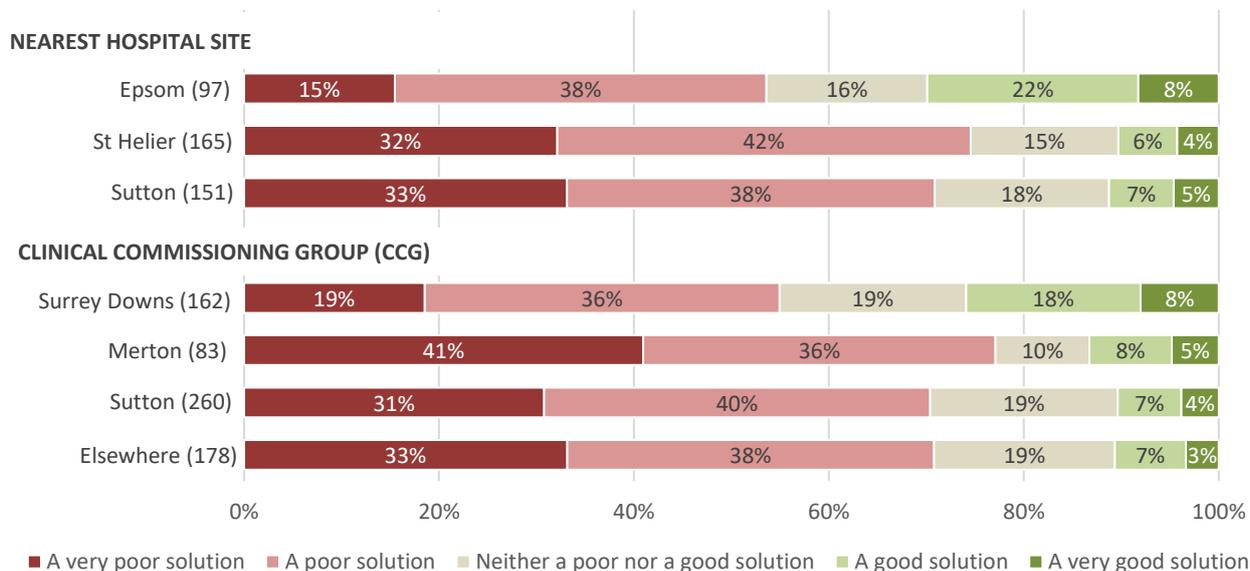
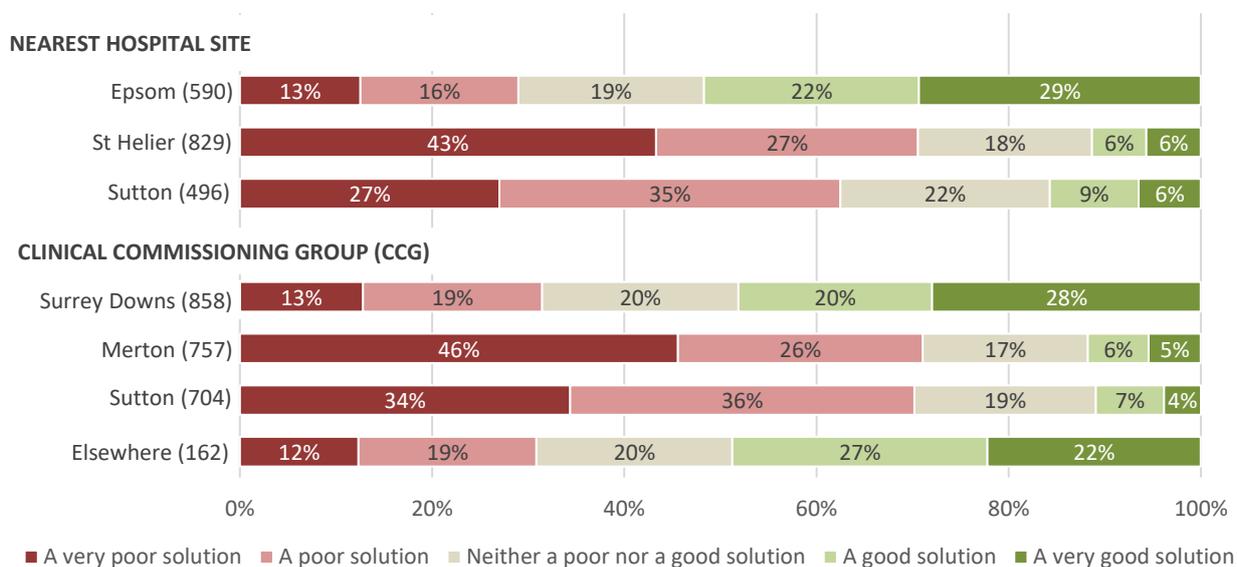


Figure 12: Consultation questionnaire responses from other non-NHS staff individual respondents in response to Epsom being the site for the new specialist emergency care hospital, by the nearest hospital to which respondents live and their CCG area

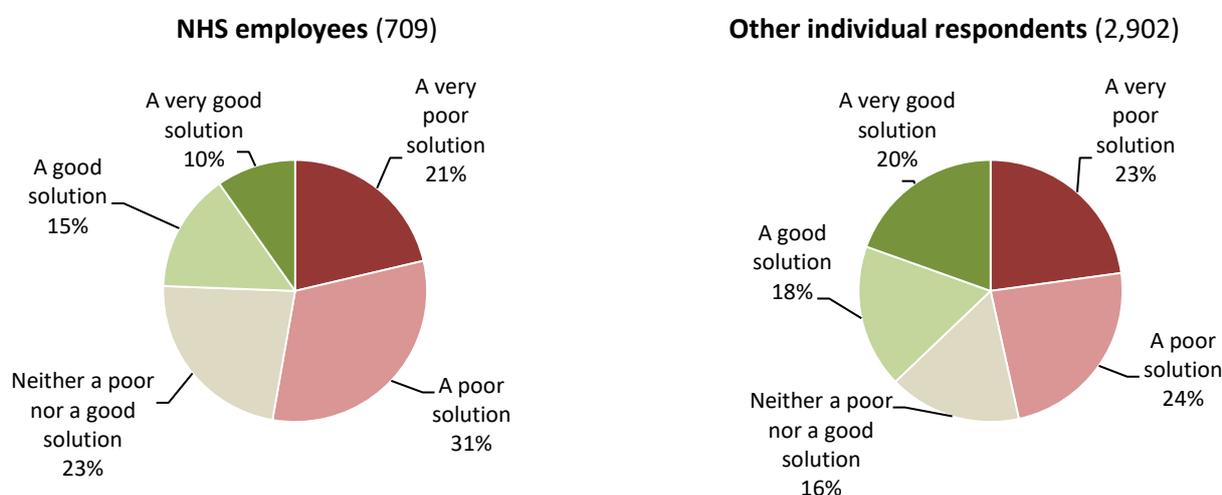


St Helier Hospital as the new emergency care hospital site

Please tell us how good or poor you think building the new specialist emergency care hospital on the St Helier Hospital site would be for people living in the Surrey Downs, Sutton and Merton area.

- 3.45 Around a quarter of NHS employees feel that building the new specialist emergency care hospital on the St Helier Hospital site would be a good or very good solution (24%). However, just over half thought it would be a poor or very poor solution (53%).
- 3.46 While more than a third of other, non-NHS staff, individual respondents feel that building on the St Helier Hospital site would be a good or very good solution (37%), nearly half feel it would be a poor or very poor solution (47%)²⁰.

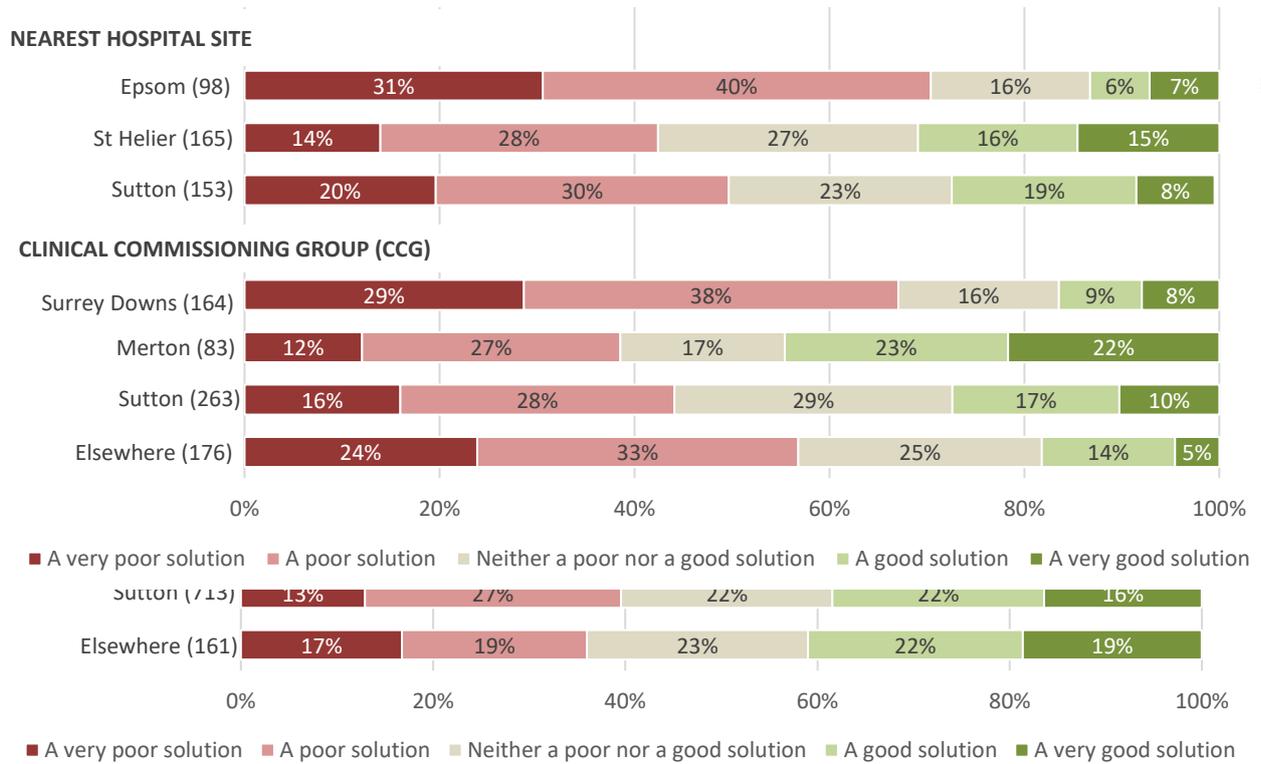
Figure 13: Consultation questionnaire responses from staff and other non-NHS staff individual respondents in response to St Helier being the preferred site for the new specialist emergency care hospital



- 3.47 The charts overleaf show how responses differ according to location i.e. by which hospital is nearest to where respondents live, and which CCG area they live in (where this information was provided).
- 3.48 Most staff and individuals whose nearest hospital is Epsom, or who live in Surrey Downs CCG area, feel that St Helier would be a poor or very poor solution for the site of the new specialist emergency care hospital.
- 3.49 There was limited support for St Helier among staff in general, although more than two fifths in Merton CCG felt it would be a good or very good solution (a similar proportion, however, felt it would be a poor or very poor solution).
- 3.50 A majority of the other non-NHS staff respondents whose nearest hospital is St Helier, or who live in the Merton CCG area, felt that this would be a good or very good solution, while views in the Sutton area were generally quite mixed.

²⁰ 52% of non-NHS staff individual questionnaire respondents within the ESHT catchment felt that locating the hospital at St Helier would be a good or very good solution, while 31% felt it would be a poor or very poor solution.

Figure 14: Consultation questionnaire responses from NHS employees in response to St Helier being the site for the new specialist emergency care hospital, by the nearest hospital to which respondents live and their CCG area

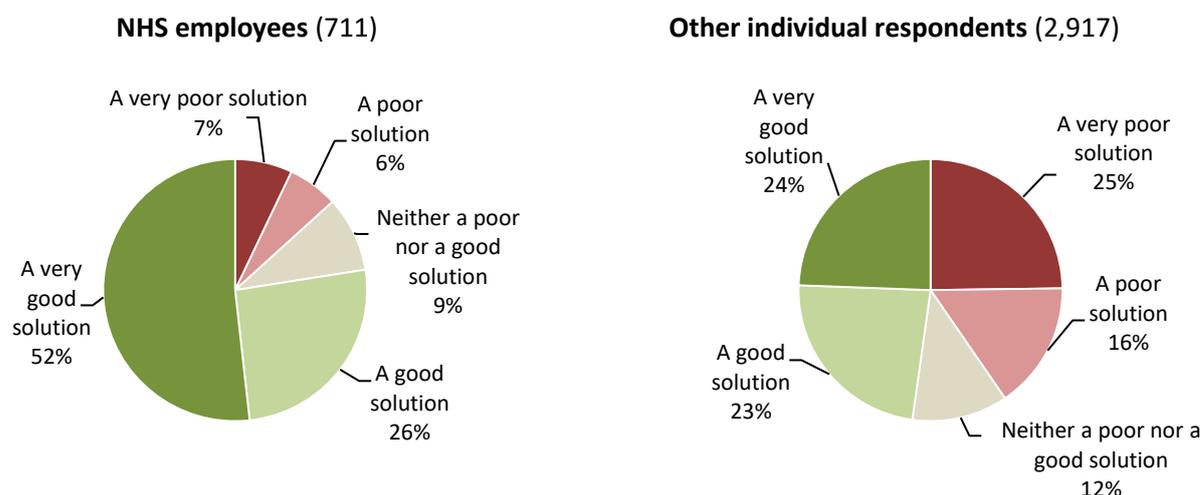


Sutton Hospital as the new emergency care hospital site

Please tell us how good or poor you think building the new specialist emergency care hospital on the Sutton Hospital site would be for people living in the Surrey Downs, Sutton and Merton area.

- 3.51 More than three quarters of NHS employees felt that building the new specialist emergency care hospital on the Sutton site would be a good or very good solution (77%); just over a tenth felt it would be a poor or very poor solution (13%).
- 3.52 The other non-NHS staff individual respondents were somewhat more divided: nearly half felt that it would be a good or very good solution to build the new specialist hospital on the Sutton site (48%), while two fifths felt it would be a poor or very poor solution (40%). When considering those who lived only within the ESTH catchment area, 52% of other non-NHS staff individual respondents viewed building at Sutton as a good or very good solution, while 38% viewed it as poor or very poor.

Figure 16: Consultation questionnaire responses from staff and other non-NHS staff individual respondents in response to Sutton being the preferred site for the new specialist emergency care hospital



- 3.53 The charts overleaf show how responses differ according to location i.e. by which hospital is nearest to where respondents live, and which CCG area they live in (where the respondent provided this information).
- 3.54 Responses from NHS employees are influenced by location to some extent; however, most felt that Sutton is a good or very good solution, irrespective of which of the three sites is their nearest hospital.
- 3.55 The other non-NHS staff respondents' views, on the other hand, appear to have been more directly influenced by location: with a clear majority of those living nearest to Sutton, but only a minority of those living closest to Epsom or St Helier Hospitals, expressing a supportive view.

Figure 17: Consultation questionnaire responses from NHS employees in response to Sutton being the site for the new specialist emergency care hospital, by the nearest hospital to which respondents live and their CCG area

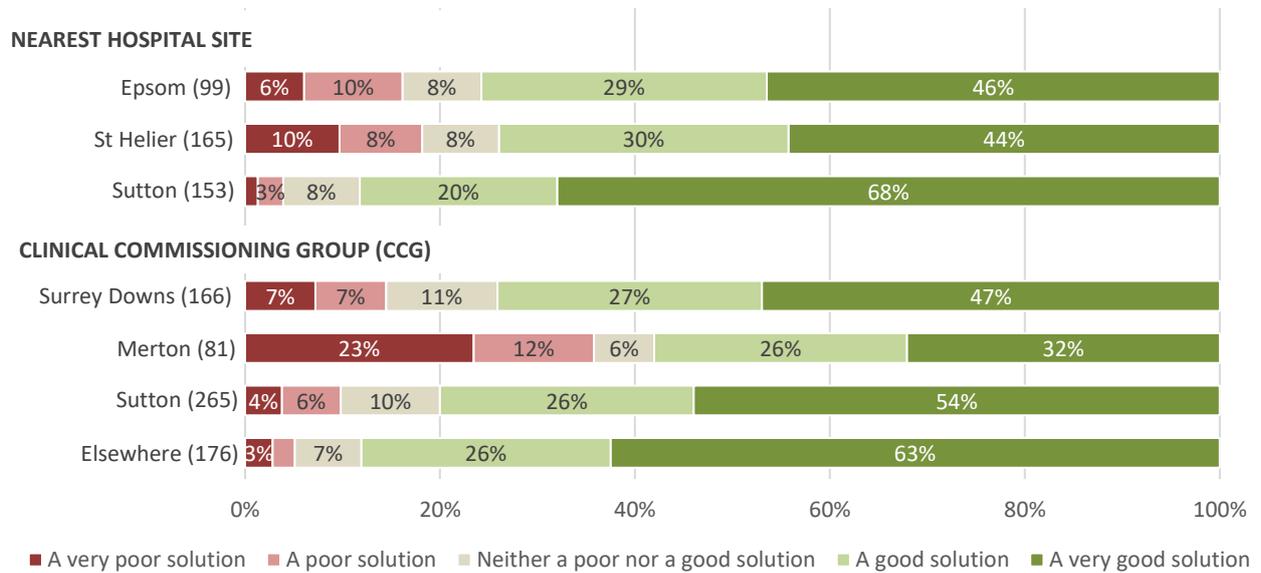
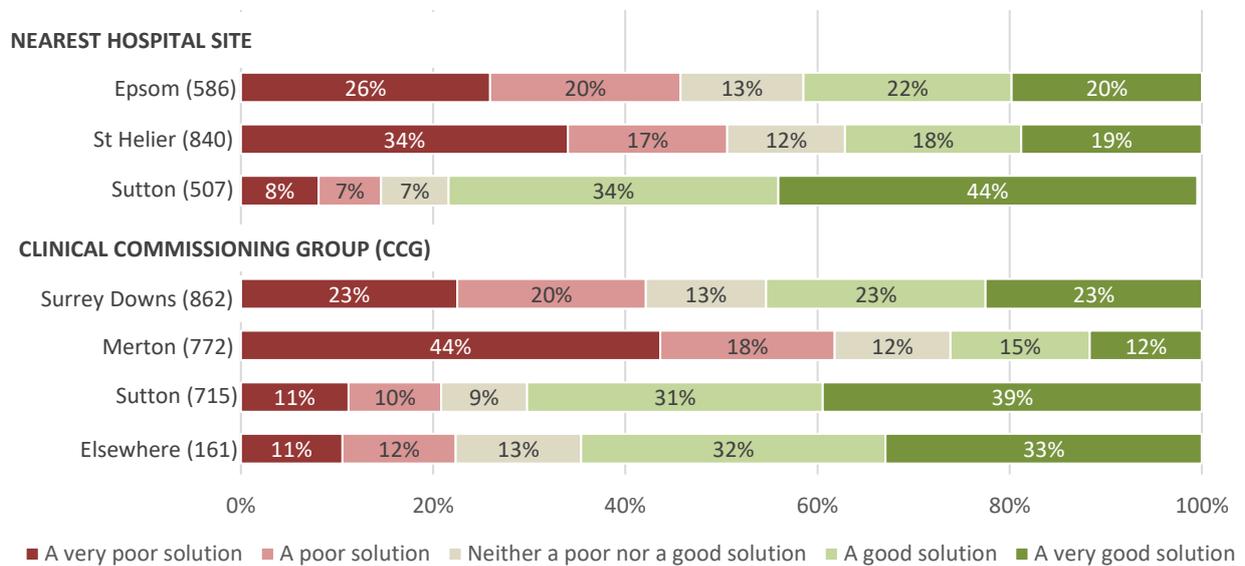


Figure 18: Consultation questionnaire responses from other non-NHS staff individual respondents in response to Sutton being the site for the new specialist emergency care hospital, by the nearest hospital to which respondents live and their CCG area

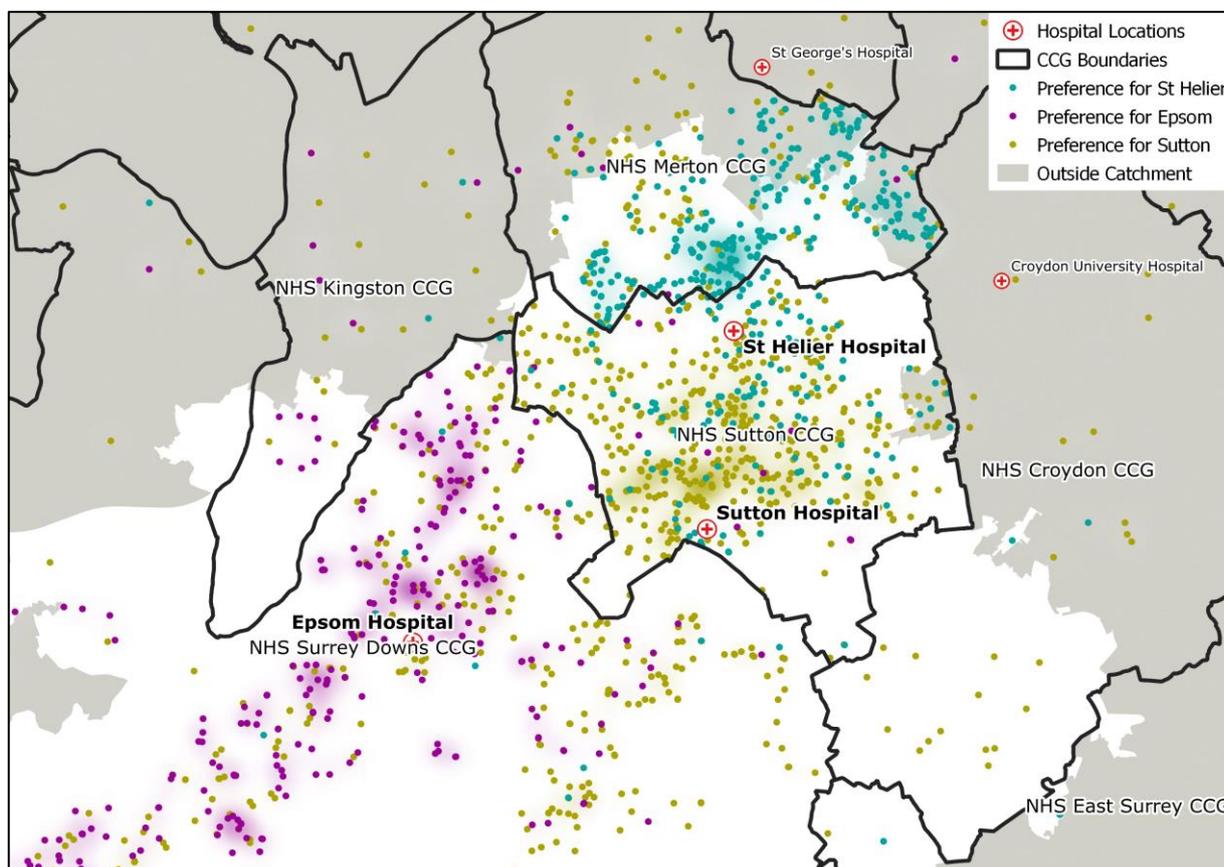


Further analysis of views by area

Clear preferences for particular hospitals

- 3.56 In the map below, dots have been used to indicate the locations (based on postcode) of individual respondents who gave a clear preference for one of the proposed sites.
- 3.57 A 'clear preference' means that the respondent answered more positively about one of the three hospitals compared to the others. For example, if the respondent felt that Hospital A was 'a good solution', and that each of Hospitals B and C was 'a poor solution' or 'neither a poor nor good solution', then that would indicate a clear preference for Hospital A. If, on the other hand, the respondent felt that locating the new hospitals at each of the three sites would be 'a good solution' or a 'poor solution', then there is no clear preference overall and they are not shown in this map.
- 3.58 The map illustrates that respondents with a preference for Epsom or St Helier tend to live in the associated CCG areas (i.e. Surrey Downs and Merton respectively), albeit there are also a number of respondents scattered throughout the Sutton CCG area who prefer St Helier. Those respondents with preferences for Epsom and St Helier Hospitals also appear to be particularly concentrated around the respective hospital sites.
- 3.59 Preferences for Sutton are also concentrated around the hospital site; however, they are also more widely distributed across the broader area. For example, there are a number of respondents who have a clear preference for Sutton and who live in the Surrey Downs CCG area (including some who live fairly close to Epsom Hospital), while a number of preferences for Sutton can also be seen in the Merton CCG area (including those parts of Merton that lie within the ESHT catchment).

Figure 19: Map illustrating the preferred sites of questionnaire respondents, with their location (based on individual respondents who indicated a clear preference and provided their postcode)



Looking at views on sites alongside views on the proposed model of care

- 3.60 The results have also been analysed to examine whether there are any correlations between respondents' views on the proposed sites and their opinions on the proposed model of care.
- 3.61 The results show that respondents who viewed the model of care as a good solution tended to also have favourable views about Sutton as the proposed hospital site - even if they lived closer to another hospital. This can be seen quite clearly in Figure 20 below.
- 3.62 The views respondents held about the suitability of the remaining two hospitals tended to fall more along geographical lines i.e. with the most positive views being seen among those respondents living closest to the hospital in question (as seen in Figure 21 and Figure 22) – but particularly where respondents held negative views about the proposed model of care.

Figure 20: Consultation questionnaire responses from other non-NHS staff individual respondents in response to Sutton being the site for the new specialist emergency care hospital, by respondents' views on the model of care

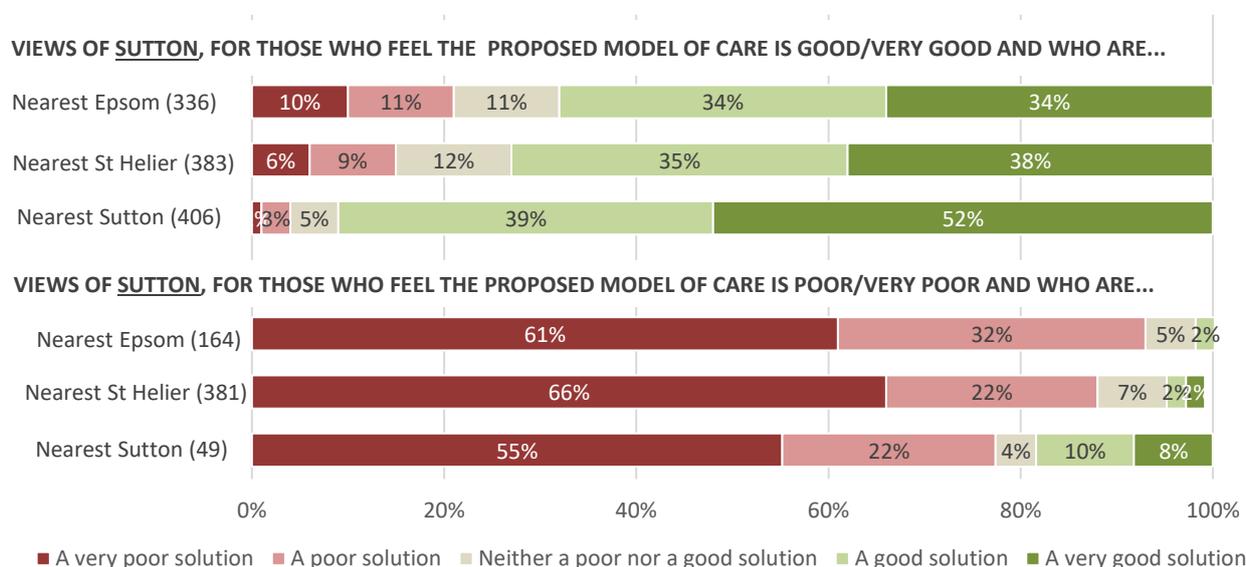


Figure 21: Consultation questionnaire responses from other non-NHS staff individual respondents in response to St Helier being the site for the new specialist emergency care hospital, by respondents' views on the model of care

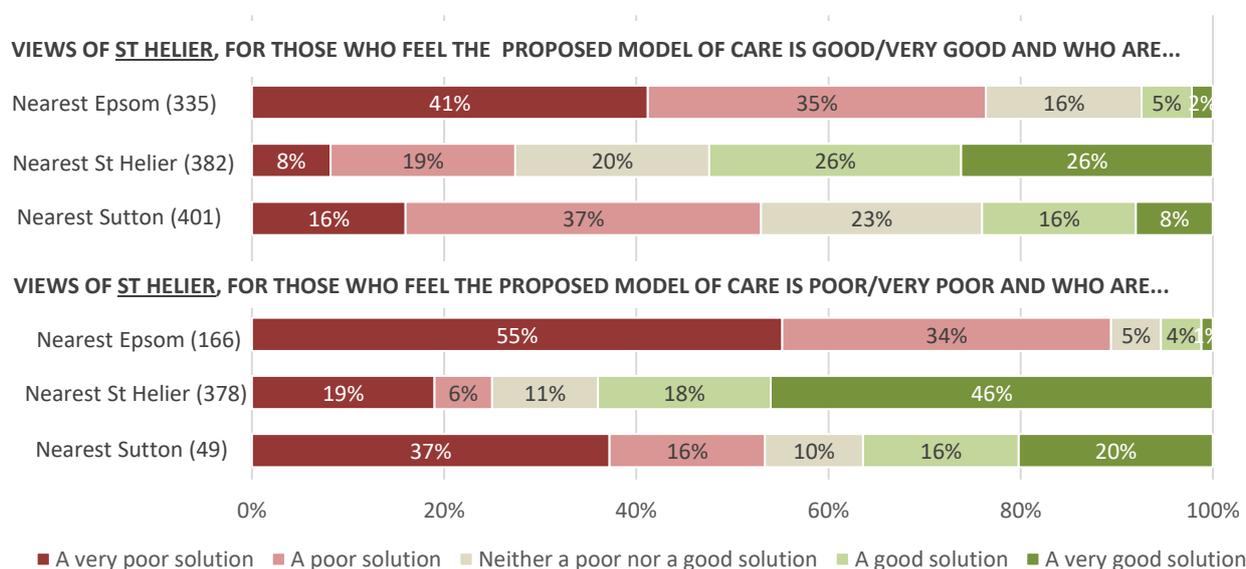
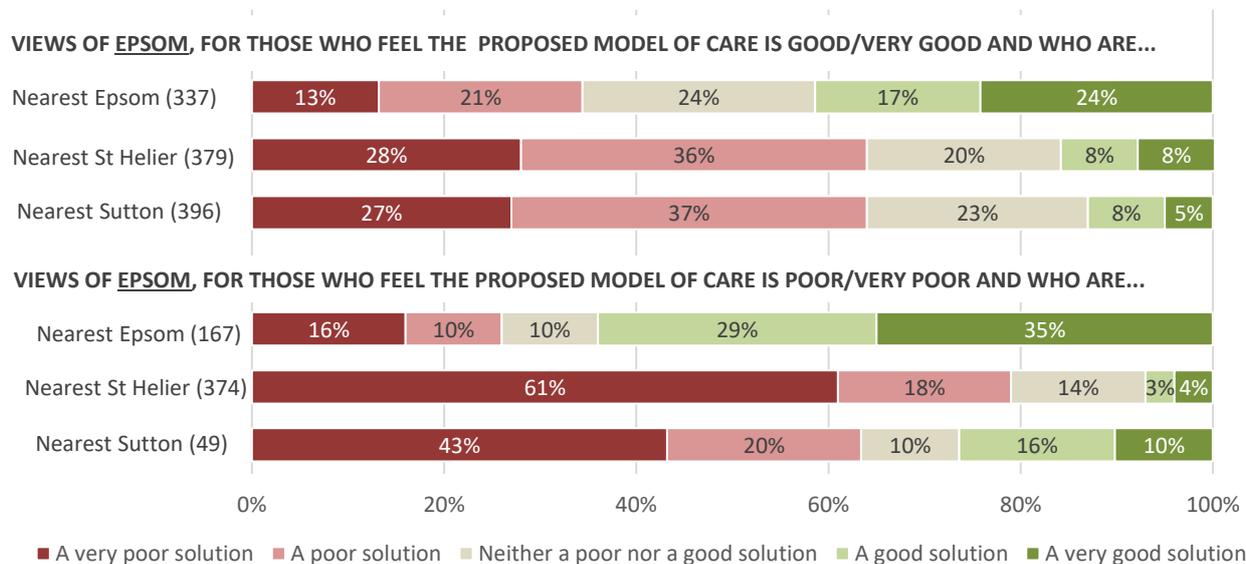


Figure 22: Consultation questionnaire responses from other non-NHS staff individual respondents in response to Epsom being the site for the new specialist emergency care hospital, by respondents’ views on the model of care



Organisations responding through the consultation questionnaire

- 3.63 As explained at the beginning of this chapter, the responses from organisations have been reported separately those of individuals, to take account of the lower number and the significantly varied nature of these responses which are not suited to analysis in the same way as many times more numerous responses from NHS staff and other non-NHS staff individual respondents.
- 3.64 In total, there were 26 responses submitted on behalf of an organisation (although not all of them answered every question). Where an organisation provided a name it is shown below.

Table 8: Summary of questionnaire responses from organisations

Ashlea Medical Practice PPG	London Borough of Merton Councillor for Cricket Green ward
Belmont South, Sutton and South Cheam Neighbourhood Forum & Belmont and South Cheam Residents Association	Love Me Love My Mind
Business owner based in Surrey Hills	Merton Council
Eastwick Park Surgery PPG	Members of Unison and GMB unions and the Labour Party
Epsom and Ewell Borough Council	Old Coulsdon Medical Practice PPG
Chair of Stamford Ward Residents' Association in Epsom & Director on Board of West Park Community Development Trust	Healthwatch Croydon
Independent Mental Health Network	GMB Union
Leatherhead Hospital Group	Surrey Downs Diabetes UK
Patient Experience Lead at Surrey and Sussex Healthcare	A Sutton Borough councillor
Trustee of AgeUK Merton Rep of Apostles Residents Association	Sutton Mental Health Foundation
Prompt pay services	The Keep Our St Helier Hospital (KOSHH) and Keep Our Epsom Hospital (KOEH) Campaign (2 respondents)

- 3.65 Out of 25 who provided a view on the proposed model of care:

- 16 felt it would be a good or very good solution;
- 8 felt it would be a poor or very poor solution;
- and 1 felt it was neither a good nor a poor solution.

- 3.66 In terms of the views shared on the proposed location of the new specialist emergency care hospital:
- 8** felt that locating the hospital at **Epsom** would be a good or very good solution, while **11** felt it would be poor or very poor (plus there were 6 respondents who answered ‘neither’);
 - 6** felt that locating the hospital at **St Helier** would be a good or very good solution, while **13** felt it would be poor or very poor (plus there were 5 respondents who answered ‘neither’);
 - 12** felt that locating the hospital at **Sutton** would be a good or very good solution, while **11** felt it would be poor or very poor (plus there were 2 respondents who answered ‘neither’);
- 3.67 To summarise: twice as many organisations felt the proposed model of care was a good or very good solution, than felt it was a poor or very poor solution. However, there was no particular consensus among organisations as to which would be the most suitable site for the new specialist hospital: more positive views were expressed about Sutton than about Epsom or St Helier, but even in relation to Sutton the responses were very mixed (almost as many felt it was a poor solution as felt it was a good one).
- 3.68 The types of the organisations responding to the questionnaire are varied, including local Health organisations, GP Patient Participation Groups, local business owners, campaign groups, councillors, charities and local community groups. Moreover, in many cases it can be unclear whether the response has genuinely been made *on behalf of* the organisation, or if it simply represents the personal views of one individual group member.
- 3.69 Some of the organisations did not include written text comments as part of their questionnaire response; where they did most of these responses raised very similar points to those mentioned elsewhere by staff and other non-NHS staff individual respondents; as such their views were captured as part of the wider coding process and reported within the summaries in the appropriate section of this chapter. However, a small number of longer responses were also submitted to the consultation separately as written submissions or in the case of the two KOSHH responses referred to their campaign website containing their formal response, and are reported more fully in Chapter 6: Written Submissions (they have not been repeated here).

Text comments received via the questionnaire

(analysis covering comments made by all respondents: organisations, NHS staff, and other non-NHS staff individuals)

- 3.70 All open-ended responses have been read, and then classified (coded) using a standardised approach (code frame). This approach helps ensure consistency when classifying different comments and the resulting codes represent themes that have been repeatedly mentioned in a more quantifiable manner. The various comments provided by a respondent to any single text question may present a number of different points or arguments, therefore in the majority of cases the overall number of coded comments counted in a particular question will be much higher than the number of people responding to that open-ended question.

A note on the open-ended questions

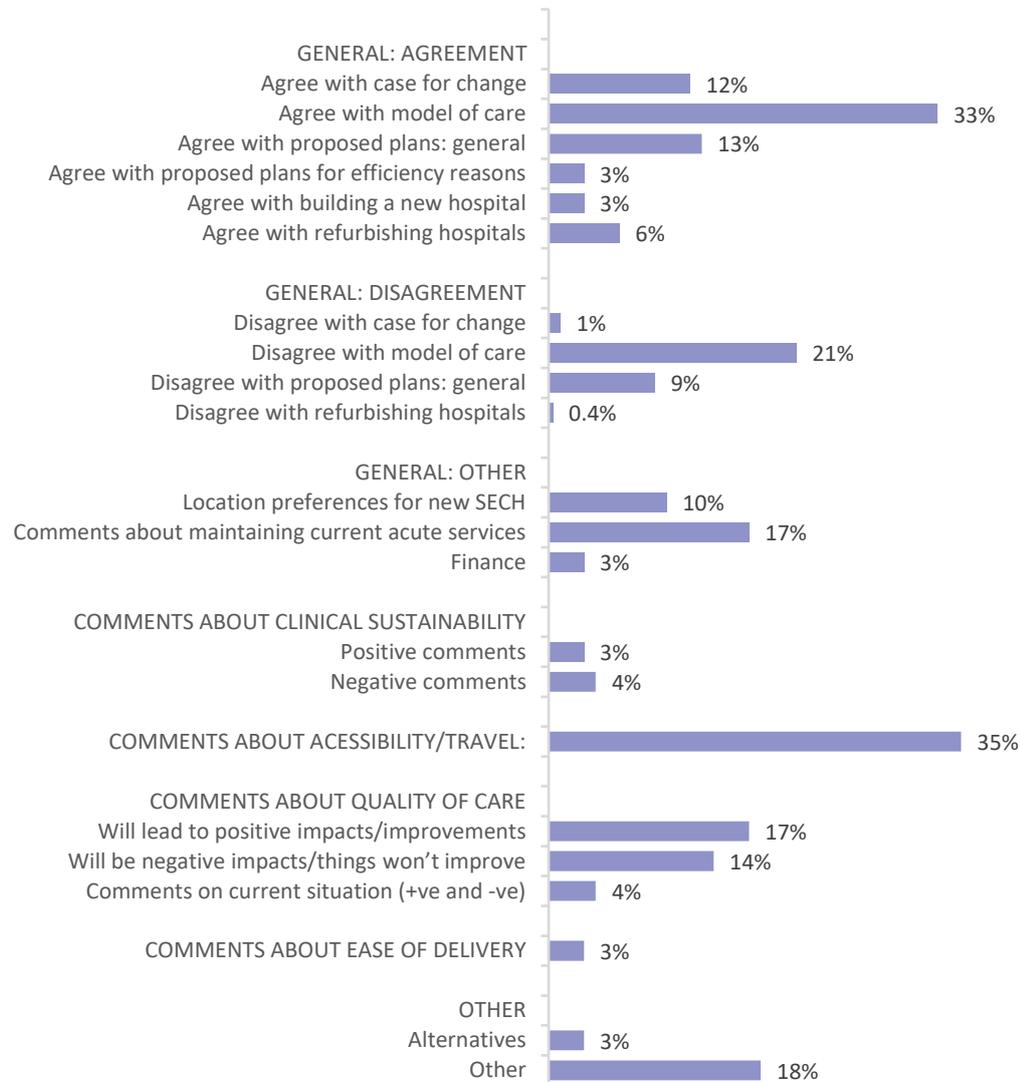
- 3.71 It can be challenging to provide a concise summary of the key themes raised in response to open-ended questions, because the comments typically vary considerably in terms of scope, level of detail and the extent to which they are focused on the precise question being asked.
- 3.72 For example, the purpose of the first open-ended question in the questionnaire was to elicit comments on the proposed model of care (i.e. the principle of bringing together six core services together onto one site).

- 3.73 However, it is apparent from the comments that were received, that many individuals were unwilling (or unable²¹) to separate their views on the *model*, from their views on the *location* of the new SECH. The detailed coding analysis accounted for all comments that expressed views about certain locations - at least as far as possible, given that while some comments referred to particular sites by name, others were far more ambiguous (and where comments are open to more interpretation, ORS prefers to adopt a 'safe' approach to the coding process rather than risk incorrectly assigning positive or negative views to the wrong potential site).
- 3.74 Given this scope for ambiguity, and given the primary purpose of this question outlined above, the following summary is based primarily on the most relevant comments (i.e. those about the model of care and need for change more broadly, and those that discuss the retention of services at existing sites), while those about location have intentionally been given less prominence.
- 3.75 We would suggest that the later questions (i.e. those that explicitly ask for views about locating the hospital in Sutton, St Helier or Epsom; and those that address travel and access considerations) present considerably less ambiguity, and provide a better understanding of views as to the suitability of different locations for the proposed new SECH.

²¹ A few respondents actually stated that they could not consider the model in isolation, as their perceptions would be so heavily determined by decisions about where to locate the new SECH

Q1: Please give the reasons for your answer [i.e. about whether the proposed model of care would be a good or a poor solution] in the space below

Figure 23: General summary of comments received in relation to question about proposed model of care



Base: All respondents who made comments (2,773)

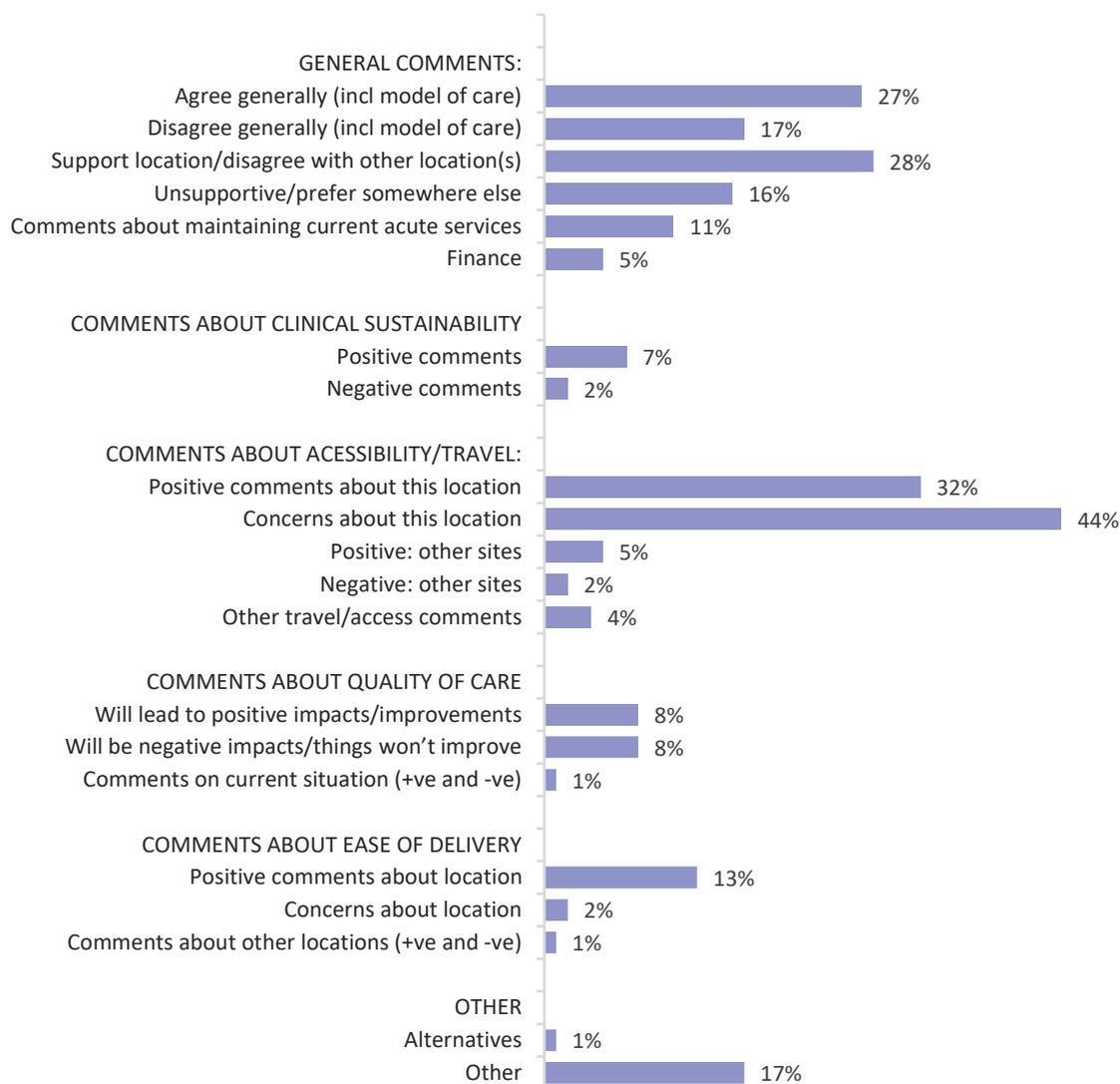
Table 9: More detailed summary of comments about model of care (Base: 2,773 respondents who made comments). NB some codes with fewer than 5 responses have not been itemised in the table.

Summary of comments		Number of respondents	% (Base: 2,773)
Agree with case for change	Understand the current situation needs to change	74	3%
	Poor quality of services/facilities currently/need to improve incl current staffing	228	8%
	Poor quality of buildings currently/need to improve buildings	102	4%
	Need to save money/improve finances	36	1%
Agree with proposed plans: model of care: i.e. centralising services/agree with bringing key services together into a single hospital		919	33%
Agreement with proposed plans: other	General agreement with proposals/future plans	359	13%
	Agree with proposals as they reduce waste/duplication/improve efficiency	82	3%
	Agree a new hospital should be built	70	3%
	Agree with refurbishing hospitals	177	6%
Disagree with case for change: There is no need for change/fine as it is currently		20	1%
Disagree with proposed plans: model of care i.e. centralising services/disagree with bringing key services together onto a single site		596	21%
Disagreement with proposed plans: other	General disagreement with proposals/future plans	262	9%
	Disagree with refurbishing hospitals	10	*
General: comments about location preferences	Prefer/Want specialist unit at Sutton	153	6%
	Prefer/Want specialist unit at St Helier	49	2%
	Prefer/Want specialist unit at Epsom	30	1%
	Don't want specialist unit at Sutton	46	2%
	Don't want specialist unit at St Helier	14	1%
	Don't want specialist unit at Epsom	12	*
General: comments about maintaining current acute services	Improve facilities at existing sites	49	2%
	Invest/improve facilities at St Helier	63	2%
	Invest/improve facilities at Epsom	39	1%
	Keep all facilities at current sites	102	4%
	Maintain A&E at all sites as they are	78	3%
	Maintain maternity services at all sites as they are	33	1%
	Maintain current level of facilities/service at St Helier	100	4%
	Maintain A&E at St Helier	54	2%
	Maintain maternity services at St Helier	23	1%
	Maintain current level of facilities/service at Epsom	43	2%
	Maintain A&E at Epsom	34	1%
	Maintain maternity services at Epsom	18	1%
General: Finance	Positive (e.g. best value for money; cheapest option etc.)	57	2%
	Negative (e.g. worst value for money; too expensive; benefits unproven etc.)	41	1%
Clinical sustainability	Positive (e.g. accounts for future changes: growing/ageing population etc)	84	3%
	Negative (e.g. does not account for changes, transfers between sites etc)	110	4%
Accessibility and travel	Positive comments about travel/access (general and site-specific)	375	14%
	Negative comments about travel/access (general and site-specific)	677	24%
	Other travel/access comments	76	3%
Quality of care: will lead to	In general	333	12%
	In terms of staffing	140	5%

positive impacts / improvements	Other improvements: waiting times, separation of urgent/non urgent care etc	152	5%
Quality of care: negative impacts / things won't improve	In general	145	5%
	In terms of staffing	59	2%
	Increases pressure elsewhere (e.g. other hospitals, GPs etc)	149	5%
	Other negative impacts e.g. on ambulances, bed numbers, emergency care etc	143	5%
Quality of care: current situation	Positive comments (all sites)	58	*
	Negative comments (all sites)	51	*
Ease of delivery: comments about ease of delivery in general/at various sites		75	3%
Other:	Alternative suggestions	85	3%
	Criticism of the consultation	113	4%
	Other	431	16%

Q2a: Please give the reasons for your answer [i.e. about whether building the new specialist emergency care hospital on the Sutton site would be a good or a poor solution] in the space below

Figure 24: General summary of comments received in relation to Sutton



Base: All respondents who made comments (2,706)

Table 10: More detailed summary of comments about the suitability of Sutton as the site for the new specialist emergency care hospital (Base: 2,706 respondents who made comments). NB some codes with fewer than 5 responses have not been itemised in the table.

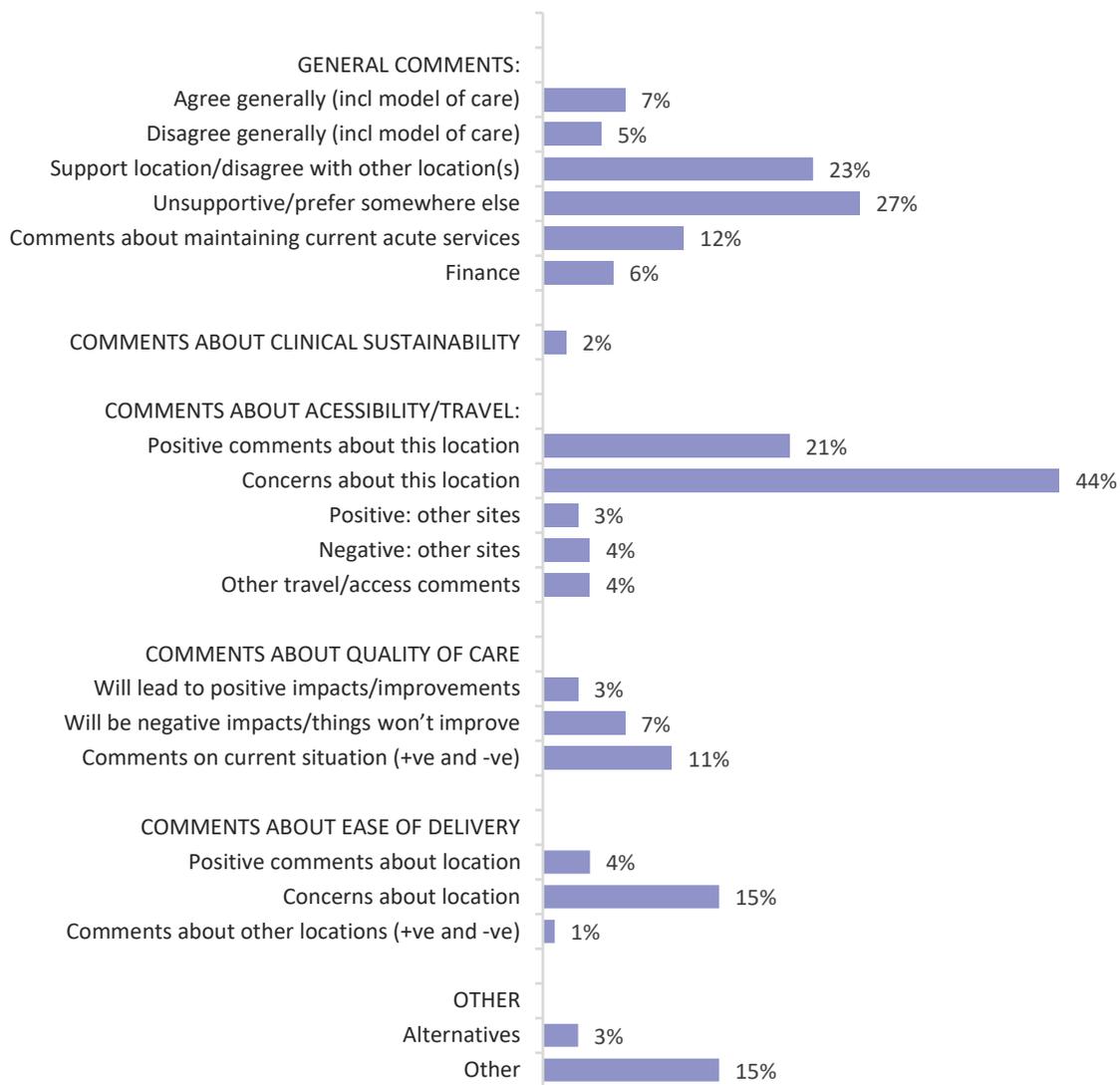
Summary of comments		Number of respondents	% (Base: 2,706)	
General: Agree in general/with at some aspect of the proposals (e.g. that there is a need for change, principle of bringing services together onto one site, refurbishments etc)		730	27%	
General: Disagree in general/with at some aspect of the proposals (e.g. that there is a need for change, principle of bringing services together onto one site, refurbishments etc)		454	17%	
General: Support this location / disagree with other locations	Prefer/Want specialist unit at Sutton	737	27%	
	It is the best of the 3 options	29	1%	
	Don't want specialist unit at St Helier	9	*	
	Don't want specialist unit at Epsom	9	*	
General: Don't support this location / prefer somewhere else	Prefer/Want specialist unit at St Helier	86	3%	
	Prefer/Want specialist unit at Epsom	58	2%	
	Don't want specialist unit at Sutton	343	13%	
	It is the worst of the 3 options	2	*	
General: comments about maintaining current acute services (incl keeping all services at all sites)		294	11%	
General: Finance	Positive (e.g. best value for money; cheapest option etc.)	84	3%	
	Negative (e.g. worst value for money; too expensive; benefits unproven etc.)	58	2%	
Clinical sustainability	Positive (e.g. accounts for future changes: growing/ageing population etc)	202	7%	
	Negative (e.g. does not account for changes, transfers between sites etc)	64	2%	
Accessibility and travel: Positive comments about this location	Good access generally (good transport links/easy to get to etc.)	458	17%	
	Central site/best coverage	458	17%	
	Large population/most densely populated area	79	3%	
	Good public transport	100	4%	
	Good for parking/easier than elsewhere	12	*	
	Good roads and infrastructure	27	1%	
	Good for certain groups/service users (e.g. elderly, disabled, maternity)	22	1%	
	Other (e.g. easier for visiting, good access from a particular place)	14	1%	
Accessibility and travel: Negative comments about this location	Poor access generally (poor transport links/difficult to get to etc.)	755	28%	
	Not most central site/not best coverage	58	2%	
	Concerns about access for ambulances	96	4%	
	Concerns about public transport	285	11%	
	Concerns about traffic volume, congestion	199	7%	
	Concerns about parking/more difficult than elsewhere	126	5%	
	Concerns about roads and infrastructure	101	4%	
	Concerns about access to/from a particular place	North	14	1%
		South (including south-east, south-west)	37	1%
		West	4	*
		Rural locations	5	*
		Royal Marsden	8	*
		Merton/Morden	159	6%
		Surrey/Surrey Downs	108	4%
Sutton		14	1%	
St Helier		18	1%	
Epsom	61	2%		

	Another specific area mentioned	94	3%	
	Difficult for certain groups/service users (e.g. elderly, disabled, maternity)	182	7%	
	Other concerns	Proposed site is too close to St George's Hospital	4	*
		Difficult to visit family/friends	39	1%
		Increased travel costs	35	1%
		Environmental impact (due to longer journeys)	12	*
		Hospital needs a helipad to accept airborne casualties	4	*
Accessibility and travel: Other	Positive comments about the accessibility of other sites	146	4%	
	Negative comments about the accessibility of other sites	56	1%	
	Other travel and access comments	120	3%	
Quality of care: will lead to positive impacts / improvements	In general	173	6%	
	In terms of staffing	33	1%	
	Other improvements: waiting times, separation of urgent/non urgent care etc	82	3%	
Quality of care: negative impacts / things won't improve	In general	82	3%	
	In terms of staffing	37	1%	
	Increases pressure elsewhere (e.g. other hospitals, GPs etc)	98	4%	
	Other negative impacts e.g. on ambulances, bed numbers, emergency care etc	43	2%	
Quality of care: current situation	Positive comments (all sites)	15	*	
	Negative comments (all sites)	21	1%	
Ease of delivery: positive	This site is good for expansion/development	257	9%	
	Developing this site would cause the least disruption/be less disruptive	170	6%	
Ease of delivery: concerns	This site isn't very good for expansion/development/no room to expand	51	2%	
	Developing this site would be too disruptive	15	1%	
	Concerns about impacts on other services/hospitals etc.	3	*	
Ease of delivery: comments about the suitability of other locations (positive and negative)		18	1%	
Other:	Alternative suggestions	More money needs to be invested /need more funding	21	1%
		St Helier Hospital needs to be demolished and start again	3	*
		Epsom Hospital needs to be demolished and start again	2	*
		The hospital should be built on another specific site ²²	3	*
		There should be 3 A&Es in this area	2	*
		Other	9	*
	Criticism of the consultation	83	3%	
	Other	407	15%	

²² The suggested alternative sites were Headley Court and the West Park Hospital site.

Q2b: Please give the reasons for your answer [i.e. about whether building the new specialist emergency care hospital on the St Helier Hospital site would be a good or a poor solution] in the space below

Figure 25: General summary of comments received in relation to St Helier



Base: All respondents who made comments (2,593)

Table 11: More detailed summary of comments about the suitability of St Helier as the site for the new specialist emergency care hospital (Base: 2,593 respondents who made comments). NB some codes with fewer than 5 responses have not been itemised in the table.

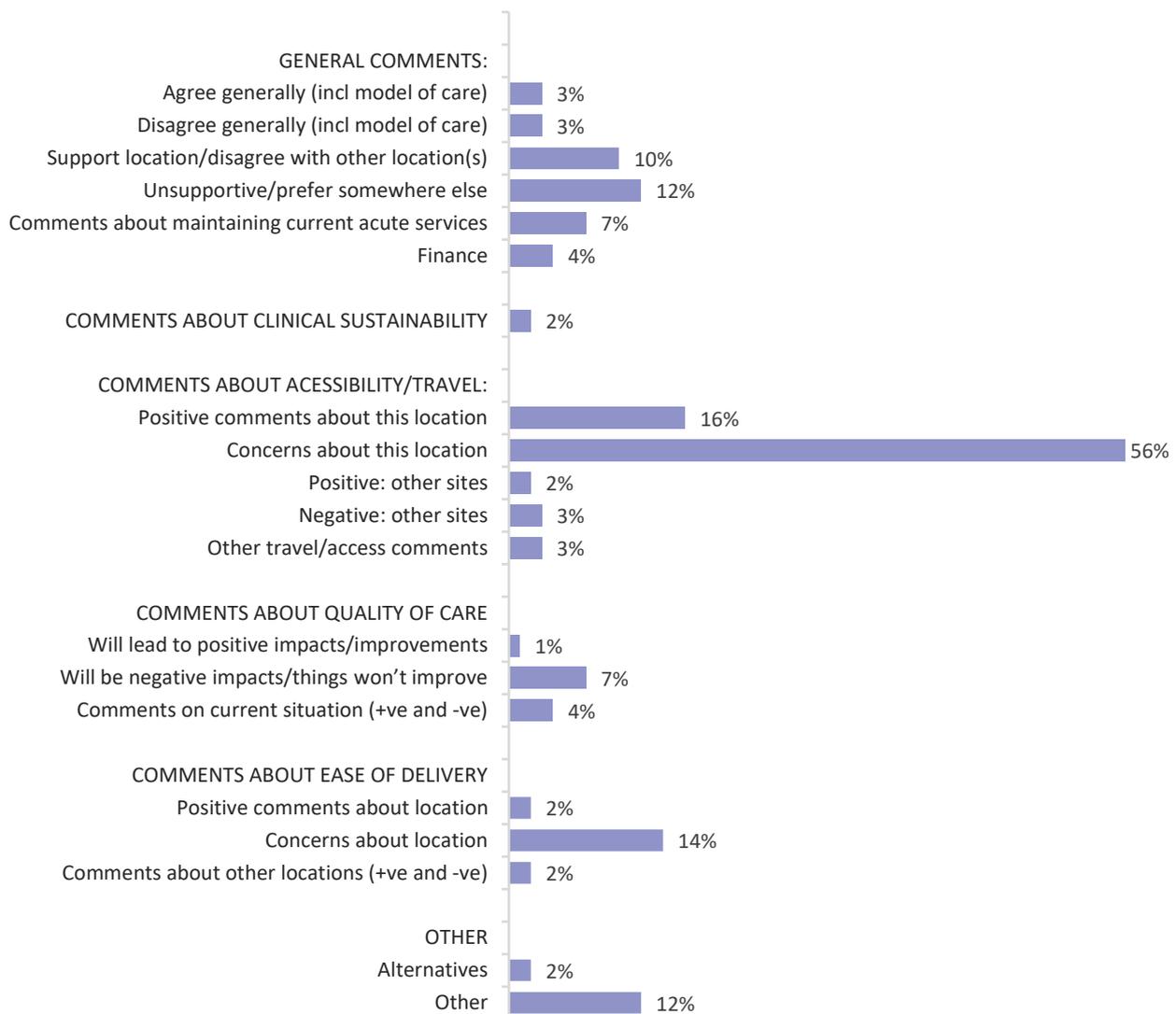
Summary of comments		Number of respondents	% (Base: 2,593)	
General: Agree in general/with at some aspect of the proposals (e.g. that there is a need for change, principle of bringing services together onto one site, refurbishments etc)		177	7%	
General: Disagree in general/with at some aspect of the proposals (e.g. that there is a need for change, principle of bringing services together onto one site, refurbishments etc)		132	5%	
General: Support this location / disagree with other locations	Prefer/Want specialist unit at St Helier	549	21%	
	It is the best of the 3 options	5	*	
	Don't want specialist unit at Sutton (i.e. the preferred option)	52	2%	
	Don't want specialist unit at Epsom	6	*	
General: Don't support this location / prefer somewhere else	Prefer/Want specialist unit at Sutton	136	5%	
	Prefer/Want specialist unit at Epsom	21	1%	
	Don't want specialist unit at St Helier	609	23%	
	It is the worst of the 3 options	5	*	
General: comments about maintaining current acute services (incl keeping all services at all sites)		305	12%	
General: Finance	Positive (e.g. best value for money; cheapest option etc.)	32	1%	
	Negative (e.g. worst value for money; too expensive; benefits unproven etc.)	122	5%	
Clinical sustainability	Positive (e.g. accounts for future changes: growing/ageing population etc)	6	*	
	Negative (e.g. does not account for changes, transfers between sites etc)	46	2%	
Accessibility and travel: Positive comments about this location	Good access generally (good transport links/easy to get to etc.)	311	12%	
	Central site/best coverage	101	4%	
	Large population/most densely populated area	77	3%	
	Good public transport	86	3%	
	Good for parking/easier than elsewhere	29	1%	
	Good roads and infrastructure	17	1%	
	Good for certain groups/service users (e.g. elderly, disabled, maternity)	90	3%	
	Other (e.g. easier for visiting, good access from a particular place)	42	2%	
Accessibility and travel: Negative comments about this location	Poor access generally (poor transport links/difficult to get to etc.)	642	25%	
	Not most central site/not best coverage	135	5%	
	Concerns about access for ambulances	43	2%	
	Concerns about public transport	121	5%	
	Concerns about traffic volume, congestion	161	6%	
	Concerns about parking/more difficult than elsewhere	130	5%	
	Concerns about roads and infrastructure	22	1%	
	Concerns about access to/from a particular place	Surrey Downs	201	8%
		Epsom	167	6%
		Sutton	13	*
		South (including south-east, south-west)	57	2%
		West	5	*
		Rural locations	5	*
		Merton/Morden	24	1%
	Another specific area mentioned	86	3%	
Difficult for certain groups/service users (e.g. elderly, disabled, maternity)	68	3%		
Proposed site is too close to St George's Hospital	54	2%		

		Difficult to visit family/friends	28	1%
	Other concerns	Increased travel costs	7	*
		Environmental impact (due to longer journeys)	6	*
Accessibility and travel: Other		Positive comments about the accessibility of other sites	68	3%
		Negative comments about the accessibility of other sites	110	4%
		Other travel and access comments	103	4%
Quality of care: will lead to positive impacts / improvements		In general	44	2%
		In terms of staffing	9	*
		Other: improve buildings, waiting times, separating urgent/non urgent care etc	36	1%
Quality of care: negative impacts / things won't improve		In general	76	3%
		In terms of staffing	20	1%
		Increases pressure elsewhere (e.g. other hospitals, GPs etc)	71	3%
		Other negative impacts e.g. on ambulances, bed numbers, emergency care etc	23	1%
Quality of care: current situation		Positive comments (all sites)	52	2%
		Negative comments (all sites)	241	9%
Ease of delivery: positive		This site is good for expansion/development	72	3%
		Developing this site would cause the least disruption/be less disruptive	21	1%
Ease of delivery: concerns		This site isn't very good for expansion/development/no room to expand	234	9%
		Developing this site would be too disruptive	164	6%
		Concerns about impacts on other services/hospitals etc.	27	1%
Ease of delivery: comments about the suitability of other locations (positive and negative)			32	1%
Other:	Alternative suggestions	More money needs to be invested /need more funding	11	*
		St Helier hospital needs to be demolished and start again	43	2%
		The hospital should be built on another specific site ²³	15	1%
		There should be 3 A&Es in this area	3	*
		Other	17	1%
	Criticism of the consultation	32	1%	
	Other	354	14%	

²³ The most commonly suggested alternative site was the existing 'green space' / land opposite the current St Helier Hospital. Fewer respondents suggested building a hospital either further from St Georges (preferably outside the M25) or nearer to Wimbledon.

Q2c: Please give the reasons for your answer [i.e. about whether building the new specialist emergency care hospital on the Epsom Hospital site would be a good or a poor solution] in the space below

Figure 26: General summary of comments received in relation to Epsom



Base: All respondents who made comments (2,554)

Table 12: More detailed summary of comments about the suitability of Epsom as the site for the new specialist emergency care hospital (Base: 2,554 respondents who made comments). NB some codes with fewer than 5 responses have not been itemised in the table.

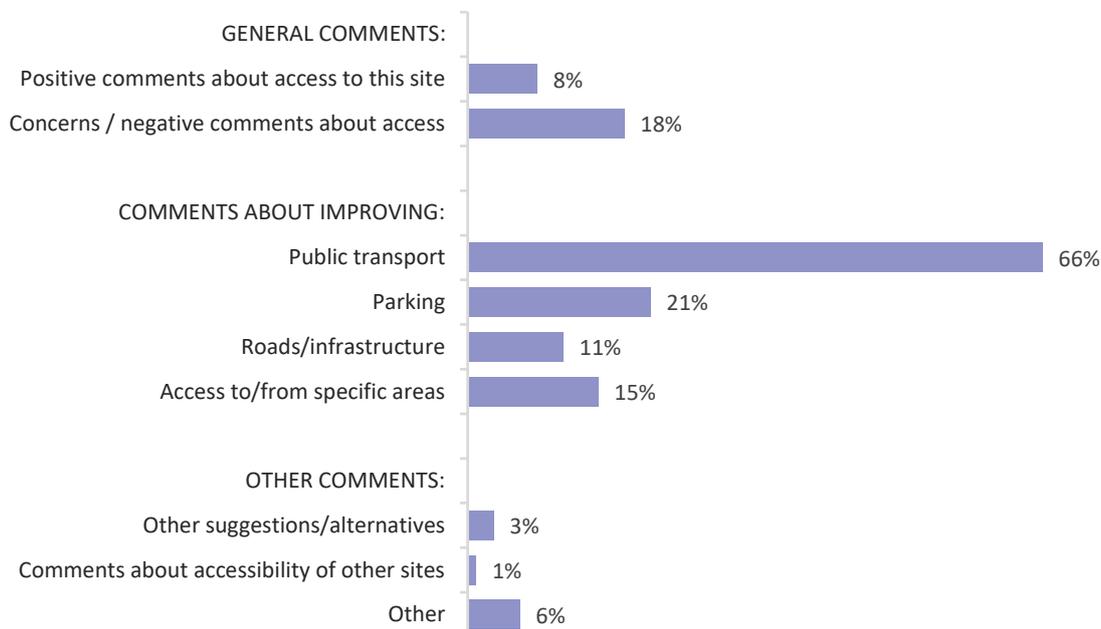
Summary of comments		Number of respondents	% (Base: 2,554)	
General: Agree in general/with at some aspect of the proposals (e.g. that there is a need for change, principle of bringing services together onto one site, refurbishments etc)		67	3%	
General: Disagree in general/with at some aspect of the proposals (e.g. that there is a need for change, principle of bringing services together onto one site, refurbishments etc)		83	3%	
General: Support this location / disagree with other locations	Prefer/Want specialist unit at Epsom	196	8%	
	It is the best of the 3 options	18	1%	
	Don't want specialist unit at Sutton (i.e. the preferred option)	18	1%	
	Don't want specialist unit at St Helier	40	2%	
General: Don't support this location / prefer somewhere else	Prefer/Want specialist unit at Sutton	97	4%	
	Prefer/Want specialist unit at St Helier	80	3%	
	Don't want specialist unit at Epsom	147	6%	
	It is the worst of the 3 options	13	1%	
General: comments about maintaining current acute services (incl keeping all services at all sites)		188	7%	
General: Finance	Positive (e.g. best value for money; cheapest option etc.)	22	1%	
	Negative (e.g. worst value for money; too expensive; benefits unproven etc.)	76	3%	
Clinical sustainability	Positive (e.g. accounts for future changes: growing/ageing population etc)	17	1%	
	Negative (e.g. does not account for changes, transfers between sites etc)	38	1%	
Accessibility and travel: Positive comments about this location	Good access generally (good transport links/easy to get to etc.)	268	10%	
	Central site/best coverage	118	5%	
	Large population/most densely populated area	11	*	
	Good public transport	71	3%	
	Good for parking/easier than elsewhere	7	*	
	Good roads and infrastructure	15	1%	
	Good for certain groups/service users (e.g. elderly, disabled, maternity)	24	1%	
	Other (e.g. easier for visiting, good access from a particular place)	18	1%	
Accessibility and travel: Negative comments about this location	Poor access generally (poor transport links/difficult to get to etc.)	912	36%	
	Not most central site/not best coverage	152	6%	
	Concerns about access for ambulances	24	1%	
	Concerns about public transport	149	6%	
	Concerns about traffic volume, congestion	123	5%	
	Concerns about parking/more difficult than elsewhere	129	5%	
	Concerns about roads and infrastructure	27	1%	
	Concerns about access to/from a particular area or place	North	44	2%
		East	5	*
		Royal Marsden	8	*
		Merton/Morden	296	12%
		Surrey/Surrey Downs	37	1%
		Sutton	200	8%
		St Helier	72	3%
Epsom		10	*	
Another specific area mentioned	89	3%		
Difficult for certain groups/service users (e.g. elderly, disabled, maternity)		106	4%	

		Difficult to visit family/friends	19	1%
	Other concerns	Lack of a cheaper travel scheme	9	*
		Increased travel costs	29	1%
		Environmental impact (due to longer journeys)	3	*
Accessibility and travel: Other		Positive comments about the accessibility of other sites	62	2%
		Negative comments about the accessibility of other sites	67	3%
		Other travel and access comments	85	3%
Quality of care: will lead to positive impacts / improvements		In general	12	*
		In terms of staffing	9	*
		Other improvements: waiting times, separation of urgent/non urgent care etc	11	*
Quality of care: negative impacts / things won't improve		In general (incl risk to safety, 'bigger not always better', etc)	39	2%
		In terms of staffing	19	1%
		Increases pressure elsewhere (e.g. other hospitals, GPs etc)	84	3%
		Other negative impacts e.g. on ambulances, bed numbers, emergency care etc	43	2%
Quality of care: current situation		Positive comments (all sites)	51	2%
		Negative comments (all sites)	61	2%
Ease of delivery: positive		This site is good for expansion/development	37	1%
		Developing this site would cause the least disruption/be less disruptive	7	*
Ease of delivery: concerns		This site isn't very good for expansion/development/no room to expand	273	11%
		Developing this site would be too disruptive	103	4%
		Concerns about impacts on other services/hospitals etc.	19	1%
Ease of delivery: comments about the suitability of other locations (positive and negative)			42	2%
Other:	Alternative suggestions	More money needs to be invested /need more funding	27	1%
		Epsom Hospital needs to be demolished and start again	12	*
		St Helier Hospital needs to be demolished and start again	4	*
		The hospital should be built on another specific site ²⁴	5	*
		There should be 3 A&Es in this area	2	*
		Other	43	1%
	Criticism of the consultation	46	2%	
	Other	286	11%	

²⁴ Alternative sites mentioned were the West Park Hospital site, Headley Court, and Priest Hill.

Q3a: What would improve travel and access if the location was Epsom Hospital?

Figure 27: General summary of comments received in relation to travel and access to Epsom



Base: All respondents who made comments (2,526)

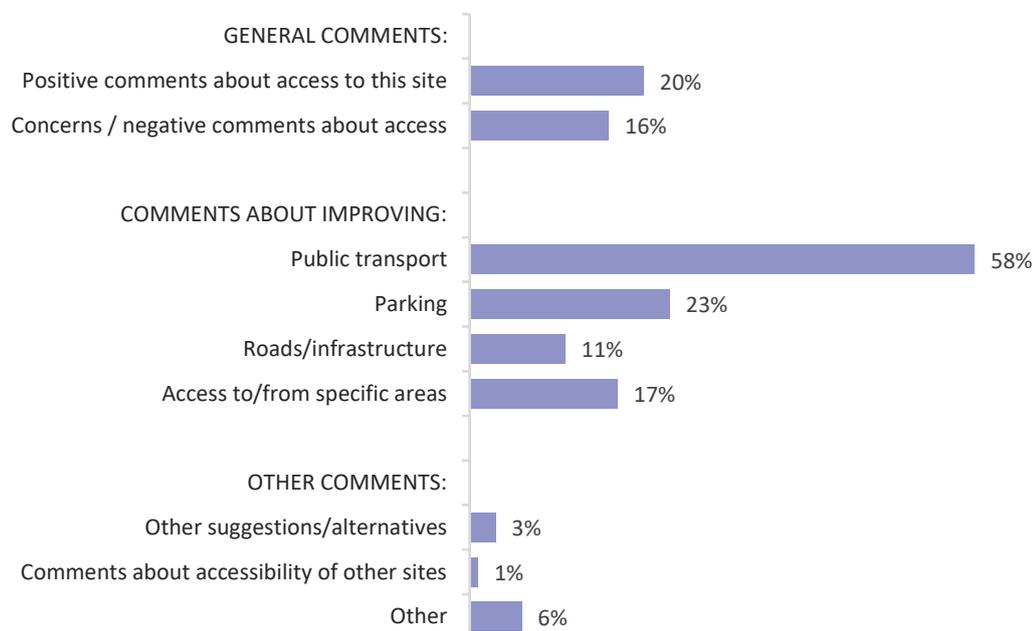
Table 13: More detailed summary of comments about improving travel and access to Epsom Hospital (main themes only)
(Base: 2,526 respondents who made comments)

Summary of comments		Number of respondents	% of respondents (Base: 2,526)
Positive comments about access to this site	Transport and travel is good as it is/easily accessible	105	4%
	Agree/support Epsom as the location	52	2%
	Epsom location is central	8	*
	Public transport is currently good i.e. well serviced/located etc.	68	3%
General concerns / negative comments about access	Nothing would improve transport and travel here	99	4%
	Disagree/don't support the location being here – Epsom	176	7%
	Disagree with proposals/don't need a new specialised care centre	25	1%
	General concerns about access/distance/increased travel times	177	7%
	This area would require most improvements	2	*
	Concerns about ambulance services/need improved ambulances	34	1%
	Proposals are putting people's safety/lives at risk; accidents and emergencies can happen at anytime	11	1%
	Difficult for family and friends to visit	3	*
	Access concerns for vulnerable people i.e. disabled/the elderly etc.	50	2%
Comments about improving public transport	Public transport is poor/need more/better public transport available	171	7%
	Better bus service needed i.e. more buses/more frequent etc.	862	34%
	Better train service needed i.e. more trains/more frequent etc.	163	6%
	Closer train station to hospital	46	2%

	Direct/shuttle bus needed to/from the hospital i.e. more frequent etc.	452	18%
	Bus service connecting hospitals (St. Helier, Sutton, Epsom)	100	4%
	A tram line added/extended	80	3%
	Underground/tube line extended/needed	16	1%
	Improve public transport out of hours services i.e. Sundays, evenings, 24-hour service etc.	74	3%
	Tie in with Oyster scheme/Oyster cards to be accepted outside London/include in Oyster zones	52	2%
	This option would require most improvements to public transport	5	*
	Cheaper/free public transport fees	95	4%
	System Go Sutton should be implemented	18	1%
	Need a hospital vehicle service	19	1%
	Better taxi services i.e. more/cheaper/owned/ran by the hospital	21	1%
	Improve TFL services/should be included in TFL zone/accept TFL passes	42	2%
	Advertise/more information about public transport services inc. timetable information	7	*
	Specific public transport mentioned e.g. specific bus route/train etc.	155	6%
Comments about improving parking	Increase parking facilities i.e. more spaces, larger, multi storey etc. inc staff parking	442	17%
	Cheaper/free parking fees	169	7%
	Park and ride to the hospital	34	1%
	Better disabled parking facilities	11	*
Comments about improving roads/infrastructure	Entrance to the hospital needs to be redesigned	15	1%
	Road improvements needed e.g. change one-way system etc.	89	4%
	Needs better road maintenance	11	*
	Needs better road directions	9	*
	Traffic issues/concerns	151	6%
	Area is too built up/too high population density	2	*
	Improve/concerns with A217	2	*
	Need more cycle/pedestrian paths/crossings	21	1%
	Specific road mentioned Inc. motorways, roundabouts, bridges etc.	27	1%
Comments about needing to improve access to/from particular areas	The North	10	*
	The East	1	*
	The South Inc. South West, South East.	4	*
	Rural locations	6	*
	Sutton	121	5%
	St. Helier	50	2%
	Epsom	31	1%
	Merton/Morden	124	5%
	Royal Marsden	1	*
	Surrey/Surrey Downs	14	1%
	Another specific area	140	6%
Alternatives	Focus on green transport/lowering emissions: electric cars, bikes etc.	17	1%
	Other alternative	1	*

Q3b: What would improve travel and access if the location was St Helier Hospital?

Figure 28: General summary of comments received in relation to travel and access to St Helier



Base: All respondents who made comments (2,557)

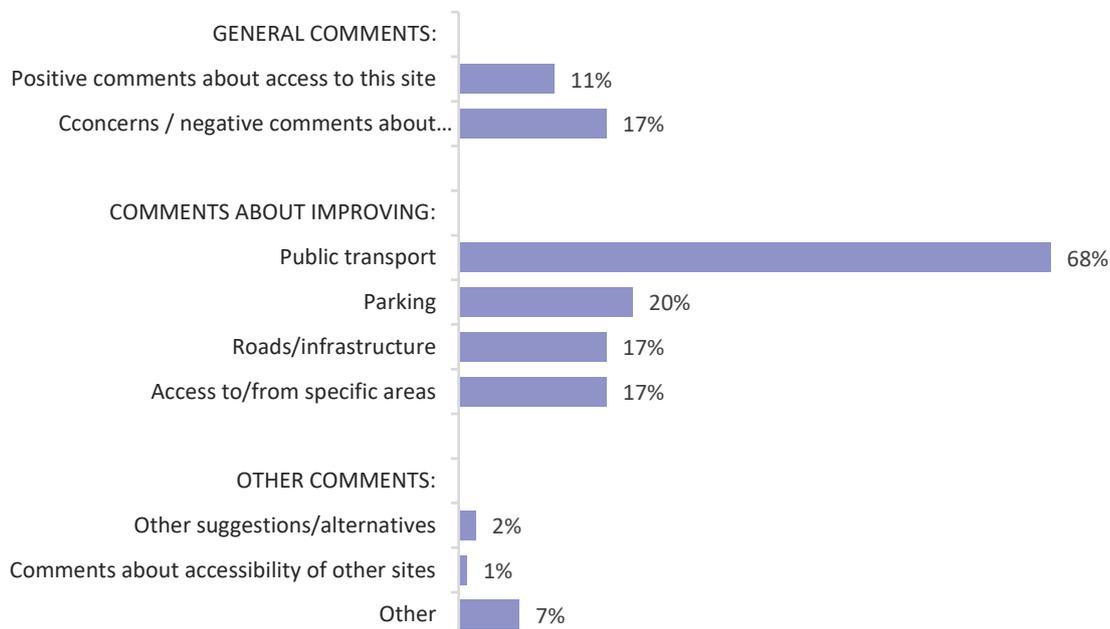
Table 14: More detailed summary of comments about improving travel and access to St Helier Hospital (main themes only)
(Base: 2,557 respondents who made comments)

Summary of comments		Number of respondents	% of respondents (Base: 2,557)
Positive comments about access to this site	Transport and travel is good as it is/easily accessible	277	11%
	Agree/support St Helier as the location	193	8%
	St Helier location is central	49	2%
	Public transport is currently good i.e. well serviced/located etc.	112	4%
General concerns / negative comments about access	Nothing would improve transport and travel here	57	2%
	Disagree/don't support the location being here – St Helier	127	5%
	Disagree with proposals/don't need a new specialised care centre	39	2%
	General concerns about access/distance/increased travel times	198	8%
	This area would require most improvements	10	*
	Concerns about ambulance services/need improved ambulances	36	1%
	Proposals are putting people's safety/lives at risk; accidents and emergencies can happen at anytime	19	1%
	Difficult for family and friends to visit	16	1%
	Access concerns for vulnerable people i.e. disabled/the elderly etc.	43	2%
Comments about improving public transport	Public transport is poor/need more/better public transport available	185	7%
	Better bus service needed i.e. more buses/more frequent etc.	694	27%
	Better train service needed i.e. more trains/more frequent etc.	150	6%
	Closer train station to hospital	77	3%

	Direct/shuttle bus needed to/from the hospital i.e. more frequent etc.	387	15%
	Bus service connecting hospitals (St. Helier, Sutton, Epsom)	95	4%
	A tram line added/extended	230	9%
	Underground/tube line extended/needed	19	1%
	Improve public transport out of hours services i.e. Sundays, evenings, 24-hour service etc.	47	2%
	Tie in with Oyster scheme/Oyster cards to be accepted outside London/include in Oyster zones	5	*
	This option would require most improvements to public transport	4	*
	Cheaper/free public transport fees	85	3%
	System Go Sutton should be implemented	19	1%
	Need a hospital vehicle service	14	1%
	Better taxi services i.e. more/cheaper/owned/ran by the hospital	15	1%
	Improve TFL services/should be included in TFL zone/accept TFL passes	21	1%
	Advertise/more information about public transport services inc. timetable information	7	*
	Specific public transport mentioned e.g. specific bus route/train etc.	172	7%
Comments about improving parking	Increase parking facilities i.e. more spaces, larger, multi storey etc. inc staff parking	516	20%
	Cheaper/free parking fees	147	6%
	Park and ride to the hospital	26	1%
	Better disabled parking facilities	15	*
Comments about improving roads/infrastructure	Entrance to the hospital needs to be redesigned	14	1%
	Road improvements needed e.g. change one-way system etc.	93	4%
	Needs better road maintenance	9	*
	Needs better road directions	6	*
	Traffic issues/concerns	151	6%
	Area is too built up/too high population density	18	1%
	Improve/concerns with A217	5	*
	Need more cycle/pedestrian paths/crossings	14	1%
	Specific road mentioned Inc. motorways, roundabouts, bridges etc.	18	1%
Comments about needing to improve access to/from particular areas	The North	1	*
	The East	3	*
	The South Inc. South West, South East.	22	1%
	The West	5	*
	Rural locations	10	*
	Sutton	86	3%
	St. Helier	89	3%
	Epsom	147	6%
	Merton/Morden	80	3%
	Surrey/Surrey Downs	60	2%
	Another specific area	119	5%
Alternatives	Focus on green transport/lowering emissions: electric cars, bikes etc.	20	1%
	Other alternative	1	*

Q3c: What would improve travel and access if the location was the Sutton Hospital site?

Figure 29: General summary of comments received in relation to travel and access to Sutton



Base: All respondents who made comments (2,673)

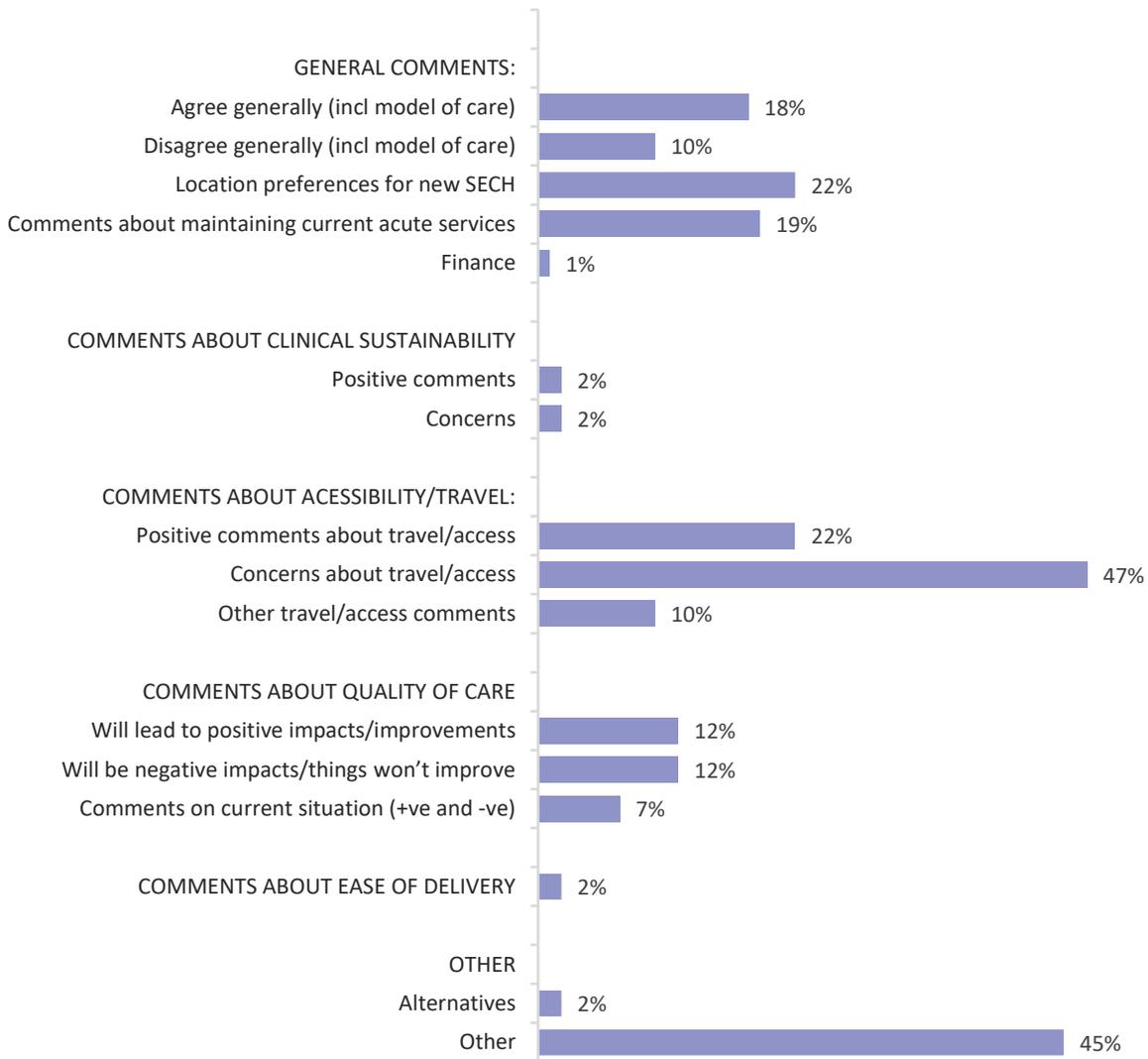
Table 15: More detailed summary of comments about improving travel and access to the Sutton site (main themes only) (Base: 2,673 respondents who made comments)

Summary of comments		Number of respondents	% of respondents (Base: 2,673)
Positive comments about access to this site	Transport and travel is good as it is/easily accessible	168	6%
	Agree/support Sutton as the location	129	5%
	Sutton location is central	24	1%
	Public transport is currently good i.e. well serviced/located etc.	49	2%
General concerns / negative comments about access	Nothing would improve transport and travel here	74	3%
	Disagree/don't support the location being here - Sutton	133	5%
	Disagree with proposals/don't need a new specialised care centre	26	1%
	General concerns about access/distance/increased travel times	229	9%
	This area would require most improvements	3	*
	Concerns about ambulance services/need improved ambulances	21	1%
	Proposals are putting people's safety/lives at risk; accidents and emergencies can happen at anytime	18	1%
	Difficult for family and friends to visit	3	*
	Access concerns for vulnerable people i.e. disabled/the elderly etc.	54	2%
	Comments about improving public transport	Public transport is poor/need more/better public transport available	243
Better bus service needed i.e. more buses/more frequent etc.		819	31%
Better train service needed i.e. more trains/more frequent etc.		259	10%
Closer train station to hospital		32	1%
Direct/shuttle bus needed to/from the hospital i.e. more frequent etc.		523	20%

	Bus service connecting hospitals (St. Helier, Sutton, Epsom)	147	5%
	A tram line added/extended	286	11%
	Underground/tube line extended/needed	22	1%
	Improve public transport out of hours services i.e. Sundays, evenings, 24-hour service etc.	55	2%
	Tie in with Oyster scheme/Oyster cards to be accepted outside London/include in Oyster zones	7	*
	This option would require most improvements to public transport	4	*
	Cheaper/free public transport fees	71	3%
	System Go Sutton should be implemented	23	1%
	Need a hospital vehicle service	15	1%
	Better taxi services i.e. more/cheaper/owned/ran by the hospital	11	*
	Improve TFL services/should be included in TFL zone/accept TFL passes	13	*
	Advertise/more information about public transport services inc. timetable information	12	*
	Specific public transport mentioned e.g. specific bus route/train etc.	156	6%
Comments about improving parking	Increase parking facilities i.e. more spaces, larger, multi storey etc. inc staff parking	472	18%
	Cheaper/free parking fees	135	5%
	Park and ride to the hospital	30	1%
	Better disabled parking facilities	11	*
	Do not want a car park/bad for the environment	2	*
Comments about improving roads/infrastructure	Entrance to the hospital needs to be redesigned	32	1%
	Road improvements needed e.g. change one-way system etc.	217	8%
	Needs better road maintenance	10	*
	Needs better road directions	7	*
	Traffic issues/concerns	184	7%
	Area is too built up/too high population density	14	1%
	Improve/concerns with A217	24	1%
	Need more cycle/pedestrian paths/crossings	31	1%
	Issues due to being close to the school	44	2%
	Specific road mentioned Inc. motorways, roundabouts, bridges etc.	50	2%
Comments about needing to improve access to/from particular areas	The North	8	*
	The East	3	*
	The South Inc. South West, South East.	31	1%
	The West	1	*
	Rural locations	6	*
	Sutton	73	3%
	St. Helier	23	1%
	Epsom	112	4%
	Merton/Morden	83	3%
	Royal Marsden	26	1%
	Surrey/Surrey Downs	46	2%
	Another specific area	205	8%
Alternatives	Focus on green transport/lowering emissions: electric cars, bikes etc.	16	1%
	Other alternative	4	*

Q4: If you think any of our proposals would affect you, your family or other people you know, either positively or negatively, please tell us why you think this using the space below.

Figure 30: General summary of comments received in relation to how the proposals would affect respondents, their families and/or people they know



Base: All respondents who made comments (2,480)

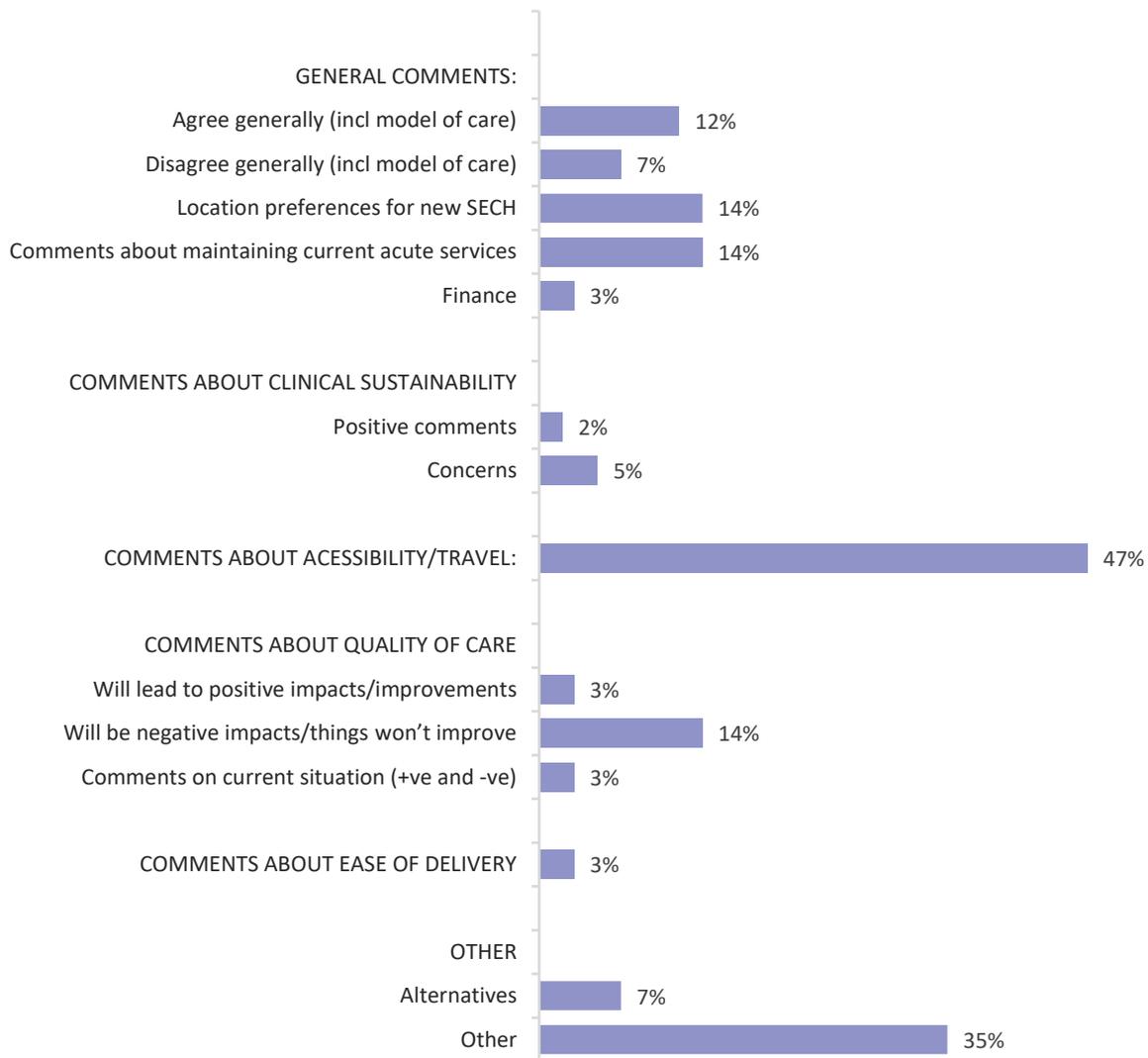
Table 16: More detailed summary of comments about possible impacts of the proposals (Base: 2,480 respondents who made comments). NB some codes with fewer than 5 responses have not been itemised in the table.

Summary of comments		Number of respondents	% (Base: 2,480)	
General: Agree in general/with at some aspect of the proposals (e.g. that there is a need for change, principle of bringing services together onto one site, refurbishments etc)		454	18%	
General: Disagree in general/with at some aspect of the proposals (e.g. that there is a need for change, principle of bringing services together onto one site, refurbishments etc)		248	10%	
General: location preferences for the new SECH		545	22%	
General: comments about maintaining current acute services		462	19%	
General: comments about finance		21	2%	
Clinical sustainability:	Positive comments	56	2%	
	Negative comments	58	2%	
Accessibility and travel: Positive comments / impacts	Generally positive comments	455	18%	
	Comments about sites being centrally located	38	2%	
	Comments about sites serving a densely populated area	13	1%	
	Comments about sites being accessible by public transport	55	2%	
	Comments about parking	9	*	
	Comments about roads and infrastructure	18	1%	
	Good for certain groups/service users (e.g. elderly, disabled, maternity)	78	3%	
	Other	20	1%	
Accessibility and travel: Negative comments / impacts	General concerns	736	30%	
	Concerns about access for ambulances	77	3%	
	Concerns about traffic/congestion	105	4%	
	Comments about sites not being centrally located	4	*	
	Concerns about access from particular place	142	6%	
	Concerns about roads and infrastructure	18	1%	
	Concerns about public transport	194	8%	
	Concerns about parking	122	5%	
	Difficult for certain groups/service users (e.g. elderly, disabled, maternity)	313	13%	
	Other concerns	Cost of travel/increased cost of travel	37	1%
		Will make it more difficult for visiting family and friends	58	2%
Environmental impact due to longer journeys		21	1%	
Impact on local residents: more people/traffic etc.		11	*	
Accessibility and travel: other "impacts" only	Would be more likely to use Croydon Hospital	5	*	
	Would be more likely to use St. George's Hospital	58	2%	
	Would be more likely to use Kingston Hospital	7	*	
	Would be more likely to use other hospitals outside the catchment area	10	*	
Quality of care:	Will lead to positive impacts / improvements	286	12%	
	Will lead to negative impacts / things won't improve	290	12%	
	Comments on current situation: positive and negative (all sites)	166	7%	
Ease of delivery: Comments on suitability of different sites for development, likely disruption etc.		52	2%	
Other:	Alternative suggestions	More money needs to be invested /need more funding	23	1%
		St Helier hospital needs to be demolished and start again	6	*
		Epsom hospital needs to be demolished and start again	2	*
		The hospital should be built on another specific site	5	*

	There should be 3 A&Es in this area	2	*
	Other	11	*
	Criticism of the consultation	46	2%
	No real/big impact	120	5%
	Depends on the execution/how the plans are put into place	55	2%
	It depends on where you live	27	1%
	Need more education about what services are provided where	13	1%
	Just an excuse to cut funding	8	*
	Other: positive impact	268	11%
	Other: negative impact	265	11%
	Other: comments mentioning groups that might be impacted	274	11%
	Other	166	7%

Q5: Please use the space below to tell us about anything else you think we should consider when deciding the best option for specialist emergency care for people living in the Surrey Downs, Sutton and Merton area.

Figure 31: General summary of comments received in relation to other things that should be considered



Base: All respondents who made comments (1,973)

Table 17: More detailed summary of comments about other things that should be considered (Base: 1,973 respondents who made comments). NB some codes with fewer than 5 responses have not been itemised in the table.

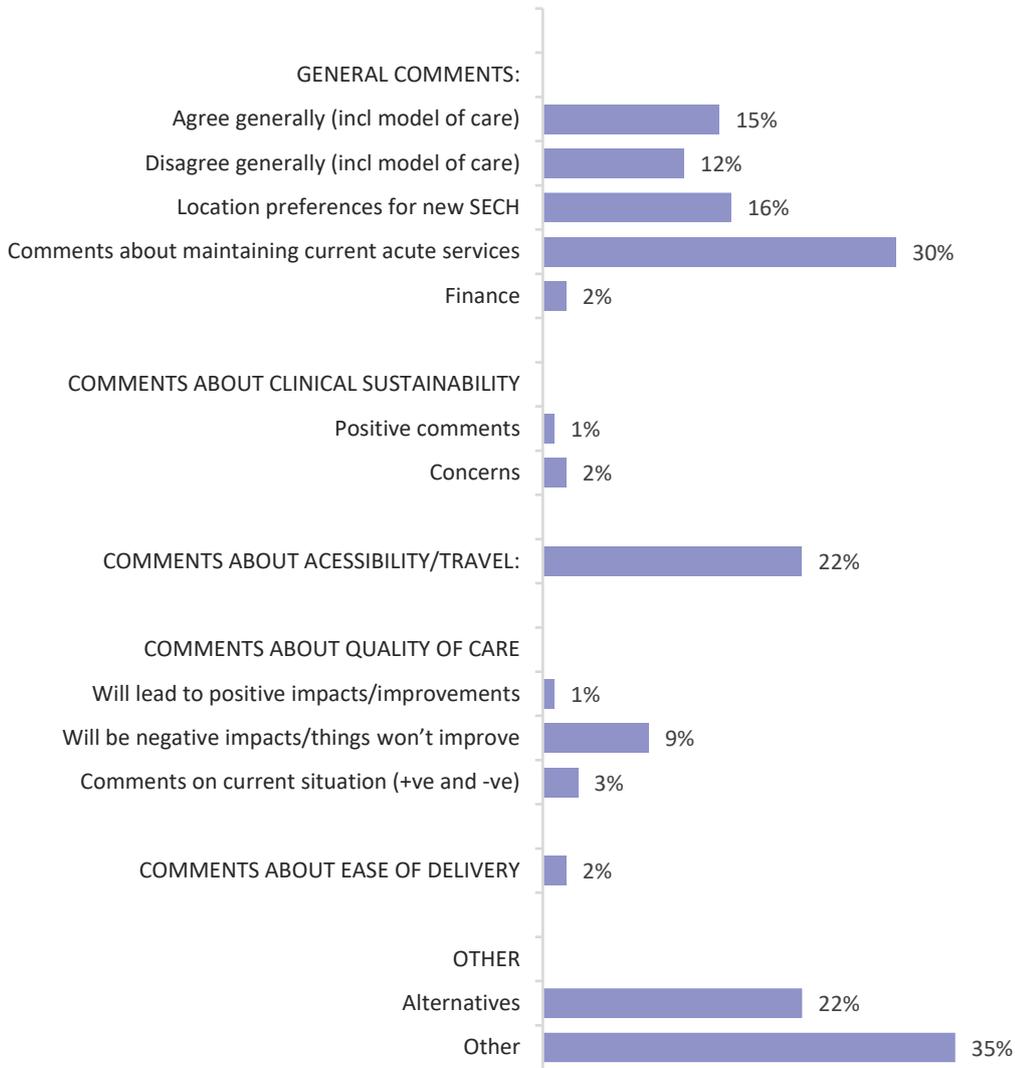
Summary of comments		Number of respondents	% (Base: 1,973)	
General: Agree in general/with at some aspect of the proposals (e.g. that there is a need for change, principle of bringing services together onto one site, refurbishments etc)		233	12%	
General: Disagree in general/with at some aspect of the proposals (e.g. that there is a need for change, principle of bringing services together onto one site, refurbishments etc)		147	7%	
General: Location preferences for new SECH	Prefer/Want specialist unit at Sutton	136	7%	
	Prefer/Want specialist unit at St Helier	78	4%	
	Prefer/Want specialist unit at Epsom	38	2%	
	Don't want specialist unit at Sutton	37	2%	
	Don't want specialist unit at St Helier	21	1%	
	Don't want specialist unit at Epsom	16	1%	
General: comments about maintaining current acute services	Improve facilities at existing sites	50	3%	
	Invest/improve facilities at St Helier	58	3%	
	Invest/improve facilities at Epsom	37	2%	
	Keep all facilities at current sites	46	2%	
	Maintain A&E at all sites as they are	56	3%	
	Maintain maternity services at all sites as they are	14	1%	
	Maintain current level of facilities/service at St Helier	35	2%	
	Maintain A&E at St Helier	33	2%	
	Maintain maternity services at St Helier	10	1%	
	Maintain current level of facilities/service at Epsom	18	1%	
	Maintain A&E at Epsom	24	1%	
	Maintain maternity services at Epsom	6	*	
General: Comments about finance		55	3%	
Clinical sustainability: Positive	Sutton has good links with Royal Marsden	34	2%	
	Accounts for growing population	6	*	
	Accounts for ageing population	3	*	
Clinical sustainability: Negative	Does not account for growing population	49	2%	
	Does not account for ageing population	11	1%	
	Does not account for growing infrastructure	5	*	
	Other: mainly concerns about patient transfers and 'futureproofing' new SECH	43	2%	
Accessibility and travel:	Positive comments about travel/access (general and site-specific)	182	9%	
	Negative travel/access comments; concerns	699	35%	
	Other travel and access comments	203	10%	
Quality of care: will lead to positive impacts / improvements (e.g. in general, to staffing etc.)		50	3%	
Quality of care: negative impacts / things won't improve	In general	66	3%	
	In terms of staffing	59	3%	
	Increases pressure elsewhere (e.g. other hospitals, GPs etc)	75	4%	
	Other negative impacts e.g. on ambulances, bed numbers, emergency care etc	112	6%	
Quality of care: Comments on current situation: positive and negative (all sites)		58	3%	
Ease of delivery: Comments on suitability of different sites for development, likely disruption etc.		66	3%	
Other:	Alternative suggestions	More money needs to be invested /need more funding	49	2%
		St Helier hospital needs to be demolished and start again	6	*

	Epsom hospital needs to be demolished and started again	4	
	The hospital should be built on another specific site ²⁵	12	1%
	There should be 3 A&Es in this area	15	1%
	Other	61	3%
	Criticism of the consultation	139	7%
	Other	600	30%

²⁵ Suggested alternatives were a site in between Epsom and St Helier, a location near the A217 e.g. Banstead, and looking for a better location on the outskirts of Sutton.

Q6: Do you have any other solutions that we should consider?

Figure 32: General summary of comments received in relation to other solutions that could be considered



Base: All respondents who made comments (1,254)

Table 18: More detailed summary of comments about other solutions that should be considered (Base: 1,254 respondents who made comments). NB some codes with fewer than 5 responses have not been itemised in the table.

Summary of comments		Number of respondents	% (Base: 1,254)	
General: Agree in general/with at some aspect of the proposals (e.g. that there is a need for change, principle of bringing services together onto one site, refurbishments etc)		194	15%	
General: Disagree in general/with at some aspect of the proposals (e.g. that there is a need for change, principle of bringing services together onto one site, refurbishments etc)		146	12%	
Location preferences: for the new SECH		199	16%	
General: comments about maintaining current acute services	Improve facilities at existing sites	98	8%	
	Invest/improve facilities at St Helier	115	9%	
	Invest/improve facilities at Epsom	11	6%	
	Keep all facilities at current sites	48	4%	
	Maintain A&E at all sites as they are	38	3%	
	Maintain maternity services at all sites as they are	10	1%	
	Maintain current level of facilities/service at St Helier	53	4%	
	Maintain A&E at St Helier	34	3%	
	Maintain maternity services at St Helier	9	1%	
	Maintain current level of facilities/service at Epsom	22	2%	
	Maintain A&E at Epsom	28	2%	
Maintain maternity services at Epsom	8	1%		
General: Comments about finance		26	2%	
Clinical sustainability:	Positive comments	15	1%	
	Negative comments	31	2%	
Accessibility and travel:	Positive comments about travel/access (general and site-specific)	47	4%	
	Negative travel/access comments; concerns	205	16%	
	Other travel and access comments	54	4%	
Quality of care:	Will lead to positive impacts / improvements	12	1%	
	Will lead to negative impacts / things won't improve	111	9%	
	Comments on current situation: positive and negative (all sites)	38	3%	
Ease of delivery: Comments on suitability of different sites for development, likely disruption etc.		31	2%	
Other:	Alternative suggestions	More money needs to be invested /need more funding	70	6%
		St Helier hospital needs to be demolished and start again	14	1%
		Epsom hospital needs to be demolished and start again	3	*
		Sell off St Helier and Epsom and solely focus on Sutton	4	*
		The hospital should be built on another specific site ²⁶	40	3%
		There should be 3 A&Es in this area	9	1%
		Other	142	11%
	Criticism of the consultation	72	6%	
	Other	394	31%	

²⁶ The alternative suggested locations included: the West Park site at Horton, Leatherhead, brownfield or greenfield site in Sutton near the A24; the green space opposite St Helier, or the existing St Helier car park (and use the green space as a temporary car park); developing the Wilson Hospital site in Mitcham; Banstead Downs along Sutton Lane; 'near the rehabilitation hospital in Epsom'; 'one of the parks'; and 'land near the prison sites'.

Summary of other text comments

- 3.76 The coding process usefully provides a high-level, quantitative summary of the main themes i.e. those that were raised most often. However, the summary below covers some points that, though raised less frequently, may still be worthy of attention.
- 3.77 Where many comments focused on travel and access issues for particular groups and other equalities impacts, this has been highlighted; however, views on the potential impacts for protected groups are covered in much greater detail in the dedicated Equalities chapter.

Comments about the model of care

- 3.78 The main claims made about the model of care (both for and against) were repeated many times across the various consultation activities, so only a brief summary is provided below:
- 3.79 Some of the main objections to the model of care were as follows:

The model is driven by financial and workforce considerations (including an aim to increase privatisation) rather than by an ambition to improve care, and plans to reduce the numbers of hospitals/facilities nationally have been repeatedly challenged due to a lack of clinical and local evidence;

There are various and very numerous travel and access concerns that must be addressed, based on certain services being centralised in one place (including the risks associated with longer travel times in an emergency, placing too high a demand on the road infrastructure etc);

There are risks involved in transferring patients between sites, which also increases the strain on the ambulance service;

There will be impacts on expectant mothers and their families, if having to travel further in labour/give birth further from home, and other possible disadvantages for maternity services (due to being spread over three sites, etc);

There are concerns about the ability of members of the public to present at the most appropriate location for their healthcare needs (e.g. due to a lack of understanding about the difference between 'emergency' and 'urgent');

Patients, particularly those who are elderly or have particular needs, are very familiar with the current pattern of care and may struggle to adapt to changes;

There is some expectation that the proposed new SECH could go over-budget and drive further service reductions at remaining sites;

A new SECH could draw the best staff away from the two other sites, leading to a depletion in the quality of care at those two sites;

Services outside of the SECH will be under-utilised (e.g. due to patients choosing to attend A&E over a UTC, or because they perceive that the SECH is a superior facility) which could lead to these sites gradually being downgraded over time;

Reducing services at district hospitals is a step towards future closures;

Health inequalities as a result of moving services away from at least one or other of Epsom (serving an older population) and St Helier (serving deprived areas), and quite possibly both;

It seems unlikely that the proposals can address staffing shortages e.g. given there would be three hospitals to staff in the future rather than the current two;

Potential negative impacts on staff (e.g. further to travel etc.) which may exacerbate workforce issues;

The proposals rely on having adequate inter-connections between emergency/acute care and other health and social care services (e.g. to enable timely discharges and support rehabilitation) which are not currently in place;

There is a lack of clarity around where and how specific services fit within the proposed model e.g. renal services and psychiatry/mental health;

There process of implementing changes will be disruptive e.g. loss of beds, pressures on other hospitals etc;

Reducing care at one or both of the existing hospitals, will have broader impacts e.g. on other hospitals outside the Trust catchment (e.g. St George's and Croydon);

Uncertainty about where regular check-ups will happen if moving to a new model of care;

Attempts to reorganise services elsewhere have gone badly e.g. at Aintree Hospital in Liverpool and the new Pindersfield Hospital in Wakefield;

The proposals do not take a sufficiently long view (e.g. what happens after 2030?) and hospitals are likely to get busier in future – and therefore it is concerning that there is not greater bed provision in the proposals.

3.80 Some of the more supportive comments made about the model of care related to the following:

Acknowledgement of the need for change in the face of challenges (e.g. ageing or inadequate infrastructure, existing hospitals no longer being fit-for-purpose etc.);

The prospect for improved quality of care by bringing services together for the most ill or at-risk patients;

Consolidation of services across sites;

Opportunities to tackle issues around funding and staffing;

Opportunities for greater sharing of knowledge and expertise among staff;

The benefits of maintaining 85% of services at existing hospitals, combined with refurbishments and addition of local UTCs to complement a new A&E

Comments about specific locations for the new SECH

Sutton

3.81 Some felt that Sutton is unsuitable, for reasons such as: its proximity to a local school and poor road infrastructure, and the relative affluence of the immediate area (particularly in comparison to the areas closest to St Helier):

The access to the site at Sutton hospital is not adequate. The new school has already caused traffic issues in the area and the provision of a new hospital there, would have to be very carefully thought out.

The site of proposed new hospital is located on a very narrow road, next to a school, ambulance parking [and] staff parking spaces with narrow street links to any major road. The road is already very congested and with an acute hospital building and all the ambulances and patient traffic on to Cotswood and Downs road, it will be constantly long traffic queues and ambulances will be stuck in these queues. It is not safe for the location next to a school due to the traffic and due to potential patients with drug/alcohol/psychiatry issues who will be near the school premises. The pollution caused by traffic jams would be very bad for the health of children and people living nearby. The train/bus links are not very good as compared to current St Helier site.

Health inequalities are very high, yet you are suggesting locating emergency services in an area with very low morbidity and very high life expectancy.

Residents who face longer journeys [to Sutton] will include those who are more likely to have long term limiting illness, be pregnant, be a child, be BAME, be on welfare benefits and not be on a GP's books... The site is also a poor choice because it is remote and inaccessible... You have not taken into account that those who will be most adversely affected are the least likely to have access to private transport (i.e. a car that is not used by someone else in the household).

- 3.82 The proximity of the proposed Sutton site to Royal Marsden was viewed both positively and negatively. Those who saw it as a negative typically focused on the 'cramped' nature of the site and pressures on local transport infrastructure, while there were also calls to distribute services more evenly across the wider area.

As we have said before to the Marsden and the ICR and the new school and we say to you, the Belmont villages site is not large enough for such ambitious plans. It is a densely populated area and once you all do your environmental impact assessment, you will see the irony: a cancer hospital, a cancer research institute and a leading Trust choosing a tiny area that will heighten pollution and shorten the lives of all in the immediate area!

There is already a major cancer treatment centre at Sutton. I wonder if it would be better to distribute health provision more evenly across the area

You can't have oncology patients mixing with other illnesses

- 3.83 Others were unhappy with the number of beds in the Sutton option, and raised this as a specific issue.
- 3.84 One clinician sounded a note of caution in terms of the increased pressures placed on any new SECH in Sutton, due to Royal Marsden patients choosing to present there instead of a more local hospital:

Be aware that RMH patients from throughout its enormous catchment area would flood to the Sutton Hospital A&E rather than attending their own local A&E, thinking they would be seen daily by their own RMH consultant when they are in the Sutton Hospital and that they would be transferred to a RMH inpatient bed as soon as one became available. Many of these patients would have symptoms of suspected metastatic spinal cord compression, which requires emergency surgery or radiotherapy within 24 hours, so the Sutton Hospital would need to be able to arrange urgent out of hours MRI Spine scans, including on Saturdays and Sundays.

- 3.85 Elsewhere, however, the proposed Sutton site's proximity to Royal Marsden was seen as being very clearly advantageous, with particular reference being made to child cancer services (services more generally) due to the opportunity to co-locate specialist cancer services with an acute care facility and 'immediate after-care':

What is clear is that locating the hospital in Sutton is a basic pre-requisite for the continued provision of child cancer services in Sutton. My own child is treated there and, whilst I'm not a local resident (so am not impacted in other ways), the loss of these services in Sutton (where they can co-exist with the new ICR London Cancer Hub) would be a tragic development for the South Thames region as a whole. This will impact on thousands of families each year across the entire region - it has far wider implications than just for local hospital services.

A brand new-purpose built specialist hospital adjacent to the Marsden is a great idea – allows top quality services and would enable synergies. It would also help to create a high-end medical "cluster" in the area, with potential spin-off activities. The St Helier and Epsom sites have too many negatives.

- 3.86 Some felt that, while the proposed Sutton site may not be absolutely ideal for all residents, it was probably the best option out of the three possible locations. Therefore, they felt Sutton was a reasonable compromise overall, albeit with a few caveats (mainly around accessibility and travel). It was also suggested that Sutton might be more widely supported if the public were better informed about the range and quality of services (e.g. UTCs) that would continue to be provided at St Helier and Epsom:

The new building could be built more quickly on this site as it would not require any major decants before construction could begin. However, this is all dependent upon the parking capacity and the transport infrastructure around the site being expanded.

It's a long way to travel for a lot of the Surrey downs population and I worry that the increased distance (albeit not significantly further) for the Merton/Mitcham patients might discourage people from deprived communities from seeking care? However, it (Sutton) is a better compromise to meet the needs of both of these populations.

I appreciate that a lot of people are emotionally attached to St Helier, but this seems to be clouding peoples' judgment. A brand new specialised hospital in south Sutton, combined with a refurbished St Helier offering most day-to-day services, is an ideal compromise solution for residents.

Emphasizing that all three hospitals would have a UTC [is something that should be considered]. At the meeting last night there was concern the consultants and highly trained nurses would now be located at Sutton and less experienced staff would remain at the existing hospitals. Very passionate and angry activists are infiltrating these meetings only looking at negative points... Reassuring people is very important.

St Helier

- 3.87 Many of those who supported St Helier as the location for the SECH were alarmed at the extent of service reductions, with one expressing concern that it *'would become nothing more than a glorified walk-in centre'*.
- 3.88 Those who sought to promote St Helier as the preferred site tended to emphasise the higher levels of deprivation in the surrounding areas, and therefore claim that reducing services at St Helier would result in unacceptable health inequalities (e.g. because it would result in additional travel for those who are least likely to have access to a vehicle). Others promoted it as an accessible option for those with complex needs to travel to:

This is where the most densely populated area of deprived people, with poor health, live as stated by the Nuffield Trust report. They are less likely to have transport than those living in Surrey Downs and Belmont. Taking Lower Super Output Areas into consideration... there are 51 most deprived areas in the 3 Trusts. 42 of these 51 are nearest to St Helier hospital, the greatest need of the population is in the area of St Helier hospital, thus the logical choice for an A&E.

We all know that public transport to Belmont and Sutton areas is much worse than to St Helier Hospital. Many residents in Mitcham and Morden will have to use two buses to reach Belmont, and disabled and elderly residents will have long distances to walk.

The St Helier estate alone has a huge and diverse community many of whom are elderly and have complex needs. People travelling to hospital will mainly use public transport and the site at St Helier is well served by buses.

The community is full of elderly and young families, generally of low income who need a LOCAL hospital to cover their needs and [which] is easily accessible.

- 3.89 However, some criticised St Helier on accessibility grounds, primarily respondents in the Surrey Downs area who would have furthest to travel and were concerned about issues such as traffic congestion. Others felt that the hospital could be better served by public transport options:

St Helier is extremely difficult, time consuming and expensive to get to for those who live in the extreme south of the Surrey Downs catchment area. Those who will suffer the most are the elderly, pregnant women and those with little money.

It's even worse [than Sutton] for transport links for those of us in Epsom who don't have cars and aren't "gin and Jags". We're not all rich.

St Helier is over a mile away from the nearest train station (which is not disabled accessible) and the closest accessible train station with a lift (which is staffed and where staff can assist patients) is Sutton, which leaves people much closer to the Sutton hospital site anyway.

- 3.90 Others felt that building on the St Helier site was complicated by factors such as the age of the buildings and the likely disruption to services currently on site (although some felt this could be alleviated by making use of the open space opposite the existing hospital, either to build on or to re-site the car park):

The St Helier site is already very highly developed, the buildings are old, and building the new facility here requires the most refurbishment - in my experience this normally entails more compromise in trying to achieve the objective.

How are you going to build a new specialist centre on a hospital... that is already there? It sounds like a building nightmare. The most sensible thing is surely to start with a new site...

- 3.91 A few also claimed that subsidence issues and the 'softness' of the ground in St Helier make it unsuitable for a large building project.
- 3.92 Its proximity to St George's Hospital and Croydon Hospital was seen as an argument both for and against removing services from St Helier. On the one hand, some felt it would mean that those living close to St Helier 'would still be well provided for'; others felt that removing services from St Helier would increase the pressures on St George's and Croydon to an unacceptable level.

Those living near to St Helier in Sutton/Mitcham/Morden are already well served by having St Georges and Croydon close by.

St George's in Merton is under a lot of strain. Increasing the ability of St Helier's would relieve that pressure and even it out.

There were also queries about the impacts on St Mary's Hospital for Children.

Epsom

- 3.93 In general, fewer comments were made in relation to Epsom than to the other sites. A number of respondents felt it was less suitable as the location for the SECH, mainly because of the lower population density in the area around the hospital, compared with the other two proposed locations.
- 3.94 However, others pointed to the older age profile of the population as a justification for siting the SECH in the area, as well as the geographical size of the catchment and the high probability of an increase in population over the coming years due to housing development.

People living around the Epsom area would benefit as there are quite a lot of elderly people in Epsom, Ashtead, Leatherhead, Fetcham and Bookham so they need somewhere which they can access quickly.

Given the decision of the Mole Valley District Council to build nearly 7,000 new homes in the next 15 years there is a need for a site that is nearer to these residents.

Given that Epsom Hospital serves a very different demographic from the rest of the ESHUHT catchment area, it is strange that it has been lumped together with the much more densely populated urban areas of Sutton and Merton. ...It does mean that residents of Surrey Downs sometimes feel that their needs are not being met to the same extent as those in the rest of the catchment area... Without the new acute unit and its accompanying éclat as a centre of excellence, it is feared that Epsom Hospital will slowly but surely dwindle to the status of an out-patients only facility before finally disappearing entirely.

- 3.95 There was also a mix of views in terms of public transport: for example, some pointed out that Epsom is easily accessible by train (with links both to London and the south), but many others were less positive, with specific concerns raised around bus travel, accessibility issues for those who are nearest to St Helier, and the fact that Epsom is not joined-up with the TfL network:

Epsom has more space. A pleasant environment. The bus route could be increased but an easy walk from the train station. Trains service most areas and are frequent. Epsom is in a green area and feels more spacious which is beneficial to health.

Due to Epsom being out of TfL travel coverage, there would be no easy way for pensioners to travel from Merton, St Helier. The bus service is not in place to support these areas either.

My elderly mum was recently given an appointment at Epsom hospital, rather than St. Helier, which is a 10-minute bus ride away. She had to get a bus to Epsom, which took almost an hour each way and then had trouble getting into the hospital, which left her anxious and worried about having to do the journey again.

Epsom is too far away for people without transport and I can't think of an easy solution, except transport (i.e., being collected and dropped off) for everybody over a certain age or with certain medical conditions. This is obviously not a practical solution.

- 3.96 Epsom did attract praise for its specialist orthopaedic service, described as 'invaluable for an ageing population', and there was support for this to continue, irrespective of whether Epsom was chosen as the main acute site:

Epsom hospital is a very good hospital, especially in relation to the orthopaedic work it does. The demand for this work continues to grow and should be further developed.

Alternatives

- 3.97 Some of the main alternative suggestions are captured in the tables of coded themes above; however, a slightly more detailed explanation (with some illustrative quotations in italics) is provided below.
- 3.98 There was some support for an enhanced 'status quo' whereby the two existing hospitals would be enhanced or improved, in preference to building a new hospital:

Could the money be used to refurbish the existing hospitals and to invest in more staff including consultants at both Epsom and St Helier?

Sell Sutton hospital land, use that money to improve St Helier and Epsom.

- 3.99 Others felt that the area was sufficiently large and well-populated to justify both building a new hospital and maintaining the current range of acute services at the existing two sites:

The area is too large, with travelling times much higher than you are quoting, to lose services in Epsom and St Helier. A new hospital should be in addition to what we have now.

You should consider creating an additional specialist emergency care for people living in the above locations and not downgrading existing facilities, which are already groaning under the strain of excessive numbers of people trying to access care.

- 3.100 On the other hand, a few respondents supported the idea of further centralisation, often in the context of the existing hospitals' buildings being too old or expensive to refurbish:

Why not just spend the full amount on a single new hospital on the Sutton site which could be world class [and] include all services needed for the catchment area?... You could then sell off the land from both St Helier hospital and Epsom General to fund this new hospital and build much needed affordable housing to both sites.

The building in St Helier hospital is not fit for purpose for either services. There need to be one building to serve the public, keeping too many buildings is waste of money and patient time.

- 3.101 Other suggestions included:

Closing one of Epsom or St Helier, and having two SECHs;

Having a larger number of SECHs i.e. three or four

Closing one of St Helier and Epsom and retaining the other as a centre for elective surgery;

Consideration of different sites as potential locations for a SECH (e.g. West Park near Epsom or using the open land opposite St Helier²⁷)

Building a new hospital on a completely new site and selling off all three sites in order to fund this;

Retaining the current services at the two existing sites and using Sutton as an out-patient centre;

Building a SECH at Sutton and also another new hospital to serve Surrey residents (selling off the current two hospitals in order to do this);

Providing 'critical services' at Epsom and St Helier, and 'non-critical' services at Leatherhead and Sutton;

Centralising intensive care onto one site (e.g. Sutton) but retain birthing centres, general surgery etc. at the other two hospitals;

A greater number of smaller emergency units, spread across the area

Keeping A&E at St Helier at Epsom, but with an additional walk-in centre in Leatherhead;

Increasing walk-in facilities generally, and updating GP practice hubs to allow them to fulfil the role of a basic minor injuries unit (i.e. effectively 'devolving' urgent treatment as far as feasible);

²⁷ It was also suggested that this open space could be used as a temporary car park, in order to carry out rebuilding work on the site of the existing St Helier Hospital car park

Having four smaller 'SECHs' e.g. on the basis of better area coverage, and claims that these could be built quickly and respond more flexibly to accommodate clinical services as they evolve;

Having all inpatient care delivered on one site, with outpatient care only delivered in local areas (to alleviate concerns that the model will lead to 'fragmentation of care')

Creating locally sited 'first aid' type centres, to stabilise any emergencies before moving to a main hospital;

Promoting St Helier as a teaching hospital, to increase its funding;

Prioritising the building of a new diagnostic centre instead of a new acute hospital;

Re-opening or redeveloping the Wilson Hospital in Mitcham;

Directing some Surrey Downs residents to East Surrey hospital, to relieve pressure on health services in the ESHT area and reduce journey times;

Re-thinking the current Trust boundaries: splitting up ESHT and merging each part with neighbouring Trusts (e.g. to reflect Merton residents' much greater proximity to London, etc).

3.102 There was some support for having one or more of the hospitals serve a different role or focus on a particular specialty, occasionally with a view to promoting the various sites as 'centres of excellence' in different fields (some examples are given below):

1. St. Helier to be refurbished. 2. Epsom to develop specialist clinics/treatments for chronic conditions [and] perform routine day surgeries. 3. Sutton to be a centre for satellite clinics (Moorfields and others). Sutton to provide community care and mental health provisions.

Perhaps have three levels. So urgent care only at Epsom, mid-level care and urgent care at St Helier, and specialist hospital at Sutton.

Maybe keeping St Helier open and downgraded - making Epsom the critical care centre and turning Sutton into a cancer excellence site given its proximity to Marsden?

Each facility should focus on different things: St Helier for maternity and accidents and emergencies, Sutton for cancer and Epsom for all other procedures.

3.103 In a similar vein, a few respondents made suggestions about the type of role their current hospital might fulfil even if it is not chosen as the SECH site:

St Helier has the potential to survive, it just needs a lot of thought and planning of departments if this new hospital gets the approval - think carefully about the future of St. Helier: a stroke rehab centre, care of the elderly wards, improved renal unit, enhance the eye unit, a woman's health centre, upgrade the fracture clinic, a larger blood testing centre and an excellent A&E open 24 hours a day with a GP out of hours service and Saturday chemist and pharmacy help to begin with.

Epsom hospital was a good second choice for consideration and would have been acceptable as a new hospital. Unfortunately [the] site has been reduced in size for a number of reasons and would not prove suitable for the acute solution, by size. The current level of treatment is particularly high, and any changes in consultancy staff would harm its high level of proficiency. This hospital should remain as an integrated high-quality care hospital.

Other considerations

Specific services

- 3.104 Some staff welcomed the proposals as an opportunity to think creatively about ways of enhancing care; others were keen that the proposals show allow particular specialisms to be maintained or developed further, for example: elective orthopaedics at Epsom. Other example comments were:

The potential to create a specialist emergency care service on a blank surface ... also gives the opportunity to think creatively about what extra options could be available i.e. a women & children's centre, linking-up with the Royal Marsden on the Sutton site with access to cancer services/drug trials with the ICR. This will also free up any space currently used in St. Helier & Epsom to grow existing specialist services i.e. orthopaedics, ophthalmology /audiology etc.

Consideration for increased access to diagnostics e.g. echo or nerve conduction studies would be great. This will help with increasing patient flow for the in-patient bed base as often patients cannot be discharged due to waiting for such tests. [Also] specialist test access e.g. vascular ultrasound for giant cell arteritis (which they have at St Georges) will make us one of the few centres to have such services... I particularly like the fact that the children's services will be moving along with adult services. The role of developing an adolescent & young adult space e.g. in-patient ward or outpatient ward should be considered. We could develop ourselves as one of the few hospitals in the UK to offer this dedicated service.

As the regional renal unit we bring in a lot of patients from outside our catchment area. Additionally we currently have a well-established and renowned specialist combined rheumatology-renal vasculitis service. We should look at options that would allow this to be maintained, if not expanded within the current proposal.

My hope would be that neurological conditions such as stroke and vascular dementia would receive the same high level of medicine and work closely with AMH St Georges Hospital as was envisaged in the old proposal.

- 3.105 Specifically, a handful of staff raised queries in relation to renal services, mainly seeking clarity on where these would be situated and whether they would be co-located with other services (e.g. outpatient care), while some respondents (including a couple responding on behalf of charities) were disappointed about a lack of information about how the proposals would affect mental health and psychiatric services:

I am concerned that there is no mention of whether the renal unit would be part of this new hospital. It is a well renowned supra-regional service, which has made it possible for many of the other specialties/services to 'punch above their weight' in a District General hospital. It would also be a very helpful resource for the Marsden if it was co-located next to them. I cannot overstate the concern at the 'silence' on the future of the renal unit in the model proposed.

For Renal services this [Sutton?] is a poor solution if out-patients is on a different site. It will split up the renal unit and therefore the staff, which will lead to disjointed patient care and will lead to the split up of the team who look after these patients.

Have SLaM been considered? As people's mental health impacts on hospital admissions in physical acute hospitals too.

I am disappointed about the lack of information about the inclusion of psychiatric services of all types such as inpatient beds for patients with dementia, older people with functional conditions, working age psychiatry beds, CAMHS beds and learning disability beds. Liaison psychiatry services are vital too and should be 24/7 covering all ages which they are not currently at both hospitals - your model would require 3 services instead of 2.

- 3.106 In relation to maternity services, there were some detailed concerns raised, for example, about the numbers of transfers and longer hospital stays that may be required, and a possible fragmentation in the service as a result of having antenatal and postnatal services provided in a different location to where women are giving birth:

Statistically women are now older (30+) when they have their first child, particularly in more affluent areas like Surrey, and there are more pre-existing health issues such as obesity and diabetes. Only 45% are considered low risk and there is currently a 25-30% transfer rate for home births to major acute services. Keeping it local in midwife led units with fewer consultants in both Epsom and St Helier but with another unit at the SECH for the most difficult births might be an option to consider.

As a midwife my main concern is the lack of capacity in the new maternity services. With an almost 30% LSCS rate recently, increasingly high-risk women i.e. more older mothers, more IVF, to say the majority of women will stay in 7-24 hours is rubbish. Post-operative women will often need longer, vulnerable women will need longer as will women who get infections, those have feeding problems and mothers will certainly need to stay with their baby to enable breastfeeding when they are in the neonatal unit.

I am particularly concerned that maternity services will not be within minimal or existing travelling time for those who fall within the catchment area. This is the only devolved area of care in the new hospital where, in the main, admission is either not planned or brought to the hospital as an emergency. I am worried that there is the potential for negative outcomes if maternity services are only available on one site and the increased length of a journey time could result in complications with delivery because the mother has not got to the unit in time.

[If St Helier is chosen] all services i.e. maternity, could continue to be contained within the one unit, which I personally feel mothers would prefer instead of going to two sites for antenatal and post-natal care and delivering their babies in a different hospital. My concern is team working among maternity will become fragmented and care disjointed for mothers to be. I feel we could lose a sense of continuity of care for maternity. Additionally, staff will have lots more travel to and from sites to cover staff sickness/shortage at the last minute causing increased travel time and expense to workers. I feel the whole of maternity, gynae and early pregnancy should remain together in one hospital with access to emergency and elective theatres including birth centre whether that be at St Helier or Sutton site.

- 3.107 There was a specific concern raised in relation to the ability of Pharmacy services to operate across three sites, though with some suggestion as to how this could be alleviated:

Many services (e.g. Pharmacy) are already challenged working on 2 sites so working across 3 would be almost impossible. Outpatient dispensing services could be outsourced or FP10 used or all prescribing for out-patients transferred to GPs. Pharmacy must be at the centre of any multidisciplinary approach to patient care...

Other/general

- 3.108 There were some comments emphasising the need to increase 'step down' facilities for rehabilitating elderly patients who may not need an acute bed, for example:

One respondent proposed re-opening Wilson Hospital: 'ideal to house bed blockers and ease pressure on St Helier and St George's Hospitals';

Another felt there should be a nursing home attached to every hospital, and to consider re-purposing the Jubilee Centre in Wallington as an elderly care facility

3.109 One staff member was concerned about services for the elderly being “managed on a post acute site when the teams to support them will be elsewhere. ... There are very few elderly people in hospital who are not at risk of becoming acutely unwell”.

3.110 Others wrote of a need to integrate emergency and acute services with social care services generally. The following comment did so with reference to some particular challenges in the Surrey area:

In comparable regions, the ICS/ICPS include all or nearly all the hospital trusts serving that region. In Surrey we have the complexity of several integrated care systems... I do not think the proposals have sufficiently considered social value... nor have they considered the inter-connections between emergency and other health and social care services and the benefits to be gained by designing a system that promotes care integration across clinical and social pathways, as with the successful perinatal services... A successful proposal must solve some of the access issues and also how emergency services connect with and benefit from the surrounding health and social care infrastructure, including ongoing support after discharge, otherwise you will continue to suffer increasing problems due to readmissions and will reap poorer outcomes

3.111 Some other comments asked that the following also be considered:

Cross-boundary issues i.e. taking account of neighbouring CCGs’ plans

Reducing the usage of other externally leased properties, such as the corporate offices based in East Street, if these can be relocated to the main sites

Offering free or affordable on-site accommodation for visitors, potentially run by charitable providers (i.e. along the lines of Ronald McDonald House in Tooting)

The best ways to improve the working environment for staff e.g. by involving them in some of the design decisions and ensuring they can access suitable accommodation, childcare etc on-site.

The environmental impacts associated with building work and the new hospital’s design e.g. by reusing building materials, and incorporating green spaces into the design to promote wellbeing and biodiversity

The patient experience for those with particular needs such as autism and severe anxiety

Consulting with Air Ambulance Kent Surrey Sussex (AAKSS) and London Air Ambulance about incorporating a helipad into the new hospital’s design;

Ensuring a range of affordable food and drink options on site;

Whether updating Royal Marsden and allowing it to use the Sutton ICU could be an opportunity to sell the ‘grossly expensive’ Marsden site in Fulham and use the proceeds for further research;

Consideration of issues around end-of-life care;

The impacts of COVID-19, in terms of future service provision.

3.112 There were occasionally requests for more clarity on certain points, for example:

Clarity about how infectious cases will be dealt with (e.g. kept separate) and about whether the microbiology lab will remain at St Helier;

Details of any land sales proposed as part of the programme, and in particular information about what would happen to the land currently identified for the new acute unit at St Helier/Epsom in the event of Sutton being chosen;

Information about what happens to Queen Mary's Hospital for Children in each option;

The proportions of ambulances anticipated to go to each site under each option;

Whether claims about the proportion of services remaining at the current sites are really accurate, and can they be expressed in terms of a) how many of the current staff posts will be at each site under each option, and b) the numbers of patients using each major service (i.e. how many there are at present and where they would go under the options);

Questions about the onus placed on the patient to decide which site they should present to, especially parents with children: *Is the plan for all those under the age of 16 to go to SECH A&E as indicated in the pre-consultation business case?*

Whether the new centralised A&E would have access to specialist Paediatric consultants during daytime hours: *If it did not, then, as a medical doctor myself, I would continue to drive my daughter to Chelsea & Westminster Hospital to be seen by a paediatrician rather than have her assessed by generalised A&E consultants, who might miss a rare diagnosis and would not have the same experience of dealing with children, e.g. doing paediatric blood tests and lumbar punctures.*

- 3.113 Other comments were around the consultation process. Typical criticisms were that the consultation is a 'fait accompli' and that the Trust intends to proceed with reorganisation and with Sutton as the preferred site. Others argued that the consultation period should have been extended to account for the disruption caused by the COVID-19 pandemic.
- 3.114 It was also suggested that the consultation is disingenuous in promoting 'Sutton' as the preferred location, when the site is actually in Belmont: *"St Helier Hospital is closer to the centre of Sutton than Sutton Hospital is to Sutton"*.
- 3.115 There were some who acknowledged the difficulties of achieving popular consensus around one particular site. Some of these respondents were willing to defer to 'expert' clinical knowledge while others were keen to see a resolution reached as soon as possible, or were concerned about the risks of doing nothing:

Consensus needs to be reached, no one will ever agree on one site, plan and move forward without delay to avoid the funding being taken away again.

After three failed recent local reviews of services I fear that another failure to progress positively will lead to declining recruitment and retention and the collapse of the local health services due to migration of demoralised clinical staff.

4. Residents' Survey

Key Findings

Introduction and methodology

- 4.1 Ipsos MORI, undertook a residents' telephone survey on behalf of IHT, exploring public attitudes and views of the IHT proposals. The principle aim of the research was to engage with members of the general public, who use health services across Surrey Downs, Sutton and Merton CCGs, to gather their views on how they feel about the proposals for change.
- 4.2 More specifically, the research sought to achieve the following objectives:
 - » Engage with a representative sample of the general population to explore attitudes towards the proposals.
 - » Reach beyond those most engaged and informed, to people whose views may not otherwise have been heard.
 - » Provide insight into if and how attitudes vary in different regional contexts and across different sub-groups of participants.
- 4.3 This section of the report highlights key findings from survey, but readers are encouraged to read the full report produced by Ipsos MORI, which provides much greater detail to better illustrate the findings. The full report can be found at www.improvinghealthcaretogether.org.uk and typing 'Independent analysis of feedback from the residents' telephone survey' in the search box.
- 4.4 Telephone interviews were completed with 655 residents from across the Surrey Downs, Sutton and Merton CCGs and 96 residents from areas surrounding the CCGs. Fieldwork was conducted with members of the general public aged 16 and over between 20th February and 18th March 2020.
- 4.5 Quotas were set within each of the following areas based on age, gender, ethnicity and working status to reflect the demographic profile of each area, and the relative sizes of the three IHT CCGs.
 - » Surrey Downs CCG (274);
 - » Merton CCG (195);
 - » Sutton CCG (186);
 - » Non-IHT CCGs (96).
- 4.6 As part of their methodology, Ipsos Mori weighted data by age, gender, ethnicity and working status as a final adjustment to ensure that the sample properly represented the relevant population.
- 4.7 The results reported in the main body of this chapter are predominantly based on the interviews conducted in the combined CCG area, including all participants in the Surrey Downs, Merton and Sutton CCGs. This is because the survey was designed to be reflective of resident views across the CCGs, ensuring that a range of residents who may be affected by the proposals had the opportunity to provide feedback.
- 4.8 Ipsos Mori also undertook additional analysis of participants falling within the catchment area for the Epsom and St Helier University Hospitals NHS Trust. Data for participants in the catchment area have been weighted to the aggregated profile of LSOAs falling within the catchment area, by gender, age and working status. Differences are commented on where they are significant. In addition, catchment area findings, recalculated to exclude those who answered, 'don't know', are incorporated in footnotes and also used in the Executive

Summary to this report, as they are more comparable with the consultation questionnaire findings. Key Findings

Good awareness of the programme

- 4.9 More than half of residents (54%) knew at least something about the IHT programme or proposals before the survey; a quarter (25%) stating that they knew a great deal or a fair amount. Overall, fewer than half (46%) say they knew nothing or had never heard of the programme or proposals.
- 4.10 Lower levels of awareness are found among men (51% say they knew nothing about or had not heard of them), younger residents aged 16 to 34 years (61% say they knew nothing about or had not heard of them), and residents from black and minority ethnic (BAME) backgrounds (53% say they knew nothing about or had not heard of them).
- 4.11 Awareness of the proposals also varies depending on hospital usage, with awareness higher amongst residents who have recently used any of the ESTH hospitals in the past year. Linked to this, residents in Sutton CCG are more aware of the proposals than those in Merton CCG (residents in the north of Merton are more likely to use hospitals outside of the ESTH catchment area such as St George's or Croydon hospitals).

Support for the proposal

- 4.12 Respondents were given some information about the current challenges facing ESTH hospitals, the proposed model of care and the proposal to build a new specialist emergency care hospital, as well as the reasoning behind these. Overall, three-fifths (60%) of residents think the current proposals are a good or very good solution, with just under one fifth (17%) stating they are a very poor or poor solution²⁸. Some groups within the CCGs are particularly positive, including younger residents (71% say it is a good or very good solution), residents from BAME backgrounds (71% say it is a good or very good solution), and those living in more deprived areas (73% say it is a good or very good solution)²⁹.
- 4.13 However, higher reported levels of awareness appear to result in a more negative view of the proposals with residents who are less aware more likely to view them as good or to be unsure (20% of those who say they know a great deal or fair amount about the proposals think it is a poor or very poor solution, compared with 12% of those who have not heard of the proposals or know nothing about them). There are also differences in views of the proposals between CCGs, with those living in Merton CCG more positive and Surrey Downs CCG more negative, although this may be related to differences in demographics between the two CCGs (66% of those living in Merton CCG think it is a good or very good solution, compared with 55% of those living in Surrey Downs CCG).
- 4.14 In terms of the reasoning behind views of the proposal, around half of residents who view it as a good solution (51%) agree with the case for change, saying that they understand the current situation needs to improve or that there is a clear need to improve the quality of care, staffing levels and the Trust's estates and facilities. In addition, two-fifths (41%) agree with the proposed model of care in terms of centralising services and bringing key services together into a single specialist hospital.
- 4.15 Residents who view the proposals as poor are mainly concerned about travel time to the hospital. This includes 35% saying the new hospital would impact negatively on travel and journey time, 22% pointing to

²⁸ Among those within the catchment area (for comparison with the consultation questionnaire), 63% think the proposals are a good solution and 21% that they are a poor solution.

²⁹ This result should be treated with caution as it is based on a smaller number of participants (81), although results are statistically significant

specific concerns around emergency response journey times and traffic congestion, and 22% citing a lack of appropriate transport links. In addition, some of those viewing the proposals as poor disagree with the principles underpinning them. Three in ten (30%) disagree with the proposed model of care and are against the idea of centralising services into a single hospital, while one in five (19%) suggest that there do not need to be any changes and that all services should be kept at existing hospitals or money spent on existing sites.

Considerations when selecting the site of any new Specialist Emergency Care Hospital

- 4.16 Residents think that the distance residents have to travel is the most important factor when deciding where the new site should be located (56%). Other important factors include around one in ten saying that it should be in a central location or close to where the population density is greatest (12%), that parking should be available (10%) and that there should be ease of access (10%).

Views of the three hospital sites

- 4.17 Looking at views of the three possible sites for the new specialist emergency care hospital (Epsom, St Helier or Sutton), the public across the whole of the three CCGs are most likely to view St Helier (55%)³⁰ as a good or very good solution, followed by Epsom (47%)³¹ and Sutton (43%)³²; however, in relation to Sutton as a possible site, a further one-fifth (20%) of residents state that they don't know whether this would be a good or poor solution. The proportion of residents who are negative about the sites and think they offer a poor or very poor solution is consistent across the three sites, with around one in five saying each site is a poor or very poor solution: 22%³³ for Epsom, 19%³⁴ for St Helier and 18%³⁵ for Sutton.
- 4.18 Residents' proximity to each location and previous usage of hospitals influence their support for each individual proposal. They tend to be more positive about the hospitals that are closer to them and those that they have used in the past year. As for views of the overall proposal, those who are less aware of the proposals tend to be more positive about each site. In addition, younger residents aged 16 to 34 years and residents from BAME backgrounds are more likely to be positive about each site.

Perceived impact of each site

- 4.19 Participants were also asked about the impact they think the new specialist emergency care hospital being based at each site would have on them and their families. St Helier (46%) is seen as the site which would have the most positive impact followed by Epsom (41%) and then Sutton (32%). Around one-quarter of the public say each site would have a negative impact and one-third say the site location would have no impact on them. Residents are more positive about sites where they have recently accessed the hospital, and where the site is close to them and is easy to travel to. Reflecting this, those living outside the three CCGs and those living outside the catchment area are more likely to say each site would have no impact on them.
- 4.20 Where the public think a site would have a positive impact on them and their family, this is generally because of the convenience and accessibility of the location, or because it is the hospital they prefer and go to

³⁰ 59% within the catchment area

³¹ 51% within the catchment area

³² 52% within the catchment area

³³ 28% within the catchment area

³⁴ 24% within the catchment area

³⁵ 25% within the catchment area

regularly. Similarly, reasons for believing a site would have a negative impact are related to travel time, how accessible the location is and a concern about reduced access to services.

Ease of access to each site

- 4.21 Just under three-fifths (58%) think that St Helier Hospital would be very or fairly easy for them to travel to, with 49% saying Epsom Hospital would be fairly or very easy to travel to, and 44% for Sutton (although in relation to Sutton, a further 9% state that they don't know).
- 4.22 As to be expected, reported ease of access to each site is also influenced by proximity, with residents finding it easier to travel to a site when they live closer to it. There are differences in ease of travel by ethnicity and deprivation. Residents from BAME backgrounds and the most deprived areas are more likely to say it will be easy to travel to St Helier (69%, compared with 53% of residents from white backgrounds), while residents from white backgrounds and in the least deprived areas are more likely to say it will be easy to travel to Epsom.

Conclusions

- 4.23 The importance of the location of the new specialist emergency hospital runs through the findings as a key theme. How far residents have to travel is identified as the most important factor when deciding where the new site should be located. Residents' proximity to the potential sites strongly influences views on each location both in terms of whether it is a good or poor solution, and the impact it would have on them. The public are also more positive about sites they have recently used.
- 4.24 The findings therefore indicate that the CCGs should consider ease of access in terms of journey times, particularly during emergencies, and availability of public transport as part of the decision-making process regarding the site options. It also suggests that communications about the changes will be important for the population, since their familiarity with hospitals forms an important part of their judgements about the proposed solution.

5. Deliberative Residents' Research

Public Focus Groups, Workshops & Depth Interviews

Introduction

- 5.1 Alongside the open public consultation and listening events, IHT commissioned a leading independent research organisation **YouGov**, to conduct a number of targeted qualitative research activities, which included:
- » **11 x 1.5 hour focus groups** targeted to certain protected characteristic groups;
 - » **3 all day deliberative workshops** with a representative sample of the local population;
 - » **6 depth interviews** with particular 'harder to reach individuals'
- 5.2 Below is ORS' summary of findings from these activities, but readers are encouraged to read the full report produced by YouGov, which provides greater detail and includes quotations from participants to better illustrate the findings. The full report can be found here at www.improvinghealthcaretogether.org.uk and typing 'Independent analysis on feedback from deliberative focus groups, workshops and depth interviews' in the search box.
- 5.3 A majority of participants were recruited using the YouGov online panel – participants were targeted using a screening questionnaire, which initially screened participants in or out depending on their postcode. Additional information was then collected, and participants were selected to include a mix of demographics, as outlined in the sample frame for each method. Where necessary, trusted recruitment partners were used to free-find participants, using the same screening questions. Community groups were also contacted in order to schedule interviews with those identifying as Gypsy Roma Traveller, and the sample was recruited by snowballing from initial contacts made.
- 5.4 In line with MRS guidelines, all participants were incentivised for their time with either cash or retail vouchers (dependent on the method used).

Research activity details

- 5.5 The following tables outline brief details of each activity.

Focus Groups

- 5.6 The focus groups aimed at reaching those who may face a greater impact from the proposed changes to services – recent users of maternity services, people aged 65+ (and people aged 55+ with long-term health conditions), parents of children aged 16 and under, and young people up to age 24.

Table 19: Summary of focus group location, date, time, CCG and number of attendees

Focus group / sample criteria	Time and date	Location	No. of attendees
Aged 65+ or 55+ with LLTI Living in Surrey Downs CCG	18/02/20 – 4:00pm - 5:30pm	Surrey Downs	9
Aged 65+ or 55+ with LLTI Living in Merton CCG	19/02/20 – 4:00pm - 5:30pm	Merton	9
Aged 65+ or 55+ with LLTI Living in Sutton CCG	20/02/20 – 4:00pm - 5:30pm	Sutton	10
Aged 16-24 Living in Merton / Sutton / Surrey Downs CCGs	20/02/20 – 6:00pm - 7:30pm	Sutton	8
Women aged 18-44 Have used obstetric services in past 18 months Living in Merton CCG	25/02/20 – 6:00pm - 7:30pm	Merton	8
Parents of children under 16 Living in Merton CCG	25/02/20 – 8:00pm - 9:30pm	Merton	7
Women aged 18-44 Have used obstetric services in past 18 months Living in Surrey Downs CCG	26/02/20 – 6:00pm - 7:30pm	Surrey Downs	8
All parents of children under 16 Living in Surrey Downs CCG	26/02/20 – 8:00pm - 9:30pm	Surrey Downs	10
Women aged 18-44 Have used obstetric services in past 18 months Living in Sutton CCG	27/02/20 – 6:00pm - 7:30pm	Sutton	7
Parents of children under 16 Living in Sutton CCG	28/02/20 – 8:00pm - 9:30pm	Sutton	6
Aged 16-24 Living in Merton / Sutton / Surrey Downs CCGs	31/03/20 – 6:00pm - 7:30pm	Online	6

5.7 In addition, the focus groups were recruited to include a mix of: wards within the relevant CCG catchment (including deprived wards); social grade; household income; gender (except obstetrics) and ethnicity. A number of additional criteria were recorded including: benefits received, carer status, health status / disability, religious affiliation, sexuality, whether they would use Epsom / St Helier hospital services, and whether they had used hospital services at any of the sites in past 12 months.

Workshops

5.8 The workshops aimed to be more reflective of the general population (aged 18 and over), and as such included some people who fall into the wider Trust catchment, going beyond the core CCG catchment areas. Specifically, the sample criteria for the workshops was based on recruiting a representative sample of people based on ward, social grade, gender, ethnicity, disability and urban / rural locality from each CCG area.

Table 20: Summary of workshop location, date, time, CCG and number of attendees

Workshop Time and date	Location	No. of attendees
07/03/20 – 10:00am – 3:00pm	Surrey Downs	38
14/03/20 – 10:00am – 3:00pm	Sutton	37
w/c 23/03/2020	Merton	33

- 5.9 Additional demographic information was recorded for those attending the workshops: employment status (including some students), benefits claimed, household composition, use of local hospitals in past 18 months, sexuality and religion. Participants were recruited from a mix of wards within each catchment area, including some from deprived wards.

Depth interviews

- 5.10 Six individual depth interviews were conducted: five with Gypsy Roma Travellers and one with an individual who identified as transgender. Interviewees were recruited from the three core CCG catchments plus the wider Trust catchment. Three of the six depth interviews were conducted over the telephone due to COVID-19 restrictions.

Discussion agenda

- 5.11 During face to face discussions, participants were shown consultation information about the proposed changes to local hospital services. Online focus groups were held as text-based chats using a secure online platform, and participants were shown consultation information on a series of whiteboards before discussing the information with the moderator. For telephone depth interviews, consultation information was sent to participants via email and read out over the telephone. Participants were also shown a short video outlining the proposed changes.
- 5.12 In all discussions, consultation information was covered one stage at a time – looking first at the case for change, followed by the proposed model of care, and finally the three site options. This was to ensure that participants had opportunity to ask questions and clarify information, before discussing their immediate and more considered reactions.

Key findings

Awareness of proposed changes

Some awareness of the proposed changes, but not via IHT directly

- 5.13 There was spontaneous awareness of the proposed changes – however much of this came from politicised sources, such as local MPs, campaign groups, social media etc, and so many were unclear on what the actual proposals entailed. Indeed, there appeared to be greater awareness amongst participants of messages from campaigns and public figures to ‘save our A&E’ and ‘Save St Helier hospital’ and fewer had seen messages from IHT directly. When talking through the consultation information, many participants commented that the information was reassuring, and that it sounded more positive than what they had seen more generally.
- 5.14 Participants from the Gypsy Roma Traveller community were the least familiar with the broader conversation about change and the specific proposals. Others were unfamiliar with Epsom and St Helier due to their

location; those from the wider trust catchment, and some areas of Merton, commented there are other hospitals nearby which they are more familiar with.

Participants tended to agree that change was necessary

- 5.15 The case for change was well received and understood across all of the groups. Specifically, it was acknowledged that investment is needed to ensure the hospitals can operate safely in the long run. Some also raised the issue of continuity of care for those with ongoing healthcare needs, and the efficiency of hospital services overall, if reliance on temporary staff continues. Moreover, there was particular support for investment at St Helier hospital. However, while many agreed that the Trust is under strain due to the challenges presented, some argued that in reality their local services are no more or less burdened than services nationally.
- 5.16 Importantly, when it comes to the case for change to hospital services in their area, a majority were in support – if this means the majority of services still staying in their local area.

Views on a new model of care

Support for the proposed new model of care: it *sounds* positive

- 5.17 Participants were introduced to the proposed model of care using information from the consultation documents. On the face of it, many said that the model sounded positive and seems to address the challenges outlined in terms of staffing, quality and buildings.

Refurbishing and delivering high quality care at local hospitals is key for long-term sustainability

- 5.18 Sustainability came out as a key priority for the majority, and participants acknowledged that services cannot continue to operate at Epsom and St Helier as things currently stand. Therefore, the plans for refurbishing and injecting cash Epsom and St Heliers was welcomed to ensure that local hospital services can continue to run efficiently and effectively, long into the future.
- 5.19 Some also commented positively on the introduction of Urgent Treatment Centres (UTCs) and the continuation of District Hospital services. It was argued that given that the majority of people will never need to use the specialist emergency care hospital, it makes sense to have the most used services located nearby. In this way, the new model was believed to take into account all levels of care needed in participants' communities.

The new model may help to reduce waiting times, alleviate staffing pressures and provide more efficiency

- 5.20 Participants also commented that it makes sense to split up emergency care so that core emergency services are situated together. They acknowledged that the combining of these services onto one site may help to alleviate pressures in staffing, by housing emergency staff under one roof rather than across two sites.
- 5.21 A pivotal point of agreement was the potential for the new model to deliver care more efficiently – both for those needing urgent but non-emergency care and those requiring life-saving treatment. With waiting times in A&E being a top issue in mind, participants were keen to see these times cut and agreed that, in theory, the separating out of A&E services could mean more timely support in the long run.

A new state of the art SECH may draw specialists to work there

- 5.22 Many also commented that creating a new SECH could help to bring in more newly qualified staff, who may be drawn to a state of the art, purpose-built setting where they can gain valuable experience from specialists. In this way, the new building represents an opportunity to build a new reputation – something which Epsom and St Helier are seen to struggle with, currently.

Mixed views around the importance of the SECH's location versus access and timeliness to the 'right' care

- 5.23 While some questioned where the specialist emergency care hospital will be located, others were clear that the key factor for them is the quality and timeliness of the care received – including having access to the right specialists. In cases of emergency, it is likely that they would be transported to hospital in an ambulance, in which case they would be receiving care en-route. Moreover, participants also commented on the importance of specialist teams being able to work together to ensure that patients with complex needs are met – parents in particular, commented that if their child(ren) needed emergency treatment, having specialists in one place would be a reassurance to them.

Concerns about the proposed new model of care

Knowing which hospital to go to

- 5.24 Across groups, the primary concern was about knowing which hospital to go to in an emergency. Many participants said that there is work to be done around educating local communities on where their new emergency services will be situated and some were worried about the consequences of going to the wrong place. Participants, across all strands of the research conducted, shared concern about possible delays in getting the right treatment if they were to go to a UTC rather than the SECH. Therefore, it is reasonable to suggest that providing reassurance around the ability of local UTCs to effectively triage and stabilise patients, and ambulance capacity to then redirect to the SECH as needed, is key.

Reassurance sought around UTCs, triage and patient transfer to the SECH

- 5.25 Moreover, many needed reassurances that there would be the right resources available at their nearest UTC (e.g. equipment, specialist knowledge) to ensure that they / their loved one could be stabilised before being transferred to the SECH, if their condition were to worsen. Many also needed reassurance that there would be ambulance capacity to enable safe and timely transfer should the need arise. While there was an assumption that ambulance capacity has been considered to an extent, this was overshadowed by stories seen in the media about people facing long waits for ambulances already.
- 5.26 Moreover, some said that, even with UTCs at both Epsom and St Helier, too many people may go straight to the site of the SECH, because all levels of care will be available there. This deliberate bypassing of the system could leave the SECH site operating over capacity. Within this, some participants highlighted a need for careful planning of the SECH and UTC to ensure that patients can be efficiently moved between the two if needed after triage.

Concern that the new SECH would be able to address staffing issues

- 5.27 Some were also cynical about the model's ability to address staffing issues. While the new SECH could be beneficial in terms of attracting newly qualified staff to the area, some were concerned that attracting the 'best' or most qualified doctors to one site will leave UTCs understaffed. Participants needed reassurance

that enough resource would be put into recruitment of staff to cover these new units, across (potentially) three sites, in order to support the smooth running of this new model.

Reassurance needed around about the affordability and sustainability building a SECH and refurbishing existing buildings

- 5.28 While refurbishment of Epsom and St Helier was welcomed on the face of it, participants did question what is meant by this term. Many wanted to know more about the extent to which existing buildings at Epsom and St Helier will be refurbished, as many of the structural issues seem too great to be fixed. To some, this part of the model seemed to be at odds with the challenges presented earlier in the case for change – a short term fix rather than a long term, sustainable solution. A minority suggested that money could be better spent by rebuilding the existing hospitals completely.
- 5.29 Many were also concerned that incorporating both refurbishment and a new SECH building could stretch the funds available too far. Participants wanted to know what the contingency was if the project overruns and therefore goes over budget. The concern for many is that the refurbished buildings promised at their local hospitals could be overlooked in favour of the new SECH, leaving them worse off in terms of quality of care nearby.

Concern the plans for Epsom and St Helier would be the first step in downgrading/diminishing local services over time

- 5.30 Beyond the consequences of funding falling short, participants across groups also worried that this could be the first step in paring down hospital services in their area – given the talk of downgrading they have heard in campaigns and local politics, it is unsurprising that some highlighted this as a risk.

Impact of the proposed new model of care on specific groups

Travel and access concerns for people without access to a vehicle

- 5.31 When speaking of concerns and raising questions about the new model of care, many focussed on others who may be more disadvantaged than them. A majority of the people spoken to said that they had access to a vehicle, allowing them to get to and from the SECH as needed. However, for those who do not own a car, there were concerns that the centralisation of emergency services at a location far away, could make the logistics of visiting the SECH difficult. This could impact patients, visitors and staff.

Travel and access concerns about maternity being located on one site: proximity to a hospital with specialist services and continuity of care from midwives is important

- 5.32 A small majority of participants with young children, particularly those who had recently used maternity services or are still using these, raised concerns about moving hospital births to one location. While it was reassuring to hear that specialists will be on hand at the SECH to provide support as needed, many said that increased travel time for a hospital birth would be anxiety inducing, especially for new mothers, those with a high risk pregnancy, and those who have experienced a difficult birth in the past.
- 5.33 The potential for added travel time, especially if women go into labour prematurely, was a key sticking point – many said that in the case of births, the SECH would need to be close by. Some also raise concerns that moving all hospital births to the SECH may pressure some mothers into opting for a home birth, and wondered whether this had been considered.

- 5.34 There were also questions around the continuity of care received, if women have their appointments at their local district hospital but give birth at the SECH. More information on this issue is important to help reassure participants in this area.

Travel and access concerns about families visiting children in hospitals

- 5.35 Some participants with young families also raised the issue of children’s beds being located in one place. Again, while many agreed that they would feel reassured by having specialists on hand to provide the best quality care for their child at the SECH, there is potential for families to be impacted if this hospital is far from home – increased travel times, cost of travel and parking could be a burden to those having to split their time between hospital visits and caring for family.

Location of the new SECH

Views on Epsom as the location of the SECH

Congestion, travel disruption and access concerns

- 5.36 For those living in Sutton and Merton, Epsom tended to be a much less popular choice than St Helier or Sutton – for them, the distance is too far, and the public transport options are not currently sufficient to support non-vehicle households. Moreover, much of the lack of support for building the SECH at Epsom was due to a lack of familiarity with the hospital.
- 5.37 More generally, there were concerns around impact on traffic flow in the area – with many who feel that Epsom is already too congested, meaning that it would be harder for emergency vehicles to get to the hospital. It was also pointed out that Epsom hospital is based just outside the town centre, making it less accessible to some public transport users, particularly rail users. Also, there is a one-way system in place which may not be well suited for emergency vehicles that need to travel at speed. Indeed, the utilitarian principle was at the forefront of participants’ minds, and, upon being presented with the facts that locating the site at Epsom would mean the most travel disruption, it proved very hard for participants to support this option.
- 5.38 Overall, it was generally considered that Epsom is the least accessible of the different options, not only because of its distance from the main urban centres but also because it is slightly south of the centre of the town, on a congested A-road.

Epsom is not densely populated enough and lacks a mix of age groups

- 5.39 There was some preference for Epsom based on convenience for those living in Surrey Downs, but on further reflection participants reasoned that they are prepared to travel further for better healthcare. Moreover, while some do acknowledge that having the SECH in Epsom would be best for the elderly, who may find it more difficult to get to hospital, others say that the SECH should be located nearer to more densely populated areas. It was also pointed out that it seems counter-intuitive to build a SECH with a dedicated maternity function closer to the area which has the oldest population.

Potential constraints on the size of SECH at the Epsom site

- 5.40 Amongst those who are familiar with Epsom, some questioned the capacity of the existing hospital site, and suggested that building the SECH there would be more cramped than in other options due to the density of

buildings in a relatively small geographical space. It was also noted that, on the plans shown, the footprint of the SECH seems smaller compared with the Sutton option.

A minority of support based on cost and concern about healthcare inequality

- 5.41 That said there was some support for the Epsom option based on cost - as the capital costs for building the site at Epsom come in under the £500 million, there was a hope that some of this money could be used to retain and recruit more NHS staff.
- 5.42 There were also concerns about the best staff moving further into London away from more rural areas, leading to a divergence in care quality if Epsom is not chosen for the SECH site

Views on St Helier as the location of the SECH

Differences in views by area based on proximity, travel times and familiarity

- 5.43 Most support for St Helier as the location for the SECH was clustered in Merton and Sutton due to familiarity its convenience and in terms of travel. Many also commented that St Helier is too old for refurbishment. However, participants living in Surrey argued that St Helier is too far for them to travel, and even those living in Merton and Sutton acknowledged that those living further into Surrey would be heavily impacted by increased travel times.
- 5.44 Although there was little, if any, difference in views about the location of the new SECH by demographic or protected characteristic, black and minority ethnic participants, who tended to be present mostly in the Merton groups and workshops, had a slightly greater inclination towards St Helier than the overall response, due to a higher reliance on public transport and due to living further into central London.
- 5.45 In terms of the wider picture of traffic and transport, like Epsom, there were concerns about the existing levels of traffic congestion and how they would be impacted further by the building of a new facility. However, it was felt that there are more public transport options around the St Helier site than at Epsom, and more accessible via a number of different arterial roads.

Mixed views of the potential impact on St George's

- 5.46 The role of nearby hospitals was an important factor in participants' adjudication around which was the best site option but led to some quite complex and nuanced responses. For some Merton residents who are more geographically and emotionally attached to St George's hospital, locating the site at St Helier was a good idea as it meant that more 'traffic' would be taken away from St George's hospital, freeing up capacity. But for others it was a bad idea, as it they felt it would mean a 'diversion' of staff and resources away from St George's to the new SECH. This is an important finding as it shows that Merton residents are not just concerned about the improvement in services at St Helier, should that be the chosen site, but the possible deterioration of services at nearby St. George's.

Concern that St Helier is too old for refurbishment and will take too long to build

- 5.47 There was concern that St Helier is too old for refurbishment, given that the building is 90 years old, with participants questioning whether structural (as opposed to cosmetic) refurbishment is even possible. For many across all areas there was also an issue of reputation – some say that, even with a state-of-the-art SECH, the existing buildings at St Helier do not create a positive impression on the visitor. Many describe the site as foreboding, and, when shown plans that the new SECH will be located at the back of the existing buildings, they felt that the visual impact of such new facilities is hidden.

- 5.48 Furthermore, the consensus was that seven years is too long a timeframe to build a new SECH (the longest of the three options). Indeed, for many, this was the deciding factor that changed their preference to Sutton as they were concerned about the disruption to patients and visitors who would continue to use the hospital site.

Mixed views on locating a SECH in a residential, deprived area

- 5.49 it was recognised across the groups that St Helier is situated in a deprived neighbourhood with few facilities. The problems here are twofold – firstly, there is not enough catering and accommodation for an influx of new staff, visitors and patients alike in the surrounding areas. Secondly, some raised concerns about crime and safety in the local area, particularly for those using public transport or those who are unable to park in secure hospital facilities. Related to this, many local residents have a negative impression of the standard of care that is offered at St Helier which seemingly affected their perception as to whether St Helier should be ‘rewarded’ as such by the building of a new SECH.
- 5.50 That said, there was some support for the idea of allowing the new SECH to regenerate the area, bringing badly needed jobs (both in nursing and care but also in construction and maintenance) to an area with high levels of economic inactivity.

It is the least expensive option

- 5.51 There was more positivity towards the fact that the St Helier option is the least expensive capital cost, with the suggestion that, if money were left over from the £500 million allocated, this could be spent on recruiting new staff to the SECH and the UTC and DH services. However, others felt that the project is likely to over-run and go over budget, so while St Helier looks the cheapest on paper, this may not stay the case in practice.

Views on Sutton as the location of the SECH: the overwhelming favourite option when participants had been given all the evidence.

Support for three UTCs, in addition to the SECH

- 5.52 Across all groups and workshops, participants recognised that a key benefit of having the SECH at Sutton is the additional UTC, meaning more people would have quicker access to urgent treatment in non-life-threatening situations. In many participants’ minds this simply equated to more medical professionals in the area, and effectively a ‘brand new’ hospital in Sutton where there is very little provision at the moment. This argument was, for many, the most compelling of all, and indeed, served to persuade many who had previously supported the St Helier option, to instead support Sutton.
- 5.53 However, this did lead to many wondering why Sutton would only have a UTC if the SECH were located there too – with some suggesting that, if there were a UTC at Sutton under all three site options, they may feel more positively about having the SECH based elsewhere.

Sutton is equidistant between the other hospitals and creates a location of compromise

- 5.54 Across groups, while there was an initial tendency to lean towards the option closest to home, when all factors are considered participants tended to say Sutton makes the most sense as the SECH site. For most, its location in the middle means that it is a fair compromise, whilst those living in the immediate vicinity were positive about having a ‘new’ hospital very close by. Indeed, although Sutton was considered to be less accessible than St Helier, and accessed via a relatively narrow B-Road, its position at the end of the ‘mad mile’ was thought to be much more accessible to those outside London.

Learning that St Helier would not completely close, increased support for a SECH at Sutton among Merton residents

- 5.55 Many, particularly in Merton, came to the groups having heard of the local protests and campaigns resisting change. But many had simply heard the slogan ‘Save St Helier hospital’ and assumed from that that the whole hospital was under threat of closure. When they were therefore told that the hospital was not under threat of closure, rather that money was being allocated for its redevelopment, they were pleasantly surprised. Furthermore, when they were told that a brand new SECH would be built on one of the sites they were even more positive – based on the assumption that it will be built at Sutton, this felt very much like the building of a new local hospital, as opposed to the closure of an existing one.

Building from the ‘ground up’ means there is much less disruption to existing hospital buildings

- 5.56 Many also saw the benefit of building on a larger site from the ground up, rather than having to work around the existing buildings. Participants agreed that this seemed like the least disruptive of the three approaches and were pleased to hear that it would involve the smallest number of hospital beds needing to be relocated.

The build time is the shortest

- 5.57 Many were also positive about the build time taking only four years – they were keen to start seeing the positive impact of the investment in services as quickly as possible, and also want disruption to be minimal. This was especially key for younger participants, some of whom said they may move out of the area in future for work or study, and therefore would be less impacted by the decision.

Acceptance of the idea of a ‘centre of excellence’ linking with the Royal Marsden

- 5.58 Many also commented that the proximity to The Royal Marsden allows for the site to become a ‘centre of excellence’ for the treatment of acutely ill children.

Reservations about poor public transport and road access, although this would provide the opportunity to improve travel links

- 5.59 There were, though, concerns about transport and access even amongst the majority who supported this option. It was felt that the public transport links by road in Belmont are poor, with few regular buses. However, some saw opportunity in this, and many commented that, while public transport would need to be improved, Sutton could benefit from having tram links as well as a more connected bus network. Many felt that tram links to the area are long overdue and have been mentioned numerous times across the years.
- 5.60 Relatedly, there were also concerns about the potential increase in traffic flow in the area, as many roads are narrow, residential, with schools nearby. Indeed, many were concerned about the narrow B-road through which the Royal Marsden is currently accessed. However, none of these issues meant that participants felt the SECH should be located elsewhere – it was more that they wanted reassurances that, should Sutton be the chosen option, that there will be a joined-up approach between public health and infrastructure providers to ensure that the hospital can be accessed.
- 5.61 As with all site options, participants also needed reassurance that there will be enough affordable parking on site to prevent roadside parking. Some spotted that there was no parking visible in the architectural plan, unlike with the other options. However, when one workshop group was told of plans to instate underground parking there was overwhelming positivity.

Concerns about cost

- 5.62 A primary sticking point for some was the cost of this option, being 11 million pounds more than the £500 million they were told has been set aside. Some were concerned that starting ‘over-budget’ would mean funds running out for the refurbishment of both Epsom and St Helier hospitals. As such, many needed reassurances that funds are ring fenced for refurbishment as well as new builds, and a guarantee that running over budget would not impact the DH and UTC services being delivered at the remaining two sites. This is a particular cause of concern for those living in Epsom, who were sceptical about the long-term vision for the Trust and whether this is a first step in downgrading and ultimately getting rid of services in the area.
- 5.63 However, some pointed out that this additional cost was a good thing, as it meant that they knew that all of the £500 million would be used up. Many also felt that the Sutton option seemed like the most sustainable option, and that the additional cost would pay for itself going forward.

Alternative suggestions

- 5.64 In some groups, while the proposed model of care was understood, there were questions around why the funding allocated cannot be split three ways to ensure that each hospital is improved. Some suggested that there could be a UTC built at each of the three sites and questioned why Sutton loses out in the Epsom and St Helier options. Many participants, while less concerned about their own ability to access the hospitals, acknowledged that transportation will be key for some groups – especially the elderly or disabled.

6. Written Submissions

Analysis of written responses to the proposals

Introduction

- 6.1 During the formal consultation process, 434 written submissions and other feedback (separate from other organised consultation activities) were received via freepost, the IHT email inbox, SMS number and answerphone messages from residents, staff, organisations and stakeholders. The table overleaf shows the breakdown of contributors by type.
- 6.2 ORS has read all the written submissions and reported them in this chapter. Most have been reviewed in a thematic, summary format in order to identify the range of views and issues as well as common themes, though some that have presented unique or distinctive arguments, that refer to different evidence or were submitted on behalf of organisations and individuals representing groups of people, have been summarised individually for accessibility and to highlight their main arguments and any alternative proposals.

It is also important to note that the following section is a report of the views expressed by submission contributors. In some cases, these views may not be supported by the available evidence - and while ORS has not sought to highlight or correct those that make incorrect statements or assumptions, this should be borne in mind when considering the submissions.

- 6.3 The detailed written submissions in particular do not lend themselves to easy summary and so readers are encouraged to consult the remainder of the chapter below for an account of the views expressed. However, the following overview gives a sense of the types of issues raised - a 'summary of the summaries'.

Table 21: Summary of written submissions received

NHS TRUSTS AND PROFESSIONAL GROUPS (8)		
Consultant physicians, Epsom and St Helier University Hospitals NHS Trust (letter signed by 273 clinicians)	Royal Marsden NHS Trust	South West London and St George's Mental Health NHS Trust
Croydon University Hospitals NHS Foundation Trust	South West London Renal Community (signed by 7 senior clinicians of St George's University Hospital NHS Trust and St Helier and Epsom University Hospitals NHS Trust)	St George's University Hospitals NHS Foundation Trust
Epsom and St Helier University Hospitals NHS Trust Leadership Team		
Outer SW London Royal College of Nursing Branch and supported by the Local British Orthoptic Society		
LOCAL AUTHORITIES (7)		
Merton Council	Surrey Council	
Reigate and Banstead Borough Council	Sutton Council	
Epsom and Ewell Council (via questionnaire)	Wandsworth Council	
Royal Borough of Kingston Upon Thames		
MEMBERS OF PARLIAMENT (15)		
Dr Rosena Allin-Khan MP	Siobhain McDonagh MP (4 submissions)	
Elliot Colburn MP, Paul Scully MP, Crispin Blunt MP, Stephen Hammond MP	Crispin Blunt MP	
Chris Grayling MP (5 submissions)	Steve Reed MP	
Stephen Hammond MP	Bell Ribeiro-Addy MP	
COUNCILLORS AND POLITICAL GROUPS (32)		
Cllr Agatha Akyigyina	Cllr Brenda Fraser	Cllr Dave Ward
Cllr Mark Allison	Cllr Joan Henry	Cllr Martin Whelton
Cllr Stan Anderson	Cllr Natasha Irons	Councillor for Cricket Green, Merton (via questionnaire)
Cllr Laxmi Attawar	Cllr Sally Kenny (2 submissions)	Deputy Leader of Merton Council (via questionnaire)
Cllr Kelly Braund	Cllr Stuart King	Sutton councillor (via questionnaire)
Cllr Billy Christie	Cllr Linda Kirby	Merton Conservatives
Cllr David Chung	Cllr Edith McCauley	Merton Liberal Democrat Group
Cllr Caroline Cooper-Marbiah	Cllr Aidan Mundy	Sutton and Cheam Labour Party
Cllr John Dehaney	Cllr Dennis Pearce	Wandsworth Council: Labour Councillors Group
Cllrs Ruth Dombey (Sutton Council) and Tobin Byers (Merton Council)	Cllrs Andrew Pelling, Joy Prince, Robert Canning	
	Cllr Owen Pritchard	
	Cllr Geraldine Stanford	
TRADES UNIONS/COUNCILS (4)		
GMB	UNISON Epsom and St Helier University NHS Trust	
Merton & Sutton Trades Council	(2 submissions)	
CHARITIES AND SPECIAL INTEREST/COMMUNITY GROUPS (9)		
Ewell Village Residents' Association	Merton Mental Health Forum	
Healthwatch Croydon	Sutton Seniors' Forum	
Keep our St Helier Hospital (KOSHH) and Keep our Epsom Hospital (KOEH)	Tadworth & Walton Residents' Association	
Leatherhead Hospital Group	Unknown organisation	
Love Me Love my Mind		
INDIVIDUAL RESIDENTS (359)		

Key findings

- 6.4 There was widespread support for the case for change and the proposed model of care, particularly among NHS Trusts and professional/clinical groups. However, there was also significant opposition to the model of care— especially among some of the MPs, councillors, trade unions, campaign groups and local residents (of the St Helier area in particular).
- 6.5 Those who supported the model of care did so on the grounds that the changes will: improve standards of care and enable hospitals to meet quality standards; help overcome long-standing staffing issues, especially among specialists; ensure modern facilities for modern healthcare; and place the Trust on a more secure financial footing.
- 6.6 In terms of location, most of those who supported the model of care and thus the consolidation of acute services at a Specialist Emergency Care Hospital (SECH) opted for Sutton as their preferred site choice. The main reasons for this were that: it is easier, quicker and less disruptive to build on a ‘new’ hospital site than an existing one; it offers potential opportunities to improve care for cancer patients through co-location with the Royal Marsden Hospital (RMH); it retains the biggest percentage of the catchment, meaning best value for the taxpayer; and it will result in the provision of three urgent care sites rather than two.
- 6.7 It should be noted that this support was caveated in a couple of submissions: St George’s University Hospitals NHS Foundation Trust’s backing for the Sutton option was contingent on investment in the services provided by St George’s to mitigate the impact of moving major acute services on patient flows and activity; and that of Reigate and Banstead Borough Council was subject to the retention of a full suite of local services at Epsom Hospital, including a 24-hour urgent care facility.
- 6.8 Although many residents advocated for St Helier as the optimal site for the proposed SECH (mainly because it serves a high-density, deprived population that is in need of easily accessible acute services locally and would benefit from the resulting economic regeneration), there was little explicit support elsewhere for siting a SECH at either Epsom or St Helier Hospitals. Importantly though, those who opposed the proposed model of care did so chiefly on the grounds that acute services should be retained at both of these sites – with some of the £500m funding invested into improving building conditions to ensure they are fit for purpose.
- 6.9 The main general reasons for supporting essentially an enhanced ‘status quo’ were that: service reductions are not in the best interests of patients and present enhanced risk to life; current staffing issues will be exacerbated through having to provide for three sites rather than two; the proposals do not provide for sufficient hospital bed numbers, particularly in light of the anticipated growing and ageing population; increased patient transfers are risky and will place additional pressure on the ambulance service; the centralisation of services could have a detrimental impact on demand, workload and quality of care at St. George’s and Croydon University Hospitals (both of which are currently over-stretched); and any service reductions are unwise in the context of the COVID-19 pandemic.
- 6.10 The preference to centralise acute services at Sutton was also heavily criticised by those advocating the retention of acute services at Epsom and St Helier, not least due to the travel and access difficulties it would pose. Public transport to and from the site was frequently described as “poor” and there was a strong sense that more costly and complex journeys would become a reality for many of those who can least afford it and/or may struggle with mobility (the elderly, people with disabilities and heavily pregnant women for example). This also links to the frequently made point that removing acute services from St Helier in particular, will have a disproportionate impact on the significantly more deprived and higher need communities there – as well as on members of black and minority ethnic (BAME) groups, who

disproportionately use A&E and experience barriers in accessing primary care (there is a significantly higher proportion of BAME residents in the St Helier area than either Epsom or Sutton).

- 6.11 Also in relation to the Sutton site, while co-location and close working with the RMH was typically viewed as a positive thing, there was some concern that the high private caseload at this hospital would eventually be mirrored at the SECH, and that resources at the latter could be diverted to treating surgical patients (including private patients) from the Royal Marsden.
- 6.12 In light of the above, there was a strong sense (even among those who supported the preferred option) that both public and road transport links to and from the Sutton site would have to be strengthened if the CCGs are to proceed with its development – and that clarification is required as to the effect of proximity to the RMH on the new hospital's caseload, and the steps being taken to mitigate any negative impact on local access to acute services.
- 6.13 Finally, the IHT consultation process itself was criticised within many submissions, mainly for: being initiated too soon, before issues relating to the options and the impact assessment were fully understood and agreed; providing misleading information and omitting important supporting details; complicated and ambiguous terminology; insufficient and/or inaccurate modelling; and promoting a preferred option without properly discussing the potential benefits of other more modest, realistic options (such as 'business as usual' and 'do minimum'). Several individuals and organisations also felt it should have been cancelled or at least extended to account for the current COVID-19 pandemic.

Summary tables of themes from written submissions

- 6.14 Below and overleaf are summary tables of the main themes emerging from the shorter or less complex written submissions received. If making similar points, the submissions made by individuals, stakeholders and organisations have been reported together - whereas any that are significantly different or more detailed are included in a fuller format later in this chapter. The more detailed submissions can also be viewed in their entirety on the IHT website (www.improvinghealthcaretogether.org.uk). However, the précis within this chapter are offered in an attempt to make these often-lengthy documents as accessible as possible, and we believe they are faithful summaries of the key points made.
- 6.15 Please note that where we have not attributed the comment in brackets following a direct comment, this is in order to ensure anonymity as the comment was made by an individual.

The case for change and the model of care

There is some agreement with the need for change, although many feel the 'challenges' have been caused by government cuts and NHS bureaucracy

- 6.16 The majority of feedback from these shorter or less complex written submissions expressed concern about and disagreement with the IHT proposals, though this is unsurprising insofar as those who submit a consultation response in the form of a written submission tend to be motivated to do so by specific concerns.
- 6.17 There was some agreement with the case for change and that improvements are needed, especially in relation to refurbishing and improving the quality of care at Epsom and St Helier hospitals. However, both the government and the Trust/CCGs were accused of causing (or at least not helping) many of the issues faced by local services through funding cuts, reducing staff salaries and training costs, bureaucracy and mismanagement.

The changes will fail to address current staffing issues

- 6.18 Ultimately, though, there were serious doubts that the IHT proposals will improve local healthcare, with some respondents claiming they have been developed for purely financial reasons, and others questioning whether the CCGs can afford to make such radical changes.
- 6.19 Doubts were raised around whether staff recruitment and retention would improve under the proposals, insofar as fundamental changes (beyond the scope of the IHT programme) would be needed at all three hospitals to achieve this. Furthermore, it was argued that reducing services at two of the three hospitals will further discourage staff from wishing to work there.

There were many questions around specific services, care pathways and housing projections

- 6.20 Questions were asked around the future of certain services (mental health, cardiac, stroke and childhood cancer services for example), which they felt had not been made sufficiently clear in the consultation documentation. More information was also sought around care pathways between community services, UTCs, and specialist acute care - as well as the differences between A&E departments and UTCs.
- 6.21 Several respondents held reservations about whether planned housing increases (and therefore population) in areas such as Epsom, Ewell and Hackbridge had been accounted for in developing the IHT proposals.

Table 22: Summary of main themes raised in written submissions – general views on the model of care

Sub-Theme	No. of times raised	Main Issues and Example Comments
Support: Agreement with the case for change	19	<p>Change is fundamentally needed to improve the healthcare system</p> <p>Investment in and the building of new facilities is welcomed</p> <p>Agreement that Epsom and St Helier Hospitals' quality standards and buildings are in need of improvement</p> <p><u>Example comments</u></p> <p><i>The sooner St. Helier Hospital with its trillions upon trillions of bacteria is kicked into touch the better. As no doubt you realise that this hospital is so old..</i></p> <p><i>Having had dealings with St Helier Hospital it is clear that it is not fit for purpose in the 21st Century. The building is not fit to provide quality care and I feel that continually spending money on it is not cost effective. I was shocked at the state of the building and a new, modern, properly equipped hospital is urgently needed for the area</i></p> <p><i>Thank you for suggesting improvements to Epsom Hospital, it is a massively important facility for people in Surrey stretching deep into the county</i></p> <p><i>I feel any new hospital is a good thing</i></p> <p><i>I can understand the rationale of not continually throwing a lot more money at poor building fabric but going for a brand-new purpose-built facility instead</i></p>
Staffing: Proposals will not solve staffing issue	15	<p>Scepticism that staff resourcing would improve under the proposals, and could even exacerbate the issues in non-specialist district hospitals</p> <p>How would GP services be organised under the proposals? If there is a plan to recruit GPs to the UTCs, and would this be feasible in light of current resourcing issues?</p> <p>There is little point in making these changes if there are not enough staff to successfully implement them</p> <p>Concern about how the three hospitals can be staffed: wider issues must be addressed to attract more permanent staff, such as higher salaries, affordable training and better working conditions</p>

Sub-Theme	No. of times raised	Main Issues and Example Comments
		<p>A new hospital in the preferred location will result in a loss of expertise and highly qualified staff from St Helier and Epsom Hospitals and restrictions on migration will exacerbate the situation</p> <p><u>Example comments</u></p> <p><i>You mention in your Summary Consultation Document that you are struggling to fill your A&E rotas over two hospitals and yet your proposed solution of having three hospitals seems to solve this problem, when common sense would indicate that that would make your problem even worse!</i></p> <p><i>My concern is the lack of detail divulged regarding staffing plans, as this could well impact on the standards of care at the less than acute care level. This level of care can also drastically affect people's quality of life and my fear is that in this new plan, consultants will be even less in evidence at the District Hospitals, possibly resulting in a lowering of care standards in Follow Up and Chronic Care clinics for instance, if manned entirely by the more junior staff. They may well individually be excellent but there is nothing like the extra experience of a consultant and the confidence of his or her leadership position, to be able to notice and act on the 'out of the ordinary' presentation for instance</i></p> <p><i>Staff and expert resources will depend on a) real Government action/salary rewards b) pressure from the local electorate on politicians – free from Party/tribal bias/ vote catching c) customer demand and refusal to accept "low standards" because it is "free"</i></p> <p><i>With doctors we need to make the training much less expensive so that ordinary families can afford it. Secondly the ridiculous taxation of doctors must be addressed to stop the present trend of retiring early or going part time to avoid disproportionate taxation</i></p> <p><i>With nurses, recruitment is poor...I think less academic training and more practical instruction should be instituted...Furthermore the wage structure should be designed to encourage permanent posts rather than locums which as you know are very expensive for health authorities</i></p> <p><i>I think the issue of recruiting qualified staff will still exist. This will need to be addressed throughout the trust at any of the hospitals</i></p> <p><i>There is no use having a local specialist care centre if it is not properly staffed</i></p> <p><i>There are already major problems of staff recruitment and retention in the two district hospitals and we fear that the problems will be exacerbated here as the more experienced staff and best consultants will prefer to work at the new specialist emergency care hospital (SECH). The problems will exacerbate with the proposed migration restrictions. How will the two existing hospitals manage to continue with retaining 85% of their existing functions as currently proposed? (Tadworth and Walton Residents Association)</i></p>
Staffing: cuts to services and staffing issues are a self-fulfilling prophecy	8	<p>Government underfunding, lack of support and mismanagement have caused the current 'challenges'</p> <p>Bureaucracy and the way in which finances are managed is driving staff away</p> <p><u>Example comments</u></p> <p><i>The current pandemic is making it explicitly clear, day after day, that years of continued government mismanagement and aggressive cuts in both staffing and resources have left us perilously exposed in the situation we currently face</i></p> <p><i>The inability of the Government - both National and Local - to make substantial improvements to St Helier Hospital over the years have now left it in a vulnerable position</i></p> <p><i>As a medical student who will work in the NHS in just over a year, it is clear why doctors and nurses are leaving. The system cares not for care of patients but rather bureaucratic rubbish which lines the pockets of consultancy companies and executives</i></p>
Finances: money is not being	10	<p>Spending money on centralising services is determinantal to members of the public and the NHS</p>

Sub-Theme	No. of times raised	Main Issues and Example Comments
spent in the right way		<p>The proposals are a way of making/saving money with a lack of regard for residents and patients</p> <p>Making savings is being put before healthcare</p> <p>£420 million is a high expense for four beds (which in itself is not enough to cater for future population increases)</p> <p>The money available should enable all three hospitals to provide up-to-date facilities, not just the SECH</p> <p><u>Example comments</u></p> <p><i>To spend £500,000,000 to build a major A/E hospital on an unreachable and unsuitable site and to only increase the hospital bed capacity for our area by four beds is a gross misuse of public money. Our Health Service staff and our community deserve so much better</i></p> <p><i>It is clear this is a ploy for those few to make a quick buck whilst leading to residents and those that need the services to suffer. It is again putting economic gain over lives and livelihoods</i></p> <p><i>Stop thinking about budget cuts and start looking at making systems more efficient</i></p> <p><i>It appears that most of the available £500 million will be spent on the new SECH. St Helier and Epsom hospitals will have to find finance from selling off land. This is unlikely to be sufficient to provide the modern facilities required if they are to continue to provide 85% of the current services ... How will the funding be available to modernise the two existing hospitals?</i> (Tadworth and Walton Residents Association)</p>
Questions around what will happen to specific services under the proposals	15	<p>Would the UTCs be GP-led services?</p> <p>Would there be specialist beds at the UTCs?</p> <p>Would acute coronary care be undertaken at the new SECH or continue at the district hospitals?</p> <p>Would the South West London Renal Unit remain at St Helier?</p> <p>Would planned cardiac services still be available at Epsom?</p> <p>What would happen to mental health services? Concern that there is no mention of them, despite the need to improve provision</p> <p>Would there will be a specialist stroke unit at the new hospital?</p> <p>If the new hospital was sited at Sutton would the children's cancer unit still be kept open at the Royal Marsden?</p> <p>The plans for implementing community services are not clear</p> <p><u>Example comments</u></p> <p><i>There is no mention of mental health anywhere in your summary literature that we received in the mail drop. This is both disappointing and concerning...I searched your full consultation and only found 3 mentions of mental health and these seemed to be fairly cursory, although you do seem to imply that some form of psychiatry service will be added, that hasn't been provided before... It is critical that there is strong mental healthcare provision for residents of Epsom and the surrounding areas... The provision of mental healthcare in the Borough is sadly lacking</i> (Love Me Love My Mind)</p> <p><i>One question I had is what is planned for the cardiac services currently at Epsom Hospital. My son has a pacemaker which requires regular annual checks. Will he still be able to get this done at Epsom in future?</i></p>
Other comments / questions	31	<p>What are the estimated financial costs of making the proposed changes and how will they be funded?</p> <p>Has the increase in local housing development been accounted for in the proposals? The Trust must ensure it communicates and engages with local councils about future housing and infrastructure plans</p> <p>General confusion around where people would go if an emergency were to arise</p>

Sub-Theme	No. of times raised	Main Issues and Example Comments
		<p>How will people from Kingston, St Peter’s and East Sussex Hospitals’ catchment areas benefit from or be negatively impacted by these proposals? Will they also be directed to the new hospital?</p> <p>What is the estimated timeframe for implementing the new SECH?</p> <p>What are the differences in environmental impact between the three options and how are they being measured?</p> <p>Disappointment that the proposed improvements/refurbishments to St. Helier Hospital will not be addressed until 2025</p> <p>Epsom Hospital does not need updating or changing</p> <p>The uncertainty around the future of Epsom Hospital must end</p> <p>Decision-making must take the COVID-19 pandemic into account</p> <p>Concern about the impact of co-location on cancer services at the Royal Marsden and the lack of information on this (Healthwatch Croydon)</p> <p>Lack of information generally (especially around disadvantages of preferred options)</p> <p><u>Example comments</u></p> <p><i>You say that you are struggling to stay within your current budget, so how will you start to payback a £500 loan to build the new hospital please? Paying back the £500 million over 10 years will cost at least £50 million a year without interest – that’s roughly £1 million a week. How will this be funded please as your customer base and therefore income will presumably not change?</i></p> <p><i>What will be the future running costs of the three options? If we have three hospitals rather than two - is there not more expensive and travel costs between three sites - additional managers, support staff, maintenance etc.</i></p> <p><i>There are other consultations going on in the boroughs, one being the Councils Local Plans. I think you should be talking to the Councils and understanding there plans for Housing, Transport etc as it would benefit both of you and better support the community</i></p> <p><i>The Government has imposed a target for Epsom and Ewell which has increased from 181 last year to 579 houses a year in the future. That equates to another 11,580 houses over 20 years, an increase of 25-30%, and an expected 30,000 people to be accommodated in those new homes</i></p> <p><i>There is a large development presently being constructed at Hackbridge. Additionally, the Rose Hill housing stock is ageing having been built just before St Helier hospital. Therefore, there is greater potential in the area for an increase in the population</i></p> <p><i>The problem for me and others in our area, which is West and East Molesey, postcode KT8, is that Epsom, St Helier and Sutton are far too far away from us. Our local hospitals are Kingston NHS and St Peter’s in Chertsey. It is easier for us to get into central London than it is to get to Epsom, St Helier or Sutton! So what can you do for people living in our area?</i></p>

Centralising services

People are concerned about travel, access and equitable healthcare if services are centralised

- 6.22 There was some support for the principle of consolidating acute services within a new SECH. However, the majority of respondents argued that all services (and especially A&E departments) at the current hospital sites should be retained – and that their importance has been highlighted by the COVID-19 pandemic. Indeed, many responses stressed that acute healthcare needs to remain local and accessible.
- 6.23 Key objections were around travel and access: it was claimed that journey times would increase due to people having to travel further distances via congested roads and poor public transport networks. The majority of these concerns were raised in relation to residents from the St Helier and Epsom hospital catchment areas

having to travel to the preferred Sutton site. Respondents explained that acute services are needed in St Heliers and Epsom, especially for: the elderly and vulnerable, those without their own transport, and pregnant women.

- 6.24 Indeed, it was frequently said that travel elsewhere would be too lengthy, expensive and difficult for those in deprived areas with vulnerable populations and lower life expectancy - and that centralising services would further disadvantage people from lower socioeconomic backgrounds. There was also concern that increased travel times and access issues would put further demand on the already pressured ambulance service.

There is strong opposition to removing services at St Helier

- 6.25 There was widespread concern about the proposed loss of acute services from St Helier Hospital under the CCGs' preferred option. However, it should be noted many comments were made in reference to the closure of the hospital – and although many respondents were concerned about the possible removal of services being 'the thin edge of wedge' in terms of St Helier's future, it was clear that others mistakenly thought that a full closure was proposed.
- 6.26 The proposals were criticised for being unfair to the local population and neglecting the strong feeling among the majority of Merton and Surrey residents. Ultimately, repurposing St Helier as a district hospital was not considered acceptable, and many residents offered personal experiences to explain why it should retain all of its services. Similar issues were raised around the plans for Epsom Hospital, albeit to a lesser extent.

There is concern about the impact of the proposed changes on other hospital sites

- 6.27 Another key issue was the impact the changes will have on other hospital sites – particularly St George's Hospital – which was said to already be overstretched and only recently taken out of special measures.

Table 23: Summary of main themes raised in written submissions – views centralising services

Sub-Theme	No. of times raised	Main Issues and Example Comments
General support for a new hospital / centralisation of services	8	<p>A new specialist hospital is needed</p> <p>Agreement with the provision of a new site delivering acute services</p> <p>The provision of one specialist emergency hospital is more practical</p> <p>More expertise is needed, which can be achieved by providing services over fewer sites</p> <p>Better access to specialist care for those with serious, life-threatening conditions</p> <p>More modern, state-of-the-art services and facilities - benefiting both patients and staff</p> <p><u>Example comments</u></p> <p><i>All clinical specialists state we need a new specialist hospital, it only needs to be in reasonable traveling distance. During the COVID-19 outbreak it has proved the A&E system is abused not used</i></p> <p><i>I am very much in favour of the concept of an acute hospital and that developing a blank site is much more practical and to give three urgent care centres in addition to one emergency care centre</i></p> <p><i>I agree with the concept of a new specialist emergency care hospital that would provide for a small percentage of patients with the most serious conditions. For life threatening conditions it makes sense to be treated by specialists and I am in favour of anything that improves the quality of care</i></p> <p><i>Local people are naturally unhappy to have these services removed. On the other hand, if complications develop during a birth, admittedly it is better for the mother to be already in the specialist hospital rather than having to be transferred there by ambulance</i></p>

		<i>New build will also enable a more modern integrated system and hopefully better staff facilities. Adequate parking for both patients and staff must not be overlooked as from our location public transport would not be easy.</i>
General disagreement with / concern around centralisation	70	<p>Do not downgrade any services/retain the status quo at Epsom and St Helier hospitals</p> <p>'Save St Helier'/do not close St Helier hospital</p> <p>Disagreement with having fewer A&E departments</p> <p>Concern around delays and risks inherent in making the wrong choice of whether to access an UTC or A&E</p> <p>More emergency hospitals and beds are needed now more than ever, as locally as possible – as highlighted by the COVID-19 pandemic</p> <p>Loss of bed spaces is a major concern given population projections and lack of community after-care services</p> <p><u>Example comments</u></p> <p><i>Do not close our hospitals!!! See how we need them now. Invest and improve what we have</i></p> <p><i>The current health emergency facing our country demonstrates the critical importance of keeping vital services close to where they are most needed. Just imagine dealing with the impact of COVID-19 with less A&E and acute service provision for local communities. It would be horrific</i></p> <p><i>We object to moving A&E. Moving other services has a minimal effect on patients. We can suffer inconvenience if necessary but what we cannot sacrifice is emergency care. At a time when we are taking extraordinary measures to protect the health of the nation, surely you can see that A&E is a top priority in London. The roads are jammed during many hours; cars do not give way to emergency vehicles, life-saving treatment may be delayed</i></p> <p><i>I am a diabetic. What I hear about the NHS is frightening. Hope the hospitals Epsom, St Helier, can be saved?</i></p> <p><i>The site at St Helier is big enough to be renovated and rebuilt ... We need an A&E not just an Urgent Treatment Centre ... If it is your plan to care for us properly in Merton, then make St Helier a hospital fit for purpose and for patients. Do not waste that £500 million but keep the services local. The Government has an obligation to honour its contract with the taxpayer</i></p> <p><i>Patients will be expected to self-diagnose and select whether their problems can be dealt with at the district hospitals or if they need to access the SECH. The wrong decision at the district hospital is likely to lead to delays in treatment, particularly if junior staff are presented with life threatening conditions (Tadworth and Walton Residents Association)</i></p> <p><i>There could be a loss of 50 or 205 (bed spaces) ... Even taking an increase of four beds as proposed ... this is ridiculous taking into account the proposed population growth ... there is still the problem of an aging population ... and the difficulties of early discharge where there are no alternative facilities available ... Many patients would have the operation at the SECH and then be moved to the district hospitals so these will still need a large number of beds (Tadworth and Walton Residents Association)</i></p>
Travel and access concerns: all proposed options	11	<p>Ultimately, many people would have to travel further and face difficulties accessing healthcare under all proposed options</p> <p>Traffic congestion would further impact on travel times</p> <p>London and South East Coast Ambulance Services would be affected by increased travel times and patient movement; therefore, it is important to understand its views on the proposals</p> <p>There would be increased patient transfers; the pathway from UTC to hospital is unclear</p> <p>Further travel will increase carbon footprints/the environmental impact needs to be considered</p> <p>Objections to St Helier as the SECH as it is not accessible to communities in the South of the area</p> <p><u>Example comments</u></p>

		<p><i>My main concerns are around transport issues to be faced by people trying to make use of these three hospitals. It seems to me that each one will cause difficulties of access for different groups of people, depending upon where they live</i></p> <p><i>We strongly object to the SECH going onto the St Helier site ... it would be impossible for most patients in the southern part of the catchment area to get there in 30 minutes. Many of them would be forced to go to the Guildford or East Surrey hospitals. Although the northern part of the area is densely populated, there are already good communications to the Sutton site, and these could be improved with a tram system as is currently proposed (Tadworth and Walton Residents Association)</i></p>
<p>Travel and access concerns: the preferred option</p>	<p>70</p>	<p>Travel and access concerns for both patients and visitors if services are consolidated in Sutton, especially with respect to the elderly, those without cars, people with disabilities/ complex needs and pregnant women. It would be too far, difficult and costly for many</p> <p>Predicted travel times to a new hospital via ambulance in Sutton have been underestimated by not factoring in traffic congestion</p> <p>Public transport infrastructure is not up to standard, and some people would have to catch both trains and buses to get to Sutton</p> <p>It is unclear how sufficient parking will be provided to accommodate patients and visitors</p> <p><u>Example comments</u></p> <p><i>I think the idea of moving many patients to a new site in Belmont is a very bad idea... older patients would have a far more difficult journey</i></p> <p><i>One question I had is what is planned for the cardiac services currently at Epsom Hospital. My son has a pacemaker which requires regular annual checks. Will he still be able to get this done at Epsom in future? Getting to the suggested Sutton site by public transport is not at all easy</i></p> <p><i>St Helier has a significantly larger population with considerably more dependent children and elderly people. They are also more reliant on the strong transport links to St Helier Hospital with residents statistically less likely to have access to a car</i></p> <p><i>If I lived in Mole Valley and was expecting a baby, I would not relish the thought of the maternity service being at Sutton. Traffic is horrendous in this part of south London/north Surrey</i></p> <p><i>My one concern is maternity services on one site and the apparent additional travel for pregnant women and family</i></p> <p><i>Re the consultation on the changes to the service at Epsom and St Helier hospitals. My main concern is public transport. To get to Epsom hospital I have to take the train to Epsom then walk to a bus stop. The train is good with heated waiting rooms and seats etc. But the bus stop is on a busy road with no seating. And runs every 30 minutes! I just missed one once and felt considerably challenged - the arthritis in my neck. The average 30 minutes travel time you say it takes for an ambulance to get to hospital is far too long after an accident</i></p> <p><i>My husband and myself live in Morden. He is hemiplegic following a stroke in 2015, and on several occasions has had to return by ambulance to St. Helier, most recently for urgent treatment for life-threatening pneumonia. A longer journey to Belmont might have led to a bad outcome or longer stay in hospital. I am very concerned that he (or I) should be able to continue to have access to acute services within our area</i></p> <p><i>From Bookham, Sutton Hospital requires 2 trains and a bus if you are not fit enough to walk a mile from the station. St. Helier Hospital has a bus linking it with Epsom Hospital, which is a good idea, but the predicted journey time is 48 minutes (on top of the time taken to reach Epsom) which shows how far away it feels. I realise that seriously ill people will usually reach hospital by blue light ambulance, but their friends and relatives will need to make their own way there, and presumably patients will need to return for follow-up appointments</i></p> <p><i>My 85-year-old father attends St. Helier for the majority of his appointments. It is a struggle for him to get over to either St. George's or Epsom Hospitals, much less up to Banstead after suffering a stroke, prostate cancer, having a pacemaker and many other ailments an 85 year suffers plus I attend most appointments with him so again parking is very limited in Banstead</i></p>

		<p><i>I find your journey plan absolutely ridiculous for a pensioner ...Do you realise how tiring and costly that journey would be?</i></p> <p><i>The transport to Sutton is not great, my daughter has a disability and she needs to be close to the hospital. How will this impact on people with complex needs?</i></p> <p><i>Regarding public transport, I have considerable experience of getting from Fetcham to both St Helier and Sutton Hospitals by bus-train-bus. This journey takes AT LEAST one and a half hours, sometimes over two hours if one is unlucky with connections. This compares with 25 minutes by bus to Epsom. Visitors' travel difficulties definitely need to be addressed</i></p> <p><i>I think your figure of 30 minutes for ambulance/car travel to Sutton is over-optimistic. When there is an incident on the M25, most of the local roads become clogged by traffic, apart from the normal congestion. Also 30 minutes in a jolting ambulance is too long for e.g. cardiac, stroke and maternity patients. Surely it is preferable for them to go to their nearest hospital</i></p> <p><i>Last Friday I had to go to East Surrey Hospital and the roads surrounding the hospital were so packed with traffic that it took us 50 minutes to go the last 400 yards. This example illustrates what will happen to any new hospital if a great deal of care is not taken in designing the road layout for any new hospital. What happens when blue light ambulances find a situation like this?</i></p>
<p>Travel and access concerns: the preferred option (inequitable healthcare)</p>	<p>37</p>	<p>Health services arguably need to be located in the most deprived areas (i.e. St Helier) where residents are more dependent on them</p> <p>Health inequalities would be exacerbated for those in the Epsom and St Helier catchment areas, the latter of which has areas of high deprivation, low incomes and lower life expectancy</p> <p>Those from lower socio-economic backgrounds and BAME groups (which, it was claimed, are correlated) would be further discriminated due to travel and access difficulties</p> <p>St Helier could potentially lose 62% of its beds and become a 'glorified walk-in centre'</p> <p>Healthcare needs to be easily accessible for everyone, which it will not be under the Trust's preferred option</p> <p><u>Example comments</u></p> <p><i>During the period this consultation has been open, the high-profile Marmot review laid bare the growing health inequalities in this country. It found that life expectancy has flattened for the first time in 100 years. In the most deprived compared to the least deprived areas, men can expect to live 9 years fewer and women 7 years fewer. Data from Epsom and St Helier's A&E attendance proves that the more deprived an area, the higher the reliance on acute hospital services. In short, it is more important than at any time in the past century that health services are located in sites of greatest need</i></p> <p><i>Your preferred option, of moving all acute services and the A&E to Belmont, and downgrading both St Helier and Epsom hospitals, will hit hard those who are in most need of easy access to such essential facilities</i></p> <p><i>The Marmot review found that life expectancy has flattened for the first time in 100 years. Life expectancy in the most deprived areas trails far behind life expectancy in the least deprived. I have looked at the figures for Epsom and St Helier's A&E attendance and it is clear that people in the most deprived areas are heavily dependent on those acute hospital services</i></p> <p><i>Considering the wider community, I understand that Morden and Mitcham have a larger proportion of population who are poorer and generally in poorer health than the population of Belmont or Sutton. Depriving them of nearby hospital services, especially A&E and acute care, Maternity and children's services, would mean longer journeys (2 buses) and a longer walk for those most needy and likely to be in poorer health, including disabled, elderly and families with children. This is very unfair and exacerbates already existing inequalities in this part of Surrey/Outer London</i></p> <p><i>The proposals do not address the reality that, for a variety of reasons, people in relative economic poverty access A&E more than their more economically affluent peers. In addition, people in relative economic poverty who live further way from General Practices also tend to use A&E more than their peers who live closer to GP services. These findings are set out in https://bmjopen.bmj.com/content/9/1/e022820</i></p>

		<p><i>Research published by the Nuffield Trust shows that people in relative economic poverty have to wait longer at A&E and have less good outcomes</i></p> <p><i>It is also essential to take account of the fact that relative economic deprivation and some ethnic groups tend to overlap e.g. African-Caribbean, Bangladeshi, Pakistani and Black African. Hence these people tend to be doubly discriminated against when access to A&E or Children's Hospital services are moved away from them</i></p> <p><i>I live in Mitcham an area of need in Merton, poverty, social housing, older population, limited transport. We have already lost The Wilson Walk -in in Mitcham, whereas money was ploughed into The Nelson in much better off Wimbledon</i></p> <p><i>A recent report showed that children living in the most deprived areas are more likely to suffer from a serious illness during childhood and to have a long-term disability - and yet children's beds are being taken away from St Helier Hospital</i></p> <p><i>I wasn't surprised to discover that 42 out of the 51 most deprived Lower Super Output Areas are nearest to St Helier Hospital. Yet only one is nearest to your preferred site at Belmont, hardly providing help to those who need it most. Closing such vital services at St Helier would undoubtedly hurt the communities who depend on it and unnecessarily add to health inequalities across the local and wider area in this part of London</i></p>
Impact on other hospital sites, St George's in particular	41	<p>People will be more likely to travel to sites other than the new hospital (e.g. St George's and Croydon), which may overwhelm them – especially as they are already struggling to cope with long waiting times</p> <p>Concern about the impact of the proposals on Croydon University Hospital (and lack of information on this) and Croydon residents' and patients' choices</p> <p><u>Example comments</u></p> <p><i>I am deeply concerned at the impact on St Georges Hospital from the closure of key services at St Helier. Living in Colliers Wood, I have many friends and neighbours who either regularly use St Georges or work there and we all know how incredibly busy this hospital already is. It is inconceivable that moving services to Belmont will lead to anything other than a worsening of the situation at St Georges and negatively affect its patients. People currently using St Helier are much more reliant on public transport and travelling to St Georges, which is an easily accessible location, will be preferable than trying to get to the harder to reach site at the other side of Sutton</i></p> <p><i>Many people using St Helier Hospital do not own a car and, rather than taking what is the difficult journey by public transport to Belmont, are very likely to go to St George's or Croydon University Hospitals. St George's A&E is already in the bottom quartile for space standards, and bed occupancy at Croydon University Hospital is already at 99 percent. Putting greater pressure on struggling hospitals is likely to have very damaging consequences</i></p> <p><i>As well as this, unbearable pressure would be placed on the nearby hospitals of St George's and Croydon University. Countless residents who currently use St Helier have made it clear to me that they would attend St George's or Croydon, rather than travelling all the way down to Belmont. But these hospitals are already under huge strain: St George's A&E is in the bottom quartile for space standards, and the Care Quality Commission (CQC) has demanded that fewer patients attend the hospital. Croydon University already has a bed occupancy of 99%, which is far above accepted safety levels. The pressure that these hospitals would be under with even more patients is unimaginable</i></p> <p><i>This would be detrimental for local people as many would find it difficult to get to Belmont for routine appointments / treatment and this would surely also place pressure on St George's and Croydon University Hospitals</i></p> <p><i>Removal of its acute services would see an impact on St George's hospital (the hospital I would choose to attend without St Helier) and Croydon hospital. Both of these hospitals would be unable to accommodate without S Helier and would in turn add pressure to the already stretched services that they provide</i></p> <p><i>There is (a) need ... to look beyond the current NHS borders and consider how populations are using services. Croydon has not really been considered fully in this consultation ... but Croydon shares a long border with Merton and Sutton and many residents may choose to use these</i></p>

		<p><i>hospitals. Likewise, as a result of these changes, many Sutton and Merton residents may choose to use hospital services run by Croydon University Hospitals NHS Trust (Healthwatch Croydon)</i></p>
Travel and access concerns: safety	15	<p>Consolidating services could ultimately lead to loss of life: travel time to the new hospital could be too late for many</p> <p>St Helier is well used by the local community – it would be unsafe to remove services</p> <p>Concerns about vulnerable people with serious and underlying health issues</p> <p>ESHT accused of putting ‘profit before lives’</p> <p><u>Example comments</u></p> <p><i>There is no point in having a centre of excellence if you are already dead by the time you get there. This is why Accident and Emergency was so called, it means you need this service urgently</i></p> <p><i>Also, I am concerned that it could take over 99% of patients travelling by car/blue light ambulance up to 30 mins to get to the proposed new emergency hospital. In an emergency, this seems like a long time and could be matter of life and death</i></p> <p><i>Removal of St Helier hospital acute services is unsafe...removal of hospital should not be happening</i></p> <p><i>Let's think clearly here. If an ambulance has to travel just an extra five minutes with a critical patient this could put the patient's life a severe risk. But an extra ten to fifteen minutes, well I will leave that to you guys to think over</i></p> <p><i>Do not do this. Blood will be on your hands. From incidental deaths from making the hospital further to get too, for making the service unready available and I am writing to you to plead this case</i></p> <p><i>Taking ... patients to A&E within 10 or 15 minutes means the difference between life and death. The half hour it would take to go to Belmont would mean death in many cases</i></p>
Other concerns about consolidating services	21	<p>The new hospital will not be able to cope with delivering so many services under one roof</p> <p>Scepticism about the cost of centralisation</p> <p>Concerns over delivery overruns</p> <p>Disagreement that so much of the available funding will be spent on the new hospital, rather than current sites/services</p> <p>A new hospital in the preferred location could ultimately result in the complete closure of both St Helier and Epsom hospitals</p> <p>Losing services from St Helier will put further stress on staff</p> <p>St Helier has new maternity ward that was only built two years ago; it makes little sense to close it</p> <p>Could the current NHS consultation on the future of childhood cancer services at the Marsden affect plans for the new specialist hospital?</p> <p>A status quo option should have been considered</p> <p>Concern that ‘politics’ will prevent necessary change</p> <p><u>Example comments</u></p> <p><i>How on earth would it cope with your new proposals and by putting it all under one roof it's ridiculous</i></p> <p><i>The cost of constructing another building would be a waste of money and an expense our already over stretched NHS can ill afford</i></p> <p><i>I am unhappy that as things stand with the current proposal, the majority of the £500 million that has been allocated will be ploughed into Sutton hospital leaving St Helier and Epsom in the lurch</i></p> <p><i>If the recommendations in the proposals come to fruition what will be the impact on St Helier with the reduction in department such as A&E, maternity, paediatrics. Will this be followed by</i></p>

selling off large parts of the site to the vultures waiting to make a financial killing? (Sutton Seniors Forum)

If this new specialist emergency care hospital is built, I am quite certain (whatever the government or NHS Executive may say now) that the NHS/government will seek to close St Helier or Epsom (I suspect St Helier since it's perceived to be in a 'poor' area and serves 'poor' people)

I'm interested to know how these plans would work alongside another NHS consultation in to the future of childhood cancer services at the Marsden. If the Marsden won and needed to expand their facilities to accommodate paediatric ICU, would this impact on space available for a new hospital, and does that give weight to the argument to put the new hospital in Epsom? <https://www.itmustbemarsden.org.uk/the-issue/>

Despite the government promising £500 million to fund a new acute hospital and improvements to existing sites, there remains a risk that the project will fail to materialise if every local politician and campaign group continues to fight for the major investment to be in their patch (Ewell Village Residents Association)

I do worry that because of the current tremendous additional burden on the NHS budget, if the local community opposes the proposed solution, the Secretary of State for Health and NHS professional might take the view that all bets are off and the £500 million allocated is thrown into the melting pot of sorting out the NHS budget post crisis

The location of a new SECH

There is reasonable support for the preferred option of building a new SECH at Sutton, but reassurance was sought around access

- 6.28 Despite strong concerns from respondents in the St Helier and Epsom hospital catchment areas, there was a reasonable amount of support for providing a new SECH at Sutton as the most cost-effective and practical option. However, many caveated their support by emphasising the need for improved accessibility to the site in terms of on-site parking, public transport and road infrastructure. Specific suggestions included the provision of more bus routes, a shuttle bus between different sites, and park and ride services. Consulting and working with Transport for London was also considered critical.

There was also support for St Helier as the site of a new SECH as it serves a larger, more deprived population

- 6.29 Considering the strength of feeling among St Helier respondents, it is perhaps unsurprising that many respondents were in support of building a new SECH on the existing hospital site there. Their reasoning was that the area has a higher density population than Sutton, and one that is more deprived and in need of not only local specialist acute services, but also the economic regeneration benefits a new hospital would bring. It was also said that the area has good transport links and that the site has ample room to develop.
- 6.30 However, it should be noted that many submissions did not explicitly offer support for a SECH at St Helier, rather that it should be retained in its current form. Similarly, only a small minority of responses conveyed explicit support for a new specialist hospital at Epsom, with more expressing concern about the impacts of it becoming a district hospital.

Table 24: Summary of main themes raised in written submissions – views on the location of a new SECH

Sub-Theme	No of times raised	Main Issues and Example Comments
Support for a new hospital at	50	<u>General support</u>

Sutton: The most viable option		<p>It makes the best geographical sense for the population, especially if accounting for residents from neighbouring areas such as Carshalton, Banstead, Coulsdon, Burgh Heath, Tadworth and Kingswood</p> <p>It is the most accessible option</p> <p>It will offer the best value for money</p> <p>It will improve overall standards of care</p> <p>It will offer modern and fully equipped services which will attract highly qualified staff</p> <p>It will yield better patient outcomes</p> <p>Epsom and St Helier are not viable options because of the lack of space and lack of cost effectiveness to refurbish</p> <p>It is not practical to locate it at Epsom or St Helier</p> <p><u>Example comments</u></p> <p><i>Having read the proposals I feel that objectively the Sutton site seems the most viable and so for the greatest benefit should be used</i></p> <p><i>The evidence for building a new hospital in Sutton is overwhelming</i></p> <p><i>I am fully supportive of the new specialist emergency care hospital being built on the Sutton site. The £500 million allocated to developing the Epsom and St Helier sites, together with building a new emergency care unit gives our area a huge boost at time when finances are hard to come by</i></p> <p><i>Having spoken to a number of people and having some experience in construction, my wife and I endorse the recommendation to build a new hospital at Sutton. Building new means better insulation and energy consumption, allows modern electrical systems and easier hygiene. Trying to update old buildings always means unforeseen problems need to be overcome and will probably be slower with far more disruption to people.</i></p> <p><i>When I received your pamphlet setting out plans for the new acute hospital to be built, the preferred site being Sutton Hospital, I was really relieved that AT LAST this project is finally taking off. Twenty years or so ago, this proposal was mooted</i></p> <p><i>I have received the leaflet concerning the above. My own preference mirrors the preferred option in the leaflet which is for the new specialist emergency care hospital to be built at Sutton. I concur with the reasons given supporting the choice for Sutton, particularly as it would be the easiest to build and best value for the taxpayer</i></p> <p><i>From the outset can I say that I see great merit in the building of a new hospital in the site close to the Royal Marsden Hospital. St Helier Hospital is beyond being in a situation where considerable sums of money could be economically justified, and Epsom Hospital is currently in the wrong location to meet the full needs of the catchment area</i></p> <p><i>This leaves the preferred Option 1 building the emergency hospital on the huge and vacant site that The Trust already owns. It is ideally centrally located to the catchment area; the numerous existing buildings can be knocked down quickly and the whole sight redeveloped</i></p> <p><i>At the end of the day, the outcome of your hospital visit is more important than where it is and how you get to it (Ewell Village Residents Association)</i></p> <p><i>From these it is evident that a brand-new hospital, most likely placed at Sutton, and in addition to the two existing ones with further improvements, is an attractive option and will address your concerns for raising standards in acute care</i></p>
Support for a new hospital at Sutton: if accessibility is increased	18	<p>The viability of the proposal depends on the quality of the UTCs provided at Epsom and St Helier, sufficient road layouts and parking</p> <p>A need for investment to ensure Sutton is accessible by public transport and private motor car</p> <p>The Trust will need to work with TFL to improve public transport to and from the new hospital - and local councils will need to be engaged</p> <p>Suggestion that the new hospital should have a helipad to improve access</p>

		<p><u>Example comments</u></p> <p><i>I am delighted that at last we can have a new hospital. A new hospital should probably be built at Sutton although the access to the whole catchment area is not brilliant</i></p> <p><i>What plans are being made to improve public transport for the catchment area – I am aware of a possible new link system from Sutton station to the new location, but this would be of little benefit to the residents south, west and east of the hospital..?</i></p> <p><i>In terms of accessibility, the old Sutton hospital site is poorly positioned for vehicular access. What plans are being made to accommodate the additional 3,000 vehicles joining and leaving the site every day..?</i></p> <p><i>The Belmont site is in a lower density populated area, with open green space not far from its southern boundary and is poorly served by public transport</i></p> <p><i>Clearly the Trust would need to work with TfL to put in place good public transport between the two locations, similar to what has happened in linking Kingston with St George’s Hospital, where the combined existence of the 57 and 131 bus services has overcome transport issues associated with many less serious health issues. The new hospital should take responsibility for all other identified services</i></p> <p><i>Transport links with the Sutton Hospital site are already better and if necessary, access can be improved with more bus routes, patient transport etc. You would not need to transport patients between the all sites as you would have to do as per your preferred option</i></p> <p><i>Although Epsom is more convenient for most of our residents, looking at the overall spatial arrangements, we agree that the Sutton site is probably the best location - although we still have reservations on access, adequate parking and the periodic delays on the A217 public transport from Sutton and Merton ... could be improved by introducing a tramway or similar from Wimbledon, Sutton and Colliers Wood and modifying some of the existing bus routes (Tadworth and Walton Residents Association)</i></p> <p><i>We need public transport calling at all three sites St Helier/Sutton and Epsom covering pick-ups from the whole catchment area to any of the three hospitals sites. Some buses exist but someone needs to coordinate this</i></p>
Support for a new hospital or retention of acute services at St Helier	55	<p>Locating the new hospital at St Helier would serve a larger area, and the site is more accessible for the most deprived LSOAs in the Trust’s catchment area</p> <p>The SECH would foster regeneration and employment in a deprived area</p> <p>A new hospital at St Helier is more financially viable – and the consultation information is not necessarily making this clear</p> <p>Transport connections to St Helier are superior to Sutton, including the road system and the proposed new tram link - whereas the Sutton site is close to a number of schools which causes traffic jams and congestion</p> <p>Poor transport links to the Sutton site make access difficult for visitors</p> <p>Difficult for staff to get to a new hospital in Sutton, which would impact on recruitment and retention</p> <p>The site has room to develop</p> <p>St Helier Hospital services a high-density population and is much needed by the local population</p> <p>Praise for the good quality service provided at St Helier – it is accessible, has saved many lives and continues to provide effective healthcare</p> <p>Concern about potential amount of private patient facilities within the new build</p> <p><u>Example comments</u></p> <p><i>This Hospital works and deals with all of us in the area nicely it needs more money and support as you can see now... The people's voice should now be listened to; it's our lives not the ones that can afford private health...Keep St Helier safe and inject some money into it even if our taxes go up save it</i></p>

		<p><i>St. Helier Hospital is one of the cogs in the wheel of progress in this beloved community. The Hospital provides health needs and requirements, the hospital is akin to an industry in the neighbourhood as there are small industries, supplies chains allied to working with the hospital. Thereby, providing much needed employment and industry for this environment</i></p> <p><i>St Helier provides a vital service to the surrounding population and re-siting A&E etc would create hardship to a great many people</i></p> <p><i>We ... have paid all our lives ... to have a comprehensive health care system through the NHS and not through private hospitals ... please keep our hospitals local to serve the residents. No need to sell public land to developers</i></p> <p><i>Myself and family know that there are other families in the same predicament and would be so devastating if it was decided that the above hospital was to close...I have been so grateful to St Heliers Hospital, they have saved mine and my children's lives. The staff are so amazing and take their times to provide the best care to each individual patient</i></p> <p><i>I would like to see more and improved services at St. Helier hospital site as this is more central, convenient and linked with public transport</i></p> <p><i>New state of the art hospital at current St. Helier site will cover and serve wider community. It will be also closer for more people to travel to compare to other proposed sites. It will also help to regenerate the area and create new jobs opportunities for deprived Merton area ...</i></p> <p><i>We would prefer that emergency care facilities be located at St Helier because of the advantages it offers for the largest number of deprived communities and for older people</i></p> <p><i>The area surrounding St Helier has the greatest need, the greatest level of deprivation and the shortest life expectancy in comparison to Belmont and Surrey Downs</i></p> <p><i>When considering the financial implications, the consultation identifies the Net Present Value as the core metric for the evaluation. But this disguises the fact that the Belmont option requires significantly more capital than the St Helier site. In fact, even taking into the estimated impact on other providers, the Belmont site would require 19% more capital, making it a riskier option. What's more, the St Helier option gives a better return on investment at 7.4%</i></p>
Support for a new hospital at Epsom	6	<p>A good quality hospital that is accessible</p> <p>Far easier access for people from Cobham and surrounding areas of Surrey</p> <p><u>Example comments</u></p> <p><i>As a resident of Cobham, Surrey, I would like to vote for the option of having the new emergency care hospital built in Epsom, as accessing services in Sutton would mean very long journeys. I think that the estimates of deprived neighbourhoods in this area of Surrey have been underestimated</i></p>

The consultation process

- 6.31 The CCGs listening events were criticised for not covering particular areas, being oversubscribed and not giving attendees a chance to comment on the proposals. Issues were also raised in relation to the consultation document and questionnaire, such as: a lack of detailed analysis; confusion over some of the terminology; poor explanations of what the proposals would mean for local people; and issues with accessing the online questionnaire.

Table 25: Summary of main themes raised in written submissions – views on the consultation process

Sub-Theme	Number of times raised	Main Issues and Example Comments
Criticism of local drop-in and listening events	14	<p>Disappointment that focus groups are only offered to a select number of people</p> <p>Criticism of the facilitation of the listening events, especially in relation to attendees' questions being ignored</p> <p>Disappointment that attendees were not able to 'vote' on proposals</p> <p>Disappointment with the lack of events held in particular areas and at particular times</p> <p>Conflicting information provided with regards to statistics presented</p> <p>Some of the events were over subscribed</p> <p>Lack of parking</p> <p><u>Example comments</u></p> <p><i>Why are the only 'open' events 'listening events', with focus groups and deliberative events by invite only. I want to hear from and engage with the formal consultation team, rather than outreach facilitators. There should be public walk in events where there are senior members of the decision-making team available to hear questions and provide answers. People should be able to apply for focus group attendance and deliberative events</i></p> <p><i>The statistics quoted were inconsistent and did not help to clarify matters. I had heard at a previous meeting that the acute hospital would take 15% of cases. But at the meeting, we heard that two thirds of those attending A&E actually need Urgent Care. So, 33% need Emergency. That's twice the numbers? I know the stats have been 'modelled' but most of us just don't get how that works</i></p> <p><i>We have just returned from Epsom Racecourse feeling very frustrated... Upon arrival at the Queen's Stand we were told that the room, including the standing area, was already totally full... Did no one expect a high level of local interest in this subject? I'd hate to think local hospital executives would wish this to be the case</i></p> <p><i>I have twice attempted to attend one of the meetings regarding the above. The first time in Longmead Road, struggled to find parking space (!) and so missed the first 30 minutes or so. The second time went to Epsom Racecourse, and as I knew there would be plenty of parking arrived bang on time. However, wasn't allowed in as the venue was completely full up</i></p>
Issues with the consultation document and questionnaire	42	<p>Concern about raising public awareness of the consultation through doorstep leaflets because most 'will mistake them for rubbish'</p> <p>Concern about the placement of an IHT advert in a local paper</p> <p>Concern that the information presented was biased in favour of older people and against deprivation</p> <p>Criticism of a lack of alternative options beyond the three outlined</p> <p>Disappointment in the lack of detailed analysis by local area. The analysis undertaken is too broad and arbitrary, calling the credibility of the data into question</p> <p>The travel time analysis is flawed: it should not be based on minimum travel times, but on real-life scenarios tested at different times of day</p> <p>Lack of maps showing the geographical coverage of the three clinical commissioning areas and communities impacted by the proposals</p> <p>Misleading terminology, which has caused confusion as to whether a fully operational A&E department will remain at St Helier Hospital under the preferred option – and uncertainty more generally around the difference between UTC and A&E departments, and what exactly the UTCs will provide</p> <p>Referring to the preferred site of the new SECH as 'Sutton' is misleading. It should be made clear that it would be in Belmont</p> <p>The public does not understand the basic reasoning behind the proposals because it has not been made clear enough</p>

Sub-Theme	Number of times raised	Main Issues and Example Comments
		<p>It is unclear how many beds, if any, would remain at the proposed district hospitals</p> <p>Lack of information explaining local service provision over the next five years</p> <p>Information is difficult to access for those without the internet or a computer</p> <p>Difficulties accessing the questionnaire via mobile phone</p> <p>Issues with not being directed back to the online questionnaire after reading additional information</p> <p>Difficulties locating the link to the questionnaire from the main IHT homepage / issues with the online questionnaire URL not working</p> <p>The way in which the questionnaire is framed is 'not objective'</p> <p>Criticism of profiling questions</p> <p><u>Example comments</u></p> <p><i>Where are the proposals for other options? The consultation should also include the cost of providing adequate local healthcare in the three locations considering current funding and the funding gap. It should also include proposed methods for filling the funding gap and how attract and retain the medical staff required to run the services and consult on these ideas, rather than simply pushing 3 options and asking people to feedback on the best of the worst. That is not consultation, that is manipulation</i></p> <p><i>I have been disappointed by the way the data have been presented. Instead of a detailed analysis by local area, the pre-consultation document focused on CCG area. This is misleading because taking this broad-brush approach conceals the fact that there are large differences in life expectancy within CCG areas. Lumping parts of Mitcham together with Wimbledon Park produces results which have little credibility. This defective approach also means that no proper account is taken of the fact that, for instance, Epsom and St Helier A&E attendances from Croydon, outside the catchment, are larger in number than those from Wimbledon, which is included in the catchment</i></p> <p><i>Evidence is required to show, realistically, how the population in the catchment area can reach the SECH – patients by ambulance within 30 minutes and visitors within a reasonable time by public transport (Tadworth and Walton Residents Association)</i></p> <p><i>... It was presented that Surrey Downs is weighted with older people and this group had their needs ... but does it equate to ... great deprivation? ... Tragically, some presenters of the data appeared to think it did. At another meeting The Panel agreed that perhaps the information relating to deprivation was not clear. This is being sent to tens of thousands of homes. I ask, is this not bias?</i></p> <p><i>The public consultation was not about IF this new acute hospital happens but WHERE. The public have largely not understood the basic reasons for the choice</i></p> <p><i>The Baseline Travel Analysis on your website explains that the analysis uses the minimum travel time from each neighbourhood to one of the potential three sites: -Why is the minimum travel time used rather than the maximum or an average. Why were no other travel times calculated to each of the other 7 hospitals outside of the CCG area that are mentioned I along with many others I questioned the 30 minutes and from a computer model. You need to get people out on the roads at different times throughout the day to get a realistic picture. Do not rely on computer modelling</i></p> <p><i>What appears to be missing from the consultation is no opportunity to reassure residents of how local services will be provided over the next five years and the bed provision reallocation between the possible three hospitals only provides 4 extra beds, when over 1000 new homes are planned for in Leatherhead alone. Many residents OAPs and low-income groups do not have IT skills or equipment</i></p>
Criticism about the cost of the consultation	13	<p>Money spent on the consultation could have been used to improve local services</p> <p>Consultation is too time-consuming, costly and a waste of money</p>

Sub-Theme	Number of times raised	Main Issues and Example Comments
		<p>Lack of transparency around how much the current, as well as previous, consultations have cost</p> <p><u>Example comments</u></p> <p><i>Stop spending such exorbitant amounts of money on consultants and spend the money where its really needed</i></p> <p><i>Over the years consolation after consultation has been launched, closed then reviewed, only for the decision to be put back again and again... This has wasted an estimated £50m of taxpayers' money. Of course, we don't know the full extent of the cost, because you have deemed it not to be in the public interest, so I can only presume that the sum is far higher. This is indicative of a process which has the outward appearance of openness and transparency but in fact has been nothing but opaque and proved time and again completely unwilling to accept the flaws in its preferred option</i></p> <p><i>As you know, a major source of local concern is the money spent on consultation processes. These have wasted at least £50m of taxpayers' money. Each time a consultation has taken place, local residents have argued for improvements at St Helier but each time we have been faced with a dogmatic insistence that St Helier should be downgraded.</i></p> <p><i>The debate about the future of St Helier has been on-gong for over 20 years at a cost of about £50 million; money I, and the majority of people would prefer to have spent on the hospitals. Now we are into another round of consultations.</i></p>
Other issues and comments	14	<p>Difficult to find certain information on the IHT website</p> <p>Paper documents relating to the consultation are not available at local libraries</p> <p>The consultation should have been postponed due to the COVID-19 pandemic</p> <p>The consultation period is not long enough</p> <p>Concern that people's views will be ignored</p> <p><u>Example comments</u></p> <p><i>I believe at this current time of crisis with COVID-19 having a consultation period that is due to end in 48 hours is misguided and insensitive. At the very least this issue should be put on hold until this present time of anxiety and difficulty is over</i></p>
Praise for consultation	4	<p>The information provided at the consultation launch was useful</p> <p>The proposals were well presented at the listening events</p> <p>The listening events were useful</p>

Alternative suggestions

^{6.32} The most popular alternative suggestion was for the proposed £500m funding to be spent not only on retaining acute services at St Helier, but also further improving and expanding the current site (rather than building a new hospital). Other options offered via the shorter and less complex written submissions were few and far between, but including suggestions such as:

Investing in and expanding all current sites as well as providing a new hospital;

Investing in and expanding all current sites instead of building a new hospital;

Building four 'smaller' specialist emergency hospitals sites across Sutton, Epsom & St Helier; and

Centralising services even further.

Table 26: Summary of main themes raised in written submissions – alternative suggestions

Sub-Theme	Number of times raised	Main Issues and Example Comments
Invest in St Helier	17	<p>Provide more funding and expand services, rather than remove them</p> <p><u>Example comments</u></p> <p><i>As the Hospitals in London as Kings and Guy's Hospital have had a lot of money spent on them. St Helier should get the same money spent on it</i></p> <p><i>Rather than downsizing we should be re-building or refurbishing St. Helier hospital that's what will be needed any way with current forecasts for population growth, it will be delaying the inevitable fact that these services need expanding not reducing</i></p> <p><i>While I am glad that the Government has allocated £500m of funding to the Epsom and St Helier Hospital Trust, I am convinced that this money should be spent at St Helier Hospital on its current site because that is where it is most needed</i></p>
Retain and expand existing services AND provide a new hospital	6	<p>Retain and expand all services and sites (beyond what is being proposed) as well as providing a new hospital</p> <p><u>Example comments</u></p> <p><i>I feel that NHS services need to be and should be expanded rather than combined in one location. A new site in Belmont would be fantastic, in addition to existing services - but not at the expense of losing St Helier - that's just scandalous</i></p> <p><i>If the government wishes to build an extra third specialist emergency care hospital at Sutton, IN ADDITION (I stress, IN ADDITION TO, not in substitution for, St Helier's and Epsom hospitals I would be in favour as long as both St Helier's and Epsom hospitals also remain specialist emergency care hospitals as well (i.e. providing all services, including A&E and maternity services on all three sites). Greater London has a population of 8.9 million people; we need more hospitals providing all services, not fewer</i></p> <p><i>I am not against a new hospital in Belmont but that should be built on top of keeping and improving St Helier's as well, not at its expenses</i></p>
Invest in existing sites rather than make the proposed changes	4	<p>Existing sites and services should be invested in (by rebuilding St Helier and Epsom for example)</p> <p><u>Example comments</u></p> <p><i>I don't understand why the money already given can't be used to improve our local services to their former levels</i></p> <p><i>St Helier and Epsom hospital buildings require drastic demolition/rebuild – it should be funded by local charges matched by Government funds. Sadly, British people do not appreciate that for which they do not contribute</i></p> <p><i>In some ways it would be better to rebuild St Helier (so a new hospital like the new UCLH on the existing site) and temporarily move services to Epsom during a rebuild, then rebuild Epsom to an equally high quality (or vice versa)</i></p>
Consolidate services even further	4	<p>Provide fewer services than proposed at St Helier and Epsom: the district hospital services will not be needed as most of the services would be covered at the new hospital</p> <p>Provide ALL services on one single site</p> <p>Close St Helier altogether</p> <p><u>Example comments</u></p> <p><i>Regarding the future of the two current sites, I believe that it would be difficult to justify all of the services identified on the page of your consultation brochure headed "District Hospitals at both Epsom and St Helier" at St Helier. A strong case could be made for diagnostic and some outpatient services but not much more, as the planned new location would not involve too extensive travel... The situation in Epsom is different, because of the distance and more complicated travel links. I therefore see that Epsom Hospital should continue (in a lesser</i></p>

Sub-Theme	Number of times raised	Main Issues and Example Comments
		<p><i>reduced form than St Helier) to provide more of the services you outlined on the respective page of your brochure</i></p> <p><i>I do not see the case for keeping any existing care at both The St. Helier and Epsom Hospital as per the plans. I do not see any evidence for why only six 'Core Services' seeing 300 patients a day is an acceptable way of spending the £500,000,000 of Public Investment already granted</i></p> <p><i>I think this is a missed opportunity to go even further and merge all services onto a single site super-hospital. Many of the inefficiencies and staffing problems will persist and patients would receive better care from a single site despite the increased travel distance</i></p> <p><i>Why refurbish St Helier why not sell off this large site to help to pay for new blocks at St Georges, Croydon, and Sutton?</i></p>
Build four smaller hospital sites across Sutton, Epsom and St Helier	2	<p><u>Example comments</u></p> <p><i>We are more than ever convinced that consideration should be given to building 4 new, smaller, SECHs using the 3 sites at Sutton (for 2 SECHs) Epsom and St. Helier (one SECH each), rather than one monolithic 300 bed SECH at Sutton</i></p> <p><i>It seems to us that there is one missing option which might be explored. This is to build 4 new, smaller SECHs, 2 of which might be built at Sutton and one each at St Helier and Epsom. Each of these could be planned flexibly to provide up to 75 single rooms to accommodate all 6 core (major) services. They could be networked by specialist doctors, nurses and clinical staff and managed as one by the Trust, backed up by rapid transit arrangements (road and air ambulance). These 4 SECHs might be built concurrently or in stages. These smaller SECHs could help remodel or break the mould used for large scale monolithic, inflexible buildings (like St Helier) and now proposed for Sutton, which are guaranteed to become obsolete too soon and unmanageable for too long</i></p>
Invest in re-balancing health inequalities	1	<p><u>Example comments</u></p> <p><i>Surely a better solution is to use the funds available to reduce health inequalities in South West London</i></p>
Provide more beds than proposed	2	<p><u>Example comments</u></p> <p><i>The numbers were laughed at only four more beds required to what we have now, 1048 up to 1052. If, as was said on a number of occasions, this is a once in a generation opportunity, then let's make sure the plans cover the future. With medical science making operations and treating illnesses today that were not possible 10 years ago we should ensure bed numbers. Why not cater for 1200 beds. This would show the public that you, as a Trust, are looking to the future and not reliant on your computer modelling which when announcing only four more beds required shows negative reaction. It just does not sound right and at each of your presentations hard to sell</i></p> <p><i>We request an urgent rethink on total bed spaces to be provided (Tadworth and Walton Residents Association)</i></p>
Provide more nursing homes	1	<p><u>Example comments</u></p> <p><i>I would also like to find out more about aftercare given that the preferred option is to send patients home as soon as possible to recover in their own home. From personal experience many patients do not have access to downstairs toilets, washroom facilities or a carer to help them with medication, dressings etc so can involve a life changing decision to move to a nursing home because of these needs. Most of the private nursing homes can range up to £2,000 or more per week so not always feasible or practical to stay at home. Would it not be better to allocate some of the money to provide more nursing homes given the ageing population in the borough? An option could be for a small co-pay towards the cost of this if required</i></p>

Summaries of detailed submissions

- 6.33 As previously mentioned, some written submissions have been summarised in detail to highlight their main arguments and any alternative proposals. Those reported here have been chosen either because they are particularly well-evidenced or raise several ‘different’ issues to those being repeated by a number of respondents - or because they have been written to represent the views of larger groups of people (politicians or political parties/groups writing on behalf of their constituents for example).

These submissions will be published in full on the IHT website and we refer readers to review these versions for a full account of the issues raised. However, the following précis are offered in an attempt to make these often lengthy documents as accessible as possible, and we believe they are faithful summaries of the key points made.

NHS Trusts, CCGs and clinical groups

Consultant physicians, Epsom and St Helier University Hospitals NHS Trust

- 6.34 The consultants recognise the case for change including:
- The challenge of meeting quality standards of care into the future if the most acute and complex services continue to operate on two sites. They believe that consolidating these services onto a single site will enhance the quality and safety of care for patients, and allow more timely decision-making and regular review by senior clinicians;
 - The need for new buildings in which to deliver modern healthcare, and to increase the numbers of individual rooms for the patients most in need; and
 - The need to work in a more efficiently, joined-up way and support the rehabilitation of frail older people in an environment that helps them get back to their own home.
- 6.35 The consultants support the proposals to create a single specialist emergency care hospital (SECH) and the development of Epsom and St Helier as District Sites to manage 85% of the care that people receive in hospital. They also support the maintenance of the elective orthopaedic centre at Epsom.
- 6.36 In terms of location, the consultants believe that Sutton provides a number of advantages including: ease of build; less disruption to other services during construction; potential opportunities to improve care for cancer patients through co-location with the RMH; maintenance of most of the existing catchment area and thus more value for money overall; less disruption to other hospitals; and more convenience to more of the population served.

Croydon Health Services NHS Trust

- 6.37 Croydon Health Services warmly welcome funding for the IHT programme, which will “represent a significant and necessary investment in health and care for South West London”. They accept that the proposed model of care is a good solution to the challenges facing Epsom and St Helier NHS Trust.
- 6.38 Croydon Health Services also concur that all three options for the location of the specialist emergency hospital are manageable in terms of additional demand pressures, with the Sutton option posing the least challenge and the Epsom option the most. It is content that financial impacts have been incorporated into the analysis, and therefore places equal preference on the three options proposed.

- 6.39 Finally, the depth of analysis within the Deprivation Impact Assessment is praised in light of the needs of certain communities within the combined geographies.

Outer SW London Royal College of Nursing (RCN) Branch, supported by the Local British Orthoptic Society (BOS)

- 6.40 The RCN supports the proposed model of care and welcomes investment in the local health service. It also feels a new hospital will attract new staff, but worries that this will be at the expense of existing hospitals and neighbouring Trusts. Moreover, while economies of scale and centralisation will reduce costs and improve acute services, the College is further concerned that this would be at the expense of existing hospitals which *“inevitably would be downgraded as money flows towards the super hospital and far less is invested in the non-acute sites”*.
- 6.41 Of the three possible sites, the RCN:
- Prefers Sutton Hospital;
 - Describes St Helier Hospital’s buildings as *“old, expensive to run and ... not fit for purpose”* and comments on the high cost of staff accommodation and the *“years of disruption to the site if and when building work gets started”*. However, the College also says the hospital site is good for the surrounding high-density population and is better served by public transport; and
 - Comments that the buildings at Epsom are newer than St Helier’s and are in a better state of repair for the most part, but that some of them are not fit for purpose. Again, the potential disruption to existing services is noted, as is the fact the site is poorly served by public transport and that accommodation costs for NHS staff are very high, meaning most would have to travel some distance to work there. On the plus side, the site has developed well to serve the local population, with outstanding services such as the elective orthopaedic centre.
- 6.42 The following issues are raised by the RCN in relation to transport and travel:
- Nursing staff should enjoy free London transport to aid recruitment and retention;
 - Cycle routes should be provided from town centres to nearby hospitals;
 - The travel times suggested to the Sutton site are overly optimistic, and patient and staff parking might be challenging there due to the small footprint; and
 - With specific regard to Epsom: staff should be able to use an Oyster card at Epsom station; improved bus connections are needed to rail stations and nearby towns across Surrey; night-time bus services are needed for staff working twilight shifts; and sufficient multi-deck parking, with access to charging facilities, should be provided.
- 6.43 While agreeing that a new hospital would attract certain staff, the RCN comments in more general terms that the loss of the nursing bursary, tuition fees and unaffordable living costs are leading to *“a constant haemorrhaging of nurses away from the Metropolis”*. This, it feels, will ultimately affect its ability to provide safe and effective care in any new build unless solutions are found that support nurses to work in London – such as affordable accommodation close to the new hospital and good and cheap travel routes. Other suggestions are:
- More flexible working and developmental opportunities;
 - Recruitment and retention premia for ‘hard to recruit to’ posts;
 - Improved facilities such as a 24/7 staff restaurant away from patients and visitors;

Healthier work environments with air conditioning, easy access to rehydration stations, and sleep pods for power naps at night; and

Better provision for disabled staff and minority groups.

- 6.44 Finally, the RCN strongly urges the involvement of staff in the design of the proposed new SECH because “far too often planning and building takes place without consideration and involvement of those who will work in them”.

Additional comments from the British Orthoptic Society (BOS)

- 6.45 The BOS agrees that current hospitals are not fit for purpose and is “pleased with the extra funding to go towards a new hospital”. However, it feels that ophthalmology is not being considered and so cannot fully support the consultation. The Society’s main concerns are that:

Currently an orthoptist undertakes visits to stroke wards for visual assessments when they have spare time or patient cancellations, and this would not be possible on different sites; and

It is unclear how eye casualty would be affected as it sees many acute patients from wards and A&E, but would need to remain based with the main eye unit as it relies on the latter’s machines and other eye care professionals.

- 6.46 The BOS also questions why Sutton is considered the site best choice if it is the most expensive- as well as where the extra money for the Sutton plans are coming from, and what contingency plans are in place in the event of cost overruns.

Royal Marsden NHS Trust

- 6.47 The Royal Marsden NHS Trust (RMT) expresses support for the “potential synergies that could be realised by Epsom and St. Helier (ESTH) through a new build co-located with the RMH Sutton site” in the following four areas.

Hard & soft facilities management (FM) and clinical support services

- 6.48 It is agreed that savings can be generated through collaboration around: cleaning; inpatient catering; laundry; patient transfers; theatre consumables; and shared clinical support services. In addition, estates and maintenance savings would result from a more efficient new build. RMT is supportive of joint working in these areas to achieve savings.

Additional clinical synergies

- 6.49 RMT is also supportive of collaborating on identified areas for sharing core clinical facilities and services that will realise further savings (improved economies of scale or collaborative procurement approaches for example).

Integrated Cancer Model – SWL Cancer Hub

- 6.50 RMT notes the clear commitment from ESTH, St George’s and RMT to work more closely together, and feels that developing the Sutton site presents an exceptional opportunity to also develop a more integrated cancer service model. RMT and the Institute of Cancer Research have made significant investment in the Sutton site over the last decade, which is “entirely consistent with the further development of the Sutton site for NHS services”. RMT feels that a key opportunity may be the consolidation of cancer surgery in a joint dedicated facility at Sutton.

Commercial income opportunities to support the delivery of NHS care

- 6.51 RMT has a well-established and successful private patient service with all funds generated from private care used to reinvest in NHS patient and research services, and forecasts continual private patient growth for the Sutton site bringing opportunities for noncancer private patient work should ESTH develop a major acute hospital. This integrated NHS and private care model *“could be replicated for Epsom & St Helier at Sutton, drawing on the experience and capability of the RMH model and generating significant income for ESTH facilities and environment”*.

Epsom and St Helier University Hospitals NHS Trust Leadership Team

- 6.52 The Leadership Team supports investing £500 million in Epsom and St Helier Hospitals and the creation of a new SECH on one of their three sites.
- 6.53 The Leadership Team also supports bringing together specialist staff across both hospitals into one larger team at a SECH and to support local care at district sites. This, it says, is essential as *“we do not have enough specialist staff in key services such as A&E and emergency medicine”* and *“we are not meeting national quality standards”*.
- 6.54 The Team feels that the specialist emergency care hospital should be built at Sutton because it would: result in three urgent treatment centres (UTCs); be co-located with the Royal Marsden, improving care for Epsom and St Helier cancer patients; be the easiest and quickest to build; and keep the biggest percentage of the catchment able to use the SECH, meaning best value for the taxpayer.

South West London and St George's Mental Health NHS Trust

- 6.55 The South West London and St George’s Mental Health NHS Trust is supportive of the vision to deliver: better joined-up services; local district services in buildings that are fit for purpose; and high-quality major acute services in a new purpose-built SECH.
- 6.56 The Trust also says that:
- There is a need to ensure place-based programmes of health and social care integration are aligned with the IHT consultation process;
 - Many people accessing the UTCs and SECH under the future model of care will have mental health needs, and these must be considered in addition to the physical health reasons for presentation;
 - It would appreciate early involvement in the development and planning of any new intended models of mental health care;
 - It currently runs Liaison Psychiatry services at St Helier and needs to understand how the future model of care will impact these, as well as the associated impact on the crisis care pathway; and
 - It has other services whereby some provision takes place at St Helier Hospital, and so detailed consideration of the future location of such services (including the impact on clients and their family/carers and the Trust’s workforce and estates capacity) is required.

South West London Renal Community (signed by the clinical leaders of the St George’s and Epsom and St Helier Hospital renal services)

- 6.57 The South West London Renal Community supports the case for change and the proposed clinical model for consolidating acute services onto one site. It also agrees that the preferred location - Sutton - is the best option for patients. If its proposal (set out below) does not come to fruition, it would be satisfied that the inpatient renal services currently provided at St Helier should move to the proposed SECH at Sutton.

- 6.58 The Renal Community proposes that patient care could be improved if all tertiary renal medical and surgical practice were to be offered in one new purpose-built facility with its own identity and containing inpatient beds, dedicated operating theatres, high dependency care, patient training and outpatient facilities. Administrative facilities would also be housed there, and renal research facilities would need to be on the same site. The Renal Community believes it *“would be able to achieve all of the best practice indicators for both transplant, renal access surgery and inpatient nephrology if we were co-located [and that] there could be a revenue saving of several £million a year”*.
- 6.59 The Renal Community is of the view that St George’s Hospital is the right place for a combined renal service as *“this would be the easiest location to ensure the co-dependent clinical services that we need could be provided”*. It is, though, open to an options appraisal as to where the service should be located.
- 6.60 The Renal Community seeks permission to undertake a future feasibility study around whether it can make an appropriate case for a single renal service. If this is successful, it would like to find a way of including this option in the Outline Business Case.

St George’s University Hospitals NHS Foundation Trust

- 6.61 The St George’s University Hospitals NHS Foundation Trust says that many Epsom St Helier patients are also St George’s patients and its Board has recognised that the *“benefits set out in the assessment of the Sutton option would therefore be benefits accruing to a number of joint St George’s patients”*.
- 6.62 The Board has also noted that:
- The proposed changes to services within Epsom St Helier have not been considered in isolation, but with regard to the impact on neighbouring hospitals across South West London and Surrey, including St George’s;
- There is shared understanding across the South West London healthcare system that the proposed changes to services at Epsom St Helier will need to be accompanied by investment elsewhere in the system, including in the services provided by St George’s, in recognition of the impact of moving major acute services on patient flows and activity;
- The Sutton option has the least effect on neighbouring hospitals in South West London and Surrey in aggregate, making the investment in hospitals surrounding Epsom St Helier more deliverable than under alternative options.
- 6.63 The Trust Board has thus agreed to support Sutton as the preferred location of Epsom St Helier’s specialist emergency care services. However, it has also specifically considered the impact building a SECH on the Sutton site would have on St George’s in terms of additional activity, capacity, and workforce, and has noted that:
- It would result in increased numbers of emergency care patients for St George’s – and for the Sutton option to be viable, St George’s would need to invest in a new Emergency Floor. The Board’s support for the Sutton option is contingent on the Trust securing capital investment for this; and Moving specialist emergency care services to a site co-located with the Royal Marsden will impact on cancer services in the wider South West London region and the flow of patients to St George’s. The Trust Board recognises that this brings significant potential opportunities, but also that the strategic impact will need to be carefully managed. The Trust Board’s support for the Sutton option is therefore contingent on a joint venture between St George’s and Epsom St Helier to manage this impact, and ensure that services are configured to best meet the needs of all relevant populations.

Local authorities

Merton Council

- 6.64 The local authority has commissioned independent advice on the IHT proposals, the conclusions of which follow.

Clinical

- 6.65 It is concluded that:

The objectives being pursued, of defining the best healthcare as compliant with ‘London’ clinical quality standards are *“unrealistic and restrictive”*. The CCGs also prejudge the issue of reconfiguration and whether this is really the answer to London’s problems or, more particularly, clinical issues in Merton, Sutton and Surrey Downs;

The preferred option is promoted without properly discussing the potential benefits of other more modest, realistic options;

There is a major risk that plans will not adequately provide for increased future demand and that assumptions around major reductions in beds will not be borne out in reality;

There is a major risk that the solution promoted to overcome current staffing problems will not succeed – and that by offering the opportunity for sub-specialisation within specialist services at Sutton, *“the focus of services will shift towards the interests of clinicians and not the interests of patients needing generalist services and skills”*;

The potentially adverse consequences of these plans may be to divert scarce resources into expensive facilities at the expense of staff and services based more locally and accessibly; and

Under the preferred option, the proposed reductions in A&E catchment areas, consultant staff, junior doctors, qualified nurses and acute beds are *“not in the interests of local health services”*.

Financial/Economic

- 6.66 It is concluded that:

The options appraisal does not properly consider lower cost options, including Business as Usual (BAU), ‘do-minimum’ and the retention of the two existing sites, with either one as the centralised facility;

The benefits of the three-site ‘centralised’ option appear mis-stated and misleading, and *“further scrutiny and assurance is required”*;

Costs are being shifted to other trusts in South West London as a result of a shift in patient flows away from the St Helier and Epsom sites;

Claims that the resulting three-site configuration will be cheaper, more efficient and will solve staffing problems are *“unrealistic and overoptimistic”*;

The risks of the proposals have not been quantified in the financial analysis; and

There is a significant risk that cost overruns at Sutton would crowd out the funds available for the other sites and the resources available to invest in out-of-hospital services.

Access

- 6.67 It is concluded that: the proposed preferred option is worse than BAU or any option retaining services at two sites, and is significantly worse for those relying on public transport and in deprived groups; and that the weighting given to access issues and transport issues is too small.

Process

- 6.68 It is concluded that:

The public consultation was initiated too soon, before issues relating to the options and the impact assessment were fully understood and agreed;

Important information on assurance and supporting detail to the proposals is missing – but it is “unlikely that the flaws in the process will be corrected in the absence of a fuller, balanced, and detailed evaluation and discussion”; and

There is a major risk that the NHS will proceed with the proposals substantially the same, without any further opportunity for stakeholders to influence decisions.

Site choice

- 6.69 The Council considers the preferred Sutton site to be “an inferior location to the existing location of services for local people in Merton and overall for the peoples over the whole area compared to lower cost options designed to address staffing issues and estates issues at lower cost”.

Reigate and Banstead Borough Council

- 6.70 The Council supports, in principle, the creation of a SECH at either Epsom or Sutton, subject to the retention of a full suite of local services at Epsom Hospital, including a 24-hour urgent care facility.
- 6.71 The Council considers it important that sufficient funding is available not only for the delivery of a new hospital building at Sutton but also the upgrades required to Epsom & St Helier Hospitals. It seeks reassurance that should funding be limited or costs for a future SECH at Sutton increase, this will not compromise investment to the required level at Epsom.
- 6.72 It is recognised that the site identified for the new SECH is part of the wider site on which a new London Cancer Hub is proposed. The Council recognises the benefits that could be secured through co-location, but consider it essential that conversations continue between the CCGs, the Trust and the London Borough of Sutton about how the two proposals can be delivered successfully.
- 6.73 Finally, the Council urges that in developing plans for development at the Sutton Hospital site, the CCGs should work closely with the London Borough of Sutton, Surrey County Council and Reigate & Banstead Borough Council to explore how public transport and sustainable travel options can help reduce private car journeys and minimise local congestion.

Epsom and Ewell Council

- 6.74 The Council fully supports the business case for the location of specialist services on one site, including a full complement of specialist consultants, medical staff and nursing staff within state-of-the-art facilities. It also supports the retention of district hospital services, and subsequent investment in those sites not chosen for the location of acute services.
- 6.75 The Council is concerned about locating a new acute service in Sutton or St Helier for the following reasons:

Travel time, especially during peak-times and particularly for those living in the South of the borough;

Sutton and Merton residents live close to St Georges and Kingston hospitals and Croydon University Hospital is also in close proximity, whereas Epsom and Ewell residents are not (and so the loss of acute care could be deemed to have a greater impact on the latter);

A build on the Sutton site would be a significant undertaking and is the most expensive; and Epsom and Ewell have pockets of deprivation and there are concerns about the accessibility of the Sutton location by these groups.

- 6.76 Also in relation to St Helier, the Council says that the current poor state of the building would mean the longest and most complicated build, delaying the availability of acute services to residents.
- 6.77 The Council is thus of the view that Epsom should be the site of the new SECH, for the above reasons and because Epsom and Ewell are likely to see significant population growth over the next 10-years, and especially a growing ageing population. This, it is said, *“may lead to a greater need for acute services and therefore give just reason for the location of an acute site within our borough”*. Moreover, despite the Council’s disapproval, Epsom has recently seen the sale of land with the purpose of housing an extra care facility (inclusive of recovery beds) and key-worker accommodation. The Council feels that *“these modern facilities may be used in such a way as to attract the specialisms required, whilst offering the opportunity create a centre of excellence in respect of medical care”*. Epsom is also the cheapest site to develop.
- 6.78 The Council highlights the needs of its more vulnerable residents, including those with physical and mental health issues, learning difficulties and/or autism. It says there are a *“disproportionate number of health conditions”* within its communities that may lead to requiring acute care – and that the consultation document is remiss in documenting how these groups have already been considered in the proposal and the preferred option of Sutton.
- 6.79 Overall then, the Council’s preferred solution is to locate a new SECH at Epsom and its second preference would be the Sutton location. It also seeks improvements to the available public transport system and road infrastructure servicing its residents, including subsidised costs.

Royal Borough of Kingston Upon Thames

- 6.80 The Royal Borough of Kingston upon Thames seeks assurance that the IHT programme will:
- Make an ongoing commitment to limit impacts on adversely impacted communities, especially those with long-term acute health conditions, those in more deprived areas and those in Surrey Downs (predominantly over 65s);
 - Commit to ongoing stakeholder engagement, with special emphasis on ensuring travel time concerns are adequately addressed and risks mitigated. This includes introducing a fully accessible 7-day a week shuttle bus system operating between the three hospital sites;
 - With the exception of births, ensure midwifery care and support, postnatal and antenatal care remain long-term at Epsom and St Helier hospitals;
 - Ensure the South West London Elective Orthopaedic Centre remains long-term at Epsom, and that its Centre of Excellence status is preserved in perpetuity; and
 - Ensure an adequate number of emergency ambulances, consultants and specialist emergency clinicians are available 24/7 at Epsom and St Helier Hospitals.

Surrey Council³⁶

- 6.81 Overall, the Council welcomes the opportunities presented by *“having a new hospital and the additional investment this brings to all three local sites”*. It is recognised that there are key benefits in creating a SECH, and that under the preferred option, 85% of services would remain at Epsom and St Helier. The planned investment in those sites, it is said, offers an opportunity to improve services and outcomes for residents.
- 6.82 The Council stresses the importance of health and social care working closely together, and acknowledges that this can be complex, particularly where a hospital is working across multiple local authority areas as would be the case here. To make this work effectively, it would be vital to have fit for purpose discharge to assess model in place – either via staff in the local community doing the assessments or a host council arranging discharge across a number of systems.
- 6.83 The community impact of the maternity proposals is noted, particularly for residents in the south of the catchment area. The Council encourages active engagement with those communities to ensure that any impact is mitigated and residents supported to access the care they need.
- 6.84 The Council feels that the time and cost of transport will be key for friends and family visiting residents at the new hospital, and will also be important in terms of patients’ follow-up appointments if these are to take place at the Sutton Hospital site. It is said that existing public transport links to Sutton Hospital from large parts of Surrey can be *“challenging”* and that while significant work has been done to model travel across the catchment area, *“this looks to be predominantly car-based and it’s unclear as to whether public transport has been assessed or considered for the future”*.
- 6.85 In light of this, the Council highlights feedback from local councillors that suggests people are concerned about travel times to hospitals, transport costs, parking and other access issues - especially for older people, people living with major life challenges and/or mobility issues and those on a low income. It is considered *“important to ensure these issues are picked up and considered in more detail as part of any final decision-making process”*.
- 6.86 The Council is very committed to promoting the green agenda, its Cabinet having approved an ambitious climate change strategy, which includes a target of 60% emissions reduction in the Transport sector by 2035 as a minimum. It also hopes that this programme could be an exemplar of the green initiative in terms of new buildings and access (by public transport, cycling and walking) and we would be happy to work with the CCGs (and Transport for London) to consider how to collectively improve public transport to Sutton Hospital if that is the chosen site.
- 6.87 Overall, the Council supports the overall ambition of the IHT Programme and describes it as *“a great opportunity to invest in all three sites within the Trust”*. It also says, though, that it will be important to ensure no-one is left behind and that *“wherever the new hospital is, we support residents to access the care they need whilst contributing positively to the need to reduce carbon emissions”*.

Sutton Council

- 6.88 Sutton Council endorses the proposed model for service delivery. Its preferred option is to site the SECH at St Helier for the following reasons.

³⁶ This submission represents the views of Surrey County Council’s services; its Cabinet has not agreed a formal position at this time.

Accessibility

- 6.89 The Council feels that St Helier is the most accessible site for the majority of Sutton residents and has the greatest number of transport routes serving it with the greatest frequency of services. Parking provision is also available and familiar. In contrast, it is said that public transport options to the Sutton site are predominantly via bus and while some services run directly there, others stop within a 10 to 15 minute walk of the site. Consequently, those who may struggle with walking long distances (such as those with a disability or illness, pregnant women and older people) may experience particular access difficulties. Parking is also, it is said, a challenge.
- 6.90 The Council recognises that there are plans to improve access to the site in the longer-term by increasing bus and train services, but that this *“is unlikely to be addressed within the proposed timeline for the building of the new hospital on the site”*. It also notes plans to extend the tram route to Sutton, stating that St Helier would directly benefit from phase one of this expansion, whereas the Sutton Hospital site only benefits from phase two *“which is far less progressed”*.

Economic Benefit

- 6.91 The proposed Sutton site is part of the London Cancer Hub, and while it acknowledges that a new hospital on the site appears to add to that proposition, the Council does not consider it a necessary addition. It also feels there are considerable benefits to having two health sites in the borough of Sutton inasmuch as the development of the Hub will deliver economic benefits to the area as it is, but the impact of locating the acute facility there would have a negative economic impact on the St Helier area due to reduced services and employment opportunities.
- 6.92 The Council feels that siting the SECH in St Helier would bring significant further investment into an area of multiple deprivation and create local jobs through construction and an increase in services provided from the site once operational. This additional investment would *“complement the Council’s wider area renewal plans, investing in both physical and social infrastructure for the St Helier”*.
- 6.93 The Council says that under IHT, any investment in the Sutton site is at the expense of St Helier. Locating the acute hospital at Sutton increases the benefits already accruing there, but has the associated negative impact of depleting health services and economic opportunities at St Helier and presenting additional transport barriers to those needing to travel further for health treatment. This, it is said, impacts the people least able to afford it.

Overall comments

- 6.94 Ultimately, when taking account of the transport and wider economic impact of the two options, the Council feels the St Helier option is more clearly in line with its existing policy. It feels strongly that *“services should be available in the heart of our community and that priority should be given to issues of access and availability to our most deprived communities”*.
- 6.95 It should also be noted that the Council requested that the consultation deadline be extended by three months to account for the COVID-19 situation.

Wandsworth Council

- 6.96 Wandsworth Council has passed the following motion: *“This council congratulates the new Government on its renewed focus on the NHS. A co-ordinated multi-disciplined approach is providing real benefit for Wandsworth residents. We welcome plans for 40 new hospitals one of which will be located in our local NHS*

South West London area. A new £500m hospital in Sutton has been selected by the clinicians as the optimal site. This will strengthen specialist cancer care already sited in Sutton and enhance services offered to the area. The council calls upon politicians of all parties in SW London to support the CCG’s preferred option”.

Members of Parliament, local councillors and political groups

Dr Rosena Allin-Khan MP

6.97 Dr Allin-Khan notes residents’ concerns about accessing emergency care in future, and expresses worry that the loss of acute services from St Helier will affect demand, workload and quality of care at St. George’s Hospital – especially within the emergency department.

6.98 If the preferred option is adopted, she particularly suggests that:

NHS Trusts should provide proper public education on when to use Urgent Care Centres and when to go to A&E;

There is sufficient support for St. George’s - including extra funding, staff and beds - to mitigate the pressures noted above;

Improved transport links are required to allow Merton, Sutton & Epsom residents to use public transport to get to the new hospital; and

New services, hospitals and transport are designed to minimise greenhouse emissions.

6.99 She also feels the proposed changes should pass the London Mayor’s ‘six tests’, which are:

Not to widen health inequalities and to reduce these where possible;

To avoid a reduction in hospital beds across the sector;

Ensuring there is sufficient funding for all aspects of the scheme;

To consider the full impact of any changes on local authority social care;

The changes have widespread clinical support; and

The need for full patient & public engagement.

6.100 On the latter point, Dr Allin-Khan suggests that as part of the consultation overlapped with the pandemic, the deadline should have been extended for two weeks.

Elliot Colburn MP, Paul Scully MP, Crispin Blunt MP, Stephen Hammond MP

6.101 The MPs strongly welcome the proposed £500m investment into “*building a new hospital and improving existing ones*”. They say that change is needed within ESTH to address the current financial deficit and improve existing hospital buildings that are not fit for purpose. They are particularly supportive of a new SECH to ensure quality standards are being met and to “*improve the financial position of the local NHS*”.

6.102 The MPs are of the view that while there are benefits to a new hospital on any of the three sites, “*quality patient outcomes for the greatest number of patients should be the main consideration*”. In their view, the Sutton site best fulfils the criteria to ensure this, particularly in relation to the following.

Long-term clinical sustainability

6.103 The MPs say that although all three options would result in improved quality of care, the ability to access urgent care centres across three locations rather than two would be a significant benefit. Having an additional urgent care centre at the new location would also, it is felt, ease pressure on the other two proposed for St Helier and Epsom.

6.104 They also note the benefits of co-location with the Royal Marsden Hospital in improving care for local cancer patients.

Access and travel

6.105 Basing the new hospital in Sutton would *“have the least overall impact on travel for older people and people from deprived communities”* – and a new hospital there would benefit from being located within minutes walking distance from Belmont train station.

Deliverability

6.106 The MPs describe the Sutton site as the *“easiest to develop as it is a new build property”* and note that a new facility at either of the other two sites would impact current patients there, not least due to the need to remove between 80 and 200 beds during construction. As a result, the Sutton site could take four years to build, compared to six years for Epsom and seven for St Helier.

Value for money for the taxpayer

6.107 Although the Sutton site will be most costly to build, the MPs consider it the best value option for local taxpayers as it *“would retain the most patients in the catchment area”*. It would also, they say, result in a greater 2025/26 surplus than either of the other two options.

Chris Grayling MP (5 submissions)

6.108 In his first submission, Mr Grayling asks whether the transport modelling undertaken has taken account of the impact of population increases in Epsom and Ewell Borough – as well as whether sufficient account has been taken of the demographic make-up of each Borough. He particularly notes that *“those moving in are likely to be different to those currently residing in each Borough. And ... may change the nature of the issues in those areas significantly”*. He also asks about how the finance and support to be provided by Surrey County Council in future has been modelled into the Programme’s assumptions. This, he feels, is important as *“it is one of the key tools for preventing bed blocking in the new acute centre”*.

6.109 In a follow-up response, Mr Grayling alleges *“serious shortcomings in the analysis that underlies the business case”* inasmuch as it relies on housing projections only up to 2024 and does not appear to consider new housing targets. Moreover, he says the transport data *“relies on current population numbers and not even those projected at the time when the new unit would open”*. Ultimately, Mr Grayling feels that what matters is the situation in 2030 or even later, for if the Government is spending £500m, that money needs to be applied in a way that is based on projected data over the medium term.

6.110 Mr Grayling also questions:

What has been done to assess the impact of the projected population growth on other Surrey hospitals (Such as Guildford, St Peter’s and East Surrey) if Sutton is chosen rather than Epsom;

Whether there would be 24/7 doctor cover at the Epsom UTC; and

What assumptions have been made about additional pressure on Sutton caused by a significant switch of patients away from Croydon.

6.111 Mr Grayling’s three remaining submissions were made on behalf of local residents as follows.

A complaint about an IHT consultation event that *“did not have sufficient space for everyone who wished to attend”* and where *“it was disappointing that none of the opponents of the scheme were allowed time to present and put their case other than by asking questions”*;

A question as to whether the consultation includes allocating beds for patients coming from neighbouring areas as *“the Sutton hospital option may be closer for them than travelling to either Croydon or East Surrey Hospital...”*; and

A question as to how the proposals would work alongside the potential need for the Royal Marsden to expand its facilities to accommodate paediatric ICU, and whether this would impact on space available for a new hospital.

Stephen Hammond MP

- 6.112 Mr Hammond wholeheartedly welcomes the proposed £500m investment into ESHT and agrees that St Helier Hospital is in need of a wholesale refurbishment to ensure less money and time is spent on repairs and that ambulances need not transport patients from the back of the hospital to the front *“because the lifts are too small for modern hospital beds”*.
- 6.113 Mr Hammond thus supports proposals to improve St Helier Hospital and build a centre of clinical excellence accessible to all local residents. While his preference is for this centre to be based at St Helier, Mr Hammond recognises the difficulties in providing this and the requirement to cater for the whole of the Epsom and St Helier Trust area. For this reason, he would not seek to block any of the consultation options and is particularly pleased that *“under all the options ... it is clear that St Helier Hospital is safe, will be improved, and will continue to build on its record of serving the community”*.
- 6.114 With regard to the suggestion that Sutton is too distant for those currently using acute services at St Helier Hospital, Mr Hammond highlights that those services would typically be accessed by patients arriving by ambulance and that the priority must be *“to ensure patients get the best care from the best staff providing the full range of critical care services in one location”*. He does, though, suggest a bespoke bus service to the new hospital if the plans go ahead.

Siobhain McDonagh MP (4 submissions)

- 6.115 Siobhain McDonagh disputes the premise of the IHT programme because while three reasons are given throughout the consultation documentation as to why ESTH should reduce from two acute sites to one (staff shortages, ageing buildings, and a financial deficit), she does not believe that the solution posed will address these.

Clinical model: staffing

- 6.116 Ms McDonagh is concerned that despite shortages within ESTH’s acute medicine, intensive care and emergency departments, the CCGs’ proposals will not result in the training or recruitment of a single new consultant. Moreover, she cannot understand how or why the introduction of a new acute site in Belmont will solve the Trust’s staffing issues given that it would, under the proposals, be tasked with staffing an acute hospital, two district hospitals and two UTCs.
- 6.117 Ms McDonagh also states that:
- The proposals will significantly reduce the number of specialist staff within ESTH;
 - The proposals will move the staffing problem to another catchment area and, consequently, to another Trust. She particularly notes the potential impact on St Peter’s, St George’s and Croydon University Hospitals;
 - Moving all of Epsom and St Helier’s acute services to Belmont will require staff to travel a longer distance at increased personal cost, meaning some may no longer be able to continue in their role

– and others will be working antisocial hours at times when public transport is less frequent. This is an issue as *“transport access to Belmont is significantly poorer than to St Helier Hospital”*; and that Stopping the continuous attempts to close or downgrade St Helier will make it a more attractive place to work.

Clinical model: risks

6.118 Ms McDonagh refers to the global coronavirus pandemic and asks, “How can it possibly make sense to reduce services in light of this of the crisis we are currently facing?”

6.119 She also notes the potential for UTCs to face unanticipated patient numbers due to confusion around which service should be accessed in which circumstance within a two-tier system of care – as well as the following issues around transfers for those arriving at the wrong site:

Increased risk due to the time wasted in stabilising and transferring a critically ill patient;

Significant increased demand on the ambulance service;

A lack of testing in terms of transferring severely ill patients; and

The possibility that the technological systems that help facilitate transfers will not be in place by 2025.

Clinical model: growing demand

6.120 Ms McDonagh is worried that if the major assumptions in the proposed new clinical model do not come to fruition, there will be a shortage of beds to meet expected patient demand. She feels that: *“the aims and ambitions set out in these proposals are unproven and have not been achieved anywhere in the country”*; the growing and ageing population will place increasing demand on healthcare services; and that proposed service levels will not be sufficient to accommodate the future forecasted volume of activity.

Clinical model: wider assumptions

6.121 Ms McDonagh is concerned that *“huge assumptions are made about the wider health and social care system at the time that this model would be introduced”*, including well-established collaborations between health and care services. She says there is no evidence of any growth or improvements in social care provision, suggesting that *“to act on the assumption that an issue, decades in the making, will be imminently resolved is fanciful”* and that *“to model the services needed for this catchment area on the basis of improbable wider changes to our healthcare system is extremely dangerous”*.

Clinical model: bed numbers

6.122 Ms McDonagh disputes the claim that the proposals will mean increased bed numbers regardless of the site chosen: she says that under the preferred option, there would be a lower number of overnight, maternity, critical care, district hospital and day beds than under the ‘no service change’ option – and that this is unjustifiable in light of growing service demand. She is also particularly concerned that St Helier Hospital would become *“nothing more than a glorified walk in centre and would lose an extraordinary 62% of beds”*.

Analysis, evidence and scoring: deprivation

6.123 Ms McDonagh notes that during this consultation, the ‘Marmot Review: 10 years on’ was published, highlighting widening health inequalities across the country. For example, in the most deprived areas residents can expect to live 20 fewer years in good health than those in the least deprived. She says that

these findings correlate with assumptions made in the programme’s Integrated Impact Assessment and that “the evidence is clear in that those who self-report bad or very bad health are more likely to live in the areas of highest deprivation within the catchment”.

- 6.124 Ms McDonagh’s submissions refer to alleged errors and omissions in the analysis (especially the Deprivation Impact Analysis) that led to the recommendation of Sutton as the preferred site for a SECH. For example, she says that entire areas of her constituency are absent from the analysis on the grounds that they are outside of St Helier’s catchment area when, in reality, relatively high percentages of patients in those areas are directed there - and thus questions how the potential impact of moving acute services from St Helier to Sutton or Epsom can be adequately assessed.
- 6.125 Ms McDonagh is also particularly aggrieved that the Deprivation Impact Analysis is a comparison of deprivation by CCG area because “evidence of high deprivation in Sutton, around the St Helier site, is false justification for Belmont as the preferred site [and] none of the three proposed sites are in Merton CCG’s area and two are in Sutton”. She also feels that analysing deprivation by CCG area (Merton v Sutton v Epsom) masks the significant difference in deprivation within each CCG area and particularly underestimates deprivation in Merton, as her constituency of Mitcham and Morden is statistically far more deprived than neighbouring Wimbledon. She feels that “the proximity of deprived areas to the three proposed sites is far more significant than the CCG that they are in”. On this note, given that of 51 most deprived Lower Super Output Areas in the catchment area, 42 are nearest to the St Helier site, Ms McDonagh cannot understand why the Belmont site is given a higher score under the ‘deprivation’ criteria than St Helier.
- 6.126 Furthermore, it is said that the IHT deprivation analysis concludes that age is the largest contributor to acute health need, which “ignores the link between ‘old age’ and life expectancy”. Ms McDonagh feels that when comparing old age, it is also vital to consider the age at which a person is expected to live in an area, and the percentage of people living there who are in the final years of their life.
- 6.127 Ms McDonagh is particularly concerned about the impact the IHT proposals will have on the most deprived areas of the catchment and on members of minority ethnic groups, who disproportionately use A&E and experience barriers in accessing primary care. She notes that of the 66 Lower Super Output Areas with the highest proportion of BAME residents, just one is nearest to Sutton Hospital while 64 of the 66 are nearest to St Helier – and considers it “fundamental that the health needs of these protected characteristic groups are taken into account and that acute health services are not moved further away from the areas that they are statistically far more likely to live in”.

Impact on other providers

- 6.128 Ms McDonagh is concerned about the impact of the CCGs’ proposals on neighbouring hospital providers, particularly St George’s and Croydon University Hospitals. She notes that in the last three years, over 68,000 attendances at St George’s A&E have been from residents living in the ESHT catchment area, and that it is highly likely that other residents in certain areas would also turn to the more accessible St George’s if the preferred option is implemented. In light of this, Ms McDonagh is concerned that the programme proposes to add just 13 more beds to St George’s Hospital.

The consultation

- 6.129 Ms McDonagh says that downgrading hospitals and collating acute services has been tried before and considers it a “total waste of taxpayer’s money for this consultation to be running yet again”. She also complains that freedom of information requests around total programme spend and information distribution have been dismissed, leading to a feeling that IHT team “is unwilling to be transparent with the public”.

6.130 Finally, the lack of a ‘no service change’ consultation option is also an issue for Ms McDonagh, as is the lack of opportunity to raise alternative sites for acute services within the catchment.

Crispin Blunt MP³⁷

6.131 Mr Blunt supports the proposal to build a new specialist acute care facility *“to address [the area’s] shocking secondary health infrastructure”*.

6.132 He feels that Sutton is the best site for the proposed new SECH and highlights that to those managing the NHS, it is the preferred location on all key health, business and service metrics - and because of its proximity to acute cancer care expertise at the Royal Marsden Hospital.

6.133 Mr Blunt is concerned, though, that as the three potential sites have their local community advocates, *“this is a political process that now relies on a public consultation”*. He implores those who will benefit the most from the proximity of the new site to engage in the process, and not to assume that the technical merit of the Sutton site scheme alone will suffice.

Bell Ribeiro-Addy MP

6.134 Bell Ribeiro-Addy is worried that the preferred option to remove all acute services from St Helier Hospital would see local residents lose quick access to care – and highlights her constituents’ concerns that the proposed changes *“would place significant pressure on the already overstretched St George’s Hospital”*, as many residents who would currently use St Helier Hospital are far more likely to use this closer hospital than the proposed new one at Belmont. The proposed increase of *“just”* 13 more beds at St George’s is thus a concern, and Ms Ribeiro-Addy feels that without extra funding, the anticipated increase in demand *“could be devastating”*.

6.135 Ms Ribeiro-Addy also suggests that no matter what site is chosen, the proposed reduction of the Trust’s two A&Es to one is unwise as the current COVID-19 pandemic has shown *“it is more obvious than ever that we are in no position to be shrinking our hospital services”*.

Steve Reed MP, Councillors Agatha Akyigyina, Stan Anderson, Laxmi Attawar, Kelly Braund, Billy Christie, David Chung, Caroline Cooper-Marbiah, John Dehaney, Brenda Fraser, Joan Henry, Natasha Irons, Stuart King, Linda Kirby, Edith McCauley, Owen Pritchard, Geraldine Stanford, Dave Ward, Martin Whelton³⁸

6.136 The councillors and MP warmly welcome the £500m allocated to the Epsom & St Helier Hospital Trust, but are strongly of the view that this should be spent where it is most needed: at St Helier Hospital on its current site. They feel that the preferred option - moving acute services to Belmont and downgrading St Helier and Epsom hospitals - would have a profoundly negative impact on the local population.

Health inequalities

6.137 The councillors and MP note the Marmot Review, which found that life expectancy has flattened for the first time in 100 years, and that in the most deprived compared to the least deprived areas, men live 9 years fewer and women 7 years fewer. They also cite data from Epsom and St Helier’s A&E attendance that *“proves that the more deprived an area, the higher the reliance on acute hospital services”*.

³⁷ This submission was sent in as a consultation response, but is taken from Mr Blunt’s blog post.

³⁸ Similar responses were received from these 19 respondents. While not everyone covered every issue, the most prevalent have been summarised here.

- 6.138 It is thus “more important than at any time in the past century that health services are located in sites of greatest need” and in this context the councillors and MP say that of the 51 most deprived Lower Super Output Areas in the trust’s catchment, just one is nearest to the chosen site and 42 of the 51 are nearest to St Helier Hospital. It is particularly noted that the area has a high Black and Minority Ethnic population that has specific health needs, and that children in deprived areas are more likely to suffer from a serious disease during childhood and have a long-term disability.
- 6.139 Furthermore, in comparing deprivation by CCG area (rather than comparing the areas closest to the three proposed sites), the pre-consultation document apparently disguises the 76.5 year life expectancy of men in parts of Mitcham compared with the 84.4 year average in Wimbledon Park. Comparing deprivation by CCG area also “means that areas outside of the catchment of Merton, Sutton and Surrey Downs are not analysed as thoroughly”. For example, it is said that Epsom and St Helier A&E attendances from Croydon are outside the catchment, and yet larger in number than those from Wimbledon, which is included.
- 6.140 In light of all this, the councillors and MP feel that any decision to downgrade St Helier would exacerbate existing health inequalities, and that the preferred option will mean “moving health services further away from those who need it most”. As Councillor Billy Christie comments:

“I understand that health service provision is a zero-sum game, and that one community’s gain is another community’s loss. But the IHT proposed option would again demonstrate that those with much always get more, whilst those who are in the greatest need lose out”

Transport access

- 6.141 Some councillors say that many of the residents they represent do not have a car and are thus heavily reliant on public transport – and they currently have far better access to St Helier and St George’s Hospitals than they do the proposed site in Belmont. Indeed, it is said that the latter is in an area with limited bus services compared to St Helier and much poorer public transport accessibility. As a result, “not only are services being moved away from those who are more deprived, and therefore need them the most, but this is doubly damaging given those residents will find it harder to travel to the new site”.
- 6.142 This, it is said, will have particular impacts on those with mobility issues, lower income people and families, the BAME Community and those with a chronic condition.

Impact on St Helier

- 6.143 The councillors and MP are concerned that centralising all acute services in Belmont would lead to St Helier Hospital “becoming nothing more than a glorified walk-in centre”.

Impact on nearby providers

- 6.144 There is significant concern that the plans to move acute services from St Helier will have a significant detrimental impact on the ability of St George’s and Croydon Hospital to meet local demand given that many people living in the catchment of St Helier would, if the A&E is relocated to Belmont, be more likely to attend the closer and more convenient St George’s or Croydon University Hospitals (both of which are already over-stretched).
- 6.145 A few respondents expand on the potential impact of the preferred option on Croydon University Hospital, stating that in the last 3 years over 12,500 Croydon residents have presented at Epsom and St Helier NHS Trust A&Es – and that many of these would “likely turn to Croydon University Hospital rather than Belmont”. Similarly, it is felt that residents from elsewhere in the area are likely to do so. It is considered vital that the

impact the IHT programme could have on Croydon residents is thoroughly thought through to prevent any detrimental impact on Croydon's residents and hospital.

- 6.146 There is also apparently *"little faith in the proposed system"* whereby people would attend an UTC at St Helier and then, if needed, be transferred to A&E at Belmont. It seems far more likely to the councillors and MP that residents would attend either Croydon or St George's knowing that if their condition does require A&E services, they are already at a hospital which provides them.

Financial considerations

- 6.147 The councillors and MP note that the preferred option requires much more capital than the St Helier site, making it a riskier option – and that the St Helier option *"gives a better return on investment at 7.4%"*.

Money spent on consultations

- 6.148 The councillors and MP reference the number of and money 'wasted' on consultations about health services in Epsom & St Helier in recent years. They also describe the consultation process as one that has the outward appearance of openness and transparency but *"has been nothing but opaque and proved time and again completely unwilling to accept the flaws in its preferred option"*.
- 6.149 Moreover, Councillor Joan Henry describes it as *"baffling"* that the consultation went ahead during the COVID-19 situation – and that the crisis has shown the need for *"as many hospitals and as many beds as possible"*.

Overall comments

- 6.150 It is said that over the past 20 years, underfunding and poor management have meant that the services, buildings and infrastructure at St Helier Hospital *"have been allowed to deteriorate to the extent that your own consultation documents uses evidence of poor performance and buildings ... as a justification for moving services away from the site"*. This, they feel, has been a deliberate strategy aimed at closing the local hospital. They urge decision-makers to retain acute services at St Helier Hospital.

Cllr Mark Allison

Health inequalities

- 6.151 Councillor Allison notes that residents of areas around St Helier Hospital are much more income deprived and have considerably worse health needs than those living close to the proposed Epsom or Belmont sites. For example, recent figures show that 38% of the super output areas within a mile of St Helier are within the country's 40% most health deprived neighbourhoods for health, whereas the figures are only 13% for Belmont and 0% for Epsom.
- 6.152 The councillor is clear that *"the closure of services at St Helier would have a disproportionate impact on those with the worst health"* and is concerned that the consultation has taken insufficient account of health inequalities, levels of illness and morbidity. For instance, while the proposed Sutton site is in an area with long life expectancy, this has been taken to mean that it has high health needs due to an older population rather than that the population is older because of existing inequalities that favour people living there.

Site choice

- 6.153 Councillor Allison describes the preferred site for the proposed new specialist acute hospital as “*very poor*” in that it will mean longer journey times for many residents, who are “*significantly more likely to be in a protected group than those whose journey times will be the same or shorter*”. Specifically, the councillor is concerned for those with a long-term limiting illness, pregnant women, children, BAME communities, those on welfare benefits and those not on a GP's books.
- 6.154 A particular worry is the site's accessibility via public transport, and it is said that insufficient account has been taken that those who will be most adversely affected are the least likely to have access to private transport.
- 6.155 The Councillor also feels that insufficient consideration has been given to potential difficulties in attracting London-based staff especially to work in this “*relatively inaccessible*” area.

Impact on other hospitals

- 6.156 Councillor Allison says that the loss of St Helier's A&E, maternity and other units would lead to a significant increase in demand at St George's Hospital, which does not currently have the capacity to cope with this. While acknowledging that the proposals include some compensation for St George's, the Councillor is not convinced this is sufficient.

Financial considerations

- 6.157 Councillor Allison is worried that although the recommended option is the most expensive, even this is optimistic given costs may increase following Brexit or a recession, and funding may reduce as a result of the coronavirus outbreak.

The consultation

- 6.158 Councillor Allison expresses his “*disgust*” that the IHT consultation continued in light of the coronavirus outbreak, describing it as an “*unwelcome distraction*” for staff and community activists. He also feels that any decision should be delayed until the full impact of the current outbreak is known and understood.

Cllr Ruth Dombey (Sutton Council) and Cllr Tobin Byers (Merton Council)

- 6.159 In an additional submission, the Councillors note their original (separate) responses which: referenced the importance of St Helier Hospital to the community it serves, which comprises a concentrated area of deprivation; and stressed its economic contribution to the area, the way in which it is served by transport links, and “*the way in which these things are complemented by the attachment of the local community*”.
- 6.160 The councillors say that, in recent weeks, the impact of the COVID-19 pandemic has been felt in local communities and hospitals. They believe this “*cannot but give rise to the need to re-consider and review the evidence that has been submitted as part of the initial consultation, which closed too early ... for the impact to be capable of being evaluated and understood*”. They feel strongly that what has been learned about the vulnerabilities of the local population is reflected in planning new hospital provision. They also recognise that EHST's hospitals have been used differently during the crisis and believe that this, together with the experience of service users and staff, should be taken into account in the decision about the siting of future provision.
- 6.161 The councillors remain convinced that the best outcome would be the provision of the new acute hospital on the St Helier site and believe that recent circumstances have emphasised the importance of the economic,

transportation and accessibility arguments that caused them to favour it - and have reinforced the need for this hospital to provide some vital services to its local community. They say that if it is not the site of the acute unit, it should host some much-needed services locally, including:

More community beds, including "discharge to assess" beds;

A children's hub, meeting the needs of young people, dealing with child development and recognising that this is an area which would benefit from greater focus in Mental Health (CAMHS) and Safeguarding resources;

Mental Health and Wellbeing services; and

Integrated acute and primary/community services *"so that hospital remains for our communities a resource to be accessed in times of need"*.

CLlr Sally Kenny (2 submissions)

- 6.162 Councillor Kenny notes that the area surrounding St Helier has higher need, higher deprivation, poorer health and shorter life expectancy than both Belmont and Surrey Downs – and quotes Public Health England information showing that income deprivation, employment deprivation, health deprivation and disability, education skills and training deprivation, barriers to housing and services, living environment deprivation, and crime are more profound in the areas surrounding St Helier Hospital. Essentially, the councillor feels that *"removing acute services from St Helier is moving them from an area with bad health to an area with better health"* and so that the hospital should be rebuilt.
- 6.163 It is also said that St Helier has a significantly larger population with many more dependent children and elderly people – and one that is more reliant on the strong public transport links to St Helier Hospital. Councillor Kenny is concerned that, if services move to Belmont, *"the poorest people in the worst health would be forced to travel the furthest"*.
- 6.164 The clarity of the deprivation data in the consultation documentation is questioned by Councillor Kenny, who is particularly concerned about the assertion that *"Surrey Downs is weighted with older people and this group had their needs"*. While she agrees with this, she does not believe it equates to the needs associated with deprivation.
- 6.165 More generally, Councillor Kenny is worried about *"the state of the NHS"*, especially in terms of bed and ambulance availability. This, she feels, is evidence of a need for more not fewer beds and for the Government to *"provide more funding and adequate facilities to deliver excellent health care for all"*.

CLlr Aidan Mundy

- 6.166 While Councillor Mundy welcomes the proposed £500 million investment in South West London's health economy and appreciates that the preferred option was agreed after careful consideration of the local NHS Trust's operational, clinical and financial capacity, he notes local residents' concerns that this option is in conflict with one of the five tests for service change set out in national commissioning requirements - specifically 'the consistency with current and prospective need for patient choice', which is protected in the NHS Constitution.
- 6.167 The councillor highlights that the centralisation of emergency services reduces the capacity in non-emergency capable sites to conduct surgery that would otherwise be classes as high clinical risk – and that the preferred option would mean that six acute services would no longer be available at Epsom and St Helier hospitals. This would mean those needing more complex treatment would have to travel further for it, incurring increased travel costs and contributing to an increased NHS carbon footprint.

6.168 Furthermore, Councillor Mundy is worried that by reducing patient choice in Merton, demand will increase on services at St George’s and Croydon University Hospitals – leading to delays in providing patient care.

Cllr Dennis Pearce

6.169 Councillor Pearce objects to the preferred consultation option on the grounds that the areas of Mitcham and Morden and St Helier South are much more densely populated and deprived than Belmont and that journey times by ambulance and public transport will be doubled. He also notes that:

A new critical care hospital in Belmont is the most expensive option;

The preferred option would result in “more and longer journeys for the majority”;

An increase of four beds “would be laughable if it was not so short sighted”;

The present COVID-19 crisis proves that one critical care hospital in the area is not enough;

The wish to provide approaching 50% single rooms might lead to “cabin fever” by reducing interaction between patients; and

The repercussions of the COVID-19 crisis may result in the withdrawal of at least some funding for the new hospital.

Cllrs Andrew Pelling, Joy Prince, Robert Canning

6.170 The councillors and MP specifically note the potential impacts of the three consultation options on Croydon University Hospital, particularly in light of the fact the COVID-19 challenge has highlighted how low beds per population provision is in London compared to other world cities. They believe that proposed investments in health care need adjusting to provide a significant uplift in bed numbers.

6.171 The councillors and MP also say that if Epsom is chosen as the site for the new specialist acute hospital, a significant uplift in bed provision at Croydon University Hospital must be provided to serve the needs of Croydon residents and those in Carshalton, Wallington and Beddington “*who will see Croydon University Hospital as their first choice hospital based on relative proximity*”.

Deputy Leader of Merton Council

6.172 The Deputy Leader is of the view that the IHT proposals “*have not taken sufficiently into account the impact your proposal will have on health inequalities*”, and particularly that while the preferred Sutton site is in an area with very long life expectancy, this has been taken to mean it has high health needs due to the age of the population whereas “*the population is older here because of existing health inequalities that favour people living in this area*”. They consider morbidity and levels of ill health to be more relevant than age in this context.

6.173 Indeed, the preferred Sutton option is considered “*very poor*” in that it will impact the ability of around half of the affected population to reach emergency care within a reasonable journey time – especially by public transport. Moreover, those residents affected are “*significantly more likely to be in a protected group than those whose journey times will be the same or shorter*” – those with a long term limiting illness, pregnant women, child, BAME communities, those on welfare benefits and those not on a GP’s books are all mentioned.

6.174 On this note, the Deputy Leader suggests that those who will be most adversely affected are the least likely to have access to private transport, which “*will affect visitors as well as a number of patients who will inevitably choose to go to the specialist emergency hospital rather than to a hospital offering a lower level of emergency care*”.

- 6.175 The Deputy Leader also feels that insufficient account has been taken of the difficulties involved in attracting staff to work in this “*relatively inaccessible*” area, which will exacerbate current recruitment and retention difficulties. They also allege over-optimism about the demands on the site, especially around the need to take into account projections that include events such as a viral outbreak – and suggest that any decisions should be delayed until after the impacts of the coronavirus outbreak are known and have been fully understood. Moreover, the financial models are considered a worry as the recommended option is the most expensive, but optimistic. The Deputy Leader feels that costs may increase following Brexit or a recession, and that funding may reduce as a result of the coronavirus outbreak.
- 6.176 As regards the other two options, the Deputy Leader once again states that the “*model of care is flawed*” and so does not endorse either. However, they do say that St Helier is the choice that would have “*least impact on inequalities if only one emergency care hospital was to be chosen, but that is a questionable conclusion to come to*”. Epsom is considered too distant from those who most need healthcare to be feasible

Councillor for Cricket Green, Merton

- 6.177 The Councillor feels that the decision to deliver a new model of care has been “*driven entirely by financial and workforce pressures as opposed to developing a service ... that best meets the future clinical needs of patients and local residents*”. Moreover, they suggest that the financial advantage of placing a major acute site next to the new London Cancer Hub, beside the ICR and The Royal Marsden cannot be overlooked.
- 6.178 The Councillor questions whether the proposed new model of care will address current staffing issues and suggests that specialist acute sites can place staff under more intense pressure through significantly expanded workloads. They also say that communication of NHS system changes are not always clearly articulated nor understood by patients, and so the expectation that patients should make a decision on the most appropriate treatment based on their symptoms is unrealistic. Moreover, “*it shouldn't be the NHS which enforces a new model which disadvantages a large number of patients (particularly those from the most deprived communities) but rather takes health services to them*”.
- 6.179 On cost, the Councillor says there is no conclusive evidence that reconfiguration results in savings (or indeed better patient outcomes). Indeed, they suggest that “*this is less likely if the preferred proposal is to consolidate acute services on one site and create two new UTCs*”. They also seek a guarantee that services would be retained on the non-acute sites.
- 6.180 The Councillor says that removing emergency care services from St Helier Hospital would be hugely detrimental to those living in Cricket Green (the most deprived ward in Merton) and Merton more broadly inasmuch as “*people experience poorer outcomes from poorer access to services which in turn has an adverse impact on their life expectancy*”. They quote a number of studies that show deprived communities - such as those in the surrounds of St Helier - are generally more ill, present later and may not have social support at home (meaning accessible emergency services are of huge importance to them) - and that there are strong associations between deprivation and multimorbidity. On this basis they feel that St Helier should be considered the preferred option for the SECH as it is the only one that will reduce health inequalities.
- 6.181 The Councillor feels that the suggestion patients will not have to travel for more than 30 minutes if they are blue lighted does not factor in ambulance delays, traffic, staff shortages or the challenge of getting speedy A&E care – and that “*for people in deprived communities who are more likely to have comorbidities and present later - and therefore at higher risk of complications - this risks the poorest outcomes for the most deprived people*”. Moreover, they say that those who choose to rely on public transport to access A&E will likely travel to St George's rather than Belmont as transport access is better and far quicker, placing increased pressure on a Trust that has only just come out of quality special measures.

6.182 The Councillor also says that:

The St Helier option would cost the least to build, has the most refurbished buildings and keeps the majority of patients in the area;

Based on the analysis, the Belmont option is the more risky of the two options because the capital requirement is materially higher than St Helier, yet the returns are not much better than St Helier; There may not be genuine patient need in Belmont as it is the only option which does not propose a UTC - or there is a question about the long-term future of these UTCs (and remaining services); and

If patients travel to any of the sites for emergency treatment, “surely this consultation clarifies that they should only be doing so via ambulance and therefore improved public transport should not really factor into the assessment”.

6.183 Finally, in reference to Epsom as the site for the SECH, the Councillor considers this “the least optimal option” as it: would have a significant impact on the most deprived communities; would see the greatest increase in average travel times; would be more complicated to build; and would have the most significant impact on neighbouring hospitals.

Councillor (Sutton Council, anonymous)

6.184 The councillor supports the proposed model of care as it will mean “*a brand new build in facilities where all can reach*”. In terms of the site options: they consider the Sutton option to be ‘good’ but acknowledge that there may be transport difficulties for Merton residents; they consider the St Helier option to be ‘very good’ as it is a “*central location with modern facilities*”; and they consider the Epsom option to be ‘poor’ because of “*long distance and poor transport*”.

Merton Conservatives

6.185 The Merton Conservatives accept the argument that St Helier Hospital is no longer fit for purpose as its ageing buildings make it “*very difficult to provide modern levels of care at the site*”. They specifically comment on the insufficient number of single rooms and that the lifts at the site are too small, with patients often transferred from one wing to another outside via ambulances. Difficulties around staff retention and rota gaps are also noted, as is the high number of costly temporary staff.

6.186 The Merton Conservatives are supportive of centralised specialist facilities “*to access the best level of care*”, and also note that most medical professionals within the Epsom and St Helier University Hospitals Trust are in support of the IHT proposals. Moreover, they express concern about the threat not receiving the proposed investment would pose to the future of both Epsom and St Helier.

6.187 The fact that St Helier Hospital is in a more deprived area than the proposed new facility is thought to have “*no bearing on the level of care it can provide to residents*”. The Conservatives argue that the presence of an accident and emergency unit will not help reduce deprivation, as evidenced by the fact that the area around St Helier has continued to suffer from this throughout the time it has had one. They say that local residents need the best health and care provision possible, alongside the environmental, economic and social improvements that can genuinely lift people out of deprivation.

6.188 In light of all this, Merton Conservatives strongly support the proposals to improve St Helier Hospital and build a centre of clinical excellence accessible to all local residents. The proposed investment would, it is said, “*allow for improvements in the standard of care ... and would put the trust on a financially secure footing allowing for all hospitals to remain open for many years to come*”.

6.189 While their preference is for this centre to be based at St Helier, the Merton Conservatives feel the overriding necessity is for the investment to take place *“to upgrade the health outcome of the London Borough of Merton and the surrounding areas”*. For this reason, they would not seek to block any of the consultation options.

Merton Liberal Democrat Group

Site choice

6.190 The Merton Liberal Democrats welcome the proposed £500m investment and understand the case for bringing together acute services, but strongly urge that these are located on the current St Helier site to better serve the residents of Merton and the surrounding area.

6.191 There is particular concern that if services are moved from St Helier, more Merton residents will turn to St George’s and Croydon University Hospitals, both of which are already under pressure. The Liberal Democrats thus suggest that the IHT proposals are assessed in more detail against the needs of and impacts on the wider area, including neighbouring CCGs - and also in light of any findings from reviews of how the response to COVID-19 has impacted on primary care and acute and step-down services.

6.192 In the event the Sutton option is taken forward, the Liberal Democrats believe a number of mitigating measures would be needed, not least negotiation with TfL and transport providers to dramatically improve links to and from the site. These include:

- Improved transport infrastructure to cut journey times, particularly on public transport;
- Sufficient support for some of the most vulnerable and their families to get to and from the hospital, particularly for longer stays;
- No hospital parking charges for families and patients; and
- Guarantees around disabled access to and from the site, including free parking.

Collaboration

6.193 The Liberal Democrats feel that relevant local councils should have much greater input into Integrated Care Plans – and specifically that the London Borough of Merton should be tied into the decision-making and accountability for the design and delivery of the local Integrated Care Plan.

Community trust

6.194 The Merton Liberal Democrats describe the proposals to move acute services from the St Helier site as *“another blow to the trust of many in the local community”*. They say that if the proposed investment is to be successful in rebuilding trust, NHS partners must be transparent about spend and what that investment is designed to achieve long-term. This transparency should, it is said, *“start with the cost of the consultation itself and where money has been spent to reach all of the communities that will be affected by these changes”*.

The consultation

6.195 Finally, the Liberal Democrats say that in light of the current COVID-19 pandemic, the consultation period should have been extended to allow for cancelled events to take place virtually, and to allow the impact of a pandemic (and public and staff experiences during the response) to be fully factored into future decisions. Furthermore, whatever the consultation outcome, they say there must be a commitment to reviewing the success of implementation and mitigating any issues that arise.

Sutton and Cheam Labour Party

The proposed model of care

6.196 SCLP disagrees with the principle of a single acute hospital on the following grounds:

If in St Helier: much of the Surrey part of the catchment area will disappear to other hospitals and the new specialist hospital may face accreditation problems. If it becomes the main hospital for the whole catchment population, it is likely to become a London hospital, by off-setting its Surrey patient losses with gains from Merton residents who currently go to St George's;

If in Epsom: the site is outside the Greater London boundary, away from the main Trust catchment area and as a result public transport costs are prohibitive. It is likely to end up as a smaller hospital with accreditation problems and to be swallowed up by a larger hospital trust in Surrey; and

If in Sutton: there is no campaign for the Sutton site and the area's residents have generally opposed further development of it and the Royal Marsden site. It also has poor public transport links, especially to and from Surrey. Also, if the main aim is to provide an acute unit on the Sutton Hospital site to assist the RMH, some of the present A&E work will go to 'fixed points delivering acute services' such as St George's, Kingston and Guildford & East Surrey.

6.197 It is argued that the proposed changes are driven by funding for the ESHT estate strategy rather than clinical need – and that selling publicly owned land to deliver the proposal (which it considers inevitable) is a short-sighted move that *“reduces public trust in the local NHS”*. The Party also notes that Sutton Council purchased plots of land at Sutton Hospital in 2018 which it has earmarked for the Cancer Hub - and that part of the proposed SECH is sited on those plots in the indicative map. SCLP does not believe those plots should have been included in light of the Council's confirmation that the land is still intended for the Hub.

The preferred option

6.198 SCLP supports the consultation responses from Unison, GMB and KoSHH (as summarised in this chapter) and opposes the preferred option for all the reasons given in those submissions. In addition, it voices concern around:

Risk to life: proposals to remove acute services from Epsom and/or St Helier Hospitals and concentrate them in Sutton constitute a major risk to life, particularly in light of the current pandemic, and especially since such services would be located next to a facility for immune-suppressed cancer patients;

Hospital bed numbers: SCLP presents a detailed analysis of the impact of the proposals on bed numbers and make the same arguments as in the Unison and the Merton and Sutton Trades Union Council submissions. Readers are referred to the summary of those later in this chapter;

Travel and access: for much of the existing catchment, the Sutton site is less accessible, especially by public transport – and many without cars would face expensive taxis or complex bus journeys with long walks to the hospital. This will *“have a greater impact on those who are older, disabled, pregnant, from an ethnic minority background or from a deprived area”* Parking shortages and limited land to provide car parks at Sutton are also highlighted;

The role of the Royal Marsden Hospital: SCLP suggests that the proposed plans are *“trying to disguise investment in a specialist regional cancer hospital as a local hospital configuration”* and that it is an *“NHS driver to give RMH an acute facility for its specialist role and not to provide an acute facility for Sutton, Merton and Epsom residents”*. The Party calls on the CCGs, ESHT and local

boroughs to clarify the extent to which proximity to RMH will add to the caseload of the new hospital, and the steps being taken to enable it to cope with the combined caseload without impacting on access for local communities.

Other issues

- 6.199 SCLP questions GP capacity to staff the UTCs and suggests that the centres will end up as ‘office hours’ only. It also feels the CCGs should have set out what GP surgery coverage there would be under these proposals. In particular, it is said that areas with high levels of deprivation and poor health must have improved local access to GP services in order to help meet local and national public health targets.
- 6.200 The Party also seeks answers around: land holdings and proposed or possible land sales; the future of Queen Mary’s Hospital for Children; ambulance movements under the three options; and current and proposed staff posts at each site.

An alternative option

- 6.201 SCLP would prefer to see a full acute hospital at both St Helier and Epsom, sustained through: combined workforces and service re-design to enable available trainee and career grade doctors and consultant medical staff to be used more effectively; effective protocols and joint working; effective diagnostics through ‘telemedicine’ technology; and additional local care via health centres and GP surgeries.
- 6.202 With particular regard to St Helier Hospital, SCLP proposes three options:
- A full rebuild costing £750m;
 - A part re-build (as in 2009) costing £350m; and
 - Short term refurbishment costing £80m.
- 6.203 Its preference is the first option, which would protect the 1930s façade and be funded by the government with a low interest loan.

The consultation

- 6.204 The SCLP criticises the “inadequate” engagement exercise which “seems mainly aimed at convincing their own staff and consultants to accept a small and inadequate acute unit on the Sutton Hospital site”. It also strongly opposes the sale of parts of the St Helier site for housing purposes and so supports the idea of a local Council referendum on retaining the whole site for NHS use, leading to a ‘Residents’ Lock’ so its status can only be changed by another referendum.
- 6.205 The consultation document is criticised for: being devoid of detail; failing to make a credible case for the clinical viability of the new hospital; evading the subject of the possible use of the hospital’s beds by Royal Marsden patients at the expense of NHS patients in the ESTH catchment; and failing to provide convincing arguments that the three-site model would be cheaper, more efficient and easier to staff than the current system.
- 6.206 There is also concern that the consultation does not take account of the emerging preventative health agenda that could see the development of a joint NHS and local authority St Helier Healthy Living Village comprising: St Helier Hospital; Sutton Arena Sports Centre; Sutton Junior Tennis Centre; a Healthy Living Centre/Gym and a healthy living supermarket. SCLP would also support a similar facility for the Centre of Epsom.

Wandsworth Council: Labour Councillors Group

- 6.207 The Labour councillors welcome the proposed £500m investment in light of the need to improve hospital buildings (particularly at Epsom) and address the A&E staff shortages that make it “almost impossible” for all three hospitals to run a full 24/7 service.
- 6.208 The councillors, though, note residents’ concerns about accessing emergency care in future, and express worry that the proposed changes will affect demand for services (and quality of care) at other hospitals, including St. George’s. If the preferred option is adopted, they particularly suggest that:
- NHS Trusts should provide public education on when to use UTCs and when to go to A&E;
 - There is sufficient support for St. George’s - including extra funding, staff and beds - to mitigate the pressures noted above;
 - There are improved transport links for the Merton, Sutton & Epsom area to allow people to use public transport to get to the new hospital; and
 - New services, hospitals and transport are designed to minimise greenhouse emissions.
- 6.209 They also feel the proposed changes should pass the London Mayor’s ‘six tests’, which are:
- Not to widen health inequalities and to reduce these where possible;
 - To avoid a reduction in hospital beds across the sector;
 - Ensuring there is sufficient funding for all aspects of the scheme;
 - To consider the full impact of any changes on local authority social care;
 - The changes have widespread clinical support; and
 - The need for full patient & public engagement.
- 6.210 On the latter point, the councillors suggest that as part of the consultation overlapped with the pandemic, the deadline should have been extended for two weeks.

Trade unions/councils

GMB

- 6.211 GMB rejects all of the options and calls on Government to abandon attempts to remove acute services from Epsom and St Helier Hospitals for reasons that follow.
- 6.212 The union feels the proposals represent a major risk to life as they will result in 200 fewer beds in the Trust area. The proposed addition of 100 beds at each of Croydon and St George’s Hospitals is criticised since neither hospital has the capacity or space needed, and Croydon especially is operating at full capacity. The coronavirus pandemic has, it is said, further highlighted the serious shortage of hospital beds.
- 6.213 Related to the above, it is said that downgrading Epsom and/or St Helier hospitals will have a knock-on effect for Croydon and St George’s Hospitals, which are already over-stretched and under-funded.
- 6.214 GMB is concerned that access to the proposed acute facility would be “a major shift from a walk-in facility” and that this is not being clearly explained to the public. An increased reliance on ambulance transfers is a further concern as:
- Situations will occur whereby patients need an emergency transfer owing to a lack of critical care or emergency beds at the district hospitals, and complications arising during home births would require longer journeys to an acute facility for many;

There will be an increased requirement for ambulance transfers from the acute facility to district hospitals (and back) should a patient’s condition worsen and later improve, and there are safety fears over shuttling severely unwell patients between hospitals;

Basing ambulances only at Sutton will result in longer waiting times as a result of further distances to travel;

Paramedics will have to decide whether patients should be taken to one of the UTCs or A&E, but will inevitably be encouraged to take as many as possible to the former. This could lead to *“paramedics [being] blamed when patients are taken to the wrong hospital”*;

The Sutton site is *“often gridlocked”*, which can add life-threatening delays;

ESHT already spends a great deal on private taxis owing to a failure to invest in and increase ambulance capacity. There is no known increased budget for the ambulance service to absorb the effects of these proposals.

6.215 The proposed reduction in the numbers of paediatric and obstetric consultant doctors is unacceptable to the GMB, especially given the area’s increasing population. Furthermore, the union argues that the consultation documents use *“misleading terminology”*, and that the public will not understand that the intention is to reduce the number of consultants.

6.216 The pre-consultation analysis and the consultation process itself are heavily criticised by the GMB, particularly in relation to:

Insufficient demographic modelling and a lack of provision for the expected 25% growth in population by 2039;

The absence of a *“do least”* option to retain all services at all hospitals and invest some of the £500m in improving hospital buildings;

Local councils not being included in the stakeholder meetings – and the absence of costings of the impact on the towns and infrastructure;

Important participants in the engagement process being required to sign non-disclosure agreements at pre-consultation;

The ‘disingenuously positive’ proposals, which are, in fact, part of a *“national cost-cutting exercise”*;

The inexplicit link between the RMH and the proposed new facility (the GMB implies that a possible link might be that RMH receives a third of its revenue from private patients);

Contradictions in the sense that the buildings at Epsom and St Helier are said to be not fit for purpose, while 85% of services will remain there; and

A lack of explanation as to the nature of the £511m loan, leading to fears that it is *“PFI in another guise”*.

6.217 Other issues raised by GMB are that:

GP capacity to staff the UTCs may be insufficient in enabling the centres to remain open 24/7;

25% of land at Epsom Hospital has been sold and it is feared that more land elsewhere will be disposed of. Thus, the proposals should have included clauses to prevent the sale of NHS land, the use of portacabins, and renting buildings from the private sector; and

If complex elective surgery is undertaken at the acute facility, this would lead to the majority of services being located at one site only – and if the Sutton site is chosen, there would be far fewer beds than at present. If elective surgery remains at the district hospitals, cases that become acute would require urgent transfer, which is inherently risky.

6.218 In summary, GMB argues that the proposals pose a major risk to life and that the consultation process is flawed. It calls for the retention of, and proper investment in, all services in all hospitals.

Merton & Sutton Trades Union Council and UNISON Epsom and St Helier University NHS Trust³⁹

6.219 Merton and Sutton Trades Union Council (MSTUC) and Unison argue that all three consultation options are unacceptable, since a population of 720,000 requires more than one acute hospital. Their main concerns are that:

Centralising acute and specialist inpatient care in Sutton will result in a serious loss of acute beds and services, downgrade existing services at Epsom and St Helier and undermine the possibility of further development of more local and accessible community services;

Establishing a three-site service will worsen efficiency and staff recruitment and retention;

Co-location with RMH and the emerging 'Cancer Hub' is likely to result in resources being diverted to treating surgical patients (including private patients) from the RMH. This is an additional caseload, not incorporated into the projections and would be at the expense of services for residents of Merton, Sutton and Surrey Downs;

There is no serious analysis of the impact of the proposals on the London and Surrey ambulance services who, in addition to existing calls, would be required to ferry 'step-up' patients from UTCs and district hospital beds to Sutton (and vice versa for 'step-down patients');

The proposal to reduce the number of overnight acute beds "*flies in the face*" of the most recent Planning Guidance from NHS England, which rejects any further reductions;

The latest plans would cost twice as much and reduce services far more than previous ones to retain acute services at Epsom and undertake major reconstructions at St Helier.

The case for change

6.220 MSTUC and Unison say that none of the three main reasons for proposing major change (quality, buildings, finances) are consistent or convincing, and that the pre-consultation business case ignores evidence and advice from professional bodies. Further, one of the main underlying objectives for the proposals - locating the SECH next to the RMH - has not been given prominence, nor has there been adequate discussion of the implications for choosing the Sutton site.

6.221 In terms of quality, it is said that:

Royal College of Emergency Medicine guidance on reconfiguring emergency medicine services has not been given due regard, and the proposals are focused on financial savings rather than "*having real patient care at heart*";

The reference to district hospital wards being staffed by 'interface physicians' is so vague that the Clinical Senate sought clarification and expressed concern over the standard of care available from these staff;

Nurse staffing would be unacceptably downgraded in the district hospitals;

The consultation takes no account of the complexity and potential costs of running services across three sites, while the new site carries the full pressure of delivering all emergency and acute services with reduced bed provision.

6.222 In terms of buildings it is said that:

³⁹ The two Unions separately submitted the same response.

Repairs are needed at Epsom and St Helier, but there is no strong argument for spending five times as much on a new site while retaining heavily downsized versions of the two hospitals;

Bed reductions at Epsom and St Helier would free up land for sale that might otherwise be used for more modern and accessible services. Various permutations would allow refurbished and new facilities to be put in place on the two existing sites for much less capital expenditure, in the process freeing up some land for sale to help cover the costs.

No clear explanation has been offered as to why St Helier, in particular, is to be downsized despite the fact that 10 years ago the agreed plan was for a major new hospital there; and

Claims around the benefits of new hospitals and facilities are too “*extravagant*”.

- 6.223 In terms of finances it is said that “*huge and unproven*” assumptions are made on savings that pay little attention to the costs and complexity of running three sites. For much less than £500m, significant positive changes could be made that would bring greater benefits to local residents.

Main concerns: beds

- 6.224 Concern is expressed around:

The proposed reductions in acute beds at the SECH, especially in light of high occupancy levels at Croydon and St George’s Hospitals;

The “*seriously understated*” pre-consultation business case figures on 2019 emergency caseloads for Type 1 A&E patients at Epsom and St Helier Hospitals (53,000 as opposed to NHS England statistics showing 154,915), which exaggerate the possibility of the Trust being able to cope with less than half the current number of front-line beds;

The estimate of 50 extra beds in neighbouring hospitals, despite the fact that St George’s, Kingston and Ashford St Peter’s are at full capacity and Croydon has poor CQC ratings;

A lack of detail around reductions in bed numbers within the consultation documentation.

Main concerns: UTCs

- 6.225 Concerns around UTCs include:

Existing A&Es can call on a much larger pool of beds for serious cases, while a standalone UTC would have to call for an ambulance transfer for any patient mistakenly arriving with a condition requiring inpatient care;

People wrongly attending an UTC and delaying their access to appropriate care;

The need for operational guidance on out-of-hours diversion or transfer to an acute hospital; and

The potential for hours at UTCs to reduce from 24/7 in future due to GP shortages (as happened in Northumbria following the introduction of a similar model).

Main concerns: workloads

- 6.226 There is concern that projected increased workloads at the SECH will mean all staff “*working flat out 24/7*”, leading MSTUC and Unison to question whether it would be an attractive place to work. Moreover, it is said that the argument for fewer beds hinges on the assertion that new models of care will reduce caseloads, but that the three CCGs have seen a substantial increase in emergency admissions and admissions overall, which will increase with a growing and ageing population.

Main concerns: proximity to the Royal Marsden Hospital (RMH)

- 6.227 MSTUC and Unison allege that planning and land deals have been struck between ESTH, the Institute of Cancer Research and Sutton Council around the co-location of the Cancer Hub, the new Sutton Hospital and private enterprises to form a ‘life science campus’. They also note how closely the new hospital is expected to be working with the RMH, which has no surgical capacity, allegedly to fulfil a desire to expand ESTH’s private income by picking up work from the RMH.

MSTUC and Unison are “*not willing to endorse a plan that would give the Cancer Hub access to acute hospital services and a body of consultants on the cheap -at the expense of access for the ESTH catchment population ... and without any proper disclosure of the likely level of demand for the new hospital’s services as a junior adjunct to the RMH*”. The CCGs, ESTH Trust and local boroughs are urged to clarify how proximity to the RMH will add to the new hospital’s caseload, and explain the steps being taken to ensure it can cope with this without impacting negatively on local access to services.

Main concerns: workforce

- 6.228 MSTUC and Unison argue that moving to three sites can only address staff shortages if the level of clinical care in the two district hospitals, and thus the need for staff, is reduced. Moreover, the pre-consultation business case reveals the same total requirement for consultant staffing whether or not the new Sutton Hospital goes ahead, so “there appears to be no clear advantages for staffing in the three-site model”. The main concern is “creating a highly stressful and over-stretched acute specialist hospital that would be even less attractive to senior medical staff”.
- 6.229 MSTUC and Unison are further concerned that the proposal would: increase the complexity and inefficiencies associated with three-site working; downgrade clinical care in Epsom and St Helier; lead to a dilution of skills mix among some medical, nursing and other professional staff; and reduce the number of non-clinical support staff, which is likely to rebound as pressure on clinical staff. They also worry that the unclear and unfamiliar profile of services proposed for the district hospitals will prove unattractive for medical and nursing staff.

Main concerns: access and travel

- 6.230 MSTUC and Unison believe that the degree to which people will continue to access the district hospitals has been overstated, and their need to access emergency care understated.
- 6.231 They also say that for much of the catchment area, Sutton Hospital site is less accessible than either of the other two sites, especially by public transport – and that the impact of this is likely to be greatest for those who are older, disabled, pregnant, from an ethnic minority background or from a deprived area. Moreover, it is said that there is currently almost no visitor parking at Sutton and that the redevelopment of the surrounding site is likely to heavily constrain parking in the vicinity of the new hospital, exacerbating access problems for people with limited mobility.

Main concerns: costs and financing

- 6.232 MSTUC and Unison fear for the financial viability of the Trust after its inpatient services have been downsized and downgraded. Moreover, they envisage that with the impact of the RMH, it is likely that there could be a larger than expected outflow of local patients as capacity from within the 386 inpatient beds at Sutton is exhausted.

6.233 Other concerns are that:

Reduced bed numbers and admissions are likely to mean a reduction in income for ESTH;
 The intention to spend all of the £500m capital on a new hospital means there would be little left for the expansion and improvement of community health and primary care; and
 It seems likely the Trust will receive funding as public dividend capital, which carries a perpetual annual interest charge. The additional cost (estimated at £16m per year) is likely to run alongside a reduction in income from specialist treatment.

Main concerns: land sales

6.234 With fewer beds on both existing sites, MSTUC and Unison feel the Trust will be under pressure to sell land assets. They urge against any rapid sale that may prove irreversible if plans do not progress and more NHS capacity is needed.

Main concerns: 'flawed' consultation documents

6.235 MSTUC and Unison state that the consultation document is difficult to take seriously owing to the "misleading, irrelevant and completely outdated information that reinforce the impression that the three CCGs are trying to avoid rather than engage with the real issues". A long list of perceived 'flaws' is offered, including:

Citing "*ancient articles*" on prevention and public health issues that are irrelevant to the plan;
 Reference to the 'Hastings Centre' without stating that this is an "*imagined hospital*" in the USA;
 Using out-of-date figures on ambulance handovers and staffing rates; and
 Disguising the fact that ESTH's performance on the most serious A&E Type 1 cases in December 2019 was better than neighbouring Trusts.

Conclusion

6.236 MSTUC and Unison propose an updated version of the 2009 plan to build a new St Helier Hospital and upgrade and expand Epsom for far less than £500m. This, they feel, will deliver better results and accessibility, leaving additional resources to improve and expand community health, primary care and mental health services.

UNISON Epsom and St Helier University NHS Trust

6.237 In another Unison submission, the model of care is considered a "*poor solution*" because of already severe struggles with staffing at Epsom and St Helier Hospitals. With another acute hospital to staff, it is said that doctor cover would be more stretched and waiting times longer. The loss of hospital beds is also described as "*highly concerning*", as is the loss of acute and specialist services from existing hospitals which would be to the detriment of patients and communities in general.

6.238 The selection of Sutton for the SECH is criticised for the potential of longer journey times leading to increased harm and more deaths.

Unison demands that there should be no downgrading of the two hospitals at Epsom and St Helier and that they should both retain their six core acute services.

Special interest/community groups

Keep our St Helier Hospital (KOSHH) and Keep our Epsom Hospital (KOEH)

6.239 KOSHH and KOEH note the three main issues or ‘challenges’ that form the case for change (estates, clinical and finance) and suggest that IHT has failed to make a clear case in relation to each of them.

Estates

6.240 KOSHH and KOEH feel that the proposed options are completely at odds with the ‘estates’ case for change for while it is claimed that the age and condition of the Trust’s buildings means they are too expensive to maintain, all three options propose their continued use for 85% of the current patient interactions. There is suspicion that *“the IHT plan may conceal an intention to discontinue a significant proportion of the 85% of services they say would continue”*.

6.241 The two groups also note that:

The preferred option is to build a new facility, and if the maintenance costs of two hospitals are unsustainable, how can adding those of an additional one be more so?

ESTH’s buildings would not be in such condition had they been properly maintained for the last two decades or more. This, it is said, *“is a very clear indicator of the long standing intention to close or downgrade, both Epsom hospital and St Helier hospital”*.

6.242 The issue of land sales is raised, and particularly that the Trust recently sold land and buildings at Epsom Hospital which *“could and should have been used to cater for predicted future demands and emergencies”*. Many services that were on this land have since needed to be re-provided elsewhere on the site and in the town centre, and KOSHH and KOEH feel it is likely that the expense of this re-provision exceeded any ‘profits’ made from the sale. It is also noted that staff accommodation was lost (and not re-provided) as a result of this sale, which could impact on recruitment and retention in an area as expensive as Epsom.

6.243 It is said that there are plans to sell land at St Helier hospital for housing, and then *“assuming the existing acute services are removed, yet more land would be sold from both ... hospital sites”*.

6.244 KOSHH and KOEH believe the land on both existing sites is needed to expand NHS services to cope with current and future needs.

Clinical

6.245 KOSHH and KOEH note that a shortage of consultants is cited as a reason for change, while it is proposed to reduce rather than increase the number employed. They also say that that the recruitment and retention of consultants (and indeed other staff) is made more difficult when the Trust is continuously subject to an uncertain future, let alone when the number of Consultant posts is planned to be cut.

6.246 Other points made are that: it would cost considerably less than the £511m proposed investment to train the requisite number of consultants; fast-tracking junior doctors to consultant posts could solve staffing issues *“much more cheaply”* than building a third facility; the intention to have senior specialist doctors available across all three sites will mean (with reduced numbers) they would be spread much more thinly; and that adequately staffing three sites with medical, ancillary, clerical and other support staff cannot be as efficient as staffing two sites.

Financial

6.247 KOSHH and KOEH make several points related to the financial aspects of the proposals, including that:

It is *“disingenuous”* to suggest that the £500m (or £511m) on offer is a gift as it will be subject to significant interest payments, capital charges and depreciation costs that *“could have a very significant impact on the Trust’s finances and might put its future financial viability at risk”*;

Acute services are responsible for a significant proportion of a hospital’s income and *“little or no account has been taken of the loss of income that the proposed removal of acute services from Epsom and St Helier Hospitals would cause”*, nor is the loss of income to other providers taken into account;

Financial savings could be made by avoiding the additional costs of planning and building a brand-new hospital, which can be *“beset by unforeseen costs and teething troubles”*;

Savings from new technology are claimed despite these being available on existing sites if the investment were to be made. Savings are claimed based on existing staffing levels not on the cost of full establishment;

There are diseconomies of scale in co-ordinating care over three sites instead of two – as well as additional costs and inconvenience to staff, patients and visitors;

Changes will be needed to public transport arrangements; and

There may be increased costs associated with potential legal claims against the NHS or the Trust *“caused by cuts in provision”*.

Other issues: population growth

6.248 KOSHH and KOEH say IHT claims to have catered for population growth up to 2025/6, whereas the new facility is unlikely to open before then, and the name of the review is Improving Healthcare Together 2020-2030. Furthermore, it is considered *“self-evident”* that capital expenditure of £500m should provide sufficient capacity for *“much more than 10 years, let alone just five”*.

Other issues: hospital beds

6.249 KOSHH and KOEH are very concerned that although the consultation document provides for an increase of four hospital beds, in reality the area will see a ‘dramatic’ reduction no matter which consultation option is taken forward. This is rejected as *“dangerous”*, particularly in light of anticipated population growth.

6.250 KOSHH and KOEH mention what they describe as the *“phantom beds”* to be supplied by other providers such as St George’s, Croydon and Surrey Hospitals and say that *“given the failure to achieve any of the key targets at St George’s or Croydon this seems like a very unlikely proposition”*.

6.251 The COVID-19 pandemic is also raised in the context of NHS bed occupancy levels. These were *“well above safe levels”* prior to the crisis, and it is said that any reduction in beds *“will clearly lead to increased hospital acquired infections, delayed admissions and deaths”*.

Other issues: A&E and maternity services

6.252 KOSHH and KOEH do not believe that the loss of one or both A&E departments is safe for patients. They say that having only one A&E *“moves emergency services further away from most patients, in all emergency situations”* and that longer journey times have *“been found to cause increased patient harm and death”*.

Moreover, requiring that all patients wait for an ambulance even if they are easily able to make their own way to the hospital would, it is said, create further unnecessary delay.

- 6.253 The proposal for one maternity unit in place of two will “*mean longer journey times for most mothers in Labour*” and “*will put more mothers and babies at risk of harm or death*”. It would also, it is said, make visiting longer, more complicated and more expensive. Furthermore, the plan to cut obstetric and paediatric posts is criticised for its potentially negative impact on mothers and children.
- 6.254 Maintaining maternity care is considered especially important because the predicted birth rate in SW London is significantly higher than surrounding areas and “*there is evidence that smaller, more local maternity units are safer for mothers and babies*”.

Other issues: journey times

- 6.255 The IHT figures on journey times are not considered to be “*in line with reality*” in that they “*drastically underestimate*” the increased time it would take to reach one acute site as opposed to the current two - and apparently take no account of waiting times and the ability to make connections between various forms of transport. Public transport journeys in particular will be far longer and more complex than specified.
- 6.256 KOSHH and KOEH claim IHT has admitted that the research into travel times needs to be reviewed and consider it “*unclear how a proper consultation can take place when such an important consideration has not been dealt with effectively*”.

Other issues: transfer of care and increased demand on the ambulance service

- 6.257 KOSHH and KOEH note that, under the IHT programme, all patients requiring acute care will be moved by ambulance - and that frequent transfers of care between acute and non-acute settings carry risk and “*would cause massive extra demands on the ambulance service*”.

Other issues: inequalities

- 6.258 KOSHH and KOEH say that:

It is “*self-evident*” that all of the consultation options will increase health inequality;

If the specialist emergency care hospital is sited at Epsom or Sutton, the poorer communities nearest to St Helier Hospital would be seriously disadvantaged. Poorer communities have more need for acute hospital services and “*this proposal moves them further away from them*”, meaning more expensive and more complex journeys (especially by public transport);

If the specialist emergency care hospital is sited at St Helier, it would have an unfair impact on the older population of Epsom, who tend to use A&E most often; and

The ‘Marsden option’ moves acute services further away from almost everyone, meaning longer journey times via poor transport links. Under this option, the acute facility “*would be closest to a population which is wealthier, and which enjoys longer life expectancy than most of those who rely on Epsom and especially St Helier*”.

Other issues: The Royal Marsden

- 6.259 That the Royal Marsden receives a high proportion of its income from private care is a concern inasmuch as co-location with “*the only acute facilities in our catchment area*” may lead to the latter being largely privatised in line with the former. Moreover, KOSHH and KOEH feel NHS services would be adversely

impacted by the demands of private patients at the Royal Marsden, who could be *“prioritised over NHS patients”*.

- 6.260 On a related note, the stated desire to increase the number of private rooms provided at the proposed acute facility is seen as evidence of ESTH wishing to expand its private work.

Other issues: a ‘flawed’ process

- 6.261 KOSHH and KOEH make the following key points in relation to the consultation process:

The Option Appraisal failed to follow the mandatory obligation to present ‘do minimum’, ‘business as usual’ and ‘lower cost’ options on the short list of options evaluated;

Insufficient time was permitted for the examination and consideration of the proposals and the detailed case for change prior to the launch of the formal consultation, which was announced only two days in advance

“Dangerously misleading” information has been issued to the public about the proposals – and the consultation documents and presentations have failed to clearly outline their *“serious disbenefits”*;

A preferred option was declared before the start of the consultation, signalling that the outcome has been pre-determined;

There is no ‘status quo’ consultation option, nor has there been a comparative analysis of the costs and benefits of the status quo versus the three consultation options;

The fact that patients will only be admitted to the proposed SECH via blue light ambulance or GP referral (and that this may mean treatment delays for those living close by) was *“not made clear to the public in the consultation”*;

At the public listening events, the responses to questions from the public were routinely *“evasive”* and *“disingenuous”* and many aspects of the plans were described as a work in progress. The consultation *“should not have been launched until all the necessary work had been done”*; and It is *“scandalous”* that the consultation has not been cancelled given the COVID-19 pandemic.

Conclusions

- 6.262 KOSHH and KOEH believe the IHT proposals should be rejected in their entirety for the reasons outlined above and because:

The claim that concentrating the acute services of two existing major hospitals onto a single site will improve healthcare is unsupported by any independent peer reviewed evidence; and

Implementation of any of them would cause harm and excess deaths and exacerbate the inability of the local NHS to cope with a crisis such as the COVID-19 pandemic.

- 6.263 The organisations note that plans to significantly extend St Helier at a cost of £219m were well advanced in 2009, and that *“a similar project could be a cost-effective solution to the so-called estate problems at both Epsom and St Helier hospitals”*.

7. IHT Listening Events

Introduction

- 7.1 Between January and March 2020, the three CCGs hosted a series of eight Public Listening events, each in a different location within the area. The intention had been to host nine events, but the last one, scheduled for 17 March in Epsom was cancelled following the Prime Minister’s COVID-19 announcement of 16 March to stop non-essential contact with others and all necessary travel.
- 7.2 Events were widely advertised in the IHT leaflets, website, social media and elsewhere particularly having regard for areas of health inequalities.
- 7.3 Each event was chaired by a local and independent facilitator and following a presentation of the case for change, proposed model of care, SECH site options, as well as bed and travel times analyses by CCGs staff, questions and comments were invited from the floor. A range of information and materials were also available at the venues including display stands, consultation documents, maps and site drawings for each of the proposed options/models.
- 7.4 ORS provided a meeting record template so that notes of each event could be captured by CCG staff in a consistent manner. These were provided to ORS and are summarised in detail in this report.
- 7.5 Over 1,000⁴⁰ members of the public, NHS staff, carers, patients and their representatives attended the eight events. Also in attendance at the meetings were members of local action groups such as KOSHH, local political stakeholders including councillors and MPs, and other community representatives. The programme included a mixture of afternoon (1.30-3.30pm) and evening (6.30-8.30pm) meetings as shown by the fourth column in the table below.

Table 27: Summary of listening events by location, date, CCG and attendees

Listening Event	Location	Date	Time of day	Approximate No. of attendees
Sutton 1	Sutton	21 January 2020	EVE	150
Merton 1	Morden	24 January 2020	PM	94
Epsom 1	Epsom	28 January 2020	PM	125
Epsom 2	Spalding	11 February 2020	EVE	270
Merton 2	Mitcham	12 February 2020	EVE	160
Sutton 2	Wallington	12 February 2020	PM	120
Sutton 3	Carshalton	2 March 2020	EVE	47+
Merton 3	Mitcham	5 March 2020	PM	85
Epsom 3	Leatherhead	17 March 2020	CANCELLED DUE TO COVID-19	

- 7.6 The meetings were designed to invite comment and answer participants’ questions on the following:
- The proposed model of care part I – continuing to run the majority of services 24/7/365 in refurbished hospital buildings;

⁴⁰ The notes to the Sutton 3 event did not include number of attendees, but 47 equalities monitoring forms were identified as being from this event, so the number of participants is likely to be at least 50.

- The proposed model of care part II – (a) bringing 6 core services together onto a single site for patients that need the most specialist care (b) building a new state-of-the-art specialist emergency hospital:

Views on Sutton Hospital as the possible site for a new specialist emergency care hospital

Views on St Helier Hospital as the possible site for a new specialist emergency care hospital

Views on Epsom Hospital as the possible site for a new specialist emergency care hospital.

- 7.7 All events were well-attended, but it was only possible to capture and summarise feedback from participants that asked questions or chose to speak and provide feedback (although all attendees were also encouraged to complete the structured consultation questionnaire and/or submit feedback in writing to the IHT address). It should be noted that the organised and vocal campaign groups who also attended the meetings might well have been dominant to a degree that overshadowed some other opinions. Therefore, the views provided below by no means offer a reliable guide to the overall balance of public opinion; nevertheless, it is important that the feedback that was provided, is accurately summarised in this chapter.

Main Findings

Understanding of the issues and experiences of using St Helier and Epsom Hospitals

- 7.8 Some attendees highlighted what they considered to be the lack of investment and bad management which has resulted in the poor state of buildings and the current need for change. Questions were asked about future plans for the existing hospitals, if they were not chosen as the specialist facility, with some even suspecting a possible long-term intent to close St Helier and Epsom hospitals altogether.
- 7.9 The shortage of medical staff of all kinds was also concerning and some questioned how the proposed model would overcome this issue. Some attendees recounted their own experiences of using Epsom and St Helier Hospitals, with some highlighting inefficiencies and staff shortages whilst others commended the local hospitals for the quality of services received.

Table 28: Background points and questions and experience of using hospitals

Sub-Theme	Example Comments/Points made
Underfunding and poor management	<p>The whole plan seems to be geared around a service that is crumbling, where is this bad management coming from? It's a shambles (Epsom 1)</p> <p>Best situation would be everyone's local services were improved. This just seems to be where we've got to regarding lack of funding rather than what's best (Epsom 1)</p> <p>We cannot afford to lose any acute hospitals. Given we have just had record poor A&E wait times and a HJS article said record collapse in A&E services' (KOSHH, Epsom 1)</p> <p>What is the economic justification (and is this hospital going to be sold as a private hospital?) (Sutton 1)</p> <p>What happens with the Epsom and St Helier sites if Sutton is chosen? (Sutton 3)</p>
How are staff shortages to be addressed?	<p>With the desperate shortage of medical staff that we already have where will you get the staff to man this great new facility? (Epsom 1)</p> <p>With the desperate shortage of medical staff that we already have, where will you get the staff to man this great new facility? (Epsom 1)</p> <p>They have had ten years to get enough consultants why haven't they sorted this out? I think they have misrepresented the shortage of consultants, I think they haven't got nearly enough (member of Sutton and Cheam Labour Party, Merton 1)</p>

Sub-Theme	Example Comments/Points made
	<p>You cannot staff the hospitals we have now. Where are you going to get staff for the new hospital? (Sutton 1)</p> <p>Moving the hospital won't create more staff (Colliers Wood Councillor, Sutton 1)</p> <p>How will moving staff give us better quality of care? How can I help you in making this decision? The issue is a lack of staff' (Sutton 1)</p> <p>The standard of care hasn't always been brilliant. We are short of midwives and specialist nurses; the model is a no brainer (Consultant, Sutton 1)</p> <p>We are short of staff and have difficulty recruiting to posts with two sites that we have to split rotas into (Sutton 1)</p> <p>I have made use of both acute hospitals – and seen patients looking after patients. I've seen the amount of intensive care available and necessary. Doctors are leaving because of the workload (Sutton 1)</p>
Experience of Epsom Hospital	<p>I'm someone with a chronic illness where consultant hasn't got time to see you, and told to just go to A&E. My experience is that I've been sent from consultant to A&E and they have no idea I'm coming, and it takes hours to get any form of treatment ...I'm often sent and then kept waiting hours and hours. Will this still be my experience? (Epsom 1)</p> <p>You have to wind your way around corridors to get anywhere (Merton 2)</p> <p>I'm in and out of hospitals and it's pretty shameful there are very few disabled parking spaces for us. Will there be provision for disabled car parking? (Epsom 2)</p> <p>At Epsom site, we have an area called outpatients and this is on the first floor. A lot of people need a lift to get to their appointment. That is not thinking about what the patient requires. The outpatient building is furthest away from the car park and the toilets are on the other side (Sutton 1)</p> <p>I do have three experiences at Epsom hospital that were not particularly safe (Epsom 2)</p> <p>Recently spent ten days at Epsom first A&E and then cardiac care unit. The care I received was absolutely excellent. I and fellow patients would like to thank you for the excellent care received. Will the Epsom CTU still exist? (Epsom 2)</p> <p>I think the NHS in this country is absolutely fantastic and I think a lot of this is down to Epsom and St Helier hospitals and I am nearly 90 and you have all kept me alive (Epsom 2)</p>
Experience of St Helier Hospital	<p>Ten days ago my wife needed to see a doctor as she had a very bad chest infection. No local doctor was available on phoning 101 [sic]. We were given an appointment at St George's – why not St Helier? It took two hours to get there where we had to wait two hours. We live in Sutton) (Sutton 1)</p> <p>I had to wait eight hours in admissions when I was taken by ambulance to St Helier Hospital (Sutton 3)</p>

The proposed model of care part I – continuing to run the majority of services 24/7/365 in refurbished hospital buildings

Refurbishing existing hospitals

- ^{7.10} Whilst one attendee could see no issues with the condition of the existing hospitals, it seems that most people attending the events recognised a need for refurbishment. However, there was some disquiet concerning the allocation of only £40 million for each of the two sites, and a question was asked about whether the refurbishment costs of £80 million would be poached, if the main build proved to be short of funding. Some were also suspicious that the longer-term intention is to either change Epsom and St Helier Hospitals to cottage hospitals, or to close them altogether. An attendee also said that the proposed changes would be detrimental to the more disadvantaged communities.

Keeping the majority of services at existing hospitals

- 7.11 There was vocal opposition in all groups to what is regarded as the downgrading of services to ‘walk-in centre’ status at Epsom and St Helier Hospitals. The importance of having local services was mentioned and of improving those local services and facilities to meet local needs. It was argued that taking services away from district hospitals endangers lives. Some attendees criticised the consultation for not including an option for the ‘status quo’: for improving existing hospitals and not building a new one. Comments were also made about the general context of depleting health and social care services in the community and that this consultation is symptomatic of this decline. Questions were asked about the 85% of services that would remain at the two district hospitals – more clarity was requested on this and how staff would be recruited to fill posts in three hospitals when hospitals are currently understaffed. Questions were also asked about how patients would be transferred from the district hospitals to Sutton in times of emergency.

Keeping 24-hr UTCs at existing hospitals

- 7.12 Clarity was called for over the precise offer in the UTCs, as opposed to A&E, with some complaining that the UTCs would be walk-in centres only.

Other questions/comments

- 7.13 The projected **number of beds** available locally was called into question. The way in which bed numbers were explained in the consultation document was considered to be inadequate, given accepted population projections to 2030 (and not 2025 as in the consultation document). The consultation document was also criticised for being unclear in that many beds designated for local use are to be provided by hospitals outside of the area – in Croydon and St George’s Hospitals specifically. There were also some queries about the **timeline for the project** and what would happen in the meantime.

Table 29: Summary of points made in relation to the proposed model of care part I

Sub-Theme	Example Comments/Points made
Refurbishing existing hospitals	<p><i>Seemed evident from contributions that there was a need for refurbishment of existing buildings (Merton 1)</i></p> <p><i>The old buildings don’t look like they are falling down, and people don’t mind going there (Sutton 1)</i></p> <p><i>You patronise us by acting like we don’t know St Helier needs upgrading but you’ve only put forward £40 million for each one which is total rubbish. It isn’t enough money, the three options given are ridiculous, listen up folks, the £500 million isn’t enough to build a new hospital (Epsom 2)</i></p> <p><i>What will £40m per site do for these crumbling buildings? [suggestion it is not enough] (Sutton 1)</i></p> <p><i>Are you being evasive about the £80m for refurbishment – is this £40mil each? (Merton 1)</i></p> <p><i>Will Epsom and St Helier really be a cottage hospital and similarly run down? (Epsom 2)</i></p> <p><i>I’ve never seen more people in greater need of social care, unable to get a GP appointment and get to a district nurse. Those services are there and are certainly not getting better. We have been promised that our community services will get better. What you are doing as a team is that you are misusing the English language. You are calling what is left at St Helier hospital a district hospital – it is a glorified walk-in centre. You leave something there which makes it more vulnerable to closure in the future. Last week’s report on health inequalities showed that wealthier people are living longer and poorest least. What you do is take move services away or you try to combine them with Wimbledon where people don’t use St Helier.</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>People in that end of the patch are far less likely to have access to a car and require public transport. (Siobhain McDonagh MP, Sutton 3)</i></p> <p><i>This consultation is entirely bogus. You've decided years ago to close the hospitals from three to one (KOSHH, Epsom 2)</i></p> <p><i>What does district hospital mean? Dorking has a community hospital, is Epsom and St Helier really going to be a community/cottage hospital to be run down similar to Dorking? (Epsom 2)</i></p> <p><i>I remember Carshalton War Memorial Hospital – now it is just flats. I am worried that the same will happen to Epsom and St Helier. Why can't you just get more money and build two new hospitals? (Sutton 2)</i></p> <p><i>So eventually the govt needs to save money. Therefore, we can flog the district hospitals and end up with fewer not more? (Merton 3)</i></p> <p><i>I don't understand why you have to have single rooms. The only reason is because you want to have private healthcare (Sutton 1)</i></p> <p><i>Private health services are being built on land sold at Epsom Hospital. How do we know you aren't building this new hospital for private patients? (Sutton 2)</i></p> <p><i>Yes, we talk about 50 million [sic] into each site. One rebuilt from scratch and ameliorate other two. If new site overruns will it take money from the other two? (Merton 3)</i></p> <p><i>The hospital will not come in on the cost you say; it will go way over. Will St Helier and Epsom lose all of the 80 million to go to the new place if you run over? Will the hospital simply not open when funding runs out? (Epsom 2)</i></p> <p><i>You have said you have £500m. On the slide I recall the figure for the newbuild was £511m and the refurb was £80m so that's £600m overall; where is the extra money going to come from and is the £80m ringfenced for the refurb? (Sutton 1)</i></p> <p><i>Do your costs allow for inflation? (Sutton 1)</i></p>
Keeping the majority of services at existing hospitals	<p><i>The best option now is to make sure we have appropriate services at local hospitals for local people, not building something from scratch (Epsom 1)</i></p> <p><i>Best situation would be everyone's local services were improved, this just seems to be where we've got to regarding lack of funding rather than what's best (Epsom 1)</i></p> <p><i>You need to build up all three hospitals with all the facilities why are you not doing this? (Epsom 2)</i></p> <p><i>The logic of what has been said is that we should have one trauma unit and one stroke unit in Central London. As all our units are merged and closed and that becomes the model. The real problem is the lack of consultants. Surprised to hear that there will be 30,000 nurses. There won't be 30,000 more. Concerned about the way the consultation has gone. We have 2 hospitals with emergency departments but none of the proposals are for continuing the status quo. This isn't going to be solved by closing one site and putting consultants on another site. The money is a loan probably a PFI thing ... I think it's disingenuous as a lot of people would like the services to continue at the two hospitals. Why is there a preferred option before we were asked the question? (Sutton 3)</i></p> <p><i>There is mounting national evidence of Government programmes doing harm to patients, patients dying waiting for beds. The fundamental flaw in your proposals is that patients self-diagnosing before they present, and also providing less qualified staff to man district hospitals. When you start to remove services from district hospitals, you put patients in danger. Your proposals are flawed (Dr Bob Gill, GP - Epsom 2)</i></p> <p><i>Strongly voiced objections from political stakeholders and campaign group to removing any services from current sites (Merton 1)</i></p> <p><i>A general hospital with no A&E, no maternity, no paediatrics ... is not a general hospital; it is a walk-in centre ... St Helier hospital loses 62% of its current beds (Siobhain McDonagh MP, Merton 1)</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>Dr Hills enunciated about the district hospital model, and 85% services will be retained...How have you measured the 85%? Not bad figure but I'd like to know what this is based on? Is this figure based on current services provided or future provision? What is based on numerically assuming the site chosen is the Belmont as most people would want a brand new car rather than a renovated one (Epsom 2)</i></p> <p><i>I'm confused - how can we understand the disadvantages as well as the advantages? Where will the 15% of services disappear to for example? [if 85% of services will remain at DGH] (Sutton 1)</i></p> <p><i>It would be better for us patients to be treated at home but you need to be realistic. Massive cuts to local authorities' services and retired GPs. We are not being entirely realistic. Those services are not there. They have been declining for years. I would like to know what is the level of communication with social services?' (Sutton 3)</i></p> <p><i>Some clarification sought on what might move: Will you close maternity, A&E and paediatrics? (Merton 1)</i></p> <p><i>People may need to transfer between emergency care bed to less acute and back if they become worse – will they need to transfer between hospital sites and how will that be managed? (KOSHH member, Sutton 1)</i></p> <p><i>What about people that need to be transferred from the UTCs to the emergency facility? (Sutton 2)</i></p> <p><i>Concern about people moving between hospital sites – when people go to A&E and then improve, they'll need to transfer; then if they become unwell again, they'll need to transfer again – that leads to congestion and pollution (Merton 1)</i></p> <p><i>What is the revenue cost of running two sites as opposed to three? (Sutton 2)</i></p> <p><i>Questions were raised around staffing and if ESTH can make a commitment to attract the highest quality staff to work across the sites (Sutton 2)</i></p> <p><i>The audience were concerned that ESTH are struggling to retain staff now and wanted to know how they would plan to staff three sites (Sutton 2)</i></p> <p><i>You say staffing problems will end by having a new building. Every single A&E has a problem in recruiting and is using agency staff because we don't have enough doctors and nurses. Until we train more people, we will never resolve the problem. We don't need another St George's but we need a St Helier hospital that provides services in our area (Siobain McDonagh, Sutton 3)</i></p> <p><i>We've been promised more staff, better staff and more qualified staff but nobody mentioned revenue funding. What is happening with the revenue activity between now and 2025? (Epsom 2)</i></p> <p><i>I'm concerned about these plans because I don't think a building on its own necessarily represents improvement. My understanding, from working in education, is that it's primarily about people. Happy to hear recruitment is going well. But there'll be a reduced number of staff... Reduced services. I know it will be better to have services on one site. But numbers of staff delivering services are going down. The impact of this is going to be phenomenal. A&E services and maternity at St George's can't meet demand. Nationally, 94% of beds are filled. We don't have capacity. We need people, not just buildings. There is not enough revenue to provide for staff to be put into the health service ... Is this really improving our health care when we're reducing staff in Epsom and St Helier? (Merton 3)</i></p> <p><i>Originally, the reason why we heard about why you want to put hospitals together was because of not enough consultants. Then we heard that because of the new hospital consultants want to come and work there (Merton 3)</i></p> <p><i>Won't staff be spread more thinly if you're building Sutton and have three hospitals? (Merton 3)</i></p>

Sub-Theme	Example Comments/Points made
Keeping 24-hour UTCs at existing hospitals	<p><i>You are misleading people on the three UTCs – they are not the same as A&Es (Merton 2)</i></p> <p><i>Are UTCs more like walk-in centres, i.e. GP-led, and not like an A&E centre? (Sutton 1)</i></p> <p><i>Can you confirm your UTC is just a walk-in centre and not for urgent care cases? (KOSHH member, Sutton 1)</i></p> <p><i>What is an UTC? What is the difference between UTC and A&E? (Sutton 3)</i></p> <p><i>People know that A&E is A&E and what it is there for. There is confusion around what an Urgent Treatment Centre is and what you can go there for (Sutton 2)</i></p>
Other questions or comments	<p><u>Bed Provision</u></p> <p><i>This presentation is not clear and not transparent. We've had nearly 1,100 beds and you say you will keep the same, but what you are actually planning to do is get beds from other places: 100 beds provided in St Georges', another 100 in Croydon that you no longer want to provide. You're asking us to believe we can [make] do by beds provided in other hospitals. England has the worst number of beds of any developed country in the world. The Royal College of Medicine, NHS providers and NHS England say we need more beds. What you are trying to do is destroy local healthcare forever ... The current figures for A&E waiting times are the worst they've ever been. Japan has 15 beds per 1,000 people, but you are taking down the number of beds to 1 bed per 1,000 (KOSHH member, Sutton 3)</i></p> <p><i>On page 45 of the consultation document, you say in the future you will need 1,052 beds. How have you got to that figure knowing that the population is projected to increase quite a lot. The number of people over 80 is projected to increase over 50% (Sutton 3)</i></p> <p><i>Some of the beds you talk about will be in other hospitals – how many of the bed numbers you quote will be in other hospitals (not Epsom & St Helier)? (Epsom 1)</i></p> <p><i>You were supposed to plan to 2030 – you have not as planned until 2025? You are losing beds to other hospitals (KOSHH member, Epsom 2)</i></p> <p><u>Timeline</u></p> <p><i>Do you have a timeline for this – when will this happen – what happens in the interim? (Merton 2)</i></p> <p><i>You have a realistic deadline? (Merton 2)</i></p>

The proposed model of care part II – (a) bringing 6 core services together onto a single site for patients that need the most specialist care (b) building a new state-of-the-art specialist emergency hospital

Comments on, e.g., Emergency department; Acute medicine; Emergency surgery; Inpatient paediatrics; Births; Critical care ...

- 7.14 The **model of care** was approved by some although tempered somewhat by concerns over the future of the St Helier and Epsom Hospitals should the Sutton site be approved as the location for the specialist facility. People who openly supported having a single site specialist centre regarded this as the only solution for overcoming the challenges of staff and consultant shortages and their ongoing work pressures. On the other hand, people opposing the model pointed to the fact that it emulates the model introduced in Northumbria which has been deemed to be a failure. The potential closure of hospitals in the area was particularly worrying for these attendees. Questions were raised also about whether this model has been proven to work elsewhere and for evidence that it leads to improved clinical outcomes.
- 7.15 Attendees sought assurances concerning **access to emergency services** under this model; about whether access would improve or worsen and whether staff and equipment would have to be shared across the sites. Clarification was also sought as to whether the specialist emergency facility could be accessed other than by

ambulance. This was a matter of concern since ambulance services are already stretched. Having to **transfer between UTCs and A&E** was also a matter of concern in that delays could potentially lead to loss of life. Attendees questioned how transfers between sites would be managed. One attendee asked whether the new specialist unit would have a helipad.

- 7.16 Questions were raised about **access to particular specialist services** like dialysis, stroke, transfusions, heart attacks, knee replacements and paediatric services. Questions raised about provision of **maternity services** under this model included the relative roles and responsibilities of the district and specialist hospitals and whether low risk and home births would still be supported.
- 7.17 Attendees were concerned that only four new **extra beds** have been included in the model and that this number is inadequate given population forecasts and an increasingly ageing population. Some further criticised the consultation for projecting only as far as 2025 instead of 2030 as it was required to do.
- 7.18 The **potential impact of this model on other providers** was of concern to some attendees. In particular questions were raised about access to emergency services to Royal Marsden hospital; the trauma service at St George's and whether ongoing works at Ashstead and Cobham would continue.
- 7.19 Once again, concerns over **staffing** were raised. One attendee made accusations of cutting the number of consultants and another pointed to the high level of agency nursing; that nurses cannot afford to live in the area; that the model should include provision for nurses' accommodation and that it should also include a recruitment drive for nurses. Generally, people were concerned over the shortage of medical staff and questioned how the model would help to overcome this problem. It was suggested that the specialist staff would be taken from the District Hospitals to man the specialist unit, leading to the closure of the District Hospitals. A consultant in the audience explained that the model in question would help by doing away with the need for splitting shifts over two sites.

Other questions/comments in reference to the build

- 7.20 A couple of people questioned the length of time of the build with one of them querying whether the £500 million would be sufficient.

Table 30: Summary of points made in relation to the proposed model of care part II

Sub-Theme	Example Comments/Points made
The model of care itself	<p><i>Praise for the model of a single new acute hospital with genuine 24-hour, seven day specialist care services tempered by concern re potential impact of specialism on standard of care and medical staff in the two 'less acute hospitals' (Sutton 1)</i></p> <p><i>I understand the need for a specialist hospital, and it appears the opposite of NIMBY [everyone wants one in their back yard] [murmurs of agreement in room] (Epsom 1)</i></p> <p><i>I am very much in support of this new development and keen to see these proposals going forward. I am also a consultant at ESTH and yes, we are short of staff; we have difficulty delivering and difficulty recruiting staff. I very much hope these plans go through (Sutton 1)</i></p> <p><i>The standard of care hasn't always been brilliant. We are short of midwives and specialist nurses. The model is a no brainer, so the discussion in reality is where you put the specialist hospital (Sutton 1)</i></p> <p><i>I have made use of both acute hospitals – and seen patients looking after patients. I've seen the amount of intensive care available and necessary. Doctors are leaving because of the workload. Do we have a model with a very centralised acute unit? If you ask the professionals ... we cannot continue as we are (Sutton 1)</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>The model of a single new acute hospital with genuine 24 hour, seven day specialist care services is laudable. My concern is for the standard of care and medical staff in the two less acute hospitals (Sutton 1)</i></p> <p><i>I notice a lot of opposition in the room to a new specialist emergency care hospital. I understand it's easier to build on a new site. Would there be demolition at Epsom and St Helier sites if it was built there? (Sutton 1)</i></p> <p><i>You are hiding in this consultation that you're going to reduce the number of emergency services from five to four ... Is it okay to further reduce the number of hospitals? Your aspiration is to repeat what's been done in Northumbria. This is the only example in the country where this has been done. This has been an unmitigated disaster. They have published a claim that their A&E performance is very good, but ... Daniel oversaw a series of closures in north London (Sutton 3)</i></p> <p><i>You will see there was a programme on BBC detailing all the problems Northumbria hospital had. They showed in the programme queues of ambulances (Sutton 3)</i></p> <p><i>These changes affect different people – you can't just say it will provide better quality of care – as a general statement (Sutton 1)</i></p> <p><i>St Helier is being downgraded and will lose its services. Will it just become a glorified UTC? (Sutton 2)</i></p> <p><i>Is this [model] in place anywhere else in the country and if so where and how does it work? (Sutton 1)</i></p> <p><i>What is the evidence on improved clinical outcomes for the model you're proposing? (KOSHH member, Sutton 1)</i></p>
Accessing emergency services	<p><i>I sometimes need access to emergency IV for my IBD – I'm concerned that this would be less accessible in the future with your new model – it doesn't always work now (Epsom 1)</i></p> <p><i>Are there problems with the preferred option being a standalone emergency acute facility? For example, do teams have to spread themselves across more than one site. What about specialist equipment – will that be needed across three sites. These are the things that concern me (Sutton 3)</i></p> <p><i>What you are saying doesn't make sense. I don't understand the one third of patients needing treatment in an emergency facility (Sutton 3)</i></p> <p><i>I've heard you can only get into this new hospital if you come by ambulance or with a GP referral – I have a long-term condition (IBD) and have had to go to A&E lots – would I be turned away if I went straight there? (Epsom 1)</i></p> <p><i>If you have to come by ambulance in order to get seen in the new emergency care hospital, won't this make people start using ambulances to get to hospital? [inference that ambulance services are already stretched, and that people would in new model be 'encouraged' to call for ambulance rather than make their way to A&E] (Epsom 1)</i></p>
Transfers between hospital sites	<p><i>It is about transport. You've talked about two out of three people don't need to go to A&E. That can only be established by looking at people who attend A&E who have turned up, triaged and examined. If people go to these urgent treatment centres and having a stroke or heart attack or life threatening situation and the people at the UTC might not be adequately qualified to detect that that person should have gone to A&E, and then they'll be a wait for the ambulance, and then likely die waiting for a bed (KOSHH member, Epsom 2)</i></p> <p><i>Was queuing for the A&E and some man entered first because he was stabbed in the head. If he ends up at the wrong hospital, will he be sent to another hospital – what will happen then? (Sutton 1)</i></p> <p><i>Transport would need coordinating. Patients will need to be moved by ambulance from site to site (Sutton 1)</i></p> <p><i>Concern re: model of care and travel from one hospital to another if people become more unwell. People may need to transfer between emergency care bed to less acute and back if</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>they become worse – will they need to transfer between hospital sites and how will that be managed? (KOSHH member, Sutton 1)</i></p> <p><i>Will there be helipad at new specialist hospital? (Merton 3)</i></p>
<p>Questions about specialist and care services locally</p>	<p><i>At present is it right that if someone has a heart attack, they would already be taken to St George's? With the new hospital, will I still be taken to St Georges or the new hospital? (Epsom 1)</i></p> <p><i>If you have a heart attack in Ashtead and Leatherhead you now go to St George's – would you still go there? (Epsom 1)</i></p> <p><i>I have a long-term disability and have often had to access local hospital care via A&E – it's very painful so my concern is not so much the journey time but how many times I will be moved from trolley to bed to department. The report doesn't say how this will be dealt with. If it is Sutton, will I get access to where I need to be asap? (Epsom 1)</i></p> <p><i>If I am having dialysis in the renal department at St Helier and have a heart attack, won't the journey to Sutton affect any recovery /chances? (Epsom 1)</i></p> <p><i>If a specialist hospital, are you going to offer certain other techniques and other services? I mean will you meet 'critical mass' for some procedures that you can't do now (e.g. transfusions)? I currently have to go for St George's for treatment (Epsom 1)</i></p> <p><i>Will there be a stroke service at the emergency care hospital? (KOSHH member, Sutton 1)</i></p> <p><i>What will the new hospital specialise in? (Merton 3)</i></p> <p><i>Knee replacement - People get to be sent home with a care package. They are brilliant people but have 30 minutes to do things. Is there going to be any money to help these carers to come back and look after these people in their own home? (Sutton 3)</i></p> <p><i>What happens to the paediatric services that we currently use, such as the community visits, outpatient appointments? We use it regularly and I'm worried it will stop if it goes to Sutton. Will this still stay where it is, or will outpatients be at Sutton? (Epsom 2)</i></p>
<p>Maternity services</p>	<p><i>There is a focus on maternity services, home births or consultant led births. Therefore, where is the provision for low risk women? This removes patient choice. Currently we have low risk birth centres in both hospitals, why are we removing this? (Epsom 2)</i></p> <p><i>If you had ante-natal at St Helier, would any [of the same] staff be present at new specialist hospital for birth? (Merton 3)</i></p> <p><i>Is it true that a woman will need to go to the new hospital to give birth and then receive after care at St Helier? (Merton 3)</i></p> <p><i>Will you close maternity, A&E and paediatrics? (user of St Helier Hospital, (Merton 1)</i></p> <p><i>Will maternity services be at home or in hospital? Will there still be choice about this? (Sutton 1)</i></p>
<p>Bed numbers</p>	<p><i>A difficult concept that you've only got four extra beds ... Can you provide more information on why this is only four? (Epsom 2)</i></p> <p><i>You are acting outside the law on this consultation. You are saying we only need four more beds taking us up to 2025, but you should be predicting up to 2030. You very cleverly skated over the fact that you intend to cut the number of beds, asked for SOH if people think we have too many beds already (KOSHH Member, Epsom 2)</i></p> <p><i>The beds simply aren't enough for population growth up to 2030 ... and aging. You are ready to accuse any of the critics that we are not prepared to change. Item 6 in the questionnaire proposes to put forward any other solutions to the proposals. All I know is that it isn't a full hospital and it isn't enough (Epsom 2)</i></p> <p><i>If your bed requirements prove to be a little bit too optimistic, which of the three solutions offers you the best contingency to add more/make the changes? What about if Coronavirus becomes an annual thing? (Epsom 2)</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>Can I just ask, what was the date that all this analysis was done for travel and beds, as this could be significant?</i> (Epsom 2)</p> <p><i>We keep hearing about 85% of people being treated at local hospitals so I work out that's 37% less beds? It doesn't add up</i> (Epsom 2)</p> <p><i>How many beds will the new hospital have? How many acute beds per service will it have?</i> (Merton 1)</p>
Impact on other hospitals	<p><i>The plans you've set out will create problems for St George's</i> (Colliers Wood Councillor, Sutton 1)</p> <p><i>Will trauma continue at St George's?</i> (Merton 3)</p> <p><i>The Royal Marsden will have lots of patients in private beds. What happens if they need emergency care? Will they be allowed to receive emergency care, or will they be refused?</i> (Sutton 2)</p> <p><i>Does the work currently being carried out at Ashtead and Cobham hospital continue if these proposals go ahead?</i> (Epsom 2)</p>
Staffing	<p><i>You also plan to cut number of consultants, it's completely hidden</i> (KOSHH Member, Epsom 2)</p> <p><i>I am concerned about the comment Dr James Marsh mentioned at the beginning about the amount of money used on agency nursing ... Nurses cannot afford to live in these areas. This is one of the most expensive areas. I hear nothing at all in your plan about providing cheap accommodation for nurses ... We are told a lot about joined up thinking. I see nothing at all in your plan about improving the recruitment of nurses. What is your plan about working with schools and universities to recruit more nurses and doctors? Will any of these hospitals be a teaching hospital?</i> (Epsom 2)</p> <p><i>Moving the hospital won't create more staff</i> (Colliers Wood councillor, Sutton 1)</p> <p><i>How will you get the staff you need if there's a national shortage?</i> (Sutton 1)</p> <p><i>Who's going to staff the new department – will they come from Epsom or St Helier?</i> (KOSHH member, Sutton 1)</p> <p><i>We are short of staff and have difficulty recruiting to posts with two sites that we have to split rotas into. The audience needs to listen to what is being told to them</i> (Consultant, Sutton 1)</p> <p><i>Overall – people felt that having three sites would mean that the core services would not have enough staff able to cover the remaining services</i> (Sutton 2)</p> <p><i>With the desperate shortage of medical staff that we already have, where will you get the staff to man this great new facility? Will you take the cream of the staff at Epsom and St Helier and put them in the new hospital - will all the specialist people go to the new hospital and the other hospitals be left without any? Won't the effect be that the other hospitals won't be staffed and will end up being closed?</i> (Epsom 1)</p>
Questions over the build	<p><i>It's going to take four years, but when are you going to start? How long will it take to build the new Sutton hospital? Assume its four years, will the £500 million do the same then as it will now?</i> (Epsom 1)</p> <p><i>The consultation document says that care opens in 2025 – the build lengths don't seem to add up to that – can you explain?</i> (Sutton 1)</p>

Sutton Hospital as the site for a new specialist emergency care hospital

Transport and travel to a new centre at Sutton Hospital

- 7.21 The location of the new hospital at Sutton was heavily criticised for poor travel and transport access and for not being located in the most heavily populated area meaning that a high proportion of people would have

to travel some distance. Moreover, the travel times in the consultation document were criticised for being too optimistic.

- 7.22 Connection to the site by public transport was called into question with specific questions asked about travel times between Merton and Mitcham and the Sutton site at Belmont. Interviewees pointed out that the travel time to Sutton would be twice as long as to St Helier and would be likely to affect the most disadvantaged patients who rely on public transport. Whether staff would be able to access the site via public transport was also questioned. One attendee suggested to overcome these problems that bus times to the site would need to be coordinated.
- 7.23 Attendees were concerned over the already high levels of congestion at the Sutton site with the Royal Marsden hospital already experiencing congestion and parking issues. The new school nearby and the new Institute of Cancer will add to these problems in addition to the proposed new specialist hospital. Questions were asked about parking for the public and staff. Attendees were concerned about how the roads would cope and about ambulance access to this already congested site along surrounding narrow roads. Indeed, people questioned the statistics for ambulance timings to any of the proposed sites and how easy it would be to secure ambulances to the new A&E unit since there are already issues with the availability of ambulances.
- 7.24 At the Merton meetings a number of people said that rather than go to the specialist hospital at Sutton, they would choose to go to St George's; this adding to the already overloaded services there.

Impacts on patients and their families/ friends/ carers

- 7.25 Again, travel to the Sutton site was a matter of concern for carers and the relatives of patients who said they would not be able to visit hospitalised patients. Concerns were also raised over travel arrangements for pregnant women and for emergencies during labour. On the other hand, one attendee asked if the new hospital would be of the same high standard as a hospital in Birmingham where a relative had received treatment.

Impacts on specific protected characteristics or other groups

- 7.26 Several attendees commented about the impact of the proposal upon older people. There were complaints that it was wrong of the consultation to equate age with deprivation since many older people were comfortably off, suggesting that the underlying analysis was insufficiently detailed or deliberately skewing the statistics in favour of the Sutton site. Others suggested that if community services were improved, then fewer older people would require hospitalisation; that community health and social services have been declining for years which is regrettable. Travel times to Sutton were again raised as an issue but this time in relation to older people and those living in rural areas. One participant suggested locating a care home or nursing home within the new hospital site.
- 7.27 Attendees criticised the underlying statistical justification for situating the new hospital and emergency services in Belmont, Sutton; which is the wealthiest of the three sites being considered. Some questioned whether deprivation had been taken into consideration at all even though this is a legal requirement. One pointed out that only one of the 50 most deprived areas within the catchment is in Sutton, whilst 41 are in St Helier and others argued that on these grounds, St Helier would be the obvious choice for the specialist hospital and emergency services. Another wondered if the levels of increasing poverty, and consequently challenges in travelling to the site by the most deprived communities, had been considered. The fact that a consultation event had not been held in one of the most deprived areas was also raised by an attendee.

7.28 The impact of the Sutton site upon BAME groups was questioned by a few attendees and one highlighted the high levels of diabetes and heart conditions which make traveling to a distant site problematic for BAME patients. Another attendee criticised the panel at the consultation event to be unrepresentative by ethnicity and gender.

Other questions and comments about Sutton

7.29 Attendees criticised the consultation for being a done deal; that the Sutton site had already been chosen. There were complaints that the site was actually in Belmont and not Sutton; that St Helier is actually nearer to Sutton than Belmont and that Belmont was relatively difficult to access. Some doubted whether the consultation would make any difference to the preferred site of Sutton; that people were not being heard and their opinions not considered. In light of this, the high cost of the consultation (£50 million) was criticised. One attendee complained of consultation fatigue and another that this consultation had not mentioned a previous consultation which had failed.

7.30 Issues of staff recruitment and retention were raised again, especially since the Sutton site would be relatively difficult to access compared to St Helier. Questions were raised about: the proportion of staff at Sutton compared with the other hospitals; whether there would be joint operating with the Royal Marsden Hospital and whether this would pose a threat to the Royal Marsden and whether St Helier would lose its University status if it had no consultants.

7.31 Once again there were questions about the number of extra beds and how the bed calculations had factored in hospitals outside of three that are the subject of this consultation. Four extra beds were considered to be inadequate given the upheaval involved; the cost of £500 million and the size of the growing and ageing population. Again, the potential threat to St Helier and Epsom Hospitals was raised in light of a concentration of specialist and emergency services at Sutton. An attendee expressed concern over the survival of these two hospitals.

7.32 Many questions were raised about the sites and build costs including whether land would be sold at St Helier and Epsom and how the money would be used; the reasons for Sutton being the most expensive option and several questions over compulsory purchase within the London Borough of Sutton. Attendees were also concerned over the impact of the new build on the Royal Marsden Hospital and whether being near the Royal Marsden increased the financial burden. Questions were also asked over how to manage the detrimental impact on local residents.

7.33 Not all opinions over the option for Sutton were negative. Indeed, there were some attendees who were in support of the two models and for the option of Sutton being the site for the specialist and emergency services. It is worth noting that these attendees were themselves residents of Sutton.

Table 31: Summary of points made in relation to Sutton Hospital as the site for a new specialist emergency care hospital

Sub-Theme	Example Comments/Points made
Concerns over transport and travel to a new centre at Sutton Hospital	<p><u>General comments on access and timings</u></p> <p><i>We can't physically get to Sutton (Epsom 1)</i></p> <p><i>People can't get to Sutton - it depends on the road conditions (Epsom 1)</i></p> <p><i>It took me over 45 mins to travel to Sutton today at 09.30am. I did my own survey three times this week and the minimum travel time from Epsom to The Royal Marsden is 47 minutes not 30 minutes (Epsom 1)</i></p> <p><i>I live in Noble Park, at the western end of the borough. It took me half an hour to get here. If I'd had a stroke for example, I'd be outside the golden time ... I might not be alive. It doesn't</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>take into account road works which will continue as part of the local plans ... You will need to take another look on the travel times (member of Stanford Wall Resident's Association, Epsom 2)</i></p> <p><i>I don't know where you're getting these statistics. My wife drives every day to Sutton from Stoneleigh, and it takes close to 40 minutes every day. Your statistics are rubbish (Epsom 2)</i></p> <p><i>The emergency hospital needs to be built where population density is highest - that is not Sutton or Belmont (Sutton 1)</i></p> <p><i>People were concerned that building a specialist care hospital in Sutton would mean that patients have longer to travel. Statements such as, I'm worried about the journey times to Sutton were raised (Sutton 2)</i></p> <p><i>It's irritating to me that we keep talking about the Sutton option, because St Helier is closer to Sutton than the Sutton hospital site. You're saying you'd recruit better if you build in Sutton. However, most people consider Belmont to be quite remote. We're very concerned about your proposal. Could you put up the slide where you've done your impact equality assessment? For every budget decision we do an equalities assessment. I've not seen anything from that. I know previous plans were turned down because of impacts (Merton 3)</i></p> <p><u>Travel by Public Transport</u></p> <p><i>My bus is number 80 – how would I get to Sutton hospital? (Sutton 1)</i></p> <p><i>There is a transport issue in particular for deprived wards, in Merton particularly in Mitcham. What is your figure in terms of car ownership and public transport usage for residents in Merton? At present I can take a bus to A&E at St Helier Hospital. What bus can I take from Mitcham directly to the Sutton site? (Sutton 1)</i></p> <p><i>Is there adequate transport from all over to get to Belmont?' – echoed by Merton councillor concerns about travel times and lack of transport infrastructure between Merton and Belmont (Sutton 1)</i></p> <p><i>If you were here [Mitcham], you'd need a 15-minute bus to go to St Helier. If you needed to go to Sutton, you take a bus that comes every 15 to 20 minutes and takes 41 minutes (Merton 3)</i></p> <p><i>What figures did you have on travel – what bus would I take from Mitcham to the Sutton Site? Your model seems to be based on blue light services only (KOSHH member, Sutton 1)</i></p> <p><i>You gave 30 minutes travelling distance between Merton and Sutton. If you have your own car, yes. But people who don't have their own car will say it will take about an hour (Merton 3)</i></p> <p><i>If you wanted to go it would take 41 minutes on 280 bus. Right now, it would take 20 minutes to get to St Helier (Merton 3)</i></p> <p><i>What percentage of staff will be at Sutton? Can they get there by public transport? (Epsom 1)</i></p> <p><i>I was sent by my GP to St Helier and got sent to the Marsden. All very well if you feel well to travel. I have to travel at least an hour. But if I'm not well, I have to take a cab. I do think if you're not too ill for an ambulance, you have to take three buses. St Helier is perfect to get to for people here (Merton 3)</i></p> <p><i>It seems to be that you have based your travel calculations on people who have cars. There is an awful lot of people who don't have the loudest voices but might have the greatest needs. How are you building the public transport element? ...The ones with the most need are likely to have the least ability to look after themselves (Sutton 3)</i></p> <p><i>Can bus services be linked up? (Sutton 1)</i></p> <p><u>Congestion at Sutton</u></p> <p><i>I work at London Cancer site at Sutton and with regard to parking and congestion in the entire area it is already bad and as you know this will be a specialist cancer site soon. Congestion will get worse. Parking is already a huge problem; how will you deal with this? (Epsom 2)</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>On the Sutton site, there is a school that will eventually have seven years of pupils. Can you imagine the chaos around the area if an ambulance needs to get through?</i> (Merton 1)</p> <p><i>Daniel [Elkeles] personally opposed having the tram outside STH and now he is supporting the tram to Belmont</i> (Merton 2)</p> <p><i>I work at the Royal Marsden – I live in Beech Row and if I am not driving the transportation is horrendous. It can take an hour and a half and I am well. I see patients queueing, and the access is very bad. How are you are going to do this? I am worried about the Marsden building a whole new site, and you have the new school and the new Institute of Cancer. There's talk of another research building going up as well.</i> (Merton 2)</p> <p><i>I'd like to ask why they're saying the new place needs to be in Sutton? ...There are more people down here. In Sutton, it's right next door to the Marsden. Is that a significant part of the reason why it's [proposed to be built] there? Benedict Wharf has a site that would be ideal. And yet you go up to the top end of Sutton</i> (Merton 3)</p> <p><i>Where will the parking be for the Sutton site?</i> (Sutton 2)</p> <p><i>What will the road access and car parking facilities be at the sites?</i> (Sutton 3)</p> <p><i>I would like to know if there is enough car parking at Sutton</i> (Epsom 2)</p> <p><i>Where are the staff going to be parking?</i> (Epsom 2)</p> <p><i>What are the ambulance times to the Sutton Hospital for those people not living in Banstead?</i> (Sutton 2)</p> <p><i>How will ambulances get to the hospital down the narrow roads?</i> (Sutton 2)</p> <p><i>Can I confirm statistics on how long it takes an ambulance to get to any of the hospitals and it's 99.7% for any site? Can you confirm if this figure is actually a typo or genuine? ... It looks like a rigged statistic – you've admitted you've outsourced this figure so you don't have to stand behind it – when will you be able to give us more credible data which is realistic?</i> (Epsom 1)</p> <p><i>We have problems getting an ambulance, how will we get there?</i> (Merton 2)</p> <p><i>With the Sutton option, it's all going to be ambulances going there and how is Sutton going to be able to cope with the ambulance traffic?</i> (Sutton 1)</p> <p><u>Impact on hospitals outside of three CCG areas</u></p> <p><i>No one understands the geography of the area. People in my constituency will not go to Belmont they will go to George's</i> (Siobhain McDonagh MP, Merton 1)</p> <p><i>You will have an impact on St Georges [increased demand]</i> (Merton 2)</p> <p><i>Living in Mitcham and given the choice between Sutton and St George's, people will choose St George's</i> (Merton 3)</p> <p><i>I think if it moves to Sutton most people will go to St George's</i> (Merton 3)</p> <p><i>What would be the impact on services [at St George's]?</i> (Merton 3)</p> <p><i>Most people would just go to St George's. We know the pressure this would put on services. They've been on OPEL alert - ready to close their doors</i> (Merton 3)</p> <p><i>We are closer to Croydon than Belmont – local people will go to Croydon – they will choose to go to the university hospital</i> (Merton 2)</p> <p><i>The travel times is not just a burden on the patient, but also on the patient's family. As it stands it would be easier for me to get to St George's than the proposed Belmont site, has this been considered by the panel?</i> (Merton 3)</p> <p><i>I know Epsom and St George's were not keen on this initially. How much money did you give them to convince them?</i> (Merton 3)</p>
Concerns about impacts on patients and	<p><i>I have concerns on data sets produced on travel times. I think they are unrealistic. How have carers been considered in the impact assessment, especially given carers time and finance is always under pressure? There are 15,000 carers in the patch; 3,000 in Epsom alone</i> (Jamie Gault, CEO Action for Carers Surrey, Epsom 1)</p>

Sub-Theme	Example Comments/Points made
their families/ friends/ carers	<p><i>What about the friends and family – nobody will come to visit them (Sutton 3)</i></p> <p><i>If you open another hospital in Sutton, I'm worried about how to get there as a Mum (Merton 1)</i></p> <p><i>If you are a woman who had high-risk pregnancy and needed an emergency C-section. You would need a longer journey to Belmont which would put you at risk (Merton 3)</i></p> <p><i>I oppose this plan due to the detrimental impact on pregnant women (Merton 3)</i></p> <p><i>Woman with brother with dementia treated at Queen Elizabeth in Birmingham – shocked at how modern and clean it was. Would Sutton be like this? (Sutton 1)</i></p>
Concerns about impacts on specific protected characteristics or other groups	<p><u>Concerns over older people</u></p> <p><i>Concern that the consultation documentation appears mistakenly to equate old age with deprivation – they are not synonymous – they have very different needs. Banstead has lots of older people but is relatively affluent; this is a sweeping generalisation that suggests the analysis has not been detailed enough (Merton Councillor, Sutton 1)</i></p> <p><i>On old people and deprived communities: why have you lumped them together? This is not relevant. You are lumping millionaires together with deprived people. You need to separate these two groups and recognise the need for healthcare for people living in deprived communities (Merton 2)</i></p> <p><i>It's better for patient to spend as least a time as possible in hospital. But we need to be realistic – massive cuts in social care services and a shortage of GPs. I don't think these community services are able to treat people ... have been declining for years. Access to services for older people and people with disabilities are declining and are only for the most serious of cases. How can you convince me that community services will be in place to make this model of care work? (Sutton 3)</i></p> <p><i>You've been talking a lot about care in the community. Unfortunately, sometimes the community is too old to care for itself. What are you doing with the extra space being created? You have an ample opportunity to provide care homes within hospital settings like the old days, so those who can't care for themselves and their partners get the support they need. I remember something called a nursing home and it would seem you have ample of opportunity to recreate this (Epsom 2)</i></p> <p><i>I commend the model, but I have some concerns ... about the Sutton site; about the lowest impact is not true. Public transport to Sutton is completely inadequate. Travel times are much further than you suggest. It will drastically impact travel for older people, and it doesn't cater for people in more rural areas such as Dorking (Epsom 1)</i></p> <p><u>Concerns over people living in deprived areas</u></p> <p><i>You have to measure the impact by law on deprivation, but you haven't. I've read the impact report cover to cover. Why are you ignoring the evidence? ... of the 50 most deprived areas in this catchment, 41 are in St Helier and one is in Belmont (Epsom 2)</i></p> <p><i>I'm a midwife and I've worked at both hospitals. Did the transport survey look into increasing poverty in the area? We've seen cuts in social care, people who can't afford rent, women in homelessness. How can people get across to the new site, to see friends or family, it's likely these types of people will struggle the most to get to this new place (Epsom 2)</i></p> <p><i>I oppose this plan due to the increase in travel times for the most deprived parts of the community (Merton 3)</i></p> <p><i>Community projects aren't actually going to help these people. If people simply don't have the bus fare, they can't visit friends and family if they have to travel further (Epsom 2)</i></p> <p><i>The law states you must take deprived communities into account when you move any healthcare services. The most deprived communities are around St Helier's, so why are you making the suggestions you are making? (Merton 2)</i></p> <p><i>You are putting the investment in the wealthiest area and have not, again, considered the areas of deprivation (Merton 2)</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>This consultation is flawed as you did not consider deprivation – you should go away and redo your work and do a proper consultation (Merton 2)</i></p> <p><i>We need St Helier. These are deprived areas. You are making this problem (Merton 2)</i></p> <p><i>The report ignores whole parts of the population ... You exclude Lavender Fields ward, one of the most deprived who will just go to St George's; there will be an impact on St George's as most of my constituents will be forced to go to St Georges (Merton 1)</i></p> <p><i>St Helier ED has as many Croydon residents as Wimbledon residents, but Croydon residents have not been mentioned in any of the supporting documentation. Please can you tell me why these people have not been mentioned? (Merton 3)</i></p> <p><i>My ward is the nearest to STH and in the most deprived areas and you are not holding any events in Ravensbury Ward – why? (Merton 2)</i></p> <p><u>Concerns over the impact upon BAME communities</u></p> <p><i>We found that African Caribbean and Asian people in the ward were having problems with diabetes. The things people say is that it will be difficult for them to go to the hospital. It will be inappropriate for people to travel so long a distance. Some have heart issues and suffered from stroke as a result of their conditions. I want to hear from you how you will address this equality issue (Merton 3)</i></p> <p><i>Are a higher proportion of BAME people affected by site going to Sutton than to St Helier, and by what percentage? (Merton 3)</i></p> <p><i>Could you show how people from BAME groups would be impacted by a move to Sutton compared to St Helier? (Merton 3)</i></p> <p><i>I could hardly say that the six men on the panel represent ethnic or gender diversity (Epsom 2)</i></p>
Other questions or comments	<p><u>Criticisms of consultation process</u></p> <p><i>Why have you gone for planning permission for parking at Sutton when there is no decision you say yet about the location of the specialist emergency care hospital? (Epsom 2)</i></p> <p><i>The Belmont hospital has been presented as the preferred option before being consulted about (Sutton 3)</i></p> <p><i>People felt that the Sutton Hospital site is not in Sutton. Feedback received was that the Hospital is located in Belmont (Sutton 2)</i></p> <p><i>There have been many [prior] consultations, you are set on Belmont, if you do not get the answer of Belmont in this consultation will you do yet another consultation? (Merton 2)</i></p> <p><i>I think you are wearing us down. We have so many consultations (Merton 2)</i></p> <p><i>The public rejected the previous consultation, yet this is not mentioned in the current consultation. What credibility does this consultation have? (Merton 2)</i></p> <p><i>You have circulated a leaflet and in it you talk about a Sutton option and it is not in Sutton it is in Belmont. Why are you misleading people? (Merton 2)</i></p> <p><i>You said that good healthcare doesn't contribute to life expectancy. My expectancy would be that, without access to good healthcare, when you get sick you get worse (Merton 3)</i></p> <p><i>I don't feel you're taking what residents are saying on board. If a majority of people say they don't want their hospital to be moved what will you do? (Merton 3)</i></p> <p><i>What will it take for you to reconsider the whole thing if everyone is against it? (Sutton 1)</i></p> <p><i>How can you justify spending £50M on consultation fees? You could have built two hospitals for that money. (Merton 3)</i></p> <p><i>What about the Wilson? Closed 3 years ago with a promise of opening 2020. Still nothing done! Could have kept it open (Merton 3)</i></p> <p><u>Concerns over staffing and operations</u></p> <p><i>What proportion of staff will be at Sutton? (Epsom 1)</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>If you have Sutton site, will you have joint operating on some things with the Royal Marsden and is there a risk given Royal Marsden is quite small, is the risk that this would be consumed? (Epsom 1)</i></p> <p><i>One of the key reasons to do all of this so we have one specialist centre of excellence for caring for people. You're going to be drawing from a much smaller catchment to get additional staff because of the single site, rather than multiple sites (Epsom 2)</i></p> <p><i>Try to get more staff. It would be easier. Just go and get them (Merton 2)</i></p> <p><i>How do you propose to retain NHS staff if it's in Sutton? It's difficult to get to. [This is why] I chose to work at St Helier (Merton 3)</i></p> <p><i>In your model there will be no consultants left on St Helier site and you may lose your university status (KOSHH member, Sutton 1)</i></p> <p><u>Bed Numbers</u></p> <p><i>How may extra beds will we get? – I have heard four. This is a lot of upheaval for four beds (Merton 2)</i></p> <p><i>In your presentation there was a big emphasis on four more beds in the favoured scheme. It is admitted that 50 of these beds are located at Croydon or St George's. Other estimates are for a loss of 200 beds. It seems you are trying to bulldoze these changes through. How can you guarantee that after this hollowing out [of Epsom and St Helier] that the hospitals won't [later] be deemed unsustainable? Given you are beholden to higher powers, how can we believe you? (Merton 2)</i></p> <p><i>I was surprised to see future need [for in-patient beds] would only increase by four, given our aging population and co-morbidities. How was that calculated? And I hope it wasn't based on efficiency saving calculations (Merton 3)</i></p> <p><i>Why four extra beds for 500 million pounds? Absolutely disgusting (Merton 3)</i></p> <p><i>Concern that everywhere in Sutton they are building houses so population is going up but there will only be four more beds in your plans (Sutton 1)</i></p> <p><u>Site and cost issues</u></p> <p><i>If you go for your preferred option which buildings will you free up and what will happen to the land – will it be sold off? (Epsom 1)</i></p> <p><i>What will happen with spare land at Epsom and St Helier, will it be sold off and what will the money be used for? (Epsom 1)</i></p> <p><i>What will happen to the land in St Helier and Epsom? (Merton 3)</i></p> <p><i>What happens to the Epsom and St Helier sites if Sutton is chosen? What is going to happen to the existing sites – are you going to run them down? (Sutton 3)</i></p> <p><i>The investment you mention - £511 million for Sutton site but only £450 million for specialist site at Epsom. Why is this? (Epsom 1)</i></p> <p><i>Has the Trust made any approaches to London Borough of Sutton for any future applications for site use and residential use (Sutton 3)</i></p> <p><i>Previously there was an issue around the compulsory purchase of houses – 'How many houses will be compulsory purchased?' (Sutton 1)</i></p> <p><i>What will be the cost of building at Sutton including compulsory purchase of homes? (Merton 1)</i></p> <p><i>What are the plans in relation to Royal Marsden? If you build there, will there be an impact on the Royal Marsden and will they also invest there? (Merton 1)</i></p> <p><i>Where has the Royal Marsden come into the picture? Does it increase the financial burden? (Merton 2)</i></p> <p><i>If the Sutton site is so attractive and easier to build, why was the old Sutton hospital pulled out? (Merton 1)</i></p> <p><i>Sutton hospital is going to be sitting on the boundary of London and Surrey. We don't know if the boundary will change, where the border will be between London and Surrey in the future</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>... it could be we're all part of London, in which case the building in this area will be enormous (Epsom 1)</i></p> <p><i>We heard Belmont will be up and running by 2025. I know that the planning process is long and slow. Getting it finished by 2025 is a stretch. You have to procure builders etc. Are you prepared to tell us how you're going to persuade people of Belmont to accept disruption? (Merton 2)</i></p> <p><i>You're going to manage the anxiety of residents? (Merton 2)</i></p> <p><u>Questions about services</u></p> <p><i>Will the Nelson Hospital still be open as it is now for blood tests? (Merton 3)</i></p> <p><i>Will there still be health education classes at St Helier? (Merton 3)</i></p> <p><i>What happened to the mental health unit and the eye unit at Sutton Hospital? (Sutton 2)</i></p> <p><u>Opinions in support of Sutton as the chosen site</u></p> <p><i>I support the preferred option – two refurbished hospitals and a brand new one next to the Royal Marsden. It's a no brainer! Ignore the politically motivated and mischievous comments from agitators (Sutton 1)</i></p> <p><i>I would like to see a new hospital in Sutton and in time St Helier demolished and a new hospital built there... (Sutton 1)</i></p> <p><i>I am a Sutton resident and daughter of two elderly people; I am very much in support of this new development and keen to see these proposals going forward; I am also a consultant at ESTH and, yes, we are short of staff; we have difficulty delivering and difficulty recruiting staff. I very much hope these plans go through (Sutton 1)</i></p>

St Helier Hospital as the site for a new specialist emergency care hospital

- 7.34 Relatively fewer comments were recorded on the feedback forms from the eight listening events in relation to the options of siting of the specialist emergency care hospital in either St Helier or Epsom than in Sutton. It is important to read the sections for Sutton to understand the strength of feeling at these meetings in favour of St Helier Hospital.
- 7.35 Some attendees pointed to missed opportunities in the past to upgrade St Helier Hospital and, once again, argued for St Helier to retain all its existing services. There were some emotional and personal messages in support of this. Transport arguments in favour of St Helier were made previously under the Sutton section of this report. Additionally, one participant raised the issue of parking at St Helier as a negative whilst another enquired more generally about access and parking at each of the three proposed sites. Once again arguments in favour of St Helier were made as the most accessible site for people living in the most deprived areas.

Table 32: Summary of points made in relation to St Helier Hospital as the site for a new specialist emergency care hospital

Sub-Theme	Example Comments/Points made
General comments on the option of St Helier Hospital as the site for a new centre	<p><i>We need all our acute hospitals - at Epsom AND St Helier (KOSHH member, Epsom 1)</i></p> <p><i>You have left it too late at St Helier. You could have fixed the issues earlier (Merton 2)</i></p> <p><i>In 2009 the NHS chose not to spend the money. We could have had a brand-new hospital now at St Helier (Merton 2)</i></p> <p><i>We support St Helier keeping all of its services (Merton 2)</i></p> <p><i>We were told that it was not possible to build on the St Helier site because the decant is too difficult (Merton 2)</i></p> <p><i>People keep saying they want emergency services to stay at St Helier, but you are not listening (KOSHH member, Sutton 1)</i></p>

Sub-Theme	Example Comments/Points made
	<i>Why is the status quo of leaving St Helier where it is not an option? (Sutton 2)</i> <i>St Helier needs the new acute facility, not Sutton. Sutton isn't a suitable place for a hospital. Why won't you build it at St Helier? (Sutton 2)</i>
Transport and travel to a new centre at St Helier Hospital	<i>Could you tell me about the St Helier Hospital site? You are expanding but car parking is inadequate there; we have patients, nurses, people from the local school all trying to park. What will happen about car parking? (Sutton 2)</i> <i>What will the road access and car parking facilities be the sites? (Sutton 3)</i>
Impacts of the proposal on patients and their families/ friends/ carers	<i>If you are to close St Helier, how could I explain it to my five children? Her daughter was treated at St Helier for a broken wrist which inspired her to want to become a paediatrician (Merton 1)</i> <i>Both his children were born prematurely at St Helier, and he has a huge soft spot for St Helier (Stephen Alambritis, Leader of Merton Council, Merton 1)</i>
Impacts on specific protected characteristics or other groups	<i>We need a hospital, but we need it on the St Helier site where there is most deprivation. Cited figures from Public Health England that in the Merton area 26% of children are obese; ethnic diversity is 37% and life expectancy is 60 something – whereas three postcodes in Sutton are listed as among the most desirable places to live and Sutton has only 12% BAME communities (Nurse, Merton 1)</i> <i>The [Merton] Council feels St Helier Hospital meets the needs of the most deprived parts of the population wherever you draw the geography, so as a Council we will do all we can to challenge any plans to denude the hospital or take it away from St Helier (Stephen Alambritis, Leader of Merton Council, Merton 1)</i> <i>There is a good reason why St Helier Hospital (poorer population) was built where it is. Why can't we have the new Emergency Care unit at St Helier (Sutton 2)</i>
Other questions/comments	<i>About these health care specialists that don't want to work around the St Helier area. Have we got to the bottom of that? It feels like people in our Borough have to travel further to accommodate health care specialists (Merton 3)</i>
Suggestion	<i>There is an easy option. Build on the green space opposite and then return the green space after the new hospital is built (Merton 2)</i> <i>One thing that worries me is that to build a hospital at St Helier will take bits of the hospital to the other side of the road ... It would be cheaper and easier to build it on the other side of the road (Sutton 3)</i>

Epsom Hospital as the site for a new specialist emergency care hospital

^{7.36} As mentioned earlier, there were relatively few comments recorded on the option of the Epsom site for the specialist care hospital and the few comments in support were from residents of Epsom and the campaign group, KOSHH. One attendee commented on the current accessibility problems on the site itself and another asked about the field in front of the hospital which they claimed had been stopping development. Another queried the relatively cheaper cost of building the specialist hospital at Epsom vis a vis Sutton. Whilst a resident of Epsom suggested that the site is central to the area and therefore is easily accessible, another attendee disagreed saying that the site is inaccessible and particularly so for older people and the more vulnerable members of society.

Table 33: Summary of points made in relation to Epsom Hospital as the site for a new specialist emergency care hospital

Sub-Theme	Example Comments/Points made
General comments on	<i>Catchment in Sutton is well served by St George's and I suggest the specialist hospital comes to Epsom plus it's the cheapest acute option. I suggest you increase the size of A&E at Epsom.</i>

Sub-Theme	Example Comments/Points made
the option of Epsom Hospital as the site for a new centre	<p><i>I think the preferred proposal will reduce Epsom services by 1/3 if it isn't the acute centre. I suggest you increase size of Epsom by 50-70% and make it the acute hospital. The panel should ask the audience [today] if it should be Epsom or not (Epsom 1)</i></p> <p><i>Everyone wants the new centre in their area – it's obvious – we're in Epsom so we'll want Epsom (Epsom 1)</i></p> <p><i>The Epsom site looks like a better investment as it will cost less to build than Sutton (Epsom 1)</i></p> <p><i>Will the Epsom CTU still exist after the changes? (Epsom 2)</i></p> <p><i>We need to be careful not to be divided. We have two major acute hospitals and we shouldn't be asked to choose between them (KOSHH member, Merton 1)</i></p> <p><i>At the Epsom site, we have an area called outpatients and this is on the first floor. A lot of people need a lift to get to their appointment. The outpatient building is furthest away from the car park. That is not thinking about what the patients require. Need to re think about design (Sutton 1)</i></p> <p><i>The investment you mention - £511 million for Sutton site but only £450 million for specialist site at Epsom. Why is this? (Epsom 1)</i></p> <p><i>Can we also have clarity on the field in front of the Epsom Hospital which has been stopping development for the past 20 years? (Epsom 1)</i></p>
Transport and travel to a new centre at Epsom Hospital	<p><i>Epsom seems central to the area – the catchment area for Sutton residents is mostly St George's [not generally shared view - quite a few people shook their heads to this statement from one individual] (Epsom 1)</i></p> <p><i>You've had a consultation event at St Helier – what was their view about coming down to Epsom? (Epsom 1)</i></p> <p><i>It takes me two hours to get to Epsom and you have to wind your way around corridors to get anywhere (Merton 2)</i></p> <p><i>What will the road access and car parking facilities be the sites? (Sutton 3)</i></p> <p><i>Daniel has now told us that he has plans for 350 cars parking at Epsom but that's on the basis of what? The basis of a new hospital at Sutton or a new hospital at Epsom? How can you choose 350 now? (Epsom 1)</i></p>
Impacts on specific protected characteristics or other groups	<p><i>What's been offered to us is a bad deal. To expect everybody to travel to Epsom even by ambulance is not a good idea, especially for the elderly and most vulnerable in our society (Sutton 3)</i></p>

Additional Feedback

^{7.37} The feedback forms included sections to allow for additional comments not covered in the previous sections but, in truth, many of the comments below repeat those made under previous sections. It is worth noting a few, however:

- » The consultation should have included a fourth option for maintaining the status quo and/or upgrading St Helier and Epsom hospitals without investing in a separate specialist emergency care hospital
- » The decision to remove acute services from St Helier and Epsom Hospitals had already been made
- » Suspicion that consultees are not being heard and their opinions are being ignored
- » Suspicion that it would be the beginning of the end for St Helier and Epsom Hospitals if Sutton were chosen as the preferred site

- » The decision has been made to site the specialist emergency care hospital at Sutton in spite of overwhelming evidence against the site on the grounds of access and equality
- » Concerns over only four additional beds, in spite of the growing ageing population and the reliance on other hospitals to meet the need for beds
- » Concern that any funding comes without private sector ‘strings’ and that care is taken to spend wisely, offering value for money
- » Concerns, given past experiences, that any scheme to improve specialist and emergency services will not be delivered.

Table 34: Additional feedback

Sub-Theme	Example Comments/Points made
Comments or questions regarding other issues which should be considered if one of the proposals is taken forward	<p><i>On GP surgeries we have a sign, ‘coming soon’ and nine years later we are still waiting. We don’t have a local GP and you are talking about GPs [re. integration and primary care supporting sustainable demand on hospitals]. You don’t fool me (Merton 2)</i></p> <p><i>What you are not telling us is that you have not provided extra nurses; they cannot cope ... You need nurses too. And don’t ignore the GP surgeries – you ignore them at your peril (Merton 2)</i></p>
Views on other options or solutions to address the challenges facing specialist emergency care services in Sutton, Surrey Downs and Merton	<p><i>The benefits of upgrading the services at Epsom and St Helier – you have not included this as an option, so your consultation is flawed (KOSHH member, Epsom 1)</i></p> <p><i>You have made up your mind that you will be removing acute services from either Epsom or St Helier – and this is against the law (KOSHH member, Sutton 1)</i></p> <p><i>A key issue is patient access v clinical excellence ... need an ‘as is’ option (Epsom 1)</i></p> <p><i>If you had £500m why couldn’t you just split it between Epsom and St Helier as a fourth option? You’re not giving me the full options – could you please add this into the consultation document (Merton 1)</i></p> <p><i>14,000 people signed a petition during earlier process to keep things as they are but there is no option to retain the status quo – how can this option be recorded as an alternative option? (KOSHH member, Sutton 1)</i></p> <p><i>There’s a huge amount of dishonesty going on. I’ve been following this conspiracy for nine years. Not good enough Sarah Blow to say we don’t think it’s a good idea to keep the status quo. We’ve asked Daniel to cost the proposition of keeping both emergency services (Sutton 3)</i></p> <p><i>We cannot afford to lose any acute hospitals. Given we have just had record poor A&E wait times and a HJS article said record collapse in A&E services, is it your intention to have only one centre to host maternity, A&E, intensive care, emergency surgery etc? Back in 2015, Daniel Elkeles promised he would keep all of the services and bed numbers the same (KOSHH member, Epsom 1)</i></p> <p><i>We are going to lose our two hospitals and end up with one at Sutton aren’t we? (Sutton 2)</i></p> <p><i>Who are you accountable to? Who has oversight of this once the decision is made? (Sutton 2)</i></p> <p><i>Are you proposing a two-tier system? One for ESTH and one for Sutton? (Sutton 2)</i></p> <p><i>There’s no evidence that specialist centres improve outcomes (Sutton 3)</i></p> <p><i>What guarantees that the UTC won’t be closed down in two years’ time? (Sutton 1)</i></p>
Consultation process and outcome	<p><i>What will happen if the majority of people who respond to the consultation, don’t agree with your proposals? What would happen if a majority of people said they didn’t agree on 2a in the consultation questionnaire? (Epsom 1)</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>I'm a volunteer with the Kent Surrey Sussex Air Ambulance. There was no mention of patients arriving by helicopter. Can I ask that you consult with us and the London Air Ambulance about this consultation, and about patients arriving by helicopter. PANEL AGREED TO FOLLOW-UP AND ENGAGE WITH AIR AMBULANCE (Epsom 2)</i></p> <p><i>BBC News London have covered this story – it had a short interview with KOSHH team, but local papers don't seem to present any opposing views. Have you nobbled the local press? Have you threatened to pull advertising? (Epsom 1)</i></p> <p><i>Are you genuinely listening? (Sutton 1)</i></p> <p><i>When consultations have taken place about the future of the two hospitals you keep coming back with the same answers despite residents saying that they want A&E services to remain at St Helier hospital. This is a listening exercise and the panel should listen (Sutton 1)</i></p> <p><i>1400 people have signed petitions to reject these proposals (Sutton 1)</i></p> <p><i>Will you take into consideration petitions as well as those responses from your consultation including the petition from the MP? (Merton 2)</i></p> <p><i>Some of the audience at Sutton felt that a thorough impact assessment has not been completed for Sutton (Sutton 2)</i></p> <p><i>I feel disappointed that everything I have heard is online. We should have more information; we do not all have access to the internet. There should have been maps and much more information about beds at each of the sites [at this event] (Merton 2)</i></p> <p><i>Can't stand the heckling – I feel sorry for the people on the panel. I'm leaving (Sutton 3)</i></p> <p><i>The panel are doing a really good job and I feel sorry for them for the way they are being treated (Sutton 3)</i></p> <p><i>What or who are the clinical senate? (Merton 2)</i></p>
Deprivation and population	<p><i>My question to the panel is about travel – we have asked you to do an in-depth study of deprivation and travel times and we feel you haven't done that, so we feel this consultation is wrong (Cllr Stephen Alambritis, leader of Merton Council, Merton 1)</i></p> <p><i>The NHS does not include Lavender Fields ward in your statistics despite the fact that over half the people who live in the Lavender Fields area get referred to St Helier. You don't recognise the people in Lavender Fields as included – which makes your figures wrong; you describe Lavender Fields as outside your catchment area (Siobhain McDonagh MP, Merton 1)</i></p> <p><i>Most people [in Lavender Fields] don't understand the issue. What action will you take in this consultation to bridge the gap between the east and west of the Borough to ensure people in Lavender Fields understand the process and participate? (Merton 1)</i></p> <p><i>Not having a hospital at St Helier will have a massive impact on people in Lavender Fields. What have you done in Lavender Fields, one of the most deprived areas in Mitcham? Many people are from an ethnic minority and suffer from diabetes (Merton 1)</i></p> <p><i>Concern that deprivation is being equated with old age. This factor is being ignored in the need for where you site the new hospital. This needs looking at in great detail with local experts who understand the area. Some of this group do not understand the difference between deprivation and old age [speaker indicated that he had already raised this at the earlier public meeting this week] (Merton 1)</i></p> <p><i>The highest density of population is in the Mitcham area and the lowest in Surrey Downs (Merton 1)</i></p> <p><i>Are you in contact with the BAME voice to see what their views are? What are your plans to ensure they are going to participate [in the consultation] and ensure that they are not left behind? At a recent meeting of BAME Voice none of the people were aware of what is going on (Merton 1)</i></p>
Waiting times	<p><i>It's about the ambulances – it is not about 30 minutes – they say it's two hours before I can even get an ambulance (Merton 2)</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>I had an appointment scheduled at St George's. The location was changed to St Helier because of waiting times – and now I have to wait even longer. They have moved the appointment once and now have cancelled it again. What does this [proposal] mean for waiting times? Where is the data? When will it be seen? (Merton 2)</i></p>
<p>Bed numbers and locations</p>	<p><i>How many beds will there be at the new hospital? (Merton 1)</i></p> <p><i>[Specific reference to the PCBC (pre-consultation business case) and page numbers – impact on other hospitals] 'Will there be some beds at Croydon?' (Merton 1)</i></p> <p><i>Five years ago Daniel Elkeles said we will keep all the 1,200 beds they had. Now they say they will have 1,000 - what happened with the rest? Look at pages 231 and 232. The beds will be provided in St George's and Croydon – if they had this availability of beds, they would be using them now. They are aiming to cut beds by 205 - this is about cutting NHS spending and running NHS to the ground. (Merton 1)</i></p> <p><i>The bed projections are wrong because they're based only up to 2025 not 2030; they are not projecting until 2030 as the clinical senate says they must (KOSHH member, Merton 1)</i></p> <p><i>Your plans for 2020 -2030 – you're saying population growth only needs four beds? You're basing this off the Northumbria model which actually only had 87% of people seen within four hours, your proposal is flawed (KOSHH member, Epsom 1)</i></p> <p><i>How many acute beds will there be in Epsom, St Helier and in Sutton? Can you tell me, for each of the three options, how many actual beds will you have sited in each acute site? (Epsom 1)</i></p> <p><i>An FOI request came back - we had 759 acute beds in trust currently. Are you going to have 1,048 acute beds overall? (KOSHH member, Epsom 1)</i></p> <p><i>Can you confirm that 200 of the beds you are talking about will be provided in OTHER hospitals? (KOSHH member, Sutton 1)</i></p> <p><i>Who are the other providers who are guaranteeing to give us the extra 200 beds? (Sutton 1)</i></p> <p><i>The increased beds you mention aren't available to us as they're in other hospitals (Sutton 1)</i></p> <p><i>Why are there A&E beds in the existing hospital that will be reserved for people from other areas/hospitals? These should be used by local people (Sutton 1)</i></p> <p><i>Lots of feedback from the audience in Sutton 2 was around bed numbers and how the consultation has calculated the need for the future</i></p> <p><i>How have you calculated that four extra beds will be enough for the growing population? Why aren't we increasing beds by, say, 100, 200 or 300? (Sutton 2)</i></p> <p><i>There are currently over 500 homes being built in Sutton. Have the proposals taken account of population growth? (Sutton 1)</i></p> <p><i>OECD found that England has fewer beds per head of population than any other. We have an increasing population; all the hospitals are failing to meet targets and that's because of bed shortages. How are you going to meet the needs of a rising population and control infections with fewer beds? (KOSHH member, Sutton 1)</i></p> <p><i>You have sold off the land. You should have used it for building more beds and nurse accommodation (Merton 2)</i></p>
<p>Funding and value for money</p>	<p><i>We sold land off at Epsom recently in order to balance books, and to help fund windows and lifts. Even with £80 million funding, can we afford to maintain three hospitals? (Epsom 1)</i></p> <p><i>Can we be assured that when the money is coming, that it is going to be government funded without any financial strings ... such as a local PFI? (Epsom 1)</i></p> <p><i>Can we also be assured, whoever is spending the money that they will be watching very tightly that isn't the public sector losing out and a private company making a mint out of it (Epsom 1)</i></p> <p><i>How much is the consultation costing? (Sutton 1)</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>You've said you're spending £500m and yet at the end you'll end up with four extra beds – with a rising and an ageing population. It doesn't make sense' (Merton 1)</i></p> <p><i>Your figures should say that the total is £511m not £500m (Merton 1)</i></p> <p><i>The £500m is a loan at a high interest rate - Spend the money on our hospitals and stop threatening people with cutting services which will cost lives (KOSHH member, Merton 1)</i></p> <p><i>The NHS has spent £50m on this consultation over the years (Siobhain McDonagh, MP, Merton 1)</i></p> <p><i>Your estimate five years ago was £300million – what's changed? (Sutton 1)</i></p>
Deliverability	<p><i>There will be lots of changes in South West London as there will be one CCG ... they will need to make savings in the future and there is no guarantee that they will be able to follow through with these plans (Sutton Patient Reference Group member, Sutton 1)</i></p> <p><i>What's to say you can deliver now? You've failed to deliver before. Similar proposals have led to either the closure of a walk-in centre and GP practice in Merton without adequate provision for that or the building work has been stalled as in the case of the Wilson hospital which aimed to be the centre that would take the heat off Epsom and St Helier (Sutton 1)</i></p> <p><i>Will you be able to deliver what you say you plan to deliver with the money you have got or is there a risk you won't? (Sutton 1)</i></p> <p><i>Issues with GP practice proposed in Colliers Wood. How can you be trusted if you cannot deliver for local residents in Merton? (Sutton 1)</i></p>
Choice and capacity	<p><i>I am not sure that people will have the choice – is it left to the patient to tell the GP where they want to go [for treatment]? (Merton 2)</i></p> <p><i>I hear you have consulted with other hospitals. At Croydon my daughter was in there to give birth and there were not any beds. She had to wait several days for labour – if you think more people can go there you are seriously wrong (Merton 2)</i></p>

Overall summary

- 7.38 It is worth noting that these listening meetings were attended by a highly vocal campaign group (KOSHH and KEOH) supporting the maintenance of Epsom and St Helier hospitals in their current roles or enhanced roles as two specialist centres and in support of the two existing hospitals, they opposed the proposed model of care II (focusing specialist and emergency services on one site).
- 7.39 Other interested parties, including Labour Party representatives and local residents attending the Merton events, in particular, were vocal in their support for St Helier as the proposed site for a specialist and emergency hospital and argued that the site provides the best location for access by the majority of people living in the area and the disadvantaged, in particular.
- 7.40 Many attendees acknowledged that there was a need for change and that St Helier and Epsom Hospitals needed refurbishment, although for many, £40 million for each was considered to be insufficient funding. Also, there was a suspicion that costs of the specialist site might overrun, leading to at least some of the refurbishment funds being used for the new hospital instead. Questions were raised about the site at St Helier and its suitability. Questions were also raised about the relative proposed costs between the three sites for location of the new hospital and how much the budget currently proposed, might increase by the time of the actual building works.
- 7.41 Many objections and questions were raised about keeping the majority of services at existing hospitals and downgrading their A&E departments to UTCs. There was vocal opposition to this from some quarters with attendees saying that emergency provision needed to be available at a local level. However, others acknowledged a need for change and a logic in concentrating specialist and emergency services on one site,

to increase efficiencies and overcome existing staffing and management issues. Precisely which services would be located at the district hospitals was concerning for many and a suspicion was frequently made that the district hospitals would be closed in future as a consequence of these proposals.

- 7.42 Whilst a few people in the Sutton group supported both the model of care and the siting of the specialist facilities at Sutton, their voices were somewhat overwhelmed by the majority of recorded opinions which criticised this Option. Several reasons were given including the fact that the proposed site is not actually in Sutton; is away from the main concentrations of population and at some distance from areas of deprivation; that there are access problems in terms of the roads and the site in question; that the site itself will be congested given the extra facilities being located there or nearby (a new cancer treatment centre and a school). Attendees were also worried over management arrangements for transferring patients to the specialist and emergency hospital from the district hospitals, particularly if the specialist hospital was to be located in Sutton.
- 7.43 There were very many questions and criticisms concerning the proposed number of only four extra beds to be created under the proposals. Attendees highlighted the number of housing developments in the local area and population forecasts, including increasing numbers of older people. They also raised concerns over the reliance on neighbouring hospitals, particularly St George's and Croydon, for inpatient provision. It was argued that these hospitals are already overloaded, and the consultation documents were criticised for clouding these issues. Some also questioned the number of single rooms in the proposals and speculated that these would be intended for private patients. Many attendees were concerned over how the new hospital would be staffed given the shortage of nursing and other medical staff nationally and in the local area. Some were concerned that the district hospitals would be further stretched and downgraded by the relocation of consultants to the specialist and emergency hospital.
- 7.44 Overall the balance of opinion from those who spoke, appeared to be in favour of refurbishment of St Helier and Epsom hospitals but against a new specialist and emergency hospital at Sutton. Comments were forthcoming in several meetings, either verbally or in handwritten notes, relating that some attendees with contrary opinions feel unable to express them publicly in the face of strongly expressed views and somewhat dominant contributions from some groups. Similar comments were forthcoming in other strands, including from several questionnaire respondents, and mentioned in the meeting notes provided to ORS.

8. CCG Outreach Meetings

Outreach with local communities

Introduction

- 8.1 During the engagement period, the three Clinical Commissioning Groups (CCGs) of NHS Surrey Downs, Sutton and Merton either hosted or attended many outreach meetings and events to provide people with information about the engagement and the opportunity to take part. The engagement programme used a targeted approach based on the findings from the independent Deprivation Impact Assessment and draft interim Integrated Impact Assessment which identified protected characteristic groups and hard to reach communities that may be potentially impacted by the proposals.
- 8.2 The events were primarily intended as an opportunity for the public to find out about the proposals and ask any questions, and for the CCGs to promote broader engagement and signpost stakeholders to the open consultation questionnaire. ORS provided the CCGs with a meeting record template and some participant feedback was captured by CCG staff/event organisers, including observations, questions and reflections from both local people and NHS staff. While not independently facilitated, in contrast to some of the other meetings reported above, it is nevertheless important to take note of the feedback received by members of the public and other stakeholders. It should be noted that the issues discussed at the CCG-hosted events are generally consistent with feedback provided in other ways.
- 8.3 It is important to note that all members of the public who spoke to CCG staff or attended meetings were informed and encouraged to use official response channels (such as the consultation questionnaire) to submit their views. While precise numbers are not possible to provide, a reasonable estimate is that nearly 6,000 people overall were engaged in some way through the various meetings and activities, in excess of the planned target.
- 8.4 Three separate tables summarising events in each of the CCG areas are presented in **Error! Reference source not found.**, including type of event, numbers attending and the broad profiles of participants. Comments and questions from the public and NHS staff were recorded by CCG staff. Readers are referred to these tables for a fuller understanding of the events. This chapter summarises the findings for each CCG area by main and sub-themes emerging and these are illustrated with typical attendee comments.

Comments arising from the events held in Sutton

Proposed model of care

- 8.5 While there was some support for the clinical model proposed, there was some confusion and very many questions were asked for understanding and clarity. Attendees were fearful that St Helier and Epsom hospitals would close and that there would be a 'drift to a single site' once the new SECH is finished – and a suggestion that the new hospital might be privatised was also made by one attendee. Several questioned how services would be delivered during refurbishment.
- 8.6 Attendees representing the primary care sector criticised the model for having three UTCs within a relatively small geographical area and expressed concerns over how this would potentially confuse, compete with and detract from the role of GPs. Other attendees were more concerned over the distinction between the services available in UTCs as opposed to A&E and how the single A&E department would be resourced and

managed given the likely level of demand. Other main concerns were whether waiting times would improve and about managing the transfer of urgent cases from UTCs to A&E.

- 8.7 Attendees were very keen to understand the division of services between the district hospitals and the SECH. Maternity services were a particular area of concern with some questioning why the focus should be upon the SECH for these services. Clarity was also sought by attendees concerning the specific services which would be located at the District Hospitals and the SECH and whether there would be a reduction of services overall.
- 8.8 How the three hospitals would be staffed, given current severe shortages with only two, was an issue of concern for many attendees and particularly those representing the NHS. Other questions concerned whether staff would be moved between hospitals and how more staff would be recruited. The number of extra beds was concerning for some, who thought there should be far more given the planned increases in housing and population in the area. Questions over the length of time of the build and when building would start were also asked.

Table 35: The Clinical Model

Sub-Theme	Example Comments/Points made
Support for Clinical Model	<p>We did talk to 35 people and had some very positive conversations. People were interested in the plans (Deprived communities/low income)</p> <p>Very supportive group, lots of nods for the proposal (BAME communities)</p> <p>There was good discussion over the need to make changes as they all agreed current hospitals were not fit for purpose (65+)</p> <p>(She) said the most important matter was quality of care, dignity and avoidance of distress during care, rather than location of hospital – <i>once you're there, you're there</i> (Deprived communities, low income)</p>
Refurbishment	<p>The vast majority of people said their children had been born at St Helier Hospital; most had a 'fondness' for the hospital because of this, but also felt that the hospital was desperately in need of refurbishment (Deprived communities, low income)</p> <p>They all agreed that something had to be done and the buildings needed refurbishment (BAME Communities)</p> <p>Interest in logic of model of care - why not just refurbish the existing hospitals? (All others)</p>
A future for three hospitals?	<p>Concern that that large general hospitals with enormous estate will not be needed once the new acute facility is built, particularly if this is on the Sutton site and a drift to a single site is possible (NHS Primary Care)</p> <p><i>Why can't the old hospitals remain?</i> (BAME Communities)</p> <p><i>Are they planning on knocking down St Helier?</i> (All others)</p> <p><i>They spent 20 million on St Helier already. Is that going to be wasted now?</i> (All others)</p> <p><i>We have been told in the past that ultimately St Helier is not 'refurbishable' is this true and will it become impossible to keep the hospital going?</i> (Sutton Scrutiny Committee)</p> <p><i>Will the new hospital ever be privatised?</i> (Young people, 16-24)</p>
A&E and UTC	<p><i>I struggle to see why you need three UTCs within four miles radius taking up all that resource when primary care is under resourced and we struggle to see patients. I don't see how this will help primary care if GPs are being employed in UTCs rather than general practice. We are likely to drive patients to UTCs which is against everything we are trying to do in primary care. This feels like a political decision and not a medical one</i> (NHS Primary Care)</p> <p><i>What services will the UTCs provide?</i> (Sutton Scrutiny Committee)</p> <p><i>Within the new framework will there be improved response times for A&E?</i> (BAME Communities)</p>

Sub-Theme	Example Comments/Points made
	<p><i>How will A&E cope with so many people coming to the one place?</i> (Maternity pregnant/child within last year)</p> <p><i>What will happen to A&E at St Helier?</i> (Young people, 16-24)</p> <p><i>What proportion of patients currently being seen and treated in A&E will continue to be seen and treated in A&E?</i> (Sutton Scrutiny Committee)</p> <p><i>Will a separate contract be awarded to run the two/three UTCs?</i> (NHS Pharmacy)</p> <p><i>What happens if you turn up at district hospital and your health need is urgent?</i> (Disability – physical, sensory)</p>
Maternity	<p><i>Will births not be available at all three hospitals? What about mid wife clinics?</i> (Maternity pregnant/child within last year)</p> <p><i>Why is maternity moving to the emergency care hospital?</i> (Young people, 16-24)</p> <p>There was still some clarity required about which part of maternity and child services would still be accessed locally for maternal and child care especially around a local UTC ability to manage these contacts (Maternity pregnant/child within last year)</p> <p><i>Would the maternity unit have high risk and low risk births in the same facility?</i> (Deprived communities/low income)</p> <p><i>Why are maternity and children services moving to the new emergency care hospital?</i> (Disability – physical/sensory)</p>
Location of other services	<p><i>What services will move to the emergency hospital?</i> (Deprived communities/low income)</p> <p><i>Where will major planned surgery take place?</i> (All others)</p> <p><i>I have three autistic children – I hope our usual appointments won't be moved from St Helier</i> (Deprived communities/low income)</p> <p><i>How long will it take to build the new hospitals and will services close in the meantime?</i> (Deprived communities/low income)</p> <p><i>Will it have acute services?</i> (NHS Primary Care)</p> <p><i>Will there be a dedicated triage team at the new emergency hospital?</i> (Disability – mental health)</p> <p><i>Are we looking at a reduction of services?</i> (All others)</p>
Staffing	<p><i>How will new staff be recruited?</i> (NHS Primary Care)</p> <p><i>Finances and staffing over two sites isn't currently sustainable. How can it be sustainable over three sites?</i> (NHS-wide team meeting)</p> <p>Staffing at the Trust was the main matter of interest at this internal CCG meeting (NHS Executive Management Team Meeting)</p> <p><i>(What is the) total number of staff working currently at ESTH and will this number differ under the new proposal?</i> (NHS Executive Management Team Meeting)</p> <p><i>Will staff be moved around or just be based at one site?</i> (Sutton Scrutiny Committee)</p> <p><i>Will staff be trained to use equipment confidently and safely in the new hospital?</i> (BAME Communities)</p>
Beds	<p><i>Why such a small increase in beds? ... increasing the number by, say, 50 will win over public opinion</i> (NHS Primary Care)</p> <p><i>How have you calculated that four extra beds will be enough for a growing population? Why aren't we increasing beds by, say, 100, 200 or 300</i> (Sutton Scrutiny Committee)</p> <p><i>How come there will be almost the same amount of beds?</i> (BAME Communities)</p> <p><i>Where will neonatal ITU beds be located?</i> (All others)</p>
Length of build	<p><i>How long will it take to build the new hospital on the various sites?</i> (BAME communities)</p> <p><i>When will the building work begin?</i> (Disability – physical, sensory)</p>

Sub-Theme	Example Comments/Points made
	<i>Why does it take so long to build a new hospital? (Maternity pregnant/child within last year)</i>
Other comments	<i>How will the service look going forward with PCN integration etc? (NHS Pharmacy)</i> Pharmacists said that their patients are worried about which hospital to go to if they feel sick (NHS Pharmacy) <i>Need to get real consultants out and about to explain how rotas work and how this is a good model of care (NHS Primary Care)</i>

Location of the SECH

- 8.9 A number of attendees asked how Sutton was chosen as the preferred option even though it is the most costly, and there are issues around co-location with the Royal Marsden Hospital and with other planned developments on the same site. The future use of the old buildings at St Helier Hospital was also a matter of concern in the event of development going ahead at Sutton.
- 8.10 The main concerns, however, were around travel and access to the Sutton site. Public transport services were described as limited and difficult, parking is a major concern and surrounding roads were said to be narrow and already congested. An integrated transport plan for the area was requested by a member of Sutton Scrutiny Committee to overcome these problems.
- 8.11 Nonetheless, there were many in these consultation sessions that supported Sutton as the location for the SECH, mainly because it would be nearest to them. There was limited support for St Helier from Sutton attendees, but no evidence of support for Epsom.

Table 36: The Location of the SECH

Sub-Theme	Example Comments/Points made
Sutton as the location	<i>Will the preferred option of Sutton have the least impact on services? (NHS Primary Care)</i> <i>How was the preferred option decided? (NHS Pharmacy)</i> <i>Have you already decided on Sutton Hospital? (65+)</i> <i>If the new hospital is built on the Sutton site, what does it do with co-location at Marsden? (NHS Pharmacy)</i> <i>Is there enough space on the Sutton site after the school has been built? (65+)</i> <i>Will there be a pharmacy on three sites if Sutton is chosen? (NHS Pharmacy)</i> <i>Wouldn't it cost more money to build a new hospital on the old Hospital site in Sutton? (Disability physical/sensory)</i> <i>What happens to the redundant buildings at St Helier if Sutton site is chosen for the Emergency care facility? (Sutton Scrutiny Committee)</i> <u>Access and Parking at Sutton</u> <i>Public transport to Sutton Hospital site is not good if you are travelling from Epsom (NHS Primary Care)</i> <i>Will there be additional bus routes if a new hospital is built on the Sutton site? (Deprived communities, low income)</i> <i>Will there be more buses going to Sutton hospital? (65+)</i> <i>Will there be new trams in Sutton? (16-24)</i> <i>It's a nightmare to park around the Sutton site! How will staff get there due to heavy traffic? (NHS Pharmacy)</i> <i>Is there parking at the proposed Sutton site hospital? (BAME Communities)</i>

Sub-Theme	Example Comments/Points made
	<p><i>I am concerned about the suggestion of reduced car parking, as the vast majority of people will travel to the hospital by car. My plea is that whatever is proposed as an alternative to car is realistic</i> (Sutton Scrutiny Committee)</p> <p>One posed the risk of the narrow road as there is a school nearby with over 1,000 children (BAME Communities)</p> <p><i>The Sutton hospital site is already the site of a large-scale development – the new school, Institute of Cancer Research and RMH developments even without the inclusion of a new emergency care hospital. The area needs an integrated travel plan. What is happening?</i> (Sutton Scrutiny Committee)</p> <p><u>Support for Sutton</u></p> <p>Quite a few were in agreement that Sutton hospital was a good choice as it is central (Deprived communities, low income)</p> <p><i>I work for Epsom and St Helier – it's about time we solved the issues. I support the Sutton option</i> (Deprived communities, low income)</p> <p><i>I think it's a good idea to have the hospital in Sutton as it's in the middle; I feel a bit selfish for saying that as it's also closer for me</i> (Deprived communities, low income)</p> <p><i>Good to have a new hospital in Sutton as St Helier and Epsom are too far for Sutton residents</i> (BAME Communities)</p> <p>Great idea! Group was very positive about the new hospital being built on the Sutton site as they felt it was central to most people (BAME Communities)</p> <p><i>If the Sutton Hospital site is readily available to build on, then why not just build it there?</i> (Disability physical/sensory)</p> <p>Most nodded in agreement with the Sutton site proposal due to the fact the area is already empty, and it makes sense (Maternity/pregnant, child within last year)</p> <p><i>The proposals make sense to me and I've told them I think building the new emergency care hospital at Sutton will work best</i> (16-24)</p> <p>The majority agreed with the proposal to site the new SECH at Sutton (All others)</p>
St Helier as the location	<p><i>We all live around St Helier so why can't the new hospital be there and not Sutton site?</i> (BAME Communities)</p> <p>Four of the mums favoured the St Helier option for the SECH but all seemed fine with Sutton option (Maternity/pregnant, child within last year)</p> <p><i>I have seen a CQC report which said that St Helier is not a safe environment for children and people with mental health issues. Does the new proposal incorporate changes to this situation?</i> (BAME Communities)</p> <p><i>If the new hospital is built in St Helier, there is concern on management of infection control. How will this be mitigated?</i> (65+)</p>
Epsom as the location	<p>Epsom option was least favoured by this group (Maternity/pregnant, child within last year)</p>

Travel and Access

- 8.12 In addition to the travel and access issues raised in relation to Sutton as the location of a SECH, attendees raised more general concerns over ease of access to and within a new hospital. Having an infrastructure able to support extra travel and transport demands was mentioned, along with concerns over parking. Choosing which hospital to access for particular conditions was raised as potentially confusing and attendees asked how patients would know how to make these decisions to avoid being turned away. The management of transferring patients between hospitals also came into question, and concerns were raised over the ready

availability of ambulances for this purpose. Finally, a young person questioned whether the new hospital layout would be designed in a way to offer easy access and reduce confusion.

Table 37: Travel and Access

Sub-Theme	Example Comments/Points made
Travel and transport	<i>Distribution of drugs, stocks will now be on three sites. Have we thought of proper infrastructure to cope with extra demand?</i> (NHS Pharmacy) <i>What is the acceptable travel time in an emergency?</i> (Disability/physical, sensory)
Parking	<i>Will parking be made easier as having one emergency hospital may increase parking problems?</i> (16-24)
Accessing the right hospital	<i>How will people know which hospital they should access? Will they be turned away if they turn up at emergency hospital if their need is not urgent?</i> (Maternity/pregnant, child within last year) <i>How would patients with mental health problems know where to go when they are used to going to A&E in St Helier?</i> Confusing (Disability/mental health)
Transfers	<i>Are you saying children may have to be transferred between sites?</i> (Sutton Scrutiny Committee) <i>Will the ambulance always be available if someone needs to move from district to emergency hospital?</i> (Maternity/pregnant, child within last year)
Access within hospitals	Young people were concerned with ease of access to the new hospital as they felt the current hospitals can be slightly confusing (16-24)

Other issues

- 8.13 A number of other issues were raised by attendees at the Sutton events. There were some questions over financing. People asked where the funds will be found for the changes and whether they should be used to upgrade the two existing hospitals with the money available – and people sought assurance that the £500 million would be spent only on hospital services and not diverted to other projects. A question was also asked about the financial sustainability of running three as opposed to two hospitals.
- 8.14 Attendees asked if the new model would be likely to lead to better outcomes for patients and whether evidence had been found to support this. They questioned the impact of the proposals upon the town centre (presumably Sutton, although not stated) and how the proposed number of beds would impact on partners. One attendee expressed interest in being involved on a committee once building works have started.
- 8.15 A few further questions were asked about the accessibility of the consultation documents, the implications of rejecting the proposals, and the opinions of HealthWatch on the proposals.

Table 38: Other issues raised by attendees

Sub-Theme	Example Comments/Points made
Finance	<i>How were the different amounts of money to build each option reached?</i> (NHS Pharmacy) <i>Finances and staffing over two sites isn't currently sustainable. How can it be sustainable over three sites?</i> (NHS - Sutton CCG wide team meeting) <i>Why isn't there an option to divide the money and upgrade both St Helier and Epsom Hospitals and have two A&E units there?</i> (65+) <i>Where is this money coming from and will this mean that other services won't get money as a result?</i> (16-24) <i>How much will all this cost?</i> (Maternity pregnant/child within the last year)

Sub-Theme	Example Comments/Points made
	<i>£500 million -is this just for the new unit or will some of it be spent on improving the existing buildings?</i> (All others) <i>Can we be assured that the £500 million will be spent on hospital services not local public transport?</i> (Sutton Scrutiny Committee)
Quality of Care	<i>Will we have better patient outcomes if we centralise care? Do we have evidence to show this is the case?</i> (Sutton Scrutiny Committee)
Impacts	<i>How will this impact on the local town centre?</i> (NHS Primary Care) <i>How many beds will be gained and what impact will this have on partners?</i> (NHS Primary Care)
Other consideration: public involvement	<i>Query about public involvement when building starts – keen to get on a committee</i> (All others)
Consultation	<i>Is the material accessible for people with visual impairment?</i> (Deprived communities/low income) <i>How have we advertised this consultation to ensure we reach young people? (16-24)</i> <i>What would rejecting these proposals mean?</i> (All others) <i>What does Health Watch think?</i> (All others)

Comments arising from the events held in Merton

Proposed model of care

- 8.16 There was support for the proposed clinical model, particularly in events involving young parents and people aged 16 to 24. Having the funding for a new hospital in southwest London and a site where all specialist services could be located was welcomed by attendees in these groups. Support for the refurbishment of St Helier hospital was also forthcoming from a wide range of attendees. However, questions were asked about whether there were sufficient funds to refurbish St Helier and whether any buildings and services would be lost in the process.
- 8.17 Questions were also asked about the reasons for selecting the three potential sites as a location for the SECH. Some conflicting opinions were raised as to whether just one hospital in the area could best provide all services or whether an additional option for an enhanced ‘status quo’ should have been included for consultation.
- 8.18 An overwhelming number of questions and comments arose in the Merton sessions around the potential likely closure of St Helier and Epsom Hospitals following completion of the SECH. Many had received this information either directly from their local MPs or by other means and were highly concerned at the prospect. People were also concerned about the two hospitals being downgraded through loss of services to walk-in centres only, as well as how these two hospitals could be maintained even with 85% of existing services, given the ongoing cost of maintaining their buildings.
- 8.19 Attendees were confused over the differences between UTCs and A&E and called for clear public information about how and when to access each level of service. Some expressed concern over the safety of patients in emergency situations if accessing a UTC and asked whether it would be possible to walk into A&E at the proposed SECH, or whether referral was necessary.

- 8.20 Similar questions seeking clarity arose around the services that will be available at district hospitals and the SECH. Attendees asked about the location of, say, maternity, stroke and children’s services. They also asked about the arrangements for transferring patients between hospitals and one commented on the environmental implications of these extra journeys.
- 8.21 The issue of retaining and recruiting sufficient staff for all three hospitals was concerning for many in the context of current staff shortages. Concerning too was that only four extra beds are to be provided under the proposals, despite the high population forecasts for the area.
- 8.22 Other questions concerned the length of build; waiting times at the SECH and the extent of local authority involvement in the proposals.

Table 39: The Clinical Model

Sub-Theme	Example Comments/Points made
Support for Clinical Model	<p><i>I think a specialist centre is a good idea (Deprived communities/low income)</i></p> <p><i>A new hospital is good news if it's built in south west London (Maternity pregnant /child within the last year)</i></p> <p><i>It will be great to have a new state of the art facility (Maternity pregnant / child within the last year)</i></p> <p><i>Really pleased to hear about £500m investment in local services (Maternity pregnant / child within the last year)</i></p> <p><i>Important to have acute services and specialist services on one site so that patients can receive the healthcare that they need and given the right treatment/healthcare at the right time in any circumstance (16-24)</i></p> <p><i>Beneficial to bring all major acute services to one site (16-24)</i></p>
Refurbishment	<p><i>The paint was peeling at St Helier. It definitely needs some love (Deprived communities/low income)</i></p> <p><i>Glad to hear money is going back into Epsom and St Helier. This reassures a lot of people (Disability/mental health)</i></p> <p><i>Would be happy for things to be upgraded at St Helier (65+)</i></p> <p><i>Good idea to refurbish current hospitals so patients can receive a higher quality of care, the best facilities available to them. If hospitals are refurbished and the new clinical model proposed is implemented patients would receive better care and potentially reduce travel as they will be appropriately treated at the site they are sent to rather than being transported to different sites (16-24)</i></p> <p><i>Helpful to be given funding to refurbish local hospitals (16-24)</i></p> <p><i>Are you getting rid of buildings in the refurbishment? (65+)</i></p> <p><i>In the refurbishment, will we lose the training facilities at St Helier? (65+)</i></p> <p><i>At St Helier, even though we are not getting a new A&E, will the building be improved? (65+)</i></p> <p><i>Why do you want to build a new hospital and not just improve ESTH? (65+)</i></p> <p><i>Are there enough funds to deliver all the improvements at the St Helier site? (NHS Staff)</i></p> <p><i>Why invest in St Helier when it's already getting investment? (BAME Communities)</i></p>
A future for three hospitals?	<p><u>Alternative options</u></p> <p><i>Why have you only chosen Sutton, St Helier or Epsom for the location of the new hospital? (16-24)</i></p> <p><i>You just need one functioning site to do everything (Maternity pregnant / child within the last year)</i></p> <p><i>If you put all of those resources in one place it would be better for staff and for patients (Maternity pregnant / child within the last year)</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>What about the status quo? Use the money to fix St Helier and Epsom</i> (Deprived communities/low income)</p> <p><i>Consider putting all the funding back into Epsom and St Helier. People are familiar with the current hospitals and overall most do not want any changes going forward. Even though the building is old, it will be hard to learn how to navigate a new building</i> (Disability/physical, sensory)</p> <p><u>Concerns over closure</u></p> <p>Many of the people spoken to thought that St Helier Hospital was closing down. One person mentioned that they heard this from their local MP (i.e. Tom Brake) (Deprived communities/low income)</p> <p><i>How will we guarantee that in the future Epsom and St Helier won't be downgraded even further and eventually closed?</i> (Deprived communities/low income)</p> <p>Many of the public seem to feel that there will be a complete closure of St Helier and its ED and the message around the urgent treatment centre does not seem to have filtered through (BAME Communities)</p> <p><i>The CEO from St Helier consultation two years ago was telling people that Epsom and St Helier was closing down?</i> (BAME Communities)</p> <p><i>There are three GMB union meetings about hospital closures coming up</i> (BAME Communities)</p> <p>An individual had said that she had spoken to her MP inside the Horizon Centre and was advised that, <i>their local hospital was closing down, and she needed to save it</i> (Disability/mental health)</p> <p>People cannot see past information about a loss of service/downgrading at Epsom or St Helier. People only see the consultation as cuts and lack of services (Disability/physical, sensory)</p> <p>People thought proposals included closure of Epsom and St Helier (65+)</p> <p><u>Concerns over downgrades / walk-in centres</u></p> <p><i>It feels as though the new clinical model downgrades Epsom and St Helier</i> (Disability/physical, sensory)</p> <p><i>You said 85% of services will stay – one reason why the new site is being built is due to not being able to maintain the buildings, so how will you continue to maintain the buildings and keep 85% of the services for these proposals?</i> (65+)</p> <p><i>85% of services will stay but 62% of St Helier's beds will be lost. What you'll be left with is a walk-in centre</i> (Deprived communities/low income)</p> <p><i>Do these proposals include walk-in centres for the hospitals?</i> (Deprived communities/low income)</p> <p><i>Are there other walk-in centres in the different localities?</i> (65+)</p> <p><i>Under the proposals St Helier would be a glorified walk-in centre, with 62% reductions in beds</i> (65+)</p>
A&E and UTC	<p><i>Have you considered having 12-hour UTC opening?</i> (NHS Staff)</p> <p><i>Will people be able to walk in A&E?</i> (NHS Staff)</p> <p><i>Will the A&E be a normal A&E or will it be a specialist site you can only be referred to?</i> (65+)</p> <p><i>Will there be specialist beds at the Urgent Treatment Centres?</i> (NHS Staff)</p> <p><i>How are you going to address people using A&E departments as doctors [GPs] surgeries?</i> (Deprived communities/low income)</p> <p><i>If I was needing to go somewhere because of huge abdominal pain on the weekend? What about that?</i> (Deprived communities/low income)</p>

Sub-Theme	Example Comments/Points made
	<p>There is a lack of understanding about what an Urgent Treatment Centre does and the fact that about 2/3 of people currently presenting to the ED front door get streamed to the UTC (BAME Communities)</p> <p><i>How can you leave Epsom and St Helier without emergency care facilities, leaving patients at ESTH vulnerable? People's hearts can unexpectedly fail, and mistakes can happen. What happens to these patients when there is no emergency care on site? (65+)</i></p> <p><i>With the removal of A&E, an issue would be changing the public's perception around differences between A&E and Urgent Care Centre (Maternity pregnant / child within the last year)</i></p> <p><i>Croydon has a new A&E and it's still not coping with demand so why will this new one do any better? (65+)</i></p> <p>A mother stressed the importance of having a separate children's and adults A&E department, so she was not having to wait with her child (Maternity pregnant / child within the last year)</p>
Maternity	<p><i>Why move births to a new hospital if ante-natal and follow-up is going to stay at St Helier? (Deprived communities/low income)</i></p> <p><i>If you wanted a mid-wife led birth, would it still be at the SECH? (Maternity pregnant / child within the last year)</i></p>
Location of other services	<p><i>What exactly is a district hospital? (Maternity pregnant / child within the last year)</i></p> <p><i>Will there will be a specialist stroke unit at the new hospital? (NHS Staff)</i></p> <p><i>Will the specialist new hospital be trauma related? (NHS Staff)</i></p> <p><i>Will children's services remain at Epsom and St Helier? (Deprived communities/low income)</i></p> <p><i>LD nurse liaison service - will this be replicated in the new hospital? (Disability learning/neuro/social/communication)</i></p> <p><i>What constitutes Specialist Emergency Services that will be transferred to Sutton? (Deprived communities/low income)</i></p> <p><i>I'm confused about what surgery will happen at the new Emergency Specialist Care Hospital. What about partly planned surgery? (Deprived communities/low income)</i></p> <p><i>An Emergency Specialist Hospital is not a full hospital with a suite of services, is it? (Deprived communities/low income)</i></p> <p><i>What is the difference between a district hospital and SECH? (Disability learning/neuro/social/communication)</i></p> <p><i>Once you have recovered from a heart attack, where will you be taken to recuperate? (65+)</i></p> <p><i>At what point will people end up at the district hospital? (65+)</i></p> <p><i>Are any of the proposals about merging services? (BAME Communities)</i></p> <p><i>Will there still be planned day surgery in Epsom? (NHS Staff)</i></p>
Transfers	<p><i>What would the pathways of care be for stepdown care? (NHS Staff)</i></p> <p><i>If a patient goes to an Urgent Treatment Centre what is that pathway route to a hospital? (NHS Staff)</i></p> <p><i>Have we considered pollution? 10% of illness are caused by pollution. If patients are being transported between hospitals, will this not increase exposure to pollution (65+)</i></p> <p><i>More information on hospital transfers needed if the chosen option is the Sutton site; once stabilised where will you be taken? (Disability/mental health)</i></p>
Staffing	<p><i>Are we sure we can deliver three UTCs with the current staffing shortages? (NHS Staff)</i></p> <p><i>Would the proposals increase staffing costs? (NHS Staff)</i></p> <p><i>If staff shortages are one the reasons why change needs to be made, how will staff be found to support a third new hospital? (Disability learning/neuro/social/communication)</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>Research.net at St George's supports involvement in training for new staff. Will staff at the new site have similar? (Disability learning /neuro /social /communication)</i></p> <p><i>According to the government we will soon have an increase in doctors and nurses, has this been taken into consideration in these proposals (65+)</i></p> <p><i>How many staff members will be needed to maintain the new hospital? (16-24)</i></p> <p><i>Brexit discouraged staff from working for the NHS; they no longer feel welcome. How will you encourage more staff to join the workforce? (16-24)</i></p> <p><i>How will you influence young people to join the medical sector to improve the lack of doctors? (16-24)</i></p> <p><i>More funding needs to be given to nurses to improve recruitment. Different nurses for night shifts (16-24)</i></p>
Beds	<p><i>A four bed increase but a lot of the new beds are hidden in St George's and Croydon. Both are already at 98% capacity (Deprived communities/low income)</i></p> <p><i>You claim four more beds – however, avoid going into numbers regarding beds in other hospitals (65+)</i></p> <p><i>What are the single beds for? You're saying we need more single beds (Deprived communities/low income)</i></p> <p><i>How do the proposals on bed modelling take account for local population? (Disability learning/neuro/social/communication)</i></p> <p><i>Increased number of beds? Only four. Is this a real reduction? (Disability learning/neuro/social/communication)</i></p> <p><i>Have we currently got extra beds that aren't being used? (Disability learning/neuro/social/communication)</i></p> <p><i>85% of the services are staying at ESTH, but 62% beds are being reduced. How does this make sense? Are you being disingenuous? (65+)</i></p> <p><i>How come the modelling identifies that only a few beds are needed, if hospitals are struggling (16-24)</i></p>
Length of build	<p><i>Is there a timeframe for when this has to be built? (NHS Staff)</i></p> <p><i>You say no services would move until the new hospital is built. Each of the sites would take between four and seven years to build once building work begins so which is it for which site and how do you know it will take this long taking into consideration HS2? (Maternity pregnant / child within the last year)</i></p> <p><i>How long will the new model take to build? (16-24)</i></p> <p><i>We have been told the new hospital will take four years to build – does this take into consideration planning permissions? (65+)</i></p>
Other comments	<p><i>What is the local authority involvement in the Plans? (NHS Staff)</i></p> <p><i>Are wards going to remain in hospitals? (Disability/mental health)</i></p> <p><i>How long would it take someone admitted to the new specialist hospital to be seen? (Disability/mental health)</i></p>

Location of the SECH

^{8.23} These two comments highlight the broad diversity of opinion concerning the location of the SECH from the events held in Merton:

As long as there's one functioning hospital I don't think people will mind where it is (Pregnant women/had child within the last year)

Why did you come here to listen to us if you have a preferred option? If it takes less time to build at Sutton, why are you even consulting about St Helier and Epsom? Our local MP will stop it being built at Sutton (65+)

Sutton as the Location for the SECH

- 8.24 Several location-specific questions were raised, particularly in relation to the SECH having to share the site with a local school and the Royal Marsden Hospital. Attendees also asked about availability of land on the site and the perceived advantages of being co-located with the RMH.
- 8.25 Very many concerns were expressed about travel and access to Sutton by attendees representing the whole range of groups and communities. The fact that the site is, in fact, in Belmont and not Sutton was raised in relation to access difficulties – and infrequent and inadequate public transport provision was concerning to people without their own cars. Its distance from Epsom, St Helier and areas of deprivation was also raised as a barrier to locating a new hospital in Sutton. Existing traffic congestion was considered a problem, as was ensuring sufficient ambulances, particularly in relation to maternity services.
- 8.26 Other questions and comments were around whether there would be adequate parking spaces on site and the impact upon staff management of consultant appointments in particular.
- 8.27 Despite this though, many supported the Sutton option for being central to the area, potentially relieving pressure on St George’s hospital and for being convenient in terms of proximity.

St Helier as the Location for the SECH

- 8.28 There were mixed opinions on current quality of care at St Helier, but several criticisms of the state of the buildings and difficulties in terms of internal access and signage. Being close to areas of deprivation was considered a strong reason to locate the new hospital in St Helier, but the strength of support for this option within these events was, overall, somewhat muted considering where they were located.

Epsom as the Location of the SECH

- 8.29 Although one person suggested that Epsom would be a good location to serve the population of Surrey as there are few hospitals there, very few comments, questions or messages of support were received for Epsom Hospital as an option.

Table 40: The Location of the SECH

Sub-Theme	Example Comments/Points made
Sutton as the location	<p><u>Site-related comments</u></p> <p><i>How does the Sutton site sit as there is a school on the site? (NHS Staff)</i></p> <p><i>The school has taken up a lot of the Sutton site – is there still enough space? (65+)</i></p> <p><i>Would you need to knock down the current hospital to build the new hospital? (16-24)</i></p> <p><i>What would the impact be of having two building projects at the Marsden? (NHS Staff)</i></p> <p><i>What are the perceived advantages of putting the site next to the Royal Marsden? The proposals include a join in the buildings (65+)</i></p> <p><i>If the Sutton site is chosen what happens to the ESTH buildings that are not used? (65+)</i></p> <p><u>Travel, Access to Sutton</u></p> <p><i>Don’t call it Sutton – it is Belmont (65+)</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>The whole country is broken into LSOAs. Of the 51 most deprived areas, one of these is nearest to Sutton, but 42 are closest to St Helier. That was ignored [in proposal development] (Deprived communities/low income)</i></p> <p><i>There are a lot of older people in Sutton so I can understand why you'd want to build a hospital there. Sutton isn't too bad for me to go from here, but it's far for someone travelling from Epsom (Deprived communities/low income)</i></p> <p><i>Sutton is a good option but transport to Sutton is not very good (BAME communities)</i></p> <p><i>Hard for people to get to. Travel is a big issue for people. Have you taken into consideration population increases? Consider more bus routes. Clarity on travel options needed (65+)</i></p> <p><i>How will patients get to the new Sutton hospital? (NHS Staff)</i></p> <p><i>Sutton would be hard to get to from St Helier (BAME communities)</i></p> <p><i>Where will transport links take you? Why would you choose Sutton? (16-24)</i></p> <p><i>Whilst bus routes exist to Royal Marsden will they be frequent enough? (65+)</i></p> <p><i>Experience of travelling to Royal Marsden is that it was easier to get a lift from relatives, but that reliance is not ideal (65+)</i></p> <p><i>I would always like a daughter/son to be present at hospital which could involve them driving. Sutton and Epsom: If I travel by bus, it's too far (65+)</i></p> <p><i>How will this affect people in Merton, as it is quite difficult to travel without a car (16-24)</i></p> <p><i>The only thing with Sutton is it leaves people in Morden on a limb (Maternity pregnant/had child within last year)</i></p> <p><i>Traffic is already bad. What are you going to do to improve traffic? (16-24)</i></p> <p><i>How will Epsom and St Helier (hospitals) refer to the new centre? (65+)</i></p> <p><i>Distance is a factor. Epsom is far for me to get to (from Raynes Park). Sutton is really far. The bus to Sutton is a 15-minute walk from my house. Definitely an issue when you're in labour (Maternity pregnant/had child within last year)</i></p> <p><i>Can we track and map all possible public transport journeys to the Sutton site? (Deprived communities/low income)</i></p> <p><u>Ambulance provision - maternity</u></p> <p><i>Concern about potential increases in ambulance use, as mothers could be concerned about the extra distance needed to travel to Sutton (Maternity pregnant/had child within last year)</i></p> <p><i>When in labour, more people would call an ambulance, as they would be concerned about the travel times and would want the quickest transport to the hospital (Maternity pregnant/had child within last year)</i></p> <p><u>Parking</u></p> <p><i>Parking would also be an issue unless adequate amount of spaces (Maternity pregnant/had child within last year)</i></p> <p><i>What would the parking be like at Sutton? (BAME communities)</i></p> <p><u>Staff management</u></p> <p><i>What will the impact of the Sutton plan be on workforce e.g. consultant appointments? (NHS Staff)</i></p> <p><u>Support for Sutton</u></p> <p><i>The geography of East Merton means that many patients use CUH or SGH but said they would be happy to travel to Sutton if they were seriously ill and some were familiar with Sutton due to the RMH (BAME communities)</i></p> <p><i>Some attendees would prefer Sutton and to have all services in one place (BAME communities)</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>Sutton is preferred and makes the most sense ... It seems to be a bigger site (Disability/physical, sensory)</i></p> <p><i>Sutton is a good option, but people need to get used to having the Emergency care hospital at a new location (65+)</i></p> <p><i>If the SECH was based in Sutton, I would not consider St Helier or Epsom for my post-natal/antenatal care (Maternity pregnant/had child within last year)</i></p> <p>One member of the group expressed a preference for service quality over location: <i>If care remains at the same standard, it would be OK [for birth services to move to Sutton] (Maternity pregnant/had child within last year)</i></p> <p><i>It would be convenient for people who live closer and would relieve St George's (16-24)</i></p> <p><i>Having looked at all the documents, the Sutton option seems like the best ... is more accessible for my needs. I am a wheelchair user (16-24)</i></p> <p><i>Good to have the emergency care hospital in the middle. Sutton is a good option (Maternity pregnant/had child within last year)</i></p>
St Helier as the location	<p>A majority of people said that they did not have recent experience of Epsom and St Helier Hospitals or that they did not use St Helier as it was not their nearest hospital. Many had relatives who used St Helier, and some had been born there, so there was a sense of 'loyalty' even if people did not use St Helier (Deprived communities/low income)</p> <p><i>Why would you locate the new hospital here if the hospital is already struggling? (16-24)</i></p> <p><i>Would you need to knock down the current hospital to build the new hospital? (16-24)</i></p> <p>Once care delivered the service was excellent but prior to that quite disorganised e.g. walking around and not being able to find the right place (Maternity pregnant/had child within last year)</p> <p><i>I would have chosen St Helier if I knew it was up to scratch (Maternity pregnant/had child within last year)</i></p> <p>One person said that the St. Helier building should be knocked down (BAME communities)</p> <p><i>How about building opposite St Helier, on the new ground there? (Deprived communities/low income)</i></p> <p>Paediatric care excellent at St Helier (Maternity pregnant/had child within last year)</p> <p><i>Convenient for a lot of people but not all (Maternity pregnant/had child within last year)</i></p> <p><i>St Helier, geographically, is where the help is needed most. By splitting up services you'll just confuse people (Maternity pregnant/had child within last year)</i></p> <p><u>Support for St Helier</u></p> <p>Prefer St Helier as it is closer (Maternity pregnant/had child within last year)</p> <p>Would be easier for a majority of people. Easier to get to (65+)</p> <p><i>Why would the new facility not be on the St Helier site? Why do you want to move it to Belmont? (65+)</i></p> <p><i>What if the most people who responded to the consultation chose St Helier? Will you go with that option? St Helier is by far the best for patients who attend Central Medical. Please take that back to your boss (65+)</i></p> <p><i>Why are paediatrics being moved? They should be closer to those that need it, especially all the young people on the St Helier estate (65+)</i></p> <p>Would be easier for a majority of people. Easier to get to (Disability/mental health)</p> <p>St Helier has got better over the last few years. Why are we now reversing the good work / investment? (BAME communities)</p> <p><i>If St Helier improves, I will definitely go there rather than St George's (BAME communities)</i></p> <p>St Helier is more accessible (BAME communities)</p> <p>Biggest access to St Helier is by deprivation (Deprived communities/low income)</p>

Sub-Theme	Example Comments/Points made
	<i>Funding should go to St Helier. Their A&E needs work</i> (Maternity pregnant/had child within last year)
Epsom as the location	<p>Where would the CCGs build the new emergency specialist care hospital at Epsom? (All others)</p> <p><i>Did you look at how different people will be impacted? Older people living in Merton who don't drive would find it very difficult to travel to Epsom</i> (All others)</p> <p><i>Epsom would be too far away to be a specialist hospital for this population in Merton</i> (65+)</p> <p><i>Would you need to knock down the current hospital to build the new hospital?</i> (16-24)</p> <p><i>It would be better to have it at Epsom. There are not many hospitals in Surrey for people</i> (BAME communities)</p>

Travel and Access

- 8.30 In addition to the travel and access issues raised in relation to the three sites, attendees raised general concerns over ease of access to the new hospital. While some comments were made about quality of care being more important than distance from a new hospital, people did ask whether there would be more bus routes, a helipad, provision for older people or wheelchair users. A group of young women also suggested that there should be overnight accommodation in the new hospital for women who live at some distance and have arrived too early for their confinements.
- 8.31 Low income groups would prefer to see resources diverted from parking provision to A&E or public transport, but, more typically, attendees would like to see various improvements to parking at hospitals: free parking for people receiving treatment or blue badge users; cheaper parking for visitors and patients; parking for overnight visitors; and more specific parking for A&E.
- 8.32 People representing disability groups called for full consideration and involvement at all stages of design and development to ensure relatively easy access for the full range of disabilities.

Table 41: Travel and Access

Sub-Theme	Example Comments/Points made
Travel and transport	<p><i>Will there be a helipad in the new emergency hospital?</i> (NHS Staff)</p> <p>More information is needed on travel provision. Will there be a bus route that connects all three sites? (Disability/mental health)</p> <p>More bus routes are needed (Disability/mental health)</p> <p>In what ways are you looking to improve transport to each of these areas? (16-24)</p> <p><i>It can be hard to travel. My experience is that buses only allow one wheelchair user at a time. A trip that should take 15 minutes can take an hour if buses are busy</i> (Disability learning/neuro/social/communication)</p> <p><i>Older people find travel challenging and this needs to be considered under any of the options</i> (65+)</p> <p><i>For those that do have to travel further ... and are turned away from the hospital as they are not yet ready to give birth, travelling home could become long and complicated due to traffic ... Will there be facilities for people to stay overnight ...?</i> (Maternity pregnant/had child within last year)</p> <p>A theme included that mothers would be happy to travel further for a fully functioning hospital (Maternity pregnant/had child within last year)</p>
Parking	<i>Why build car parks? Why not build better public transport and use the car park space to build another A&E?</i> (Deprived communities/low income)

Sub-Theme	Example Comments/Points made
	<p><i>Can you explain why the new hospital sites are car parks? They're the only new buildings (Deprived communities/low income)</i></p> <p><i>We need a clearer answer on the question of parking which came up a few times this morning. There was a feeling it should be free for anyone having hospital treatment of any kind! (BAME communities)</i></p> <p><i>Consider parking costs. Make it more affordable for patients and visitors (16-24)</i></p> <p><i>It needs to have good parking, and for parking to be free for people with blue badges (Disability learning/neuro/social/communication)</i></p> <p><i>Would there be any other facilities in place for visiting families who are in hospital as parking is very expensive. Maybe pre- paid tickets? (BAME communities)</i></p> <p><i>More subsidised parking and bus routes (BAME communities)</i></p> <p><i>How much will parking be for those who are staying overnight to give birth and the partners? (Maternity pregnant/had child within last year)</i></p> <p><i>Increase parking availability at A&E units (16-24)</i></p>
Access for disability	<p><i>Accessibility needs to be influenced early, so we can ensure individuals can easily navigate services (Disability learning/neuro/social/communication)</i></p> <p><i>When trying to decide where to base the new hospital, consider accessibility for individuals with special educational needs. St George's has a great SEND centre which makes the experience more pleasant. Could this be replicated in the new hospital? (Disability learning/neuro/social/communication)</i></p>

Quality of Care

- 8.33 Issues around quality of care were raised, particularly by attendees representing disability and maternity groups. Some complained that hospital staff are inadequately trained to deal with people with disabilities and that the design of current spaces and facilities is insensitive to particular special needs. Also, people with disabilities would prefer one location for all their various appointments rather than having to travel to different hospitals for different specialist services.
- 8.34 Questions about the proposed maternity provision were around: whether familiarisation visits would be available at a new hospital; patient choice; and the location of pre and post-natal appointments. This last issue was the most frequently raised and an issue of concern since preference would be for all birth services to be located at the same hospital.
- 8.35 Other attendees raised questions over whether the proposed model is working elsewhere; how the new model would be assessed; what impact there would be on waiting times; and whether caseload care and continuity of care would be implicit within the model.

Table 42: Quality of Care

Sub-Theme	Example Comments/Points made
Care for people with learning disabilities	<p><i>Hospital staff need to be trained to communicate with people with learning disabilities. It would be helpful to have space for carers, and other extra people to accompany us (Disability learning/neuro/social/communication)</i></p> <p><i>Often hospitals are not used to people with extra needs. For example, sometimes nurses are in a rush and do not understand communication needs of someone who is not able to push a button [to call them over] (Disability learning/neuro/social/communication)</i></p> <p><i>For different problems we go to different places. E.g. Kingston, St George's, Roehampton, St Helier. They sometimes refer us to different places, and [different places] give us different answers [in response to our problems]. It would be helpful to meet with all of the</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>professionals who look after us in one place (Disability learning/neuro/social/communication)</i></p> <p><i>We need more 'walk in' medical centres (Disability learning/neuro/social/communication)</i></p> <p><i>Some individuals with special educational needs have additional sensory impairments and these need to be considered when developing a new hospital. For examples individuals find it unbearable if there is a light overhead as it goes in their eyes (Disability learning/neuro/social/communication)</i></p>
<p>Maternity care (all comments from Maternity/pregnant/had child within last year events)</p>	<p><i>Will women who are due to give birth be able to go and have a look at the new hospital before deciding to give birth there?</i></p> <p>Worry about births being in a different hospital to ante and post-natal care (comment made twice)</p> <p>Although current pre and post-natal appointments will be at existing hospitals, women were concerned that they would become used to a hospital/staff/travel etc and then have to have their birth at a new hospital. This could cause unnecessary anxiety and trauma. Will they have the option to have their pre and post-natal checks at the new hospital?</p> <p>Concerns about location of births being different to antenatal and post-natal checks. Familiarity with travel routes, hospital and staff is a comfort.</p> <p><i>Where would you go if you called 111 for a pre-planned appointment for a baby?</i></p> <p><i>If all the stage three births are in one location, would the new hospital have enough time and staff to help the other babies?</i></p> <p><i>All group members were residents of Raynes Park. All had used the services of either Kingston or St Georges Hospital for their antenatal and labour care and all received postnatal care from St Helier. All reported positive experience of using those hospitals.</i></p> <p><i>One parent explained a long waiting time (two-hour delay) at St Helier for Postnatal appointment but had a very positive experience of care received there.</i></p> <p><i>Our appointment was two hours late. There were masses of people sitting there without a clue.</i></p> <p><i>One parent expressed an interest in home birth for a second baby which was given to her as an option by St Helier Postnatal Community Midwife for which she is currently under the catchment area of. "If I did it again, I'd go to Kingston or have a home birth."</i></p> <p><i>If there is a new SECH, will you lose the choice/opportunity to go to St George's if you live out of catchment?</i></p> <p><i>If the new centre was at Sutton, I would still choose George's because that's what I know (Maternity pregnant/had child within last year)</i></p>
<p>Other quality of care issues</p>	<p><i>Are there other district hospital models referring into an emergency speciality centre (as proposed in Sutton) that have achieved better health outcomes for patients? Best practice models elsewhere? (Deprived communities/low income)</i></p> <p><i>How will we know the 'new' hospital is a success? (65+)</i></p> <p><i>Will the clinical model include caseload care? Continuity of care? (Maternity pregnant / child within the last year)</i></p> <p><i>Can the NHS guarantee that waiting times will be reduced at the new A&E in Sutton? (Deprived communities/low income)</i></p>

Other comments

Finance

- 8.36 Attendees who raised questions on finance were mainly concerned about the refurbishment costs of St Helier and Epsom: whether the £80 million would be sufficient; whether it would only be spent on the new Urgent

Treatment Centres and whether funds would be available to sustain these hospitals into the future. A question was asked about how the capacity funding available to other hospitals would be used and another about whether, as in the past, the proposed funding could be withdrawn. NHS staff asked if the funding was provided by PFi.

Impacts

- 8.37 Attendees questioned whether waiting times would be shorter under the proposed model and expressed opinions on the likely impacts on St George’s Hospital – both positive and negative. They asked what the implications of the proposals would be for the ambulance service; people with complex needs; junior doctors and on surrounding areas.

Suggestions and other considerations

- 8.38 Most suggestions arose from disability groups, who suggested their involvement in the design of a new facility from the outset to improve accessibility for people with special needs. Suggestions, amongst others, included floor plans, appropriate lighting and staff training. Attendees would also like to see waiting times reduced and waiting areas improved by locating them at clinics rather than in a central area.
- 8.39 Young people suggested a range of environmental initiatives for site design and management including electric chargers in car parks, solar panels and no plastics in cafeterias. They also suggested: a greater focus on mental health within the model; making it possible for young people to wait for appointments without their parents being present; providing more diversionary activities for inpatients; and using young people as volunteers in hospital. Suggestions from others included improving computer systems to facilitate data sharing and, thereby, reducing appointment cancellations; and providing more on-site nurses’ accommodation.

Consultation

- 8.40 Attendees asked various questions and made comments about the consultation process. Accusations of misleading information were made, and there was scepticism over whether in making the final decisions, public opinions will be considered. Questions were asked over whether the consultation had involved all areas and representatives from a wide range of interests – and many mentioned a petition they had signed against hospital closures that had been circulated by their MP. Finally, several complained that there had been too many consultations already over this matter.

Table 43: Other comments

Sub-Theme	Example Comments/Points made
Finance	<p><i>Is the 500M PFi funding?</i> (NHS Staff)</p> <p><i>Are there enough funds to deliver all the improvements at the St Helier site?</i> (NHS Staff)</p> <p><i>After the changes have been made, how will these services be maintained in the future</i> (16-24)</p> <p><i>Would the proposals increase staffing costs?</i> (NHS Staff)</p> <p><i>How is the 80 million going to be spent on Epsom and St Helier? Will the 80 million be spent on the Urgent Care Centres only at Epsom St Helier? Some concern expressed about the possibility that St Helier and Epsom might be 'downgraded' under these proposals</i> (Deprived communities/low income)</p> <p><i>The £80M for St Helier and Epsom: is that each hospital, or across both?</i> (Deprived communities/low income)</p>

Sub-Theme	Example Comments/Points made
	<p><i>When Epsom and St Helier get done up, are they going to be completely refurbished so they're not too expensive to maintain?</i> (Deprived communities/low income)</p> <p><i>Why not use all the money to do up Epsom and St Helier?</i> (Deprived communities/low income)</p> <p>Funding given to other hospitals, to help with capacity, what would this money actually be used for? (65+)</p> <p><i>What certainty is there? Last time money was promised and then withdrawn</i> (65+)</p>
Impacts	<p><i>Would the services be quicker in a specialist emergency care hospital / waiting times shorter?</i> (Maternity pregnant / child within the last year)</p> <p><i>Will the new clinical model improve waiting times?</i> (Maternity pregnant / child within the last year)</p> <p><i>Will the new hospital at Sutton create more demand at St George's?</i> (Deprived communities/low income)</p> <p><i>Will it create more demand at St Georges? The Sutton option?</i> (BAME communities)</p> <p><i>Just build it quickly and take the pressure off St George's</i> (BAME communities)</p> <p><i>Are St George's going to get extra money to deal with capacity. They can't cope now, how will they cope then?</i> (65+)</p> <p><i>Why is St George's falling apart?</i> (BAME communities)</p> <p><i>What's happening with the Wilson?</i> (BAME communities)</p> <p><i>Could improve accessibility depending on where it is built</i> (16-24)</p> <p><i>What would be the impact on employment for junior doctors?</i> (16-24)</p> <p><i>Will the proposals have any implications for surrounding areas and residents?</i> (16-24)</p> <p><i>What will the impact be on the London Ambulance Service?</i> (NHS Staff)</p> <p><i>My daughter has a disability and she needs to be close to the hospital. How will this impact on people with complex needs?</i> (BAME communities)</p>
Suggestions/Other considerations	<p><u>Waiting times and places</u></p> <p><i>Look at creative ways to improve waiting times in outpatients and emergency departments</i> (16-24)</p> <p><i>Use this opportunity to reduce the time in emergency waiting</i> (16-24)</p> <p><i>Need separate waiting areas for different clinics instead of one centralised waiting area - and comfortable chairs</i> (BAME communities)</p> <p><u>Emergency response out of hospital</u></p> <p><i>Out of hospital assistance needs to be improved. Usually in an emergency the ambulance will arrive after two calls or more. Increase the number of ambulances. Improve response time. Improve the 111 wait – 45 mins is not an adequate response time. Reduce to 15-30 minutes</i> (16-24)</p> <p><u>Consultation at design stage</u></p> <p><i>To what extent do the architects discuss the structure with patients?</i> (Disability learning/neuro/social/communication)</p> <p><i>When trying to decide where to base the new hospital, consider accessibility for individuals with special educational needs. St George's has a great SEND centre which makes the experience more pleasant. Could this be replicated in the new hospital?</i> (Disability learning/neuro/social/communication)</p> <p><i>Accessibility needs to be influenced early, so we can ensure individuals can easily navigate services</i> (Disability learning/neuro/social/communication)</p> <p><i>Look into internships for individuals with special educational needs. Involve individuals with special educational needs in induction of staff and training, especially front-line staff so</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>they are aware of the needs of individuals with special educational needs (Disability learning/neuro/social/communication)</i></p> <p>Consideration needs to be given for individuals who are visually impaired (Disability/physical, sensory)</p> <p><i>Be more creative about ways to feedback about patient experience (16-24)</i></p> <p><i>Consider a modern and simple floor plan (16-24)</i></p> <p><i>One of the main themes of this discussion was the need to input LD needs into the consultation, so the new hospital could be appropriately built - consideration given to ward lighting etc. right from the start (Disability learning/neuro/social/communication)</i></p> <p><i>How can we ensure our voices are heard throughout this consultation? (Disability learning/neuro/social/communication)</i></p> <p><i>How can we ensure SEND services are considered? (Disability learning/neuro/social/communication)</i></p> <p><u>Upgrade computer system</u></p> <p><i>Computers need upgrading ... we need to ensure streamline sharing of data. Surgeries are being cancelled last minute due to doctors not having an adequate understanding of a patient history. This needs to be solved (65+)</i></p> <p><u>Environmental initiatives</u></p> <p><i>Create an electric car campaign to reduce the impact on the climate crisis. Influence people/patients/hospital staff to use electric cars or transition to using electric cars (16-24)</i></p> <p><i>Have NHS travel for those who cannot drive or use public transport (16-24)</i></p> <p><i>Consider using safer energy and running on low c02 emissions (16-24)</i></p> <p><i>Encourage lowering carbon emissions, improve transport links/shuttle links so less cars are used to travel to hospital (16-24)</i></p> <p><i>Put electric car chargers in car parks (16-24)</i></p> <p><i>No plastics in the cafeterias (16-24)</i></p> <p><i>Have eco-friendly solar panels to power machines in hospital? (16-24)</i></p> <p><i>Try and implement ways in which we can use renewable energy resources (16-24)</i></p> <p><i>Get into the habit of using landfill as renewable energy e.g. fuel for vans/vehicles (16-24)</i></p> <p><u>Mental Health</u></p> <p><i>Consider using some of the funding to support those with mental health issues (16-24)</i></p> <p><u>Young people and appointments</u></p> <p><i>Give due consideration to young people who are able to attend appointments by themselves. If parents do not need to attend, they should receive standardised instructions from their own GPs (16-24)</i></p> <p><u>Patient diversionary activities</u></p> <p><i>Look at entertainment for patients e.g. books, puzzles and a piano. Including books in different languages (16-24)</i></p> <p><u>Visitors</u></p> <p><i>Improve the visitor area, make visiting hours longer (16-24)</i></p> <p><u>Better transport</u></p> <p><i>Get better transport links to improve accessibility to Sutton (Disability/physical, sensory)</i></p> <p><u>Nurses' accommodation</u></p> <p><i>Would it be possible to have nurses' homes on the hospital site? (Deprived communities/low income)</i></p> <p><u>Recuperation</u></p>

Sub-Theme	Example Comments/Points made
	<p><i>As there are not enough rooms can we use this as an opportunity to implement a process where if needed we can create safe spaces for patients to recover or be looked after at home? Recruit volunteers or medical students to support (16-24)</i></p> <p><u>Volunteers</u></p> <p><i>Recruit volunteers to engage with patients and help out within wards, serving meals and cups of tea. Young volunteers from 16 years old and upwards (16-24)</i></p>
Consultation	<p><i>Misleading information is being given. It is being advertised as a district general, this is a close term to district general hospital, which has everything. Why has this terminology been used? (65+)</i></p> <p><i>Do you think it's reasonable to start the consultation today, when people are unaware; Have you balloted Merton GPs in your plans; When will you do the mail out to all Merton homes? (All others)</i></p> <p><i>Scepticism that the people's views will not be taken into account (All others)</i></p> <p><i>Pleased to see outreach being done with different groups ((Maternity pregnant / child within the last year)</i></p> <p><i>Are you also consulting in the different areas? (65+)</i></p> <p><i>Terms should be repeatedly clarified in the materials, going forward we should use PING standards when producing materials (65+)</i></p> <p><i>Do you think this will be the last consultation? You have already spent so much on consultations (65+)</i></p> <p><i>This is the third consultation. How many more will you do? How much have you spent? (Disability/physical, sensory)</i></p> <p><i>What if the majority of people who responded to the consultation chose St Helier? Will you go with that option? (BAME communities)</i></p> <p><i>Mixed awareness of the consultation – people spoken to lived within south west London (not necessarily just Merton) One person asked How can I find out more about your consultation? (Deprived communities/low income)</i></p> <p><i>Lots of members of the public shared that they had received a letter from their local MP (SMcD), saying that St Helier was to close and that she was inviting them to "her" meeting on 12th February (NHS Listening Event). SMcD also included a petition in her letter - which members of the public approached the team to sign (Deprived communities/low income)</i></p> <p><i>Oh, yeah. I've already signed the petition {we heard variations of this feedback frequently} (Deprived communities/low income)</i></p> <p><i>GP called for GP communications need to be consistent. They expressed a lack of consistency in previous consultations (NHS Staff)</i></p> <p><i>What are the views of local MPs? (NHS Staff)</i></p> <p><i>Is anyone going out door knocking? (NHS Staff)</i></p> <p><i>How are we reaching the protected groups? (NHS Staff)</i></p> <p><i>What are the next steps after the consultation? (NHS Staff)</i></p>

Comments arising from the events held in Surrey Downs

Proposed model of care

- 8.41 There was support for the proposed clinical model at events involving a broad range of attendees. Having a new, well-equipped specialist hospital in the area was considered by many to be highly positive, and there was support for the refurbishment of St Helier and Epsom hospitals. However, there were questions over why only these three sites were considered for the options appraisal; whether three hospitals are necessary

and whether Epsom hospital would close. Other questions about the Epsom site were around whether housing or nurses' accommodation would be built there.

- 8.42 Attendees were confused over the differences between the UTCs and A&E and called for clear information for the public about how and when to access each service. Some were concerned over the safety of patients in emergency situations if accessing a UTC or deciding where to go. Not having an A&E at their local hospital was a matter of some concern generally, and one person asked whether there would be a facility at the new A&E for people with an autoimmune condition to wait.
- 8.43 More clarity was requested over the provision of maternity care and in particular, where antenatal and postnatal appointments would take place. Questions were asked about which services would be included in the 85% remaining at the district hospitals and where, specifically, the following services would be located: intensive care, renal, stroke, cardiac, audiology, ophthalmology and mental health. NHS staff asked whether there would be primary care facilities on the site of the new hospital and others asked if GPs would be working in the UTCs.
- 8.44 Some attendees expressed concern that there would be only four additional beds under the model given the Borough's plans for housing expansion. One asked whether beds would be protected for local people.
- 8.45 People also asked about the length of build and when the proposed new hospital would be open.

Table 44: The Clinical Model

Sub-Theme	Example Comments/Points made
Support for Clinical Model	<p>Generally supportive of clinical care model and a new build in Sutton. Asked to be kept updated with outcomes (NHS Staff)</p> <p><i>We need this new hospital but how will people be supported in the community, particularly if they are being discharged from the SECH? (Deprived communities/low income)</i></p> <p><i>I think if a new hospital will help nurses and doctors then that's a good thing. When me and my wife have a baby, I'd like to take her to go to a new hospital that's a clean environment. I think it's a good idea to keep the life-threatening emergencies in a different hospital to the normal minor type operations. Scheduled operations would happen. You'd have more chance of being seen (BAME Communities)</i></p> <p><i>Having a new hospital with the best doctors and the best equipment would make me feel safer (BAME Communities)</i></p> <p>They decided that having a hospital with lots of new equipment was the most important issue followed closely by having a hospital near to them (Disability learning/neuro/social/communication)</p> <p><i>I think it's a good idea to have one specialist hospital. It will reduce waiting times if more people go to the urgent treatment centres (Maternity pregnant / child within last year)</i></p> <p>Support for clinical model and lots of detailed questions, showing understanding (Maternity pregnant / child within last year)</p> <p><i>I was an emergency care nurse in Epsom, and it was a nightmare. It would be good to have a new specialist care hospital. It would be a good place to work (Maternity pregnant / child within last year)</i></p> <p>Overall, they were in support of the proposals and the location of the SECH didn't come up as an issue (Maternity pregnant / child within last year)</p> <p><i>I have been convinced that the broad spectrum of outcomes would be improved by investing in the Sutton site, supported by the commitments to spend to upgrade the existing hospital facilities in Epsom and St Helier and to retain around 85% of current, non-acute service-related activity for local residents at these two locations, including urgent treatment centres (All others)</i></p>

Sub-Theme	Example Comments/Points made
	<p>Generally supportive of proposals and full recognition that this is a fantastic opportunity for Surrey (All others)</p> <p>On the whole, fairly positive responses, with people recognising that things had to change for the future. Some recognised that there was a lot of mis-information currently out there by members of the public, i.e. closing hospitals/downgrading (All others)</p>
Refurbishment	<p><i>Epsom really needs an upgrade - the new wayfinding is terrible, I can't find anything</i> (All others)</p> <p>They felt that things needed to improve at both Epsom and St Helier hospitals (BAME Communities)</p>
A future for three hospitals?	<p><i>All those services – doesn't make sense? If there is a new hospital with these services in, what will happen to the existing services? Will they not be at the old site?</i> (Disability/physical, sensory)</p> <p><i>Are you closing Epsom hospital?</i> (Disability long-term)</p> <p><i>Why sell off land at Epsom when you could use it to build on?</i> (All others)</p> <p><i>Epsom Council's Local Plan shows 300 flats on Epsom site. Will these be staff accommodation?</i> (All others)</p> <p><i>Will there be affordable nursing accommodation provided at Epsom and the new specialist hospital?</i> (All others)</p> <p>Preferred sites? Why those three? (All others)</p>
A&E and UTC	<p>Will the UTC be open 24/7? (NHS Staff)</p> <p>Will the A&E at Epsom General Hospital go? (NHS Staff)</p> <p><i>I'm a bit 50:50 on separating the minor and major accident hospitals. Waiting times would improve if you did. But I think people will be confused. How will they know if their injury is life threatening? My daughter's very asthmatic. If she has an attack how would I know if it was going to be life threatening? ... The majority of people might not have the common sense or knowledge to know which hospital to go to</i> (BAME Communities)</p> <p><i>Why are you building a new hospital? You've got all these community hospitals that are close to people. Why can't they deal with the Urgent Treatment Centre things from 9am to 9pm, then have an A&E at night at the district hospitals? That would cut down A&E waiting times too for serious things</i> (BAME Communities)</p> <p><i>I think you're doing this to save money. Putting all your eggs in one basket by only having one proper A&E is dangerous. What if there's a problem or it's too busy? Then where are you going to go?</i> (Maternity pregnant / child within last year)</p> <p><i>My baby has a heart condition. If we have an emergency, Epsom A&E is right on our doorstep. The consultant there knows her and knows her problems. I wouldn't want to go to another hospital that doesn't know any of her history</i> (Maternity pregnant / child within last year)</p> <p>Spoke with a young doctor who was adamant a UTC is not useful for vast majority of things and the skilled staff wouldn't be based at district hospitals to deal with things such as cardiac arrest (All others)</p> <p>Father was taken to Epsom for a stroke and survived due to the shorter journey time so feels strongly that Epsom shouldn't be 'downgraded' (All others)</p> <p>Concerns over A&E not being provided at Epsom (NHS Staff)</p> <p><i>I have a daughter with autoimmune disease, currently when I take her to A&E she has to sit amongst everyone else and their germs before being triaged. No one understands that she needs to be kept isolated. Will the new site have a triage/isolation solution for this?</i> (All others)</p>
Maternity	<p>There were some questions seeking clarity on the rationale behind births being centralised (Maternity pregnant / child within last year)</p>

Sub-Theme	Example Comments/Points made
	<p>Query about antenatal: would it be at Epsom or at the new hospital (if it is in Sutton)? (Maternity pregnant / child within last year)</p> <p><i>What is happening to maternity services other than actual births? The consultation material isn't very clear</i> (All others)</p>
Location of other services	<p><i>Are there any plans to have primary care facilities on the sites?</i> (NHS Staff)</p> <p><i>Will the UTC be GP led?</i> (All others)</p> <p><i>If you only have one emergency hospital and it gets really busy, then what are you going to do? Imagine the waiting times for people. If you think about the crisis like now [COVID-19] only one hospital will be overrun</i> (BAME Communities)</p> <p>Local GP was asking about process for referrals for her patients, types of acute services at new site (All others)</p> <p>What constitutes 85% of services? (All others)</p> <p><i>What specialisms will be at each hospital site, i.e. Epsom and St Helier sites? Or will they just be general, and all specialisms move to the new site?</i> (All others)</p> <p><i>Will there be an intensive care unit at Epsom and St Helier if Sutton option goes ahead?</i> (All others)</p> <p><i>What will happen to services for people with neurological conditions?</i> (Disability learning/neuro/social/communication)</p> <p><i>What will happen to renal dialysis services?</i> (All others)</p> <p><i>Where would I go if I had a stroke and would there be any provision for strokes at Epsom Hospital?</i> (All others)</p> <p><i>What happens for those with cardiac issues?</i> (All others)</p> <p><i>What will happen to audiology and ophthalmology departments?</i> (All others)</p> <p><i>What have you got in place to protect patients, staff and deal with people with mental health?</i> (All others)</p> <p><i>Why can't the new hospital be a mental health centre, to accommodate the huge rise in mental health cases?</i> (All others)</p>
Beds	<p>Only four more beds? Given the government's local plan requirement for 695 new homes pa in the Borough this appears to be totally inadequate. Also are the plans future-proof enough? (All others)</p> <p>Will beds be protected for local patients? (All others)</p>
Length of build	Some interest in how long the build would take ... When open for business? (All others)
Other comments	A local doctor - against the proposals in general (All others)

Location of the SECH

- ^{8.46} Several general concerns were raised over the Sutton site: the number of people that would be affected by locating emergency services in Sutton; that staff would not want to work there; and that the location would not be convenient for older people. Questions were also raised over the co-location of the new hospital with the Royal Marsden Hospital and about the implications of several thousand more staff travelling to the site every day.
- ^{8.47} However, once again, the most concerning aspects of locating the SECH in Sutton concerned travel and transport arrangements. People complained about: distance, particularly for those living south of Epsom; inadequate road infrastructure; heavy traffic; and poor access by public transport. Concerns over access in emergency situations were also raised.

- 8.48 However, there was relatively strong support for Sutton overall, particularly from representatives of the BAME community (all of them from the Traveller community), pharmacists and others. Reasons given were that Sutton is centrally located in the area, and that there is space available in a pleasant environment which would be good for staff. One attendee, representing a residents' association, had studied all the documentation and came down strongly in favour of Sutton as the best location for the SECH.
- 8.49 St Helier was firmly rejected as a location for the SECH for having poor buildings and difficult travel and access. As might be expected though, there were more comments about the Epsom option than at the Merton and Sutton events. However, not all opinions were positive: Epsom was criticised for having outdated equipment; people being referred from there to other hospitals for treatment; poor way-finding; inadequate parking; and staff currently preferring not to work there for fear of closure. Questions were also raised about the proposed new car park and housing on site and whether these proposals would be prejudicial against the SECH being built there. Nonetheless, many attendees supported the Epsom option, the main reasons being familiarity and proximity to their homes.

Table 45: The Location of the SECH

Sub-Theme	Example Comments/Points made
Sutton as the location	<p><u>General Concerns</u></p> <p><i>What percentage of people will be affected by a move to Sutton? What if I have a heart attack?</i> (All others)</p> <p><i>Local doctor argued a lot of local staff won't want to go and work in Sutton</i> (All others)</p> <p><i>Why is it discriminating against elderly people when presumably they will be using the services at the specialist hospital more?</i> (felt it was located to serve deprived areas more so than elderly) (All others)</p> <p><u>Site-related comments</u></p> <p><i>With the large planned expansion taking place at the Royal Marsden Cancer facility at Belmont, several thousand extra staff will be arriving for work each day</i> (All others)</p> <p><i>Will the Marsden be moving their Acute operations to Sutton?</i> (All others)</p> <p><u>Travel, Access to Sutton</u></p> <p>Sutton is a long drive; concerns over delayed care (NHS Staff)</p> <p><i>For older travellers it will be harder. They have old traditions and a lot of them don't drive. They'd get lost if they had to get there on public transport. They'd need someone to drive them</i> (BAME Communities)</p> <p><i>What will happen with the roads around Sutton – would a new one be built?</i> (Disability learning/neuro/social/communication)</p> <p>Worried about the extra distance to travel to Sutton. Concerns about the traffic situation in Sutton (Disability learning/neuro/social/communication)</p> <p><i>Travel to Sutton, gridlocked road. What is happening here? Who will pay for new roads?</i> (Disability long-term)</p> <p><i>Sutton is too far if you're in an emergency</i> (Maternity pregnant / child within last year)</p> <p>Difficult to travel from Epsom to Sutton Hospital (Age up to 16, parents/carers of)</p> <p>Travel times for people south of Epsom (All others)</p> <p>Lots of concern ... about travel times and public transport links – all wanted to know what transport options will be created/put forward if Sutton goes ahead (All others)</p> <p>Additional fuel and cost of parking to get to Sutton site, so difficult for those on a limited budget (All others)</p> <p>Questions around travel times to Sutton from Leatherhead (All others)</p> <p>Would Sutton have a facility for helicopters? (Disability learning/neuro/social/communication)</p>

Sub-Theme	Example Comments/Points made
	<p><u>Parking</u> Parking at Sutton and busy roads in that area (Deprived communities/low income) Remove parking charges for staff (Age up to 16, parents/carers of)</p> <p><u>Support for Sutton</u> On the whole, pharmacists were supportive of the Sutton option and just asked to be kept regularly updated on decision making and outcomes (NHS Pharmacists) If there's space at Sutton to build this then you have to go for it (BAME Communities) <i>It doesn't matter if the new hospital is a bit further away for maternity. A baby doesn't come in five minutes! It's better when you're having a baby to get to the best hospital with the best staff</i> (BAME Communities) <i>I wouldn't mind it if the new hospital ended up being in Sutton. It's not that far away from here [Leatherhead]. If it was further - say, 30 miles or more - then that would be a problem</i> (BAME Communities) The general view was that Sutton would be an accessible site for younger travellers but perhaps not for older travellers. Interviewees were keen to have a new state of the art hospital and felt this would be good for staff too (BAME Communities) <i>It's further for me to drive to Sutton, so I'd prefer if the new hospital was at Epsom. But if it will be quicker to build it at Sutton then that would be better. It'll be cheaper if you built it quicker too. Sutton is in between both hospitals too. I drive and my mum drives, so even if Sutton is a bit further it would be okay.</i> (Generally, in agreement with Sutton as the best site) (BAME Communities) <i>A hospital with a nice environment will be better for staff</i> (BAME Communities) <i>The Sutton hospital should be a tall building that hosts on each floor a separate service</i> (Age up to 16, parents/carers of) All three face to face conversations with patients showed that they were supportive of the Sutton option in general (All others) Over half of patients were happy with the Sutton option (All others) Generally supportive of Sutton but if they had the preference Epsom would be their choice (All others) A number of people commented that Sutton was actually their closest option (All others) <i>EVRA committee has taken the bold and brave decision to come out in favour of the Sutton Hospital option being put forward as part of the current local NGS reorganisation plans ... But it has sparked an argument that affects four different local authority areas and five MPs' constituencies ... Despite the government promising £500 million to fund a new acute hospital and improvements to existing sites, there remains a risk that the project will fail to materialise if every local politician and campaign group continues to fight for the major investment to be in their patch ... After much deliberation I have come to the conclusion that it is the sensible choice to back Sutton, as it meets the needs of the wider community, and the NHS, more completely than the others. And at a recent meeting a clear majority of the EVRA committee came to the same view.</i> <i>... There would need to be investment in ensuring that Sutton is accessible for our residents, by public transport and private motor car. But even now many people in our Borough could probably get to Casualty, or another acute unit, at Sutton Royal Marsden quicker than to ones built at Epsom Hospital ... While Epsom has its advantages, I am not able to find any valid reasons to fundamentally disagree with that conclusion ...</i> (All others)</p>
St Helier as the location	<p><i>I had a bad experience there years ago with my daughter and it was a cold and windy old building and she was terrified of hospitals after that visit. If any of my family needed an operation, I would tell them to go anywhere but not there</i> (BAME Communities) <i>The traffic to St Helier is awful and you can't widen the roads there</i> (Disability long-term)</p>

Sub-Theme	Example Comments/Points made
	<p><i>St Helier needs to be knocked down and built on the green space next to the current hospital</i> (Age up to 16, parents/carers of)</p> <p><i>Travel times for people south of Epsom (are difficult)</i> (All others)</p>
Epsom as the location	<p><u>Concerns</u></p> <p><i>Something does need to change. Epsom is getting bad. Now if you go there, you're getting sent to Guildford or St Helier Hospitals for treatment. My daughter went to Epsom with appendicitis and was sent to St Helier</i> (BAME Communities)</p> <p><i>I felt like the equipment at Epsom was really old fashioned and that they weren't up to date with stuff there. The parking at Epsom is bad already</i> (BAME Communities)</p> <p>Doctor spoken to pointed out that staff don't want to be permanent at Epsom hospital as there's always a perceived risk of it closing (All others)</p> <p>Way-finding in current Epsom Hospital is awful, this needs to be improved during upgrades (All others)</p> <p>Strong opposition by approximately eight people regarding the building of multi-storey car park/high rise flats on Epsom hospital site currently – blocks their view, ruins their neighbourhood (All others)</p> <p>Many negative views on the fact land had been sold already by Epsom hospital (All others)</p> <p><i>The Chief Executive has announced that planning permission was being applied for a new multi-storey car park at Epsom. Does this prejudice the site for the new acute unit if chosen at Epsom?</i> (All others)</p> <p><u>Support for Epsom</u></p> <p><i>I've had five children in Epsom and lots of visits to A&E, and not had problems there. In the last few years, though, the parking has become horrendous and the wait times. I don't know why it's gone downhill. I'd like it to just go back to the way it was. I'd like to see you expand Epsom and make it better. I think it has been quite a good hospital and lots of parts of Epsom have been renewed over the years. Then maybe have a new maternity hospital It's further for me to drive to Sutton, so I'd prefer if the new hospital was at Epsom</i> (BAME Communities)</p> <p><i>Epsom is closest to me, so selfishly, I'd prefer if the new hospital was at Epsom. I live in a rural area we don't have a bus stop or a train station nearby, so we have to drive to hospital</i> (BAME Communities)</p> <p>Epsom is more familiar to this group and, therefore, a more comfortable option (Disability learning/neuro/social/communication)</p> <p>All were generally supportive of investment but said they would like it based in Epsom (All others)</p> <p>Generally supportive of Sutton but if they had the preference Epsom would be their choice (All others)</p> <p>A number of people wanted Epsom as the site for the specialist hospital (All others)</p> <p>Stronger support for Epsom, with concerns about travel to Sutton (All others)</p>

Travel and Access

^{8.50} In addition to the travel and access issues raised in relation to the relative merits of the three sites for the location of the SECH, attendees raised general concerns over ease of access to any new hospital. Several suggested more careful modelling of travel and transport to the three sites and one questioned whether local planners, transport planners and local authorities would be involved in such issues as they should be. One asked if Surrey County Council's 'Rethinking Transportation Project' had been considered. Once again issues around road infrastructure, traffic management and access by public transport were raised more generally in relation to all of the proposed sites, along with access for emergency vehicles and the number of ambulances required. Again, parking improvements were considered necessary (including more and cheaper

provision) and as at the Sutton and Merton events, the provision of a helipad at the new hospital was suggested.

- 8.51 Several attendees sought better consideration of access for people with special needs, including those who are hard of hearing and/or unable to read.

Table 46: Travel and Access

Sub-Theme	Example Comments/Points made
Travel and transport	<p>Concerns expressed re travel times to the new SECH from Bookham area (Deprived communities/low income)</p> <p>It was suggested that the journey times listed in the programme materials (e.g. PPTX slide 18) weren't accurate. It was felt that as these weren't accurate people could not believe any other data or facts presented (Disability/physical, sensory)</p> <p>One member suggested it would be helpful to see a map showing numbers of people currently using the hospitals and where they came from (Disability/physical, sensory)</p> <p>Someone else suggested that a more realistic way to gauge and present travel times was to provide a modelling of journey times from all points: by car, by public transport, and by ambulance (Disability/physical, sensory)</p> <p>One member was very sceptical that access to the new hospital site for public and personal transport would be discussed with county council / planning / transport authorities to help deliver reasonable travel times (Disability/physical, sensory)</p> <p>Questions on public transport and if linked to Surrey CC's Rethinking Transportation Project (All others)</p> <p>Having a hospital near to you and having a hospital with lots of happy doctors and nurses are equally the most important things when you need to visit hospital (Disability learning/neuro/social/communication)</p> <p>Questions around transport access for patients and visitors - public transport and private parking. Convenient buses and trains that stop next to the hospitals. Early appointments are not good for people with concessionary bus passes as we can't use them before 9.30am (Disability learning/neuro/social/communication)</p> <p><i>What's the plan for the H1 bus route from North Leatherhead in particular?</i> (All others)</p> <p>You need a helipad at the new hospital for emergencies. Just having one at St George's isn't enough. The traffic is so bad around here. We're close to the M25 (Disability long-term)</p> <p><i>Who's going to pay for the roads to be widened to cope with all the extra traffic?</i> (Disability long-term)</p> <p><i>Questions re travel and population growth</i> (All others)</p> <p><i>There will be issues around transport ... when visiting friends or family in any of the new hospitals</i> (All others)</p> <p>Some concern about ability of roads to cope with traffic (All others)</p> <p><i>Travel times for maternity is a real concern</i> (All others)</p> <p>People argued that with traffic to Epsom currently, it's easier for them to get to Royal Surrey, Guildford (All others)</p>
Ambulance service	<p><i>How many more ambulances are you going to have?</i> (Disability long-term)</p> <p>Questions around how emergencies will be handled: numbers of ambulances (Disability learning/neuro/social/communication)</p> <p><i>If everyone calls for ambulances to beat travel times, what's the cost of that?</i> (All others)</p>
Non-travel access issues	<p>Queries around Access for All guidelines not yet being implemented at this early stage and what that implies about the genuine interest in access for those with hard of hearing – to the consultation and to the hospitals (Disability/physical, sensory)</p>

Sub-Theme	Example Comments/Points made
	<i>Most travellers go to hospital to have babies. They'd need to know of the changes. Could you make it easier for people who can't read or write to use this new hospital? People can be a bit judgemental. I can't fill in the forms I'm asked to fill in. You need to make sure you've got good access for old people in the new hospital and be sure they know where they need to go. If my wife breaks a leg, she's young, it's not that complicated. But for an old person that's serious (BAME Communities)</i>
Parking	<i>Parking is really expensive (BAME Communities)</i> <i>The cost of parking needs to be reviewed (All others)</i> <i>Need more parking (BAME Communities)</i> <i>Parking at Epsom and St Helier needs sorting (All others)</i> <i>Parking is already bad, it has to be improved (All others)</i> <i>There will be issues around ... parking when visiting friends or family in any of the new hospitals (All others)</i> <i>Better parking is a must (All others)</i>

Other comments

Quality of Care

- 8.52 Several attendees related poor experiences of care at St Helier and Epsom hospitals. Others asked whether there would be systems in place for joined up care in the new model or how community support would complement the care received at the proposed new hospital.

Finance

- 8.53 Questions were raised around: funding for improvements to road infrastructure; how three hospitals will be maintained financially into the future; whether £80 million for refurbishing two hospitals is sufficient; how saving money by having only one A&E is dangerous; and why the most expensive of the three SECH options is the preferred one.

Impacts

- 8.54 Attendees asked what the environmental impacts of the proposals would be, and whether there would be any particular impacts on the ambulance service.

Suggestions and Other Considerations

- 8.55 Many of the considerations and suggestions raised were in relation to support for minority or disability communities. For instance, it would be necessary to inform the Traveller community about changes to healthcare provision via their GPs or through site visits – and it was said that the hospital environment is particularly stressful for people with learning disabilities, neurological, social or communication conditions inasmuch as long waits are particularly difficult for them and should be avoided. Consideration should also be given to people with hearing impairments when considering design and management.
- 8.56 Other suggestions included: neighbourhood car schemes for frail patients; a pay and ride scheme from Surrey to Sutton; effective access signage and good layouts within hospitals; resting places; and waiting rooms at wards. The Sutton Tram was also suggested for consideration to improve public transport access.

Consultation

- 8.57 Questions were raised over whether the easy read version of the consultation document had been tested, whether leaflets had been distributed widely enough, and whether the language used at presentations was accessible to all. People also suggested that a decision has already been made, or questioned how this consultation is different to those that came before.

Table 47: Other comments

Sub-Theme	Example Comments/Points made
Quality of Care	<p><i>I had a bad experience in St Heliers. I broke a knuckle and I went in at 6am to have an operation. I couldn't eat. All day emergencies were coming in and they went ahead of me, so I went home at 8pm and still hadn't had the operation. The surgeon did come to apologise but he was too tired to do it. It had to get rebooked at Epsom but by then the knuckle had set and I didn't want them to rebreak it</i> (BAME Communities)</p> <p><i>I opted to have my baby at St George's. I wouldn't touch Epsom or St Helier hospitals</i> (Maternity pregnant / child within last year)</p> <p><i>When I was pregnant with my first boy I went to St Helier for a scan. They said there was no heartbeat and they were going to do a D&C. I asked them to check again and he was alive. I had him at Epsom and it was awful. I felt they treated me differently because they knew I was a traveller. I had my next two babies at Guildford because I didn't want to go back to Epsom or St Helier</i> (BAME Communities)</p> <p><i>I had a really bad birth experience at Epsom. The midwives were lovely, but I think they were short staffed which caused problems</i> (Maternity pregnant / child within last year)</p> <p><i>If the new SECH is some distance from their homes – e.g. will staff/doctors be sharing patients' information to ensure joined up care?</i> (Deprived communities/low income)</p> <p><i>How will people be supported in the community, particularly if they are being discharged from the SECH?</i> (Deprived communities/low income)</p>
Finance	<p><i>Who's going to pay for the roads to be widened to cope with all the extra traffic?</i> (Disability long-term)</p> <p>Ongoing costs of running three not two - is long-term cost sustainable? (Disability long-term)</p> <p>If you have three hospitals, how will you afford it? There isn't enough information on revenue monies rather than just the capital costs (All others)</p> <p>Clarity on finances, where savings were coming from, and the cost of managing three hospitals instead of two once completed (All others)</p> <p>£80 million for two hospitals doesn't seem a lot? (Disability long-term)</p> <p>Some concerns around the £80 million to be spent refurbishing hospitals – what will this be spent on and when? (All others)</p> <p>I think you're doing this to save money. Putting all your eggs in one basket by only having one proper A&E is dangerous. What if there's a problem or it's too busy? Then where are you going to go? (Maternity pregnant / child within last year)</p> <p>Concern over guarantee of funding (All others)</p> <p>Why are you choosing the most expensive option? (All others)</p>
Impacts	<p><i>How will this impact the ambulance service?</i> (Disability learning/neuro/social/communication)</p> <p><i>What will the environmental impact be?</i> (Disability long-term)</p>
Suggestions/Other considerations	<p><i>How are travellers going to find out about the changes? I'm young and I don't read or write very well. If you send letters, then they won't get read and we won't know where we're supposed to go. Can you have someone who comes to the sites and tells us about the changes?</i> (BAME Communities)</p>

Sub-Theme	Example Comments/Points made
	<p><i>A lot of travellers go straight to A&E instead of making an appointment with their GP and they'll just carry on doing that. It's partly the convenience because it's quickest and easiest. But also, they're not educated in how it works. They think if they go to the hospital, they'll get better treatment. Also, they like to be seen to be doing the best for their children or family so they go to the hospital not the local doctor (BAME Communities)</i></p> <p><i>You'd have to let travellers know about the changes. Most of us are registered with GPs so you could do it that way. Or tell one person on each site, like an ambassador, to explain the changes to everyone (BAME Communities)</i></p> <p><i>Why not design this new hospital with a reference group of people with disabilities or from other minority backgrounds from the outset? (Disability learning/neuro/social/communication)</i></p> <p><i>The people we support will worry about the hospital environment which can induce a high level of anxiety through the bustle, the difficult signage, the long walks and the long waits. They can get bored easily, so a long wait makes them anxious (Disability learning/neuro/social/communication)</i></p> <p><i>LD and long-term disability users should be involved at every step of the way including the design stage of the new hospital/refurbishments, so they are carefully designed with these types of people in mind. Matters such as accessible toilets, changing places bathrooms, full training for NHS staff etc were a key concern (Disability long-term)</i></p> <p><i>Will there be more help for deaf people? Will there be displays showing their name rather than staff calling their name? Will there be people at the new hospital who can sign and understand us? At the moment to get help at A&E you have to wait while they call an interpreter. That loses time and could cost a life because of the delays (Disability long-term)</i></p> <p><i>We can't use 111, they don't understand us. I dial 999 because you get helped much quicker (Disability long-term)</i></p> <p><i>What percentage of patients using these hospitals are deaf? (Disability long-term)</i></p> <p><i>The CCGs need to ensure that the location of the new emergency hospital is in a safe place both during the day and night (Up to 16 – parents/carers of)</i></p> <p><i>South West London Patients have been very well served by the South West London Elective Orthopaedic Centre (SWLEOC) located at Epsom General Hospital. What plans are there for updating / expanding / further research for this facility within the future plans? (All others)</i></p> <p><i>Neighbourhood car schemes: Consider the needs of very frail patients (All others)</i></p> <p><i>Build a by-pass from Cheam to Leatherhead as has been promised for the past 20 years (All others)</i></p> <p><i>Have you considered a pay & ride scheme from Surrey to Sutton Hospital? (Age up to 16, parents/carers of)</i></p> <p><i>You need to get involved with the plan for the Sutton tram (Age up to 16, parents/carers of)</i></p> <p><i>Access, signage, lay out. Have resting places along long corridors. Have waiting rooms for individual wards to avoid confusion. This is an opportunity to provide a hospital that works for this community (Disability learning/neuro/social/communication)</i></p>
Consultation	<p><i>Have the easy read versions been ... locally tested? (Disability long-term)</i></p> <p><i>Several comments about the leaflet not reaching all houses particularly in Fetcham; comment on language used in the presentation not being easily understood by, say, older people in audiences ... (All others)</i></p> <p><i>We've been here before, what is the difference between IHT and Better Care Closer to Home? (All others)</i></p> <p><i>Three to four people suggested a decision had already been made; consultation pointless (All others)</i></p>

9. Community and Voluntary Sector (CVS) Activities

Meetings with local communities and groups

Introduction

- 9.1 During the engagement period, Central Surrey Voluntary Action (CSVA), Community Action Sutton (CAS) and Merton Voluntary Service (MVS) either organised, or supported other groups to organise, meetings and events to provide people with information about the engagement and the opportunity to take part.
- 9.2 The events were primarily targeted at groups identified in the Deprivation Impact Assessment and draft interim Integrated Impact Assessment and intended as an opportunity for participants to find out about the proposals and ask any questions, and to understand any particular impacts on these groups, as well as for the CVSs to promote broader engagement and signpost stakeholders to the consultation questionnaire. The three CVS organisations engaged with a highly diverse range of people with a particular focus on protected characteristic and seldom-heard groups via existing networks and voluntary and community sector organisations and groups. ORS provided the CVS' with a meeting record template and participant feedback was captured by CVS staff/event organisers, including observations, questions and reflections from local people.
- 9.3 This chapter contains a summary of key findings and feedback prepared with reference to both the reports provided by the three CVS organisations commissioned to do the work (included as appendices) and with reference to the meeting notes from the events. Indicative examples of comments made are included to illustrate the themes arising.
- 9.4 It is important to note that all members of the public who spoke to CVS staff or attended meetings were informed and encouraged to use official response channels (such as the consultation questionnaire) to submit their views. In total 426 people participated in the 48 CVS organised activities and events facilitated by 33 community organisations.
- 9.5 This chapter summarises the findings for each CVS by main and sub-themes emerging and these are illustrated with typical attendee comments. It should be noted that several events planned for this series of consultations were subsequently cancelled owing to the Prime Minister's announcement about the COVID-19 arrangements.

Comments arising from the events held in Sutton

Proposed model of care

- 9.6 There was some support recorded for the clinical model with people acknowledging the advantages of: concentrating specialist services; making urgent care more easily accessible; reducing waiting times; and refurbishing local hospitals. However, questions were raised around whether the funds should be used to revamp the existing hospitals rather than build a single SECH and there was some concern over no longer having A&E at St Helier Hospital. Moreover, several participants were concerned about focusing maternity services on the new hospital and there being only one centre for maternity across the area. Others sought clarification over the services that would remain in the local hospitals and others called for the provision of more doctors.

Table 48: The Clinical Model

Sub-Theme	Example Comments/Points made
Support for Clinical Model	<p>The overall conclusion was that there was a compelling case for building a new hospital and concentrating the available specialist care where it could be effectively used but people were keen also to see the improvement of services in the District Hospitals which they were more likely to be using (Refugee and Migrant Network, Sutton)</p> <p>The need for a single specialist care unit was less well understood; clients found terms critical/acute/urgent confusing (Refugee and Migrant Network, Sutton)</p> <p>The proposal for a new state of the art hospital mean a fresh start but could not the money be used to completely revamp at the two existing hospitals? (Carer's Centre)</p> <p>Urgent emergency care would be more easily accessible. Hopefully waiting times would be improved for non-urgent care</p> <p>Seems to have been well thought out</p> <p>There was general acceptance of the need to update local hospitals, particularly St Helier (Refugee and Migrant Network, Sutton)</p>
A&E and UTC	<p>Happy with proposals to have urgent treatment centres at all three sites</p> <p>Some of groups were based in and around the St Helier hospital area and therefore a lot of the responses were keen to keep an emergency unit at St Helier Hospital</p>
Maternity	<p><i>Clients were unsure about the inclusion of all maternity care in the new specialist unit (Refugee and Migrant Network, Sutton)</i></p> <p><i>Most wanted St Helier to remain the births site - they all live in the locality and this was a familiarity and accessibility matter (Homestart Sutton)</i></p> <p><i>Seems very strange that the plan proposes just one maternity unit between three towns</i></p> <p><i>Following the engagement with the parents' groups, there is a concern around only having one maternity unit for a large geographical area</i></p>
Location of other services	<p>Clarification (needed) around what services would be staying (Homestart Sutton)</p> <p>In a mental health crisis, we would need to know where we should go for psychiatric liaison services</p> <p>What promises are there for psychiatric liaison services? Mental issues are affecting people a lot</p>
Staffing	Need more doctors
Other comments	The options were compared, using the leaflet. Clients agreed that ease of building and value for money were important aspects (Refugee and Migrant Network, Sutton)

Location of the SECH

- 9.7 While some people supported Sutton for being central to the area and near a train station, more were concerned over accessing the site, which is actually in Belmont and ‘off the beaten track’. The narrowness and layout of the roads was mentioned, as were infrequent bus links to the hospital site from areas like Morden, Mitcham, Worcester Park, Cheam and Epsom.
- 9.8 There was some support for St Helier as a location for the SECH, mainly from those living locally to it. However, there was no support for Epsom for the primary reason of being ‘too far south’.

Table 49: The Location of the SECH

Sub-Theme	Example Comments/Points made
Sutton as the location	<p><u>Travel and Access to Sutton</u></p> <p>Someone expressed a general feeling that Belmont is too “<i>off the beaten track</i>” esp. for young people (Carers’ Centre)</p> <p>Roads around Sutton site need revision</p> <p>One of the main concerns is around transport especially if the specialist hospital is built at the Sutton (Belmont) site. There are also concerns around the size of the roads and general road layout in the area</p> <p>293 now more frequent but would need a bus service that went from Morden/Mitcham to other parts of Sutton. (Sutton) is good but needs a link from Epsom</p> <p>Buses would need to stop right outside the hospital. S4 and S3 now only run every 30 minutes but not on Sunday for Royal Marsden</p> <p>No buses on a Sunday to that part of Sutton (Belmont) difficult to get to from Worcester Park / Cheam by public transport</p> <p>More “Go Sutton” Transport</p> <p>Frequent buses and better service on Go Sutton buses</p> <p><u>Support for Sutton</u></p> <p>Sutton Hospital – more central and near a station (Carers’ Centre)</p> <p>Sutton is central for Epsom and St Helier (Carers’ Centre)</p> <p>Either Sutton or St Helier would be ok as I am a Sutton resident</p>
St Helier as the location	<p>If St Helier more demolition needed before building could take place (Carers’ Centre)</p> <p>Some of groups were based in and around the St Helier hospital area and therefore a lot of the responses were keen to keep an emergency unit at St Helier Hospital.</p> <p><u>Support for St Helier</u></p> <p>St Helier location wise. Is better for me and my family</p> <p>Either Sutton or St Helier would be ok as I am a Sutton resident</p>
Epsom as the location	<p>Epsom – poor as too far south for most of the region (Carers’ Centre)</p> <p>Parking concerns in Epsom</p>

Travel and Access

- 9.9 Concerns over accessing hospitals were again raised, particularly around the importance of having efficient public transport links for people without cars. Questions were also raised about the availability of ambulances, free taxis and whether there would be a helipad at the new hospital. The narrowness of roads in the Morden and Mitcham area were mentioned as restrictive to access by all vehicles, including ambulances and particularly in poor weather. Some participants expressed concern over the likely need to transfer patients between the SECH to sites for after-care.

Table 50: Travel and Access

Sub-Theme	Example Comments/Points made
Travel and transport	<p>Personal preferences centred mainly around accessibility; clients knew from experience that St Helier is easiest for them and Epsom most difficult. They had virtually no experience of attending Sutton so they would wish to be reassured that the new hospital, if situated there, would have good public transport links. Few of our clients have cars (Refugee and Migrant Network, Sutton)</p> <p>The main questions which came up in individual discussions were around: transport links particularly buses (Homestart Sutton)</p> <p>Concern was raised that in parts of Morden /Mitcham there are narrow roads which could make access difficult for ambulance, buses, visitor cars esp. in bad weather (Carers' Centre)</p> <p>Will they have a helipad? (Carers' Centre)</p> <p>Good bus service (is needed)</p> <p>Free taxis in some cases (are needed)</p> <p>Availability of ambulance service</p>
Transfers	<p>A volunteer who works for the NHS mentioned that apparently a client who had received emergency care in the new specialist unit would probably need to be transferred to one of the other hospitals for after-care. This seemed unfortunate to our clients (Refugee and Migrant Network, Sutton)</p>

Other comments

- 9.10 Participants in a BAME group highlighted their own positive experiences of local hospitals and St Helier in particular. Suggestions received from Sutton participants in the CVS consultations included free first aid classes for all and a mental health emergency facility for dealing with potentially critical situations.

Comments arising from the events held in Merton

Proposed model of care

- 9.11 During the events in Merton, participants were asked to indicate through a show of hands how they felt about the proposed model of care. Across all the events over half (55%) supported the model; 30% were neutral and 15% were opposed. Very many positive comments were made by a wide range of participant groups, mainly highlighting the benefits of having all specialisms in one hospital, better facilities and shorter waiting times.
- 9.12 Concerns were raised, however, from an equally wide range of participant groups over a fall in standards at the district hospitals and the need for all hospitals to retain all services for access by local communities. There were frequently voiced arguments for investing all the proposed funding into St Helier and Epsom Hospitals rather than building the SECH.
- 9.13 There were mixed opinions – both positive and negative - over the proposed location of the A&E at the SECH. There were a few comments and questions concerning the services likely to be moved to the SECH, with one person stating that moving the less urgent services out of existing hospitals would be preferable. A few participants suggested that the SECH would attract staff and improve working conditions, whilst one doubted that there would be sufficient staff for three hospitals.

Table 51: The Clinical Model

Sub-Theme	Example Comments/Points made
Support for Clinical Model	<p>The general comments from people across the sessions was they could see there was a need for change to improve quality, (become) financially more efficient and (because of) the state of the buildings</p> <p>The model of care is more likely to cater for the needs of people better (People with mental health needs; Carers)</p> <p>If it is going to improve services, it is good, and it is a great idea to have the SEC in one place (BAME Communities)</p> <p>The proposal sounds very good compared to the old scenario (Carers)</p> <p>Better facilities at existing hospitals and more facilities at new SEC hospital is a positive way forward (Carers)</p> <p>It would be easier to have all similar services at one SEC hospital whilst still having the district hospitals ... specialists together is a good idea (Young Carers; Deprived communities/low income; Carers)</p> <p>It would be easier for people with a specific illness/treatment but without the waiting times for outpatient appointments (Young Carers)</p> <p>New model of care would be good as those who need to see doctor urgently do not have to wait long (Young women/mothers)</p> <p>It would be good knowing that we wouldn't have to wait as long, as people with bigger emergencies will be directed to the specialist building (Young People; Long-term disability – physical, sensory, learning)</p> <p>People liked the approach and understand the reasons for the new model of care (BAME Communities)</p> <p>Should produce a higher standard of care and value for money (Deprived communities/low income)</p> <p>Good new model. Very expensive to keep outdated hospitals working (Young women/mothers)</p> <p>Seems like a good decision to have specialist care in a new hospital but it would depend on how accessible new hospital is and where it is based (Young women/mothers)</p> <p>Seems to be a sensible solution for finances and having services located centrally (Older People)</p> <p>Anything that improves our NHS is welcome (Older People)</p> <p>I believe in what the health professionals say so if this is the best model then I back it (Older People)</p> <p>New model of care would work for those who need specialist care (Young women/mothers)</p> <p>Hospitals already overcrowded and would be good to have a different area for very unwell people and people who are not in need of emergency care (Young People)</p> <p>A new hospital is a good idea. As new hopefully will provide new and better services (Long-term disability – physical, sensory, learning)</p> <p>Sounds like a good idea. Difficult to say it will be good or not, but it does sound like promising (Deprived communities/low income)</p> <p>The proposal would benefit more people in general as the service would meet demands and has possibility to be more tailored to need (Carers)</p>
Refurbishment	Invest more in St Helier (All others)
A future for three hospitals?	<p>Concern is that if the two hospitals are downgraded to district then the standards may drop (BAME Communities)</p> <p>Keeping it all together and keeping it at St Helier and Epsom makes it easier to access all services (Young Carers)</p>

Sub-Theme	Example Comments/Points made
	<p>Invest all in the services we already have rather than moving services (Long-term disability – physical, sensory, learning)</p> <p>You should be treated for anything at any hospital as it used to be (Long-term disability – physical, sensory, learning)</p> <p>We used to have the Wilson and now potentially key services at St Helier could be closed (Long-term disability – physical, sensory, learning)</p> <p>Future of all services should be de-centralisation to improve access (Deprived communities/low income)</p> <p>We need far more hospitals with all services and emergency services (Deprived communities/low income)</p> <p>We need more hospitals not less fully functioning (Deprived communities/low income)</p> <p>Old hospitals are not suited to modern healthcare needs (Young women/mothers)</p> <p>I work at St Georges and to be honest I thought St Helier was already a district (Young women/mothers)</p> <p>Like the model of care idea but would like all services on one site and not in separate hospital (Deprived communities/low income)</p> <p>Would be good to have everything at one hospital (Deprived communities/low income)</p> <p>Local specialist centre is overstretched. Moving to one building is going to make this worse as the demand for the service will not change (Deprived communities/low income)</p> <p>So much money has been spent to date. Why not improve services we have already? We don't need another hospital. Put the money in hospitals we have (Long-term disability – physical, sensory, learning)</p> <p>Need services central to where you live (Long-term disability – physical, sensory, learning)</p> <p>Invest all the money into improving the hospitals and not build a new hospital. Improved services will attract staff (Long-term disability – physical, sensory, learning)</p>
A&E and UTC	<p>Would be great if all hospitals kept emergency services (Deprived communities/low income)</p> <p>It would be good knowing that we wouldn't have to wait as long, as people with bigger emergencies will be directed to the specialist building (Young People)</p> <p>Critical care needed at Epsom and St Helier (Long-term disability – physical, sensory, learning)</p> <p>I don't really care where I get taken to in an emergency (BAME communities)</p>
Location of services	<p>I like the idea of key children services in one place (Deprived communities/low income)</p> <p>St Helier currently has dental facility that has not been mentioned. Would this be relocated? (All other)</p> <p>If services move from St Helier what would happen to all the buildings they are in now? (All others)</p> <p>Better for less urgent services to be moved rather than those proposed (All others)</p>
Staffing	<p>Training for staff will be better and specialisms will be improved (People with mental health needs)</p> <p>Easier to have specialists and consultants on one site (People with mental health needs)</p> <p>There is not enough staff anyway to go around so not sure how this is going to help with staffing (BAME Communities)</p> <p>I do agree that a new building would attract personnel (People with mental health needs)</p>
Beds	<p>Less beds could lead to potential chaos as people who are already ill knowing they could be turned away (Young Carers)</p>
Other comments	<p>Could they look at what has been achieved at St Thomas and Guys and follow that model? (BAME Communities)</p>

Location of the SECH

- 9.14 During the events in Merton, a show of hands indicated participants' preferred site for the SECH which was: 70% for St Helier; 24% for Sutton and 6% for Epsom.

Sutton as the Location for the SECH

- 9.15 Several participants commented that there would be sufficient land for building at Belmont. However, transport and travel were more contentious issues with most of the comments being negative from a wide range of participant categories. People complained of narrow roads, high traffic congestion that will increase with the new school on site, and poor public transport connectivity. Concerns over access for older people were raised specifically.

St Helier as the Location for the SECH

- 9.16 As mentioned, St Helier was the most popular option mainly because it: is close to areas of deprivation and high population concentrations; is close and familiar to participants; and has good public transport links. However, some issues were raised around the relatively long build period of build and the age of the existing buildings which might cause difficulties. Parking was also raised as an issue along with access from areas to the South.

Epsom as the Location of the SECH

- 9.17 There were no comments recorded in support of Epsom for the location of the SECH, although the good quality of care there was mentioned. The main issues raised were the distance of Epsom from other areas and the poor quality of the existing hospital buildings.

Table 52: The Location of the SECH

Sub-Theme	Example Comments/Points made
Sutton as the location	<p>It is subject to what is going to be in place at the new hospital and hopefully if it was Sutton their specialist care services will be of a high quality (People with mental health needs)</p> <p>I am un-sure because although it (Sutton) will be the quickest to build it will cost most money (Young carers)</p> <p><u>Site-related comments</u></p> <p>Building new units would be more sustainable and efficient (Carers)</p> <p>The land space is available (Carers)</p> <p>With the space there is a better housing opportunity for staff working at the SEC (Carers)</p> <p>Loads of land to build units, wards and emergency care (Residents Association)</p> <p>The old wards could be closed and knocked down and replaced (Residents Association)</p> <p>If ... quicker to build, then might be better for the environment and less impact (Young people)</p> <p><u>Travel, Access to Sutton</u></p> <p>It is fair to most areas to be served, although, greater travel potentially for majority even though information says otherwise (Carers)</p> <p>The site presently has good bus service to hospital (Carers)</p> <p>Easy to get to by bus as you can take the 280 from Mitcham (BAME communities)</p> <p>It can be more difficult to get to depending where you're coming from (Young carers)</p> <p>It is too far from Mitcham, however, depends where you live in Merton to what hospital is closer (People with long-term disability – physical, sensory, learning)</p>

Sub-Theme	Example Comments/Points made
	<p>More traffic with new school being built by the site as well (Residents Association)</p> <p>How are they going to deal with the school traffic around the site? (Older people)</p> <p>Most central but poorly connected transport (Residents Association)</p> <p>Being elderly would mean further to travel (Residents Association)</p> <p>Travel will be an issue (Residents Association)</p> <p>Belmont difficult to get to as already congested (Residents Association)</p> <p>Transport Links need to be improved (Older people)</p> <p>Good travel links, bus routes also for ambulances (Residents Association)</p> <p>As a Merton resident I would not travel to Sutton as it's too far (Health and play clinic)</p> <p>I have been going to Marsden for a year and it is a real challenge to get to. They will need to improve bus services (Older people)</p> <p>Are they going to widen the roads as very difficult to get to? (Older people)</p> <p>Sutton hard to get to (Young parents)</p> <p>Would need to create more bus routes and night buses (Young parents)</p> <p>If Sutton, we need more buses to go straight there from Mitcham (All other)</p> <p>Replicate the Go Sutton Service in Merton (All others)</p> <p>If accessibility to hospital is easier it would be a good thing. Need to ensure if in Sutton can still get there in a timely manner (People with mental health needs)</p> <p><u>Support for Sutton</u></p> <p>Central choice for all (Carers)</p> <p>Sutton Hospital has a very good reputation and is easily accessible locally (Carers)</p> <p>Most of us would still go there if this was chosen as the site (BAME communities)</p> <p>Sutton is easy to get to and may be easier to access than St Helier (Health and play clinic)</p> <p>Great idea as not far from St Helier (Young parents)</p> <p>Having new hospital close to Marsden already acts as a landmark people may be familiar with if at Sutton (Deprived communities/low income)</p> <p>Like idea of a new hospital in Sutton as new equipment and will possibly be better (All other)</p>
St Helier as the location	<p>If it does all go on one site (St Helier or Epsom) then it could become overcrowded (Young Carers)</p> <p>St Helier is my local site. I can see that cheaper to build at Sutton. However, a lot of land at St Helier (Residents Association)</p> <p>Would be nice to improve St Helier facilities (Health and play clinic)</p> <p>It was felt that more people generally know where St Helier is (People with mental health needs)</p> <p>Would be the nearest location. However, St Georges was nearer for half the group (People with mental health needs)</p> <p>Poor transport links (Carers)</p> <p>Has a bad reputation and have experienced first-hand their emergency care and would not recommend St Helier (Carers)</p> <p>Already a large hospital. Not so much room for new building but keep as many existing buildings as possible at St Helier (Carers)</p> <p>It's the cheapest hospital but it takes the longest to build which makes me unsure (Young carers)</p> <p>It will take the longest to build leading to people waiting longer for improved services (Young carers)</p> <p>St Helier is an old building and could lead to other problems as buildings not being worked on for a while (Young carers)</p>

Sub-Theme	Example Comments/Points made
	<p>Parking does need to be looked at properly at this site (BAME communities)</p> <p>Better public transport links than other options but still poor (All other)</p> <p>St Helier located in more densely populated area (All other)</p> <p>Closer to the most populated area (All other)</p> <p>Not far for me. Parking needs huge improvement. Make appearance nicer not prison like (Deprived communities/low income)</p> <p>Long travel time for those in south of district (All other)</p> <p><u>Support for St Helier</u></p> <p>Invest money in St Helier as easy to get to with all the services (Deprived communities/low income)</p> <p>Support weighted toward St Helier as location (All other)</p> <p>Good location for Merton residents (People with mental health needs)</p> <p>For Merton it would be better to have SEC located at St Helier (People with mental health needs)</p> <p>More central in our eyes and closer for people (BAME communities)</p> <p>Transport to this site is easier for people who live in Merton (BAME communities)</p> <p>A nice site that remains within budget and caters for needs of the population (Carers)</p> <p>Good Bus Links (Carers)</p> <p>It has better transport links to Sutton and Merton but does not meet Surrey Downs (Carers)</p> <p>Ideal for Merton residents (Carers)</p> <p>Personally, easiest for me to access, it would also be easier for my mum, who is disabled, to get to (Young carers)</p> <p>Having SEC at St Helier would be the easiest for place-wise since it is in the middleish of the areas (Young carers)</p> <p>Easy to access (BAME communities)</p> <p>Most populated area around one of the sites (BAME communities)</p> <p>The funding would bring the facilities and services up to standards and the levels it should be operating at (BAME communities)</p> <p>St Helier is central if it was just serving Merton and Sutton residents and is a better location (Long-term disability – physical, sensory, learning)</p> <p>Location does depend on what part of the Borough you live in (Long-term disability – physical, sensory, learning)</p> <p>Closer to us in Mitcham (Older people)</p> <p>Loads of land to build units, wards and emergency care. Same land potential as Sutton (All other)</p> <p>St Helier is a good solution as conveniently located, however, facilities out of date (Health and play clinic)</p> <p>St Helier already established and if you can improve services that are there that would be good (Deprived communities/low income)</p> <p>St Helier would be preferred location for me and my daughter as I have daughter with special needs who does need emergency care quickly (All others)</p> <p>Site closest to most vulnerable and easy to get to make it financially viable (All others)</p> <p>Proposals are good but St Helier would be an excellent site as very local for myself and family (Carers)</p>
Epsom as the location	<p><u>Site and Buildings</u></p> <p>It is worse than St Helier and really is like a rabbit hole (BAME communities)</p>

Sub-Theme	Example Comments/Points made
	<p>If it does all go on one site (St Helier or Epsom) then it could become overcrowded (Young Carers)</p> <p>Unsure because it is the middle ground of all options. It's in the middle for e.g. will take six years instead of four or seven to build, but does that mean it is the best option? Unclear (Young Carers)</p> <p>Epsom – Beds have already been lost and can't see how SEC can be, as has less space (Deprived communities/low income)</p> <p><u>Location, distance</u></p> <p>The distance (too far) (BAME communities)</p> <p>Good Bus links but far if someone lives in Mitcham (Carers)</p> <p>Distance from hospital will add to patient and carers stress at every point (Carers)</p> <p>Not central enough (Carers)</p> <p>Would only be good for Epsom residents (Carers)</p> <p>Too far away and poor transport links (Carers)</p> <p>Epsom already a big hospital (Carers)</p> <p>Epsom seems very far away to me and most disruption to number of beds/people (Young Carers)</p> <p>Longest to travel (1 hour 2 mins on public transport) (Young Carers)</p> <p>Too far (BAME Communities)</p> <p>Too far from Merton (Long-term disability – physical, sensory, learning)</p> <p>Too far for family/carers in Merton (Long-term disability – physical, sensory, learning)</p> <p>Too far away for patients and visitors (Older people)</p> <p>Too far to travel for patients on the buses (All others)</p> <p>Most remote location (All others)</p> <p>In area already set up for private car access (All others)</p> <p>Too far for me to get to (All others)</p> <p>Epsom would be too far (All others)</p> <p>This site would be too far for Merton residents (Health and Play Clinic)</p> <p>Epsom hospital would be quite far. Accessibility issues need to be considered (Young Parent)</p> <p>Not familiar with Epsom and too far for me (Young Parent)</p> <p><u>Travel and Transport</u></p> <p>Poor transport links and too far for vulnerable people especially those with mental health needs who are more familiar with accessing health services closer to Merton (People with mental health needs)</p> <p>Very difficult for people to access (BAME communities)</p> <p>Difficult to get to on bus route (All others)</p> <p>Far more restricted transport service and too far (All others)</p> <p>Travel makes it inaccessible (BAME Communities)</p> <p><u>Quality of care</u></p> <p>Has a good reputation and friends that have attended said that staff and care was second to none (Carers)</p>

Travel and Access

- 9.18 In addition to the travel and access issues raised in relation to the relative merits of the three sites for the location of the SECH, attendees raised more general concerns over ease of access to a new hospital and again emphasised the need for better public transport links, particularly for people living in areas of deprivation and people with disabilities. Suggestions included free public transport for patients.
- 9.19 Participants also asked whether there would be rapid response ambulances between hospital sites and whether there would be sufficient parking and free parking for people with disabilities.

Table 53: Travel and Access

Sub-Theme	Example Comments/Points made
Travel and transport	<p>Transport is crucial to this model working (BAME Communities)</p> <p>Seems like a good decision to have specialist care in a new hospital but it would depend on how accessible new hospital is and where it is based (Young women/mothers)</p> <p>Moving will have impact on less financially viable and inclined to travel further causing greater risks to those more vulnerable (Deprived communities/low income)</p> <p>Feedback related to need to improve transport links (People with mental health needs)</p> <p>Are the NHS talking to Transport for London to find out how to make it easier for people to get between the three hospital sites? (People with long-term disability – physical, sensory, learning)</p> <p>Buses need to be more accessible and offer more space for wheelchairs and buggy users (All others)</p> <p>Night bus routes that connect the hospitals with key towns in Merton (All others)</p> <p>The H1 bus route that connects the three hospitals should be FREE to people using the hospitals (i.e., letter of proof could be shown) (All others)</p> <p>Add some more stops to the H1 route (All others)</p> <p>More frequent buses to the sites (All others)</p> <p>FREE shuttle buses from hospitals to town centres for patients (All others)</p> <p>Trains are difficult for people with disabilities -make them more accessible (All others)</p> <p>Patient Transport improved for people who would struggle on public transport for all sites (All others)</p>
Ambulance services	<p>Would there be rapid response ambulances between sites? (Deprived communities/low income)</p> <p>Would there be rapid response ambulances between sites? (Residents Association)</p> <p>Ambulance services will be stretched (Deprived communities/low income)</p>
Parking	<p>Is there going to be enough accessible parking at the sites (Carers)</p> <p>More affordable parking across the hospitals and FREE for disabled users (All others)</p>

Considerations and suggestions

- 9.20 Participants were asked for their main suggestions and these are summarised here:
- » Easy travel and transport to hospitals, particularly for vulnerable people, and a rapid response service free of charge to patients between hospital sites;
 - » Provision of clear travel information and directional signage;
 - » Public information about the new hospital - how and when to access it and for which services;
 - » Adequate, affordable parking on hospital sites;

- » Sufficient ambulance services to service need to and between hospital sites;
- » Facilities and access suited to all disabilities;
- » Recruitment and retention of quality permanent staff, and the provision of continuous training (including in special needs);
- » Quality, affordable staff accommodation on the site of the new hospital;
- » Quality design that includes green space in the new hospital, which is located to have minimal impact on the environment;
- » Public health information campaigns to educate and reduce pressure on key services;
- » Quality of care in all services in the long term and during transition;
- » Expertise in treating and dealing with people with mental health needs;
- » Reduced waiting times and improved facilities in waiting areas;
- » Involve young people, carers and people living with disabilities and with mental health needs at all stages to ensure that their needs and ideas are incorporated in the design and development of the new hospital;
- » More facilities and walk-in centres like ‘The Wilson’ to relieve the pressure on hospitals; and
- » High level technology at all hospital sites.

Table 54: Travel and Access

Sub-Theme	Example Comments/Points made
Travel, Transport, Access	<p>Free travel between hospitals if person has a hospital letter (Long-term disability – physical, sensory, learning)</p> <p>Access is key in ensuring families and friends can reach the hospital where you or they will be cared or/and treated (People with mental health needs)</p> <p>They could look at making the H1 (bus) service totally free to patients and visitors (People with mental health needs)</p> <p>They need to ensure the transport is in place (All others)</p> <p>Good signposting information and clear transport links for all patients and visitors and how they get there (People with mental health needs)</p> <p>Need to make sure the site is easy to access and easy to park if you are driving (Young Carers)</p> <p>Make easier for older people and vulnerable people to get to the hospital as sometimes referred to multiple places (Older people)</p> <p>There would need to be a rapid response service between hospital sites (All others)</p> <p>There would need to be shuttle buses between hospital sites (All others)</p> <p>The location could increase staff travel time to work and increased pressure long shifts (All others)</p> <p>Accessibility issues need to be considered for all sites (new and/or refurbished) (People with mental health needs)</p> <p>Helicopter Landing facility on which ever site chosen (All others)</p> <p><u>Travel suggestions – Sutton</u></p> <p>Bus route that takes you directly into the hospital</p> <p>Tram extension connecting Sutton and St Helier</p> <p><u>Travel suggestions – St Helier</u></p> <p>More direct options to connect parts of Merton with St Helier (i.e., Mitcham and Colliers Wood)</p>

Sub-Theme	Example Comments/Points made
	<p>Bus routes to the hospital that pass close by housing estates in Mitcham (i.e., Eastfields, Pollards Hill, etc.)</p> <p>Tram extension to run by St Helier</p> <p>Improve walking route between Rosehill and St Helier – clearer signage</p> <p><u>Travel suggestions – Epsom</u></p> <p>Direct route to Epsom from Mitcham to the hospital</p> <p>Shuttle bus from the train station</p> <p>You should be able to use oyster card when reaching Epsom and Ewell therefore should explore including it in the zone area.</p> <p>Specialist bus service from key hubs (i.e., Mitcham) that go straight to Epsom and are faster (i.e., Express Services)</p>
Information for access	<p>Clear information on how to get to Sutton if this is the new SEC (People with mental health needs)</p> <p>A campaign making it clear when people should present at UTC (People with mental health needs)</p> <p>Make it clear where people should go for each of the services across the sites (Young people)</p> <p>Make it clear how to get to the new site (Young people)</p> <p>Was not 100% clear on UTCs before consultation session so need to ensure community communicated to more about this service (All others)</p> <p>Better transport information on how to access hospital sites and signs at railway station and clear on buses (i.e., 264 St Georges Hospital)</p>
Ambulance Services	<p>Ambulance services needs to improve alongside the new proposals (BAME Communities)</p> <p>Location of ambulance stations to cover area and ensure they do not travel further (All others)</p> <p>Ambulances connecting all three sites (All others)</p>
Parking	<p>Parking needs to be improved – disabled access needs to be free (Long-term disability – physical, sensory, learning)</p> <p>More affordable parking at the sites to reduce impact on surrounding roads (Young Carers)</p>
Facilities suited to disabilities	<p>Ensure rooms in hospitals accommodate individual needs (e.g., getting onto bed with hoists) (Long-term disability – physical, sensory, learning)</p> <p>Make hospital accessible for all as present premises are disabling for people with disabilities (Long-term disability – physical, sensory, learning)</p>
Staff considerations	<p>Make sure there is enough cover whilst going through the transition of relocating services (Carers)</p> <p>More quality staff that can be made permanent and encourage the proper calibre to the site (Carers)</p> <p>Ensure that we can retain good staff care for doctors/nurses (Carers)</p> <p>Links with other SEC in other boroughs to help staff develop/increase skills (Carers)</p> <p>All the staff at the specialist care hospital do need to be permanent and not temporary as care standards are usually lower standard from those who are not permanent (BAME Communities)</p>
Staff Accommodation	<p>Accommodation and travel options for staff to make SEC a more attractive proposition to prospective employees (Carers)</p> <p>Student/doctors cheaper accommodation (Carers)</p>

Sub-Theme	Example Comments/Points made
	<p>Build flats for nurses to stay near the hospital (Carers)</p> <p>Accommodation for nurses/carers on this new specialist site as makes it attractive (BAME Communities)</p> <p>Accommodation and retail available near the hospitals (Carers)</p>
Staff training for special needs	<p>All staff including receptionist at A&E and UTCs need awareness of children with special needs training (Special needs)</p> <p>Other clinical staff need to be trained in understanding special needs and different ways of how to deal with needs sensitively (Special needs)</p>
The Environment	<p>Go with the site that has less impact on the environment and green space (Young Carers)</p> <p>Site should be flat to make it easier for people to get around who are wheelchair users and have mobility issues (Young Carers)</p> <p>Nice environment is created and is attractive with some shops (BAME communities) and outside areas (BAME communities)</p> <p>Nice and pleasing on the eye whatever is decided (BAME communities)</p> <p>Environment and the areas that people are cared for (BAME communities)</p> <p>Modern buildings needed to ensure better ventilated and more natural light in spaces for health reasons (BAME Communities)</p> <p>Make the site for the SEC easy on the eye and make the environment welcoming (People with mental health needs)</p> <p>Courtyard or square developed at all three sites (People with mental health needs)</p>
Public information	<p>A campaign to make people more aware of first aid and self-care to take pressure of UTCs and A&E. Teaching young people about this from a younger age would be better (Young Carers)</p> <p>Teach people about different health conditions and link to public campaigns like FAST (Young Carers)</p>
Quality of Care	<p>Ensuring excellence in children's services at all three centres as was case with Queen Marys Carshalton (Carers)</p> <p>Ensure there is no break in care when building the new SEC hospital (Young Carers)</p> <p>Make sure notes of patients do not get lost during transition (Young Carers)</p> <p>Ensure quality services are maintained (BAME communities)</p> <p>Ensure they do not downgrade the hospitals further and ensure good treatment (BAME communities)</p> <p>Would prefer services to remain at St Helier as my grandson has a long-term condition. St Helier know him well down there. If they do go for other options to St Helier, they need to make sure new hospitals have in depth knowledge of these children (e.g., teddy bear scheme) (Special needs)</p> <p>I have daughter with special needs who would need emergency care quickly so locating it away from St Helier will be a challenge (Special needs)</p> <p>Good that it could be under one roof that will help with quality (Older people)</p> <p>Quality of services provided at specialist centre for parents of children in care (All others)</p> <p>Invest money into better training, staff and services at the local hospitals (All others)</p> <p>Introduction of GP Doctors at hospitals to ensure you are triaged to the correct place and therefore ensuring locally accessible to care for all (All others)</p>

Sub-Theme	Example Comments/Points made
Mental Health	<p>Familiarisation when you have mental health issues and anxiety (Long-term disability – physical, sensory, learning)</p> <p>No real mention of supporting people with mental health needs in the proposals (People with mental health needs)</p> <p>Need to ensure there is a skill set and awareness that can support people with mental health needs at the UTCs (People with mental health needs)</p> <p>There should always be somebody present who is clinically trained to deal with mental health needs of people who present themselves at the UTC or A&E (People with mental health needs)</p> <p>It is vital that all UTCs have the skills set to deal with a mental health crisis (People with mental health needs)</p>
Waiting times and places	<p>New model of care needs to reduce emergency waiting times (BAME Communities)</p> <p>Playroom or games room for parents waiting around (BAME communities)</p>
Consultation/involvement at design stage	<p>People with mental health needs must be engaged when shaping and designing the new model of care (People with mental health needs)</p> <p>Keep young people involved on the journey when it moves to the next stage and a decision has been made (Young Carers)</p> <p>Young Carers felt it was the first occasions they had heard of IHT and believe more needs to be done with young people through schools as it will have more of an impact on their future healthcare needs</p> <p>People with Mental Health Needs believed it is vital that more consideration around mental health is looked at and again they should be involved in the design phase to ensure their requests are not ignored</p> <p>People with Disabilities - when shaping the new site, it is important that their needs inform the design as they felt presently hospitals are not as accessible (as they should be)</p>
The Wilson	<p>We need the Wilson to happen as brings services closer to the people and can take pressure off the hospitals (BAME Communities)</p> <p>Improve things at the Wilson (Older people)</p> <p>Increase services at local small hospitals like the Wilson (All others)</p> <p>Reintroduce walk ins (like Wilson was) to alleviate pressure on the local A&E departments (All others)</p>
Support for Carers	<p>Carers' accommodation and facilities for those who support patients outside of hospital (Long-term disability – physical, sensory, learning)</p> <p>NHS and Care should be merged. Care has suffered cuts year on year and there is a real need to invest in care to take pressure off NHS (Long-term disability – physical, sensory, learning)</p>
Technology	<p>Any improvements made need to ensure technology offered is of high level and same across all the sites (Long-term disability – physical, sensory, learning)</p>

Other comments

Finance

- ^{9.21} A few participants said they understood that the NHS is struggling financially, and that difficult decisions have to be made. They also asked about what happens if the project goes over budget.

Impacts

- 9.22 Participants said that patients and visitors having further to travel would be an unwelcome impact of the proposals, and a question was asked about possible implications for St George’s Hospital. On the plus side, it was said that having everything in one place would mean the easier transfer of patients between specialisms - and that Royal Marsden Hospital patients might benefit if the hospital is built at Belmont. Shorter waiting times would also be a positive outcome.

The consultation

- 9.23 Participants suggested that decisions had already been made and that consultations had gone on for long enough.

Table 55: Examples of other comments

Sub-Theme	Example Comments/Points made
Finance	<p>What happens if we go over budget or timelines? (Carers)</p> <p>Fairness to all users of the three sites - there is a need to improve health services whilst balancing the costs and value for money (All others)</p> <p>Invest money in St Helier as easy to get to and happy with all the services (Deprived communities/low income)</p> <p>I understand NHS Struggling with money so decisions must be made (Deprived communities/low income)</p>
Impacts	<p>Sutton hospital would be closer to the Marsden so people with cancer get better care. Least amount of beds moved would be less stress (Young carers)</p> <p>We do have St Georges and hope that changes will not impact on it (Health and Play Clinic)</p> <p>If you or a member of family had multiple complications would you still go to district hospital for day surgery or would you go to SECH due to risk? (People with mental health needs)</p> <p>Could be fewer waiting times for outpatient and diagnostic services (Young Carers)</p> <p>If specialist services together would be easier to move across services (Young Carers)</p> <p>Impact on family visiting and care assistant getting to hospital to provide care may be limited (Long-term disability – physical, sensory, learning)</p> <p>Impact on people if they had to visit Epsom or Belmont site (Long-term disability – physical, sensory, learning)</p> <p>Distance would be a hardship for visitors (Long-term disability – physical, sensory, learning)</p> <p>Increased travel would affect us as an older person if not St Helier site as SEC (Older people)</p> <p>The problem of transport and getting there for me would be a negative impact if not at St Helier (All others)</p> <p>Huge increase in travel times on public transport (All others)</p> <p>(Could) remove access for visiting children in hospital and following births as could be too far (All others)</p> <p>Considering my disability travel time is a problem (All others)</p> <p>Sutton Belmont is a more difficult journey whatever the route and costs (All others)</p>
The consultation	<p>People felt a decision to host the SEC at Sutton had been made even though information made it clear it had not</p> <p>They felt the issue with transforming healthcare services has been ongoing for so long and really want a decision to be made.</p>

Comments arising from the events held in Surrey Downs

Proposed model of care

- 9.24 Most participants across all CVS organisations involved had a sound understanding of the underlying reasons for the new model. They acknowledged that Epsom and St Helier hospitals need upgrading and welcomed the idea of a new hospital with all specialisms under one roof and the benefits this would bring to the wider community. There was some concern over the possible closure of St Helier and Epsom hospitals and over the need for hospitals to remain within their communities though, and the need for the three hospitals to communicate effectively with each other was raised.
- 9.25 There was strong support for 24-hour UTCs and a positive response to keeping most services at the district hospitals. However, a group of participants living with mental health needs queried the reasons for locating all maternity services in the SECH as this would increase average travel times and reduce choice.
- 9.26 Some questioned whether the funds allocated for refurbishing the two hospitals would be sufficient, bearing in mind the years of neglect and that refurbishment works needed to be high quality. The CVS organisations and parents/carers called for the public to be kept informed during the build phase.
- 9.27 Having a new hospital was considered a positive move towards attracting and retaining staff but some participants criticised the number of extra beds and said that more were needed. Questions were also asked about the process of decision-making and the sequence and length of build. The length of time taken to reach a decision was criticised.

Table 56: The Clinical Model

Sub-Theme	Example Comments/Points made
Support for Clinical Model	<p>All expressed knowledge of the shortage of staff the need to upgrade buildings (Parents/carers)</p> <p>Extensive understanding of the challenges both hospitals face: ageing infrastructure, limited money to improve the hospitals, not fit to serve the population to the standard the staff would like, and patients deserve; lack of parking – Epsom especially – transport is difficult between the sites (CVS organisations)</p> <p>Having specialist care under one roof is a positive (Older people)</p> <p>All were OK with the need to have an emergency centre (Parents/carers)</p> <p>The new hospital needs to be like Charing Cross Hospital (Parents/carers)</p> <p>Yes, this could work – all agreed that need one ... A new hospital would help everyone if it has all the facilities needed [SECH] (Adults living with learning disability)</p> <p>They agree that it [SECH] will address staff issues and good for patients to have specialist care under one roof (Older people)</p> <p>Overall positive about the model with some reservation about issues such as transport needs to be addressed (CVS organisations)</p> <p>Ideally – acute services in Epsom and St Helier Hospital plus build a new hospital in Sutton. A minority would like three acute hospitals, but they understood the budget limitations (CVS organisations)</p> <p>SECH largely seen as positive among the group – would concentrate services and costs in one place and reduce wastage (Mental Health patients and carers)</p> <p>SECH better for patients with complex issues (Mental Health patients and carers)</p> <p>Overall, positively received (Older people)</p>
Refurbishment	<p>Good understanding of challenges both hospitals face (Older people)</p>

Sub-Theme	Example Comments/Points made
	<p>Improvement is needed ASAP (Older people)</p> <p>Facilities need to be updated (Older people)</p> <p>Agreed that all need refurbishment (Parents/carers; Mental Health patients and carers)</p> <p>Half of the group know the issues faced at Epsom and half knew the issues faced at St Helier and agreed that improvements were needed (Adults living with learning disability)</p> <p>Agreed with refurbishment as long as it is properly done (Adults living with learning disability)</p> <p>All want the best refurbishment. Will enough money be spent? (Parents/carers)</p> <p>Much needed. Have been neglected for so long! (CVS organisations, Mental health patients and carers)</p> <p>Confusion over how money to be spent as it seemed to be saying £80 million to improve hospitals but the new development would over £500 million in addition to the £500 million? (Mental health patients and carers)</p> <p>Years of neglect will need more money than allocated to bring it up to standard. Questions raised around whether the money allocated for improvements is enough (Older people; Adults living with learning disability)</p> <p>The community should be informed (about) the disruption caused by improvement works to the hospitals (CVS organisations; Parents/carers)</p>
A future for three hospitals?	<p>Agreed! Hospital and services should remain in the communities as much as possible (CVS organisations)</p> <p>Concern around ease of communication between the three sites (Older people)</p> <p>There was concern that eventually either Epsom and/or St Helier would be shut (Parents/carers)</p>
A&E and UTC	<p>Positive response to keeping 24-hour UTCs at existing hospitals (Older people; Parents/carers; Adults living with learning disability)</p> <p>Absolutely must keep 24-hour urgent care close or in the community. This will put less strain on the neighbouring hospitals who are already stretched (CVS organisations)</p> <p>Keeping 24-hour UTCs at existing hospitals was met positively (Mental health patients and carers)</p> <p>The process of using emergency care was difficult [at Epsom] (Parents/carers)</p>
Maternity	<p>Depending on the location, there was a query on moving the births to one hospital as this would mean a lot of people travelling further to give birth and having less choice of where they give birth ... a possible negative (Mental Health patients and carers)</p>
Location of other services	<p>Positive response to keeping the majority of services at existing hospitals (Older people; Parents/carers; Adults living with learning disability)</p> <p>Keeping majority of services at existing hospitals: There was some debate over this as the feeling was that buildings were so old, and a lot of work was needed but there didn't appear to be sufficient land to extend. E.g. Epsom hospital had sold off some land to housing which some felt was short-sighted (Mental health patients and carers)</p>
Staffing	<p>Is this solution enough to really deal with issues around staff shortages? (CVS organisations)</p> <p>(The SECH) might help to retain staff (e.g. perhaps they currently have to travel across both Epsom and St Helier hospitals and one site would reduce travel and make it a more desirable place to work ... Is a brand-new hospital a more attractive place to work and with more opportunities for learning for newly qualified ... help with staff retention (Mental Health patients and carers)</p> <p>(Model) will go some way to addressing staffing issues (CVS organisations)</p>
Beds	<p>Why are there only four more beds available in the new plan? Need more beds! (Older people)</p>

Sub-Theme	Example Comments/Points made
Length of build/ sequence of build	<p>Why does the decision take so long to be made after the consultation? Who will be making the final decision? (People living with learning disability; Deprived/low income communities; People living with mental health needs)</p> <p>Why is it taking so long to build and implement the plans? (Older people)</p> <p>What order would things happen in? Would the refurbishment of district hospitals happen first and then the specialist hospital? Need to ensure continuity of care (Mental Health patients and carers)</p>

Location of the SECH

Sutton as the location for the SECH

- 9.28 The preferred option for the SECH amongst Surrey Downs participants was Sutton Hospital, followed by Epsom General. However, this was not necessarily an easy choice, since many concerns were raised about Sutton:

Sutton as the quickest to build does not necessarily make it the best (Parents/carers)

- 9.29 CVS organisations were concerned over the environmental impact of longer journeys, but far more groups raised concerns over travel and transport to the Sutton site. For several communities, the distance is considered considerable, making journeys difficult and particularly impacting vulnerable people and their relatives and carers and those accessing maternity services. Public transport links were also raised. Although there is a railway station in Sutton, public transport connections to the proposed site - being away from the town centre - are apparently not easy; participants called for this to be improved if this option is taken forward, along with more frequent services from other areas to the proposed new hospital. Access by road is also an issue of concern given the narrow surrounding roads and heavy congestion. Participants also suggested sufficient Blue Badge parking spaces should be available.
- 9.30 Despite this, according to very many Surrey Downs participants, including the CVS organisations, Sutton has a number of benefits, one of which is proximity to the Royal Marsden Hospital. Indeed, in spite of the travel concerns raised previously, it was said that for many who live in Surrey Downs and Merton, the Sutton site would be relatively easy to access. The site layout and size were also raised as positives.

St Helier as the location for the SECH

- 9.31 This was the least popular option for participants on the grounds of being difficult to access for residents of Surrey - Leatherhead, Bookham and Fetcham were mentioned – particularly by public transport. The site is considered difficult and existing buildings too large and difficult to navigate.
- 9.32 Nevertheless, there were a few participants in the parents/carers and adults living with learning disabilities groups who would prefer St Helier for reasons of familiarity and convenience of location.

Epsom as the location for the SECH

- 9.33 Participants appear to have been fairly divided over their preference or otherwise for Epsom as the site for the SECH and it seems that this is broadly explained by familiarity and closeness. Some participants praised the hospital for the 'lovely staff' and the services for people with learning disability - and for residents of Surrey it is of course the closest and most familiar option. However, for Merton and Sutton it is more distant than the other two sites. Also, public transport links are apparently poor and travel into and around Epsom town centre can be difficult owing to heavy congestion. This leads to apparent difficulties for vulnerable

people and access by ambulance. Some participants questioned whether there was sufficient space on the site for a new hospital since part of the site had been sold to a property developer.

Table 57: The Location of the SECH

Sub-Theme	Example Comments/Points made
Sutton as the location	<p>Concerns over environmental impact (CVS organisations)</p> <p>Sutton as the quickest to build does not necessarily make it the best (Parents/carers)</p> <p><u>Travel, Access to Sutton</u></p> <p>Concern over lack of public transport to Sutton site. Older people struggle to get there with the lack of public transport (Older people – Mole Valley and Banstead)</p> <p>The hospital is not close to the train station and there would need to be a couple of buses for most people. Therefore, there would be increased anxiety (Parents/carers; Adults living with learning disability)</p> <p>Old and frail people find it hard to use the trains – at the moment Sutton station is the closest to public transport available – need more buses to Sutton Hospital (Older people)</p> <p>Roads around the site are busy (Adults living with learning disability)</p> <p>Too near to London. Don't like travelling to London because too much traffic (Older people)</p> <p>Have to travel further (Older people)</p> <p>Time to travel to Sutton from Banstead – i.e. traffic (Older people)</p> <p>Driving to Sutton perceived as difficult. Roads are narrow. Can they cope? (Parents/carers)</p> <p>Difficult to visit patients if travelling from Epsom, Cheam and further afield (Parents/carers)</p> <p>Difficulties getting there, although for one person it would be easiest to access (Adults living with learning disability)</p> <p>Longer travelling time from Surrey Downs areas – will negatively impact people with disability and their carers (CVS organisations)</p> <p>Will there be better transport links than existing? (Mental Health patients and carers)</p> <p>The hospital site is out of the way, not walking distance from either the station or the major bus routes (Mental Health patients and carers)</p> <p>Further for some relatives to travel (Mental Health patients and carers)</p> <p>More Blue Badge parking (Older people)</p> <p><u>Maternity</u></p> <p>Taking births away from local community – having to travel further to give birth – one group member would have given birth on the way to the hospital if had to travel to Sutton (Mental Health patients and carers)</p> <p><u>Support for Sutton</u></p> <p>Closeness to Royal Marsden is a positive factor (Mental Health patients and carers)</p> <p>The majority understand the reasoning around why Sutton was chosen (Older people)</p> <p>Lots of trains go to Sutton (Adults living with learning disability)</p> <p>Majority thought this is a good idea – location to serve both communities [Surrey Down and Merton] (Older people)</p> <p>Less people have to travel further (Mental Health patients and carers)</p> <p>General consensus is, 'get on with building the hospital in Sutton and improve Epsom and St Helier' (Older people)</p> <p>A majority favours Sutton as the location for the new hospital (CVS organisations, Mental Health patients and carers)</p> <p>Bigger site, more space, quicker to build (Mental Health patients and carers)</p> <p>Positive -There is already existing infrastructure around the Sutton site (Older people)</p>

Sub-Theme	Example Comments/Points made
	<p>More space so wouldn't have as big an impact on traffic as, say, if you built it in Epsom which would be difficult for the one-way system (Mental Health patients and carers)</p>
St Helier as the location	<p>Unpopular location for 90% of participants.</p> <p>Is there enough room? (Adults living with learning disability)</p> <p>More expensive to build than Sutton as would have to demolish existing buildings and start from scratch due to age of buildings. Are any buildings listed? (Mental Health patients and carers)</p> <p>Can be a long walk from the car if you don't have a blue badge (Adults living with learning disability)</p> <p>Too big and difficult to get around (Older people in Mole Valley and Banstead)</p> <p>An ageing building (Older people)</p> <p>No-one likes this option ... St Helier is not their community hospital (Older people, Banstead)</p> <p>It will crease more disruption to staff and patients if the new hospital is built on this site (CVS organisations)</p> <p>Participants agree that it needs improvement, but the new specialist hospital should not be built there (Older people)</p> <p>Public transport from Leatherhead is impossible and expensive (Older people)</p> <p>For older people, people with disabilities and poor people in Surrey ... travel time is longer and more expensive, and parking is too expensive (CVS organisations)</p> <p>Lack of public transport for people living in Surrey or St Helier (CVS organisations)</p> <p>Is a long journey from Bookham and Fetcham (Older people)</p> <p>Try to avoid where possible (Older people)</p> <p><u>In support of St Helier</u></p> <p>Two people said this is the best option. (This site would have the) minimal impact on this group (Parents/carers)</p> <p>Public transport is good (Parents/carers; Adults living with learning disability)</p> <p>I like St Helier. I know it well (Adults living with learning disability)</p> <p>Generally good – service users have excellent experience with staff at both hospitals (CVS organisations)</p> <p>An advantage for patients in Sutton/Merton; disadvantageous for Surrey residents (CVS organisations)</p>
Epsom as the location	<p><u>The site</u></p> <p>Where is the space to build it? (Older people)</p> <p>Doesn't seem the site is big enough for a specialist hospital, give sale of land to property developer (Mental Health patients and carers)</p> <p><u>Travel and Transport</u></p> <p>Roads are busy (Adults living with learning disability)</p> <p>Will increase traffic into Epsom – therefore, not good for people living in Epsom (CVS organisations, Mental Health patients and carers)</p> <p>Epsom town centre traffic is terrible around rush hour. A bigger hospital might increase it (Older people)</p> <p>Hard to travel into Epsom with the one-way system and heavy traffic (Older people)</p> <p>Could cause problems with ambulances (Mental health patients and carers)</p> <p>Public transport is expensive in Surrey and parking costs are very high which will negatively impact people from poorer backgrounds (CVS organisations)</p> <p>Longer travel time for disabled patients and their carers (CVS organisations)</p> <p>Travel from the station is difficult (Adults living with learning disability)</p>

Sub-Theme	Example Comments/Points made
	<p>The worst option for most [of the group]. Balance of opinion slightly more in favour of Sutton or St Helier (Parents/carers)</p> <p>Limited parking spaces; lack of disabled parking; cost of parking (Older people)</p> <p><u>Support for Epsom</u></p> <p>Three people felt Epsom should be the site for the specialist hospital (Older people)</p> <p>Close to Leatherhead, Bookham (Older people, Mole Valley)</p> <p>Staff were lovely (Parents/carers; Older people)</p> <p>A familiar hospital – we are used to going to Epsom hospital (Older people)</p> <p>Learning Disability Support Nurses – fantastic (Adults living with learning disability)</p> <p>Generally good – service users have excellent experience with staff at both hospitals (CVS organisations)</p> <p>A familiar hospital which is good for people with learning disability (CVS organisations)</p> <p>People [in the group] know Epsom (Adults living with learning disability)</p> <p>Close to the community (and) convenient for them; familiar (Older people)</p> <p>Buses are OK (Adults living with learning disability)</p> <p>Well positioned for local transport links (Mental Health patients and carers)</p> <p>Could build a multi-storey car park (Mental Health patients and carers)</p> <p>Bad for residents of Sutton and Merton; easy for Surrey residents (CVS organisations, Older people)</p>

Travel and Access

- 9.34 As already discussed, travel, transport and access to hospitals were key concerns for participants across all the Surrey Downs groups and for all options. Participants also raised more general concerns over access, calling for public transport 24 hours a day, 24-hour hospital access and being mindful of the cost of travel and the length of journeys and how these particularly affect people on low incomes.
- 9.35 Concerns over the availability and affordability of parking were raised, and a request made for adequate spaces for blue badge holders in particular. Adults living with a learning disability asked for accessible information to be provided at all times including large print and easy read formats - and for parents and carers to be involved in working with a new hospital to develop appropriate, accessible information.

Table 58: Travel and Access

Sub-Theme	Example Comments/Points made
Travel and transport	<p>Improved and frequent transport needed between the three sites (Older people)</p> <p>Concerns over increased travel time (Older people)</p> <p>If the health service is 24 hours, then public transport serving the hospital should also be 24 hours (Older people)</p> <p>Cost of travel is expensive for people on low incomes (Older people)</p> <p>Worried about travel and parking (Adults living with learning disability)</p>
Non-travel access issues	<p>As much help as possible in accessible formats: large print, videos, easy read, braille. Ask parents and carers what will help (Adults living with learning disability)</p>
Parking	<p>More parking and blue badge parking needs to be provided (Older people)</p> <p>Reduce parking costs (Older people)</p>

Other comments

Finance

- 9.36 CVS participants and older people were concerned over whether the proposed capital funds would be sufficient to build the new SECH and refurbish two ageing hospitals. The future cost of maintaining three facilities as opposed to two was also questioned: in other words, how would running costs compare against converting one of the existing hospitals into the SECH? Participants in the mental health patients and carers group also asked whether more funding would be forthcoming for community care and support bearing in mind the increasing need to keep people from being admitted to hospital.

Impacts

- 9.37 CVS organisations and parents/carers raised questions about the environmental impacts of the proposals, particularly around increased traffic pollution as a result of longer journeys.

Suggestions and Other Considerations

- 9.38 Participants were asked for their main suggestions and these are summarised here:
- Open days for visiting the new site;
 - Training for staff in support for people with disabilities;
 - Designing hospitals to take account of disability access needs (signage, step-free etc.) and state of the art equipment to meet all needs;
 - Involving people with vulnerabilities and disabilities during the development of facilities and services to ensure adequate access;
 - Providing fit for purpose public transport to hospitals as well as volunteer car schemes and adapted vehicles for people with limited mobility;
 - Free shuttle buses connecting the three sites;
 - Subsidised parking at hospital sites for patients and carers; and
 - Keeping the community informed about disruption throughout building and refurbishment.

Table 59: Other comments

Sub-Theme	Example Comments/Points made
Finance	<p>Is £500 million enough money to build and improve two ageing hospitals? (Older people, CVS organisations)</p> <p>How does having three hospitals affect running costs compared to the upgrade of one of the other two? (Parents/carers)</p> <p>Would any funding be directed to care in the community units to free up beds in the district hospitals? Where will the focus on rehabilitation be? ... Has this been properly considered in the proposals? We have a population who are living longer and, therefore, taking up more beds in hospitals than ever before (Mental health patients and carers)</p>
Impacts	<p>What are the environmental impacts of the different proposals? (Parents/carers)</p> <p>Environmental concerns: increased pollution due to increased traffic (CVS organisations)</p>
Suggestions/Other considerations	<p>Open days for people to visit and see the new site (Parents/carers)</p> <p>Will there be specialist training for staff to support those with hidden disability or communication and support needs? (Parents/carers)</p> <p>Keep access step free and well sign-posted (Parents/carers)</p>

Sub-Theme	Example Comments/Points made
	<p>Must address needs of people with learning disabilities and physical disabilities: hoists, changing rooms, toilets. Lifts, state of the art equipment (Adults living with learning disability)</p> <p>Keep acute services in Epsom and St Helier (CVS organisations)</p> <p><u>Travel, Transport, Parking</u></p> <p>Frequent, free shuttle buses between the three sites (Older people -Mole Valley and Banstead- CVS organisations, Parents and carers)</p> <p>More public transport after 6pm (Older people)</p> <p>More public transportation (CVS organisations)</p> <p>There is an opportunity to think out of the box such as volunteer car schemes and a shuttle service for older people (CVS organisations)</p> <p>Who will manage the car parks across the three sites? (Older people)</p> <p>Need more specially adapted vehicles to service people with disabilities and limited mobility (CVS organisations)</p> <p>The community should be informed (about) the disruption caused by improvement works to the hospitals (CVS organisations)</p> <p>Subsidised parking for patients and carers (CVS organisations/ Older people)</p>

10. Petitions and locally organised questionnaires

Introduction

- 10.1 Petitions and locally organised questionnaires are an important source of consultation feedback, indicating public views and concerns about important aspects of the ‘Improving Healthcare Together’ proposals, and consultees must give them due consideration⁴¹. However, it should also be noted that petitions and surveys of this kind are typically focused on gathering views and support for the position of the organisers in relation to the proposals, rather than on the proposals themselves. They do not necessarily represent the breadth of views held by the wider general public, but rather demonstrate some specific local feelings and opinions.
- 10.2 The nature of the accompanying information provided by organisers, and the campaigning undertaken, therefore provide an important context. To reflect this, ORS has reported both the feedback received, alongside contextual information including the petition statements and summaries.

Overview of petitions received

- 10.3 Two petitions were organised during the consultation period and this chapter reviews those. It is not inconceivable that there have been others of which we have no knowledge, but we have cross-checked our records with those of the IHT team and the ones reviewed in the following paragraphs are all those known about.

Petition organised by Siobhain McDonagh (3,390 signatures)

- 10.4 The following petition, organised by Siobhain McDonagh, was signed by **3,390** people.

“We the undersigned oppose any closure of St Helier’s A&E or Maternity services as proposed by NHS South West London. We oppose cuts to services that are much needed by the residents of St Helier, Morden, Mitcham and beyond”

Petition organised by KOSHH (6,069 signatures)

- 10.5 The following petition, organised by KOSHH, was signed by **6,069** people (there were **1,768** online signatures and **4,301** paper signatures). It is worth noting that the petition was started before the General Election on 12 December 2019 and thus before the IHT proposals were published.

“We, the undersigned call on NHS England, The Secretary of State for Health and Social Care, all SW London & Surrey MPs, Councillors, GPs and all SW London and Surrey Downs CCGs to:

⁴¹ The IHT consultation plan (pages 35-36) highlights that petitions must be registered as they represent the expression of the views of the people who sign them. Whilst it is important for the consultation analysis to capture numerical data (number of signatures received), the consultation primarily focusses on a thematic analysis of responses (in the same way that any other responses are considered). The consultation plan can be viewed at: <https://improvinghealthcaretogether.org.uk/wp-content/uploads/2020/01/IHT-Consultation-Plan.pdf#page=35&zoom=100,62,750>

Permit NO CLOSURES, NO CUTS TO SERVICES, NO PRIVATISATION OF OUR NHS

To protect, maintain and improve all existing NHS hospital services at St. Helier, Croydon, Kingston, Epsom, and St. George's Hospitals.

To halt all hospital downgrades and closures

Keep all A&E, Emergency, Maternity and Paediatric services on all current sites

To cease all NHS land sales"

10.6 The online version of the KOSHH petition allowed signatories to add brief comments which were made available to ORS via IHT. All comments were read and the feedback addressed the similar to that received from some respondents elsewhere in the consultation:

- » Objections to the closure of Epsom or St Helier Hospitals;
- » The need for all services to be available locally;
- » Objections to the loss of key services – particularly A&E and maternity - at Epsom and St Helier;
- » Opposition to the privatisation of any or all the NHS;
- » Opposition to Conservative Government policies regarding healthcare and the NHS;
- » The potential pressure on surrounding hospitals (especially Croydon and St George's Hospitals) if St Helier closes or loses key services; and
- » Risk to life if any of the above happens.

10.7 There were four comments from respondents who had previously or currently worked in healthcare or who were training to do so. As these comments were strongly critical in nature, in contrast to the majority of feedback received from NHS staff responding via the consultation, there are included below for information:

I live in the area but also work in critical care services ... I drive daily to St George's, East Surrey, St Peter's, Kingston, St Helier, Croydon and Guildford hospitals. People in Ashted/Leatherhead are not close enough to those hospitals in emergency, and lives will be lost. We need a local ED dept, maternity services. You're risking lives

I am a nurse and know how important our services are. We need to support our services and not let a government with a hidden agenda destroy them

Having worked for the NHS as a paediatrician for 42 years, I believe in a publicly funded, delivered and accountable NHS and am against unevidenced closures, reconfigurations and privatisations. The views of local people need to be heeded

I was born at St Helier. In two years, I will graduate from medical school and I want to work in an NHS that isn't being sold off and is fit for purpose. I have dedicated the last seven years of my life towards becoming a doctor to do service. Not to work for an NHS that is slowly privatised. Not to work for an NHS that wants to close A&Es and services as opposed to investing in it.

Overview of locally organised questionnaires

10.8 In addition to the petitions, IHT was aware of four locally organised questionnaires, setup and promoted by third parties, namely:

- » Chris Grayling MP and Sir Paul Beresford MP: with support for any new hospital to be situated as centrally as possible, with emphasis on travel links and forward planning based on housing forecasts, with a new specialist centre based at Epsom (1,210 responses);
- » Merton Council: strongly supporting the following services being maintained at St Helier: emergency, maternity and Queen Mary’s Hospital for children (2,129 responses);
- » Healthwatch Sutton: promoted the formal consultation questionnaire, hosted by ORS, and also offered interested parties the option of making comment on their own website in response to the statement, ‘If you would like to share your views regarding Improving Healthcare Together’s proposal to change hospital services in Sutton and Epsom, please give details in the box below’;
- » Healthwatch Surrey: promoted the formal consultation questionnaire, hosted by ORS, and also offered interested parties the option of making comment on their own website, although no comments were made

10.9 The questionnaire organisers provide data and feedback to IHT, which ORS has reviewed and summarised below.

Merton Council questionnaire

10.10 The questionnaire organised and submitted by Merton Council was explicit in stating the view that all emergency, maternity and paediatric services should be maintained at St Helier Hospital, that any new SECH should be built at St Helier, and that relocating any of the above services to Belmont (Sutton) would result in a disproportionate impact on those living in deprived areas in greatest need of vital services.

10.11 The questionnaire asked three questions to gauge agreement or disagreement with the need for emergency services, maternity services and paediatric inpatient services (Queen Mary’s Hospital for Children) to remain at St Helier Hospital. There was overwhelming agreement (greater than 90%) in all three questions from the 2129 respondents.

10.12 Nearly 900 verbatim comments were collected via this questionnaire and delivered to IHT and ORS. The section below summarises the main themes arising and provides example comments for illustration.

The proposed model of care

10.13 Many of the respondents expressed concerns and opposition to the model of care. However, there were also voices of support for a new, purpose-built SECH. These supporters did, however, acknowledge that infrastructure and public transport improvements would be needed to improve access to a new hospital, regardless of site.

10.14 There was also support for refurbishing the two existing hospitals from those opposing centralisation of specialist acute and emergency services, as well as those in favour of the proposed model of care.

10.15 The need to retain all services at all hospitals to serve the needs of local people was the most commonly expressed theme in this survey, and a new SECH at Sutton was considered a threat to this. Also, Sutton was considered to be at too great a distance from the main areas of population density and deprivation served by St Helier, meaning that the poorest people would need to travel the furthest for specialist and emergency services. Furthermore, public transport connections from areas of Merton and Sutton are apparently poor to the preferred site at Belmont, meaning that the most vulnerable in the area would be further disadvantaged.

10.16 Many respondents expressed a strong affection for St Helier, praising the staff and highlighting the high standard of care and treatment received there by themselves and/or their families, sometimes over

generations. Most were concerned over the proposed loss of services – especially A&E, paediatrics and maternity services - and feared that loss of life would result from the greater distances involved in accessing these services if moved to Sutton. Many respondents were also concerned over the impact of the proposed changes on neighbouring hospitals like St George's, which are already under pressure.

- 10.17 Respondents were particularly concerned about the prospect of cuts to local services when bearing in mind the potential pressures caused by new building and population forecasts. The reduced number of beds was also a worry. Respondents also asked what would happen to emergency care during the building period, and whether services would be outsourced to private companies in the longer term.

Table 60: Key themes from comments made in response to the Merton Council questionnaire

Sub-Theme	Example Comments/Points made
Pressure on neighbouring hospitals	<p><i>Closing St Helier or taking away the services offered will put immense pressure on St George's and take money from what they also provide</i></p> <p><i>Closure would put so much pressure on an already crowded St George's hospital. That is where people living locally to St Helier would go</i></p> <p><i>This hospital needs to stay where it is and needs to be bought up to date. It would be ridiculous to close it when it is obvious that it is so needed!! People would not travel to Sutton just to St George's and over load them</i></p>
No closing or downgrading hospitals	<p><i>I've read about the proposals to build additional services at Sutton hospital so they can close them at St. Helier. This is clearly part of Boris Johnson's NHS vanity project to 'build more hospitals' without actually benefitting the local community. If he wants to build a new hospital in the area then do it, but closing existing services in a more working-class area is absolutely not the way to achieve this</i></p> <p><i>I believe very strongly that acute services must remain at St Helier Hospital AND at Epsom Hospital. If either hospital loses acute services, such as A&E, maternity, paediatrics, intensive care, coronary care, cancer care, emergency surgery and emergency medicine, EVERYBODY in the whole of SW London will suffer increased patient harm and increased unnecessary deaths. We need shorter journey times, not increased. We need more acute services, not fewer. More beds, not fewer. More Consultants and other medical staff, not fewer.</i></p> <p><i>St Helier is over stretched. Keeping community services there is a good idea to serve the local population and as a preventative measure. However, I think closure of A&E departments is a dangerous thing</i></p> <p><i>St Helier is the best location for A&E as it served the large St Helier Estate and is close to the ever-expanding developments in Hackbridge/Wallington</i></p> <p><i>What happens to all this emergency care until a new hospital is built?</i></p> <p><i>It's a good hospital with very dedicated people serving all the patients who live in and around the area. I cannot imagine being looked after in different hospital! St Helier is nearby and have all departments for my family and me. Please keep All services at St Helier!</i></p> <p><i>Myself and other family members love and loved St Helier and want it to remain. I was born there and my Mum always loved that hospital when needing to visit it. Staff are good and better in a lot of ways than some staff at St George's. More qualified at St Helier Hospital. I think its location is better where it is now and think A&E and maternity departments should continue there. I also quite like the visual appearance of St Helier</i></p>
Opposition on grounds of travelling too far for specialist services and impact on the most disadvantaged	<p><i>We need blue light and emergency departments as close to population centres as possible - every minute costs lives</i></p> <p><i>Residents will not travel to Belmont as many rely on public transport ... Ambulance handover times will also increase and therefore start costing the CCGs more money in fines</i></p> <p><i>Make sure they stay at St. Helier Hospital and use the money that has been invested and improve buildings at St. Helier so that old and poor people don't have to travel so far</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>For emergencies local access is of paramount importance. Services work best if easily accessible by the least mobile / most disadvantaged population.</i></p> <p><i>For Merton residents Sutton hospital is not very accessible and I think an accident and emergency department should be left at St Helier as it central to all of Merton residents. All hospitals are at breaking point. They are all so busy. We need more hospitals not less. So many new houses and flats are being built but no new GP or hospitals are being built. The NHS can't cope with the loss of another hospital</i></p> <p><i>Having benefited from the services at St Helier, I know how important they are. I wouldn't want a longer journey to another site, and do not believe the travel times quoted for such travel to be accurate or realistic</i></p> <p><i>Additional cost, time, and pollution will be added if new services are moved to Sutton</i></p> <p><i>When you are ill you don't want to be travelling a long way for treatment and if you have to stay your family can't visit you easily. Follow up appointments would be a problem</i></p> <p><i>I totally disagree for emergency services to be closed at St Helier Hospital. These services are vital to Merton citizens. Belmont is too, too far away, it would delay emergency access to an area unknown by many Merton inhabitants. I find it hard to believe that the CCG imagines that making sick people travel further for emergency help is a wise decision - it's appalling!</i></p> <p><i>Belmont is extremely hard to reach on public transport and there is lack of free parking. The area is already very congested with patients of The Royal Marsden, a new local school with 1000 pupils and the institute of cancer.</i></p> <p><i>I would like the hospital to stay because lots of mothers like me with babies who cannot travel far to any other hospital when needed</i></p> <p><i>The preferred site choice discriminates against the poorest, oldest and most disadvantaged in Merton to enable the better off in Sutton and Belmont to benefit. St Helier should keep the A and E service. All communities need a local accessible, well run hospital. Improve the existing building and facilities. This discussion about St Helier has gone on too long. Put it to rest and get on with improvements.</i></p>
Insufficient beds in the model	<p><i>We already have the lowest number of beds and doctors per 10,000 population in the developed world. Its madness to suggest that reducing that provision even more would "improve" anything for anyone</i></p> <p><i>There is not enough beds at the moment this will just cause more problems</i></p>
Threat of privatisation	<p><i>Will this end up with the outsourcing of facilities to private companies - facilities built with our money but later profits not going back into the system?</i></p>

^{10.18} Although relatively few in number, there were some responses to the Merton Council questionnaire from individuals who felt that the IHT proposals were a good option for the area. Some indicative examples of these comments are included in the table below.

Table 61: Examples of comments from the Merton Council questionnaire in support of the model of care

Sub-Theme	Example Comments/Points made
Support for the Clinical Model	<p><i>Building a new hospital is important for future generations</i></p> <p><i>The proposals for a new state of the art hospital and a refurbished St Helier are excellent!!!</i></p> <p><i>If we get on with it then monies to update St Helier can be released</i></p> <p><i>A new period purpose-built hospital in Sutton with modern facilities would improve patient care</i></p> <p><i>I think a new hospital would be good, but wherever you live, there will be differences of opinion! Personally, the new hospital sounds a good idea</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>Most Merton people use St. George's or Croydon or even Kingston. I don't see the problem with the NHS proposals</i></p> <p><i>We need a centralised and modern acute care hospital. The Sutton site is the obvious choice for Sutton, Merton and Epsom residents. We will lose the £500 million promised (again) if this doesn't go ahead quickly. It would be lovely to keep St Helier and Epsom as acute hospitals but that won't be allowed to continue due to cost. St Helier is massively expensive to maintain and Epsom too small/old/hard to get to for Merton residents. Presumably new transport links will be developed making the onward journey from St Helier and Epsom acceptable to patients and staff - not ideal but the best option. This has been rumbling on for years, time to get on with it</i></p> <p><i>The new proposals look good ... It's not that much different in travel, St Helier will still have a 24-hour urgent care department and most people I know think St Heliers is run down and needs replacing anyway</i></p> <p><i>The NHS is in a dire financial state and if consolidating buildings and services are the most efficient way of cutting cost and ensuring service delivery then I would support it - I need more information on the financials to fully comment but Royal Marsden doesn't seem that far from St Helier to me so I can't see its all that much of an issue for people to travel a little bit further, who cares if it's in a different borough- we are very lucky in London to have so many hospitals close by</i></p> <p><i>Maternity would be better served in a new specialist hospital</i></p> <p><i>St Heliers hospital is in a building that isn't fit for purpose in the 21st century. I see no problem moving some services to a new hospital building in order to provide a better standard of facilities across all the hospital sites</i></p> <p><i>I believe that the proposal is based on good analysis and will provide a more resilient service for acute emergency care, maternity and children</i></p> <p><i>I think it would be in the best interests of both the residents bordering Merton and Sutton to have a new state of the art hospital which is fit for purpose</i></p> <p><i>Acute and emergency services would benefit from being combined - not only would there be a benefit in terms of new building but in terms of knowledge sharing between staff</i></p> <p><i>(St Helier) Hospital is decrepit and needs overhaul ASAP</i></p>

Location of the SECH

- ^{10.19} While there was support for the CCGs preferred site of Sutton as a location for a new SECH, the balance of opinion in the Merton Council questionnaire comments was against it, although not hugely in favour of St Helier either. As mentioned earlier, concerns over St Helier were focused around its survival, upgrade and refurbishment as opposed to a desire that it becomes a SECH. Understandably, given the local nature of the questionnaire, the level of support for Epsom as the location for the SECH was also minimal.
- ^{10.20} Where there was explicit support for building a new SECH at the St Helier Hospital site, it tended to be on the basis that this location is easily accessible to a large population, and particularly to deprived communities and vulnerable residents including ex-forces people who are highly dependent on health services. It was also considered to be a more economical option than the Sutton site. Example of these views are included in a table below.

Table 62: Examples of comments from the Merton Council questionnaire in support of St Helier Hospital as a site for a new SECH

Sub-Theme	Example Comments/Points made
Support for St Helier	<p><i>Invest in the existing hospital which has served us so well</i></p> <p><i>I agree that there are more people who need the hospital services to remain at St. Helier. It serves not only two very large council estates in St. Helier and Rose Hill, but also Ex forces people with high dependency on health services who live in Haig Homes on Green Lane</i></p> <p><i>As a retired community Nurse who is familiar with the area, I have no doubt that St Helier Hospital is the most accessible for patients and their relatives. It is well serviced for frequent bus service for elderly relatives who are no longer drivers</i></p> <p><i>Leave it alone and plough funds into it to make it a super hospital. Residents want it to stay ... why waste money moving it to another area just put money into improving what we already have</i></p> <p><i>The services already in existence at St. Helier can be improved simply and efficiently for less than the proposed New Build Hospital in Belmont</i></p> <p><i>St Helier Hospital is the best location for these services and is central to a very large catchment area</i></p> <p><i>The proposal document states that building the new hospital at St Helier would be the cheapest option. How can they justify spending extra money on building it at Sutton?</i></p> <p><i>Why are we spending this money on a new build? Surely this money could be spent on the St Helier site improving the services and the building! This hospital has provided an excellent and vital service to the community. Let's just improve this and get on with the job in hand instead of building something else</i></p>

- 10.21 For those respondents who did view building a new SECH at Sutton positively, it was considered to be central to the area and most accessible to people living in Epsom as well as Merton and Sutton. Locating the A&E in St Helier, some argued, would disadvantage residents of Surrey Downs.
- 10.22 Co-location with the Royal Marsden was also considered a strength, and a number of respondents unfavourably contrasted the difficulties and expense of upgrading the outdated, 'ancient' St Helier Hospital buildings to ensure a modern, fit for purpose hospital to building a completely new hospital on a large vacant site in Belmont. The planning, time needed and disruption to patients and staff during construction at St Helier Hospital were also considered additional arguments in favour of Sutton.

Table 63: Examples of comments from the Merton Council questionnaire in support of Sutton Hospital as a site for a new SECH

Sub-Theme	Example Comments/Points made
Support for Sutton	<p><i>To provide a new Hospital at the Sutton site is the best option and not wasting money bringing an old site up to the required standards for modern day health care</i></p> <p><i>New acute hospital should be at Belmont. All Borough residents will benefit</i></p> <p><i>Surely the services have to be provided in the best place to meet ALL the people affected - not just those in Merton. Of course, I would prefer to have the services closer to Merton - but that would be a disservice to those in the Epsom area - this is the best option as far as I can see to meet the most needs and the most doable. Let's make it happen for all of us!</i></p> <p><i>I think these are great plans. Should have happened 15 years ago. Sad that the council does not see that the vast majority of 85% of services continue unchanged. We need a better hospital and building. This at Sutton will be brilliant</i></p> <p><i>I strongly believe the Sutton option is better for all who currently have to use St Helier and Epsom; it is a mid-ground and doesn't hugely disadvantage either Epsom residents or St Helier and Morden residents. As an Epsom resident the travel time to St Helier for A&E could be life threatening at most times of day but particularly during rush hour times. St Helier may be a better option for those living in Merton but it REALLY IS NOT for the rest of users and</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>surely good health care should be available to all in the surrounding area? Public transport options to the St Helier site are not great and makes attending St Helier difficult and much longer for those of us living outside of Morden. Car parking is also not good and very costly, and I can't see that changing none of which makes access to St Helier easy from outside of Morden. It fills me with fear for my family at times of a health emergency were the key services and A&E to be based at St Helier rather than a new hospital in Sutton</i></p> <p><i>I think if maybe the maternity or children's services move to Sutton hospital, they can have bigger wards and more services</i></p> <p><i>Emergency hospital with consultant led maternity should be in a new hospital on the Sutton site</i></p> <p><i>A purpose-built unit for maternity services would be best, so being as there is proper consultants and staffing, HDU and SCUBU units and birthing suites and more private accommodation available as ordinarily it is best to be attached to a main hospital in case of complications</i></p> <p><i>I believe it should move to a new location at Belmont which is only about 10 mins away from St Helier. Why won't you want a brand-new hospital?</i></p> <p><i>I have read the proposal and seen that Sutton is your preferred option for specialist emergency care. I live in Wimbledon and I think this makes sense on the basis that I consider St George's easy for people living in my location to get to. We don't need another option. You also mention that Sutton would cause least disruption for elderly people, so I think that makes sense</i></p>
Unsuitability of St Helier and Epsom	<p><i>St Helier is no longer fit for purpose. A new state of the art emergency hospital is exactly what the community needs. A few extra minutes travelling time for some will make no difference to outcomes.</i></p> <p><i>Sutton is a better location for the area covered by Epsom and St Helier Hospitals. Epsom is too far from the St Helier estate. St Helier is too far from Epsom and Dorking. Building at a working hospital will be disruptive. Starting from scratch at Sutton will give a state-of-the-art hospital to carry the whole area through the 21st century</i></p> <p><i>St Helier Hospital is not fit for purpose, it has been decades of talks and failed plans and wasted finance modernisation onsite it would be much more sensible to move all these services to a new hospital in Belmont near the Royal Marsden. The site would offer much better quality of care and modern facilities that will far outreach any potential for keeping facilities in St Helier which is ... costing the public ridiculous amounts of money in trying to keep a crumbling building running</i></p> <p><i>The Sutton Hospital site is completely vacant, and a huge site located next to The Royal Marsden Hospital and The Cancer Research Institute. The plans are not just about residents of Merton; they are for the whole catchment area including Sutton and Surrey Downs. Merton residents are already fortunate to have St. George's Hospital within two to four miles away in Tooting. Do they complain if they have to visit St. George's Hospital? As Sutton Hospital is at maximum 10 mins extra time away from Merton, I find it insulting for your Council to assume that your residents would not be able / happy to use a brand-new Hospital in Belmont. I agree that there are some deprived areas in Merton but having a new hospital at Belmont will not adversely affect the health of these deprived residents in any way. I cannot see how spending this new money on the existing dilapidated, congested buildings at St. Helier is even feasible, practical and timely. Keeping these 3 services at St. Helier fit for purpose will require significant improvements to this Hospital site that cannot be done without years of ongoing building work and noise. Do you feel that this is really acceptable for existing patients to recover, for staff, patients and families who will have to visit and use a building site for years? How will your current obsession with maintaining these services at St. Helier possibly benefit all residents of Merton, whether deprived or not. I notice too that your Council fails to advocate for the psychiatric needs of your Residents. As things stand there are no Psychiatric beds in Merton - patients have to go to Springfield Hospital in Wandsworth. So, a new Hospital including all services at Sutton is the ONLY option</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>The maternity unit is lacking in capacity, cleanliness and aging facilities at St Helier and there are a lot of infections post-surgery</i></p> <p><i>Fully support the proposal to relocate some services to a new site. Both Epsom and St Helier have little room to expand. Indeed, St Helier is well past its sell by date. A new critical care and maternity unit at a new site is the only answer</i></p>

Additional Suggestions

10.23 Respondents to the Merton Council questionnaire made a number of additional suggestions to be considered, including:

- » Reducing car parking charges;
- » Encouraging company adoption of hospital wards to enable essential nursing to remain local;
- » Building houses for nurses and hospital staff in the grounds and charging a reasonable rent. This would encourage staff to remain in the area and enable them to save for their own properties;
- » Demolishing St Helier Hospital and selling off the land to fund a new hospital ‘not too far away’;
- » The CCGs, Trust and Councils to lobby the Government for investment in the existing St Helier and Epsom sites;
- » Opposition to any land sales for housing on the St Helier site, which should be retained for healthcare purposes; and
- » Opening a similar facility to ‘The Wilson’ as it is hard to get GP appointments. This would help provide access to primary care for people moving into new housing developments.

Comments on the IHT consultation

10.24 Several respondents commented on the IHT consultation processes. While some criticised the number of previous attempts at arriving at a workable solution and the money wasted in the process, others complained that the decision was in effect a done deal and that the preferred option would be implemented regardless of the consultation process.

10.25 There were also a number of critical comments about the Merton Council questionnaire itself, as well as perception by some that the council had attempted to steer opinion against the preferred proposal and, in doing so, potentially jeopardise funding for investment into hospital services in the area.

10.26 Examples of both types of comments, are included in the table below.

Table 64: Examples of comments from the Merton Council questionnaire in support of Sutton Hospital as a site for a new SECH

Sub-Theme	Example Comments/Points made
Consultations are a waste of time and money	<p><i>This is the fifth time there’s been a consultation on this, which is an immense waste of money that could have been spent on actual services</i></p> <p><i>Year 2004 was the last time to build another hospital, but nothing has been done since. It’s already 2020. So much talk, nothing has been done until now</i></p> <p><i>You have spent millions on consultations to try to move or close St Helier and this could have been spent on improving its buildings, services and doctors, nurses.</i></p> <p><i>I listened to the panel at Thursday evenings ‘official consultation’ meeting in Mitcham. It was clear they were not open to any discussion contrary to their preferred Belmont site</i></p> <p><i>Stop with your ‘Yes Minister’-style leading questions. Try offering facts and letting people weigh them up fairly</i></p>

Sub-Theme	Example Comments/Points made
Criticism of Merton Council questionnaire and opposition to the proposals	<p><i>Sometimes we need to think about the bigger picture and move politics aside. St Helier is crumbling and isn't fit for 21st century care. Your Facebook post is scare mongering and inflammatory. A&E, maternity services etc maybe relocated. There is no proposal to close them. Residents will be able to use Sutton if that's the chosen site. It's a shame you can't see the bigger picture here. It has to be built somewhere and if everyone becomes territorial this will never happen and you'll be left with an outdated crumbling hospital</i></p> <p><i>This is just a political questionnaire and being used to try and score political points against the current government - this topic is always brought out when convenient - St Heliers has been closing for years if you believe some people and surprise, surprise it's never closed yet! The way this council has gone completely against £500 million to be spent on local health services is shameful</i></p> <p><i>Why is the Merton Council Labour Group, who run Merton Council, pursuing an ill-informed and partisan policy of undermining all the detailed work being done by the management of our local NHS, who are predominantly dedicated Doctors, to roll out asap a new state of the art, well-equipped A&E Department for the whole area in favour of a smaller, second-rate A&E and Maternity Service? No coherent arguments were put forward by Siobhain McDonough and the cohorts of Labour Cllrs at the recent Mitcham consultation on this. The level of O&M knowledge exhibited was pitiful, let alone any knowledge of modern medical service provision. It was a disgraceful display of political football, playing fast and loose with the health of the people of Merton. It beggars belief, as does the wholly inadequate commentary at the beginning of this survey</i></p> <p><i>I work at the hospital. We need a new hospital at Sutton it's a crime that Merton Council are trying to stop it for political reasons</i></p>

Questionnaire organised by Chris Grayling MP and Sir Paul Beresford MP

- 10.27 The questionnaire organised and submitted by Chris Grayling MP and Sir Paul Beresford MP was explicit in stating their support for the proposed investment and development of a new SECH, while putting forward an argument that the best location would be in Epsom.
- 10.28 The questionnaire put forward a series of statements summarising the views of the two MPs on the principles and evidence on which a decision should be made, concerns about land sales, and on Epsom as their preferred site. Each of these statements received overwhelming agreement from the 1210 respondents.
- 10.29 Over 600 verbatim comments were given in answer to the question: 'Do you have any other comments about the hospital plans?' The section below summarises the main themes arising and provides example comments for illustration.

Proposed model of care

- 10.30 There was some support from respondents for the clinical model proposed but also a view that the intention of the proposals is to close Epsom and St Helier Hospitals; a view that dominated the comments somewhat.
- 10.31 Many respondents were against any downgrading of Epsom and St Helier Hospitals, believing they should retain all existing services (maternity and A&E, in particular were frequently mentioned) and beds - particularly in light of the growing population in the local area and increasing problems with traffic congestion and access. Many supported investing in the existing hospitals rather than having a new, relatively remote specialist hospital.

Table 65: Themes and indicative comments on the proposed model of care from the questionnaire organised by Chris Grayling MP and Sir Paul Beresford MP

Sub-Theme	Example Comments and Points Made
Support for the clinical model	<p><i>Ok build a new facility near the Marsden but keep and build up both St Helier and Epsom hospitals</i></p> <p><i>I believe that we should maintain smaller but updated services as mentioned in Epsom with a new bigger state of the art hospital at the Marsden site</i></p> <p><i>Building the new hospital on the Sutton site is actually a win-win situation for all. Epsom (and St Helier) hospitals will remain; each with an acute treatment centre (manned 24/7 365 days) AND we all gain a new specialist acute hospital with better services and facilities for the whole community. In addition, there is the possibility that it could support children's services at The Marsden which is the preferred option of patients, families and staff</i></p>
Opposition to closure of Epsom and St Helier (NB: not part of proposed model) Opposition to downgrading Epsom and St Helier	<p><i>Bitterly disappointed that the Tory government since 2010 /2015 and now UNDER BORIS JOHNSON is closing two much needed hospitals to make one</i></p> <p><i>Due to the rising population, people living longer and the proposed new housing we think that neither hospital should be closed and a third one should be built. Epsom hospital must not be downgraded. Investment must be given to the existing hospitals</i></p> <p><i>Acute services should be provided at ALL sites! It's such an essential basic right for everyone in the affected areas</i></p> <p><i>Very, very concerned about the probability of losing full A&E, acute surgery and maternity services. The plans should take full account of road congestion and travel time to the sites in emergency situations. Sutton can take a LONG time in bad traffic: unsafe</i></p> <p><i>Given population growth, housing targets and the pressure that already exists on hospitals we need more beds not less. We should keep and upgrade both Epsom and St Helier hospitals to ensure full services at both</i></p> <p><i>If Epsom loses maternity and A&E, I would not consider the area safe for my family in an emergency as St Helier is very poorly accessible and other options are also traffic hotspots</i></p> <p><i>There should be far more hospitals, each covering a relatively small area of population than facilities being concentrated in just a few "hubs" that are hard to reach for most people</i></p> <p><i>As much of the new housing in the north of Mole Valley over the next 15 years will attract young families, it is particularly important to retain full maternity, including delivery, services at Epsom</i></p> <p><i>The areas shouldn't be governed as a single unit at all. They should be separate, each served by a centre of excellence, by improvement of both the existing Epsom and St Helier and Epsom hospitals. It is difficult enough for patients who already have to travel so far for cancer treatment. Expanding that travel nightmare to encompass so many more patients with various illnesses is unacceptable and unreasonable, and a seriously retrograde step</i></p> <p><i>Even amidst the creation of the new Sutton site, it needs to be of a top priority that attention and funding is still given to Epsom and St Helier sites as these hospitals are struggling a lot from underfunding, understaffing, and tough work loads</i></p> <p><i>Why not split the funding between Epsom and St Helier, use the land at these sites to provide the required services, no need to purchase land, start spending fortunes on consultants – again ... investment at the current sites could surely cover more specialist needs</i></p> <p><i>It will lead to the new acute overtime hospital getting most new resources [as investment tends to be targeted to acute illnesses which can be "cured" by high tech intervention whilst the other two are gradually starved of investment yet still having to manage long term but less sexy chronic conditions and provide a less glamorous range of services to increasing numbers of elderly patients</i></p>

^{10.32} While supporting maintaining Epsom and St Helier hospitals as they are, one respondent highlighted an issue around the Royal Marsden Hospital and its need for emergency and major surgery that the model aims to address:

I understand the Marsden risks losing its status as a centre of excellence for the treatment of and research into Children’s cancer if it does not have provision for emergency and major surgery. How can these things be balanced in the proposals?

- 10.33 One respondent with experience of reconfiguring health services in another part of the country was doubtful about the model and concerned that the funds available would be insufficient to achieve a viable outcome:

I would have major concerns that building a new hospital at Sutton would not provide the community with a viable acute hospital ... I actually agree that Sutton will not be a good solution and will be more expensive. £500 million with a five-year lead time and large contingencies seems to me to be insufficient if there is an intention to upgrade Epsom and St Helier for a 20-year future.

- 10.34 Several others doubted that resources would be sufficient to sustain three hospitals and had real concerns over staffing. The number of beds included in the model was also concerning for respondents, who noted that only four additional beds will be provided, bringing into question the value-for-money of the proposals. In these and other regards, there were some strong concerns expressed regarding the long-term sustainability of the proposed model of care.

Table 66: Sub-themes and indicative comments regarding bed numbers and the sustainability of the IHT proposals

Sub-Theme	Example Comments/Points made
Concerns over the sustainability of three hospitals	<p><i>I am not convinced that with a shortage of medical and nursing staff predicted three hospitals rather than two will be sustainable.</i></p> <p><i>Building a new hospital will mean we have three understaffed sites instead of the two we have currently. The disruption of a no or poor deal. Brexit and the impact of new immigration controls will exacerbate the problems of staffing three local hospitals. The best solution is to put additional funding into the two existing hospitals.</i></p> <p><i>Have plans been made in advance for training of Doctors, Nurses, and associated professions including semi-skilled workers and have these been included in the costings? There is no point building a new hospital anywhere if there are no staff to run it!</i></p> <p><i>There is no point in dividing the medical staff between three units making continuity of care even more difficult. This has proved a difficult problem in the present two site model.</i></p>
Concerns over bed numbers	<p><i>By centralising acute/ high dependency services at a third hospital, we lose out on bed capacity, as those beds will be removed from both St Helier and Epsom. With a rising population, this does not seem viable. It will increase waiting times.</i></p> <p><i>It is unbelievable that £500 million will be spent and, in the end, only four extra beds will be added overall. I think the NHS needs to get in some expert help from those in the country who have already built a new hospital to see if the present plans are the most efficient and effective.</i></p> <p><i>These must all be long term plans - looking ahead for at least twenty years so as to take account of local births and population growth. All other planning will be wasteful of funds</i></p>

Transport/Access

- 10.35 Respondents were, above all, concerned about extra travel for most patients living in the south of the area, should Sutton or St Helier be selected as the site of the SECH. Once again, they mentioned house building plans and population forecasts for the Surrey Downs area which will add to existing transport and travel problems in future.
- 10.36 Concerns about Sutton as the site for A&E were raised in the context of the existing narrow and congested roads in Belmont. Respondents fear that extra travel times will increase risk and loss of life. Moreover, it was said that further and more difficult travel adversely impacts all, but particularly the unwell, people with

disabilities and older people, many of whom do not drive. Respondents suggested that public transport and access concerns should be resolved as a priority before a new hospital is developed.

- 10.37 Some respondents also said that traffic congestion and inadequate public transport would be barriers to locating the SECH in Epsom, whilst others suggested more and cheaper car parking and park and ride schemes.

Table 67: Sub-themes and indicative comments regarding travel and transport to a new SECH

Sub-Theme	Example Comments/Points made
Concerns over travel and transport particularly to the Sutton site	<p><i>People from the further reaches of the Surrey area would be faced with unacceptably long journeys to either the Marsden or St Helier and likewise those from the area currently served by St Helier, should the decision be made in Epsom's favour</i></p> <p><i>Belmont/Sutton is just not a feasible location for so many who are on the far-side of Epsom (towards Bookham etc) - it is outrageous that so many of Epsom's vital services could be moved</i></p> <p><i>I regularly attend the Royal Marsden. The site is extremely difficult to drive to up two narrow roads from Belmont It is completely unsuitable as an A&E site</i></p> <p><i>I dread the thought of trying to get to the proposed Sutton Hospital. Bad transport, bad parking, narrow roads</i></p> <p><i>Around the Sutton Hospital site, which is a call en route, the roads are very narrow and residential, and without a major spend on roads, I believe delays to ambulances could be life-threatening</i></p> <p><i>Moving the new site to Sutton leaves a lot of people who currently use the Epsom and St Helier sites in a very difficult situation given the tougher access routes to the proposed new Sutton site</i></p> <p><i>If a new hospital is built in Sutton ... the residential roads around would not be able to cope with the volume of traffic or incidental parking. It is essential for a new hospital to be built with good transport links, as with climate change, we are attempting to lessen the use of car journeys. Good public transport access is the first criteria required</i></p> <p><i>If Sutton is chosen there should be much more car parking space and bus and train services to it should be greatly improved. I've heard there's a school next to it which is being expanded which will increase traffic congestion and parking demand. This problem has to be resolved before a new hospital could be built</i></p> <p><i>There seems to be no consideration for the disabled and the elderly who are not able to drive. Enabling them to get to hospital is very expensive and ask owners to cover the costs by driving and hide the expense</i></p> <p><i>Travelling all the way to Sutton for treatment is not appropriate for people with immunity suppression, disabilities or requiring urgent care</i></p>
Travel and transport difficulties in Epsom	<p><i>Epsom is too far for the people of Sutton to get to if they cannot drive. And Epsom high street is too busy for to take the extra volume of traffic</i></p> <p><i>We need to achieve what is best for the residents of both Sutton and Epsom. If the newly proposed hospital has adequate transport links and is easy to get to then a better option. If emergency services need to travel through to St Helier or Epsom in rush hour then this is a No no</i></p> <p><i>Traffic and parking at Epsom hospital is horrendous. Sutton has a far better and less expensive bus services and are far more frequent</i></p>
Parking issues	<p><i>Car parking also needs to be considered. All three hospitals have small car parks so any expansion of the buildings/ increase in users would reduce the parking places further. Perhaps free park and ride schemes?</i></p> <p><i>The trouble with Epsom is parking you would need to factor in at least doubling the space (multi-storey?) and I don't see how that will be managed</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>Parking to be available and CHEAP, too expensive at the moment</i></p> <p><i>Please look at the parking at both hospitals. The public transport system is not reliable and parking at both hospitals is a nightmare. If a new hospital is built at Sutton people in Epsom and surrounding areas will have no way of getting to the new hospital on public transport. It is impossible to get to St Helier as it is</i></p> <p><i>Adequate parking facilities must be factored into the proposals. It's all very well building the hospital close to public transport links, but people don't necessarily live near one of these links so cannot easily take advantage of public transport</i></p>

Location of a new SECH

- 10.38 There was little or no support for St Helier as the site for a SECH in the comments, but sound support for Sutton and Epsom, with the balance being in favour of Epsom.
- 10.39 Concerns over travel and access to the Sutton site were very common, as already highlighted, and some said they would support the location of a SECH there only if these concerns were overcome. One respondent suggested bus links from the railway station, for instance.
- 10.40 Support for Epsom as the site for the SECH was predominant in the comments for reasons of: proximity to respondents; having no acute care facilities within 15 miles (unlike St Helier and Sutton); being 'central' and having good transport links from other areas in the catchment; having an expanding population; proximity to the M25 (the nearest hospital for RTAs); being a cheaper build; and being a 'phenomenal' hospital held in high regard and affection by local people.

Table 68: Indicative comments in support of Epsom Hospital as the site for a new SECH

Sub-Theme	Example Comments/Points made
Support for Epsom	<p><i>I prefer Epsom site as I live in leatherhead and if I had to go by car in an emergency by the time, I reached Sutton I would probably be dead</i></p> <p><i>It is noticeable that St Helier Hospital is within five miles of a number of other hospitals with acute care facilities whereas Epsom Hospital is almost (on average) 15 miles from other acute care facilities. A more sensible proposal would be for the new care facilities to be closer to the Epsom than be situated further north</i></p> <p><i>Heartily agree that Epsom is geographically central to area the proposed new hospital will serve, is better provisioned with road and rail services, and population is planned to grow significantly.</i></p> <p><i>I believe Epsom is the best possible site for a new hospital as it has far better transport links than the Sutton site. It is going to be more difficult for older and infirm people to access Sutton than it would be for Epsom</i></p> <p><i>There is an ambitious housing plan in the Epsom Hospital catchment area to 2023 which is expected to increase beyond too. Therefore, Epsom Hospital continues to be important to the local infrastructure and growing needs. The ageing population locally will see an increased demand too</i></p> <p><i>Epsom is nearer to the M25 in case of major incidents there. There are other hospitals near to Sutton that can handle emergencies in the vicinity.</i></p> <p><i>Epsom is a phenomenal hospital and all the staff and treatments there are incredible! Myself and my family cannot recommend the hospital enough!</i></p> <p><i>Due to the expected housebuilding proposed for Mole Valley area there will be great need of all facilities to be used at Epsom due to better transport links, however there must also be substantial highway improvements for entering the hospital together with multi storey car</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>parking capable of holding up to 2000 cars both for staff and visitors. The land at the front of the hospital should be retained for future expansion of hospital facilities</i></p> <p><i>Surely if something is cheaper to build, that makes perfect economic sense?!</i></p> <p><i>I would like to see Epsom as the only option and recommend a multi-story car park as a must when the decision is made</i></p>

^{10.41} Respondents did, though, highlight the advantages of the Sutton site, including: co-locating with the Royal Marsden and thereby concentrating specialist cancer and other specialisms in one location; having the space available on a new site, and thus causing minimal disturbance to services during construction; and being central to the wider population across the area. In supporting Sutton, respondents highlighted some disadvantages of Epsom, including not being easily accessible to people living in the north of the catchment area and having old and ‘depressing’ buildings not suitable for a state-of-the-art new facility.

Table 69: Indicative comments in support of Epsom Hospital as the site for a new SECH

Sub-Theme	Example Comments/Points made
Support for Sutton	<p><i>I worked for 17 years at the Royal Marsden on the Sutton Site. I agree that access to that site is not great. However, there is also some value in pooling the resources of a world-famous specialist hospital and a general hospital</i></p> <p><i>Public transport will, as always, follow demand so services to the Sutton site may be expected to improve as the whole medical area next to Marsden continues to expand</i></p> <p><i>If not Epsom, then Sutton would be preferable to St Helier, assuming improved road/access links can be achieved.</i></p> <p><i>Sutton is the obvious solution because it is central to both Sutton and Epsom and most importantly it is just off the A217, so it is easy and fast to access, especially if there is an accident on the M25</i></p> <p><i>I prefer the Sutton option as there is more land available to develop as opposed to either of the other two sites. As regards transport Sutton Station is as close to the Sutton site as is Epsom. In my opinion wherever the hospital is eventually sited it should be served by a direct bus service from the Railway Station direct to the hospital site which could be operated by the appropriate hospital on a chargeable basis that would cover all costs involved</i></p> <p><i>Totally agree with what is proposed, having lived in the borough of Sutton and familiar with the hospitals there and transport</i></p> <p><i>A brand-new hospital should be on a brand-new site i.e. Sutton. Epsom is too old a building and would do better to serve the services you mention but mainly a place for the elderly which are being overlooked ... Whenever I've had to take my elderly mother to Epsom Hospital the whole place feels tired and to be honest, the staff look bedraggled compared to those in a specialist hospital like the Marsden</i></p> <p><i>Although obviously I would prefer the new hospital to be built in Epsom - travel is also very difficult for those coming from the St. Helier area. Therefore, Sutton is the best site for all ... If the new hospital is at the St. Helier end, then the same travel difficulties from Epsom end. Better travel needs to be put in place for all and everyone wants the hospital built as soon as possible</i></p> <p><i>As a nurse in the NHS and having worked at Epsom Hospital I really believe that a new hospital at the Sutton site is the best option going forward. It will enable a far superior setting with state-of-the-art equipment. It will provide a bright modern working environment that can only bring pride to those who work and use the new facility. It will also have a positive effect on staff morale. Working at Epsom and St Helier is so depressing. The buildings and environment are just not fit for purpose. I am very passionate about Epsom as this is where I was born and worked, but it's time for a change and a new chapter</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>I have reviewed the published consultation material and I agree with the favoured solution of a new hospital in Sutton. The geographic argument you've put forward is wrong as it is area based not population based, even allowing for more development in the Surrey area. You have been forced to support development at the Epsom site as that is where your votes come from. You are not able to take a balanced view based on medical circumstances which the three NHS Clinical Commissioning Groups, which includes the Surrey Downs, have done in coming to their favoured option of a new hospital in Sutton</i></p>

Finances

- 10.42 As well as the general comments mentioned above in relation to value-for-money, one respondent raised an important concern over the potential for escalating costs of the project and the likely impacts on resourcing the new hospital and the two district hospitals.

An important issue will be planning blight and ongoing savings programmes at St Helier and Epsom, whilst the new hospital is built. This is because the costs will escalate over the time frame even issue such as the cost of steel will have a major impact. The outcome will be an under resourced new acute hospital at Sutton and insufficient funds to upgrade Epsom and St Helier. Neither Epsom nor St Helier will be able to provide a 24/7 cover due to ongoing staff cost savings.

Additional Suggestions

- 10.43 A number of suggestions were made by respondents. Typical comments are included in the table below and can be summarised as:

- » Alternative locations for a new SECH in Epsom, other than the existing hospital site;
- » Underground parking at all hospital sites;
- » Working closely with TFL for transport infrastructure planning to improve the public transport network;
- » No more selling of hospital land at Epsom (strong concerns over land already sold on hospital site);
- » Using the land at the front of Epsom Hospital as a bus layby;
- » Providing affordable staff accommodation near to the SECH;
- » Rebuilding St Helier as the local district hospital for the north and Epsom as the major general hospital with all specialisms for the whole area; and
- » Upgrading St Helier and Epsom - Epsom becoming the major acute centre for the local population; St Helier upgraded as an ACAD; St George's gaining acute services and acute maternity/paediatrics.

Table 70: Examples of suggestions and additional comments on proposals

Sub-Theme	Example Comments/Points made
Suggestions	<p><i>What about building where the Epsom and Ewell Community Hospital at West Park currently is. There is space there, green fields, good transport links</i></p> <p><i>Could land at old mental hospitals be considered too</i></p> <p><i>I would suggest that the prime location for a new Epsom hospital building would be on the site and surroundings of Hollywood Lodge, which has been burned out and derelict for some years. There is unused land on each side of Horton lane and the site would adjoin the present</i></p>

Sub-Theme	Example Comments/Points made
	<p><i>new location of the Cottage Hospital. Good access via Horton Lane and the B280 that has feeders from the M25 and A3</i></p> <p><i>A far braver option would be for Government to step in and impose a solution new site close to rail and the A24 south east of Ewell East station where a new facility could be built if land (Newcott) was compulsory purchased. If this was done it would provide a major facility close to transport links for all those in the catchment area and the existing buildings/land rationalised. This would be a strategic, national, infrastructure decision made on behalf of all in the catchment area - not a decision based on local land use/ownership reasons. St Helier (which I visited this week) is a dump and needs closing; Epsom is too crowded and inefficient; the Marsden is too remote</i></p> <p><i>Epsom Hospital should be demolished, and the complete site redeveloped for housing. A brand-new hospital complex should be built on the old existing mental hospital land. There is more than enough land for hospital redevelopment and parking. The current Epsom hospital site is a joke for further hospital redevelopment and any one with half a brain and any common sense will understand this. Cluttering up the existing hospital sites with more building is not only stupid it is cretinous</i></p> <p><i>Parking facilities are dire at all hospitals, overspill being forced to park in local streets - would it be possible in the new constructions to cater for underground well-lit parking facilities?</i></p> <p><i>There should be an action to work with TFL to ensure transport infrastructure (buses) is developed in recognition of the needs of the new Sutton Hospital. This is not an insurmountable hurdle and has been sadly neglected by those opposing Sutton</i></p> <p><i>If the Sutton site is chosen over our Epsom preference, the planning should include greatly improved public transport, both from the Sutton and Epsom / Ashted areas.</i></p> <p>NO MORE EPSOM HOSPITAL LAND MUST BE SOLD. A HOSPITAL NEEDS SOME AIR SPACE AROUND IT. THERE IS NO SPARE SPACE AT EPSOM HOSPITAL - EVERY INCH IS CURRENTLY BEING USED</p> <p><i>I also believe that the land at the front of Epsom Hospital should not be sold off - this is vital to keep for any further expansion of this hospital in future as the population continues to increase dramatically, particularly the elderly population and once it's gone it's gone forever. This needs extremely careful consideration for the future needs of a fast-growing population - not just a short-sighted quick fix for now</i></p> <p><i>I am appalled at the proposed planning to redevelop the site. We need a hospital not a huge tower block of flats!</i></p> <p><i>Affordable housing for staff members local to the new hospital should be considered during consultation. This would improve recruitment/ retention of staff plus making the response to emergency call up numbers of staff required</i></p> <p><i>Rather than sell off land at the front of Epsom Hospital adjoining Dorking Road, if the NHS feel that this space is redundant to their current plans, then perhaps the space could for the present at least be converted into a bus lay-by area, to allow TfL to extend all Epsom bus services,(406,479,418 as well as 166 and 293) from the town centre, where they can cause congestion up to the Hospital to turn round. This would significantly improve public transport connectivity from the London side of the catchment area</i></p> <p><i>Far better to rebuild St Helier as a Local District hospital [to serve the far north of the catchment and parts of S London/Merton] and rebuild Epsom as the major General Hospital which will provide the full range of services to the WHOLE area - especially Surrey plus Cheam/Sutton areas</i></p> <p><i>Upgrade both St Helier and Epsom, with Epsom becoming the major acute centre for the local population and St Helier being upgraded as an excellent ACAD, with acute services and acute maternity/paediatrics moving to St Georges</i></p>

The Questionnaire / Consultation

- 10.44 Various comments were raised around the IHT consultation process, such as: not receiving adequate responses to questions raised; inaccurate and overly optimistic information on travel times in the consultation documents; and bias towards the preferred proposal.
- 10.45 Some comments criticised this specific questionnaire on the basis that it was ‘poorly designed’ and ‘biased’, while others raised the wider point that each area and their associated political representative were seen as fighting for the SECH to be close to their local population rather than supporting the best site strategically for the benefit of the majority.
- 10.46 Finally, frustration with the time it has taken to reach this point was expressed, with some respondent urging decision makers to just ‘get on with it’.

Table 71: Themes and indicative comments criticising the IHT consultation process and the local questionnaire

Sub-Theme	Example Comments/Points made
<p>Criticisms of the consultation</p>	<p><i>I have found it very difficult to get simple answers to my simple questions from the Improving HealthCare project team. Rather than answering my questions they refer me to sections of a 300-page report and even with these referrals, I can't find the answers. If this is supposed to be a true public consultation, they should be able to answer simple questions and the opposition should be able to put their side of the story</i></p> <p><i>A farcical comment I have heard is that it only takes 15min to get to Sutton from Epsom - because we checked it on Google Maps!!!! I know I am wasting my time completing this questionnaire but want to show my disquiet and distrust of this consultation process</i></p> <p><i>The leaflets through my door were not comprehensive and unbiased. They already pointed to a decision but were very information light on how they arrived at it</i></p> <p><i>Regardless of our views, the hospital will be sited by the Marsden. This country has poor strategic skills, has no idea how to manage budgets. With an aging population more people are going to be reliant on good public transport in their senior years, the Marsden site does not address this at all. I believe the decision has already been made, making my views irrelevant</i></p> <p><i>The major problem that I have seen is that every CEO has a vested interest to build up their own facility and immediately asks the public for support, thus obstructing the more rational outcome that may be required and involve loss of services in their own Hospital. They should analyse the best solution in terms of delivery of service with good statistical support. If a clear medical case can be provided for the best option showing that it will benefit patients, the public will support it</i></p>
<p>Criticisms of the local MPs stance and this specific questionnaire</p>	<p><i>This whole process appears to be corrupt with Grayling gaslighting everyone along the way</i></p> <p><i>These questions are too basic. They are very leading. If we say yes to central this could mean anywhere</i></p> <p><i>This questionnaire appears have questions designed to support the case you are trying to make and not the full range of objective criteria needed. For example, access should be good, but the decision not based on current transport arrangements as these could be adapted / improved. Similarly, many other options for land for NHS use - use not yet described.</i></p> <p><i>Disruption during building would be less if on Sutton site etc etc. Geographical centre is a very moot point and so that question is also biased</i></p> <p><i>Very sad to see so much politics. What a surprise Epsom MP supports Epsom option, Morden MP supports St Helier and Sutton MP supports Sutton option. People are not stupid, but MPs always think they must support their local hospital regardless of what is best. I have attended one of the consultation presentations and believe Sutton is by far the best option</i></p>
<p>Exhortations to make a decision</p>	<p><i>This matter has been going around in circles for how many years??</i></p>

Sub-Theme	Example Comments/Points made
and move forward	<p><i>Very much hope that once decision is made on the site everyone will rally round to get this delivered rather than challenging it</i></p> <p><i>Get on and do it. I have filled in soooo many surveys. Make a decision. put a time limit on this last consultation and build something</i></p> <p><i>I think the powers that be should get on and make a decision as it has been discussed for far too long and extra beds and facilities are urgently needed</i></p> <p><i>Can't believe this is still being discussed and consulted over 20 years on from when it first appeared on the agenda. Just get on with it</i></p>

Healthwatch Sutton Survey

^{10.47} In addition to the two substantial questionnaire reported above, Healthwatch Sutton both promoted the formal consultation questionnaire, hosted by ORS, and offered interested parties the option of making comment on their own website in response to the statement, 'If you would like to share your views regarding Improving Healthcare Together's proposal to change hospital services in Sutton and Epsom, please give details in the box below'. While only a handful of comments were passed on to IHT and ORS, they are nonetheless included in the table below.

Table 72: Themes and comments received via Healthwatch Sutton

Sub-Theme	Example Comments/Points made
Concerns over public transport to Belmont	<p><i>My main concern is PUBLIC TRANSPORT. To get to Epsom hospital I have to take the train to Epsom then walk to a bus stop. The train is good with heated waiting rooms and seats etc. But the bus stop is on a busy road with no seating. And runs every 30 minutes! I just missed one once and felt considerably challenged - the arthritis in my neck and hip causing pain. So, there is no direct bus going to Epsom hospital from Sutton</i></p> <p><i>I am unaware of any bus from Sutton going direct to the Royal Marsden hospital. The 80 and 180 stop at Belmont and from there it's an uphill walk to the hospital. In fact, I note that hospital staff are picked up at Sutton station by a private coach. Such is the service!</i></p>
Impact on local residents of increased traffic and congestion	<p><i>As somebody who lives near to the preferred site - I am very concerned about the possible impact on the neighbourhood. I don't feel that enough thought has been given to the impact of the increase in traffic on the surrounding roads. We already have more traffic because of the school which is not yet at full capacity. The roads are not built to accommodate the increase in traffic. Public transport links to outlying areas e.g. Epsom, Ashted Leatherhead are poor</i></p>
Comments on the consultation process	<p><i>My thoughts are they've already decided what they are going to do ... they're ignoring public views</i></p> <p><i>This consultation should be put on hold during COVID-19 crisis</i></p>
Preference for status quo plus upgrade	<p><i>No services should be lost at Epsom or St Helier. They should both be upgraded in all areas</i></p>
Threat of loss of new hospital and Government investment in area	<p><i>The way that many local residents to both St Helier and Epsom hospitals are reacting is selfish. Of course, in an ideal world it would be lovely to keep all the services available at each hospital and to have a new hospital built on the old Sutton site. But to miss out on the chance to have a purpose built up to date modern new hospital roughly in the centre of the affected population would be criminal. St. Helier, the hospital within walking distance of my house, is an old, out of date building that would require large amounts of money bringing it up to the required standard of modern-day medicine. Let's not waste the available funding doing this</i></p>

Sub-Theme	Example Comments/Points made
	<i>but use it to bring into the area a hospital that we can all be proud of and will provide not only better treatment but also working conditions that NHS staff so richly deserve</i>

11. Social Media Review & Analysis

Introduction

- 11.1 This chapter looks to understand the social/digital media engagement and activity around the IHT public consultation campaign, specifically looking at how the consultation impacted on the volume of conversation, engagement, positive and negative sentiment and emotion reaction.

Methodology

Overall approach

- 11.2 The primary aim of all free and paid for social media activity was to encourage residents (including staff, stakeholders and representative groups) to complete the consultation questionnaire so their views would be included in the post-consultation review and help shape subsequent recommendations and conclusions.
- 11.3 To drive completion of the questionnaire, the dominant theme of the social media activity focused on encouraging residents to take part in activities where more information and the questionnaire could be found. This meant signposting residents to: attend formal public listening events; attend engagement events in public locations and; go online.
- 11.4 Secondary themes included: hearing from members of the public, clinicians and other NHS staff as to why they felt it important to take part; and highlighting the reasons for the proposals (i.e. the case for change).
- 11.5 Tertiary themes included addressing key questions, concerns and comments from the public to engage them to take part through more of a direct dialogue. The call to action of ‘have your say’ with clear signposting to the online questionnaire and information ran through all themes and activity.

Response to COVID-19

- 11.6 On 17th March 2020, responding to latest government public health guidance on COVID-19, all face-to-face consultation engagement activity was halted. The consultation continued online and through social media for the remaining two weeks, which involved continuing to encourage resident involvement, maintaining a profile to counter any criticism of the consultation process, and making sure activity did not detract from high profile NHS COVID-19 social media campaigns and advice.

Governance

- 11.7 The IHT communication and engagement team developed and oversaw the overall social media plan. Responsibility for delivering the social media activity was shared between the IHT team and the relevant teams working for either Sutton, Merton or Surrey Downs CCGs, or ESTH.
- 11.8 A multidisciplinary team meeting was held every Monday consisting of programme leads, communication and engagement specialists from the IHT team, the Epsom & St Helier Trust and the three CCGs. Regular updates were shared across the team and upwards to the programme sponsors, including a weekly ‘Snapshot’ of key outcomes. As well as sharing or localising centrally produced content, the Trust and CCGs would produce their own update with a focus on engagement with local residents, staff and events. All parties would retweet content to amplify impact where helpful.

Social media activity

Types of activity

- 11.9 Facebook and Twitter were used during the consultation. The messaging and assets used are summarised below. All messaging was based on approved and publicly available material. Each element was increased or decreased during the consultation period; a deliberate strategy to continually provide ‘fresh’ activity and also to reflect feedback from the public and the programme team during the consultation.
- 11.10 Paid for social media marketing on Facebook focused on the following:
- » General consultation awareness and interest raising;
 - » Promotion of public events; and
 - » ‘Have your say’ campaigns i.e. using public and staff voices to encourage others to get involved.
- 11.11 Non-paid for social media focused on the following:
- » Making the case for change;
 - » ‘Explainer’ videos and animations in response to public questions;
 - » Targeted responses to individual questions on social media⁴²; and
 - » Updating the public on the consultation in light of the COVID-19 pandemic.

Examples of social media activity

General consultation awareness



⁴² An important part of the social media approach was the decision to engage directly with social media posts which asked specific questions to which objective answers could be given. These were replied to in a friendly, open and professional tone, and supplied with links to further information. However, it was agreed policy not to get drawn into more subjective questions or points made around broader national political or policy questions or engage with posts made by those with overtly political views or representing particular campaign groups. This position was felt to be in the best interests of the public who wanted genuine questions and concerns answered, and also protected the apolitical position of NHS staff.

Promotion of events

Improving Healthcare Together @IHTogether · 4 Mar

Tomorrow, we're holding our third big public event at Chak 89 in Mitcham. Everyone is welcome to attend to hear about our plans for the £500m investment!

Have your say by completing our short questionnaire here bit.ly/2uvPf1t #TalkToUs #WeAreListening

Improving Healthcare Together @IHTogether · 12 Mar

Last Saturday, we visited Kiln Lane in Epsom with @SurreyDownsCCG, where we talked to 165 people about our proposals for local health services.

Have you had your say yet? Visit the website to fill in the questionnaire...it only takes a few minutes! bit.ly/2uvPf1t



NHS Merton @nhsmerton_ · 26 Feb

Stay tuned this week for details of our upcoming roadshow event at Wimbledon Plaza - you can come along and have your say on how £500m of investment to create a new emergency care hospital and hear about our plans to make transport to and from the hospital better #WeAreListening

Improving Healthcare Together @IHTogether · 10 Mar

We just visited @GreenshawHigh with @NHSSuttonCCG, speaking with over 100 6th form students about our plans for local health services. Strong interest in how we'll make the new hospital "green".

Stay tuned for more details & complete the questionnaire bit.ly/2uvPf1t



'Have your say'

Improving Healthcare Together @IHTogether · 25 Mar

Miss Antoinette Johnson, Obstetrics Clinical Lead @epsom_sthelier on why this £500m investment matters to her team and families.

Just six days to have your say! Read the 'key docs' and fill in the questionnaire by 1 April bit.ly/2uvPf1t #TalkToUs #WeAreListening

Improving Healthcare Together @IHTogether · 21 Mar

Staff working in the community are having their say on our consultation - here's Children's Physio Liz and Service Manager Kate helping to spread the word!

To share your views, visit the website and fill in the questionnaire bit.ly/2uvPf1t #TalkToUs #WeAreListening

Explainers

Improving Healthcare Together @IHTogether · 28 Mar

We've talked a lot about most services staying local. This graphic shows how many patients a day we expect to visit their local hospital or the new emergency specialist hospital (once built).

More details on our website, alongside the questionnaire bit.ly/2uvPf1t

Daily planned and unplanned appointments and attendances

1,965 in district hospitals	277 in new specialist emergency care hospital
---------------------------------------	---

*This shows predicted daily patient activity at district and new specialist emergency care hospitals. Figures not show number of patients' visits to existing hospitals. All numbers have been rounded up.

Improving Healthcare Together @IHTogether · 16 Mar

We've listened to your feedback so far and understand the availability of dementia services and beds is one common concern.

Take a look at this explainer and then let us know what you think by completing the questionnaire bit.ly/2uvPf1t #TalkToUs #WeAreListening

Q: Will plans include specially designed wards and care for dementia patients?

↻

0:36 25 views

Improving Healthcare Together @IHTogether · 19 Mar

Do you want to know which services @epsom_sthelier would offer as a result of our plans?

Take a look at this 'Explainer' and fill in our questionnaire to let us know what you think bit.ly/2uvPf1t #TalkToUs #WeAreListening

As district hospitals, Epsom & St Helier will provide commonly used services...



0:29 46 views

- 11.12 The screenshot of the video below (whereby frontline NHS staff set out the huge range of services that will stay put at Epsom Hospital and St Helier Hospital regardless of where a new state of the art specialist emergency care hospital is built) has been viewed more than 500 times on YouTube within a week of it being published.
- 11.13 A series of short animations – focused on the specialist emergency care hospital, urgent treatment centres and services that will stay at Epsom Hospital and St Helier Hospital – to help explain the proposals to invest £500m in improving health services were also widely viewed on both Twitter and Facebook, together generating over 4,500 impressions in their first week.



Making the case for change

Improving Healthcare Together @IHTogether · 15 Mar

Here are some pics of @epsom_sthelier taken during the war 🇸🇰 the very first patients were treated in 1941 and the building was only finished a year later!

We've been given £500m of investment to improve these buildings - let us know what you think 🙌 bit.ly/2uvPf1t

Improving Healthcare Together @IHTogether · 10 Mar

A lot has changed since 1938, the year @epsom_sthelier was being built... our proposals outline how we could use £500m to modernise these buildings AND build a brand new emergency care hospital.

Have your say by completing our short questionnaire 🙌 bit.ly/2uvPf1t

Back in 1938...



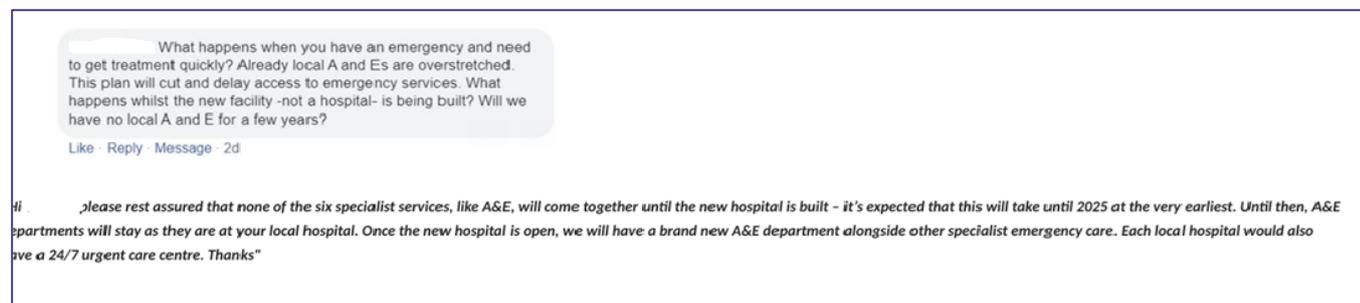
The average house cost
£525



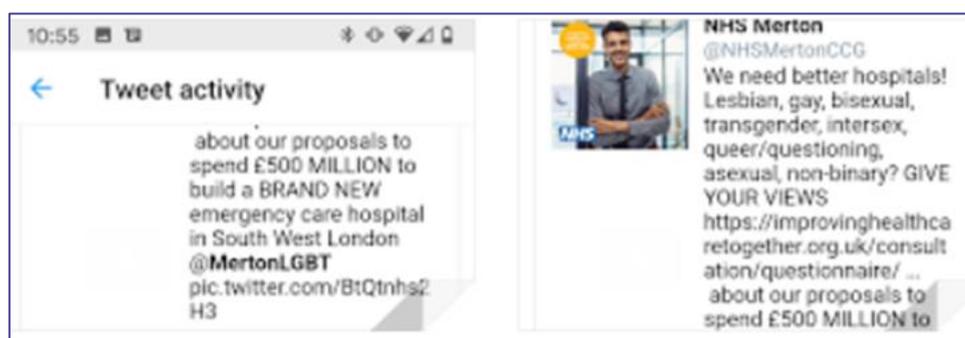
The average car cost
£310

The average wage was £139

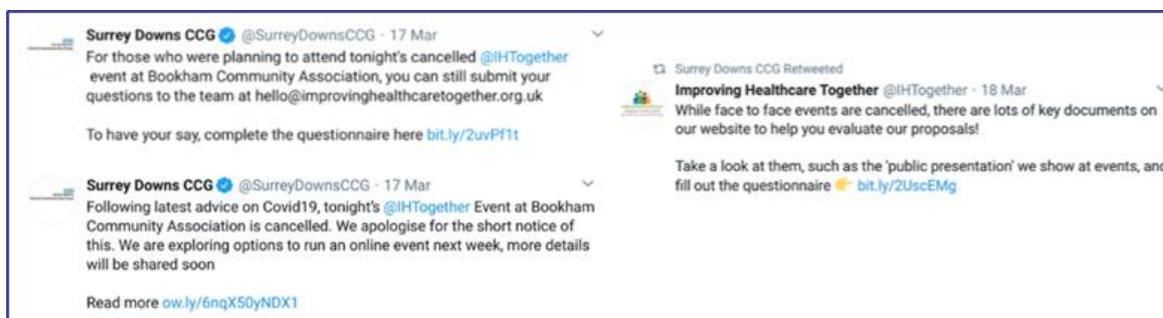
Responding to individual questions



Targeted activity with specific groups



Information about the consultation and COVID-19



Engagement top line summary

- 11.14 Social media activity data has been provided by Pulsar (an independent social listening and audience intelligence platform) as well as some IHT in-house measurement using freely available tools. This is summarised below and overleaf.

Free social media engagement activity

- 11.15 Overall figures show that, overall, free IHT social media activity and advertising throughout the consultation period comprised 1,160 posts across all social media channels; 1,730 engagements⁴³; 843,000 impressions⁴⁴; and almost a 15% growth in social media followers. Analysis by Pulsar also suggested an average sentiment rating⁴⁵ and the emotion expressed towards to the content as being 57% 'joy'.

⁴³ The number of interactions with IHT consultation content, such as likes, comments, shares or retweets

⁴⁴ The total number of times social media browsers showed the IHT consultation content

⁴⁵ The perceived positive or negative mood being portrayed in IHT's social media engagement



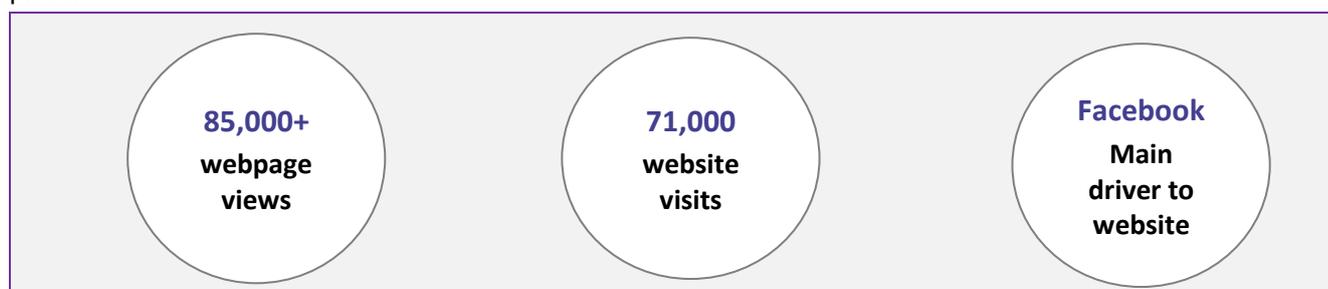
Paid Facebook engagement activity

- 11.16 For paid social media advertising on Facebook, validated figures provided by Pulsar show the following activity from 1st March 2020 – 1st April 2020. This indicates that although engagement was relatively well spread across different age demographics, healthcare professionals' activity and targeting was somewhat weaker.

	15,079 Click links	214,276 Reach	1,475,107 Impressions	1.02% Click-through
Overall				
Aged 18-35	2,652	47,870	237,832	1.12%
Aged 36-55	1,825	43,942	226,324	0.81%
Aged over 55	2,199	29,802	153,895	1.43%
Families	1,945	54,854	216,306	0.90%
Healthcare professionals	293	4,105	61,244	0.48%

IHT website activity

- 11.17 The IHT website (www.improvinghealthcaretogether.org.uk) had over 85,000-page views and 71,000 visitors over the consultation period⁴⁶. Of the pages of on the website, the consultation questionnaire was in the top three most visited pages. Social media platforms were the clear leaders in driving traffic to the consultation website, with Facebook and Twitter in first and second place for referrals, local media in third, and fourth place.



⁴⁶ A page view is a count of how many times a page has been viewed on the IHT website. All page views are counted no matter how many times a user has visited the website in the chosen period of time, whereas a visit is defined as a sequence of consecutive page views without a 30-minute break.

Example feedback about the consultation via social & digital media

- 11.18 IHT gathered some of the stakeholder and resident posts made in relation to the consultation via social and other forms of digital media - examples of which are summarised below.

Support for centralising services

Support for investing £500 million in local services

- 11.19 Sutton and Cheam MP Paul Scully used Twitter to support the proposals to invest £500m in improving health services in Surrey, Merton and Sutton. Carshalton and Wallington MP Elliot Colburn did likewise, although he attracted some negative responses.

Support for investing in St Helier and Epsom as district hospitals

- 11.20 The Merton Conservatives tweeted support for the plans to invest in St Helier Hospital and improve its district services.
- 11.21 Some members of the public also voiced agreement with investing in St Helier and Epsom in this way. Moreover, a few comments expressed satisfaction that 85% of services would be retained under the plans.

Centralising will address staffing issues

- 11.22 'MyLondon' published an article on its website whereby Epsom and St Helier University Hospitals NHS Trust Chief Executive Daniel Elkeles and Joint Medical Director Ruth Charlton explained that a new specialist emergency care facility is needed to help <https://www.mylondon.news/news/south-london-news/sutton-nhs-treatment-virus-emergency-17830772> shortages as Epsom and St Helier Hospitals are currently 'running on the goodwill of staff'.

A new modern hospital is needed

- 11.23 A resident posted a comment on Facebook arguing that St Helier and Epsom are in a poor state of repair and that a new 'super hospital' would benefit everyone.

Support for centralising services – example posts

The image shows a screenshot of a Twitter thread. At the top, a tweet from 'Merton Conservatives' (@MertonCons) asks users to fill in a questionnaire about the future of St Helier. Below this is a tweet from Paul Scully (@scullyp) with a link to an article titled 'An NHS led plan for...' which lists benefits like 24-hour treatment and a state-of-the-art facility. To the right of the tweets are several comments. One comment says: 'helpful to see the focus that will remain on the services that will remain at Epsom and at St Helier. Linked with the services we are developing in our local communities we really will improve healthcare together'. Another comment says: 'Such a great message for all and using many of our fantastic staff! NO doubt about services staying put @epsom_sthelie time to share'. A third comment says: 'I was so happy to hear on the radio today about the £500m! 🙏 does this mean more future jobs for nurse assisotes in near future?'. A final comment asks: 'Have the commentators here actually seen the state of our two outdated hospitals? Surely the case for a new hospital is a strong one. What I don't understand is why it is intended to build a comparatively small one and then seek simultaneously to operate on three sites. Surely it would be better to build one new super-hospital with modern facilities for all patients and sell off the existing sites.'

Opposition to centralising services

Centralisation is a reflection of cuts and austerity

- 11.24 There was concern that the proposals are seemingly a by-product of acceptance that the NHS will continue to be underfunded and under-resourced. Indeed, a few posts suggested that centralisation is simply another example of *'tory austerity'*, whilst others were concerned that the proposed plans for centralisation signified the *'thin end of the wedge'* for future privatisation and/or further cuts to services.

Centralisation would impact negatively on St Helier and Epsom hospitals

- 11.25 Several respondents voiced their opposition to St Helier and Epsom hospitals losing some of their services under the proposals to centralise. Liberal Democrat campaigners and councillors in Sutton, including former Carshalton and Wallington MP Tom Brake and Sutton Council Leader Ruth Dombey, urged residents to sign a pledge to protect services at St Helier Hospital⁴⁷. Mitcham and Morden MP Siobhain McDonagh reacted to the video about 85% of services remaining at Epsom Hospital and St Helier Hospital under the proposals by repeating her claim that they would be the equivalent of *'a glorified walk in centre'*. She also published a letter on Twitter raising her concerns about the consultation. Merton Council also tweeted their disagreement and views about the negative impact the proposals would have on those in the St Helier catchment area.
- 11.26 Residents took to Twitter and Facebook to express their disagreement with services being removed from their local hospitals, which they felt would be *'devastating'* to communities. Some posts described St Helier and Epsom as being *'under government attack'* and made reference to taglines such as *'save acute services at St Helier'* and *'hands off our hospitals.'* There was also signposting to a petition to retain services at St Helier. However, there was disappointment that much of the public campaigning and strength of feeling among the local population was being largely discounted.
- 11.27 Specifically, residents who expressed their views on social media felt that centralisation would ultimately fail to improve healthcare. It was said that all hospitals need their A&E department, as highlighted by the COVID-19 pandemic. Moreover, St Helier was described as a well-functioning hospital.
- 11.28 There were strong concerns about increased travel times under the proposals, especially for women due to give birth, the elderly, the young and the ill. Reference was also made to the health inequalities centralisation would lead to, mainly insofar as residents in deprived areas would not be easily able to access acute services. Additional concern was raised about the growing population in the St Helier and Epsom catchment areas, and how local areas would cope without acute services. Indeed, it was reasoned that demand will increase at other sites such as St George's, Croydon, Kingston and Tooting Hospitals and result in longer A&E waiting times there.

⁴⁷ http://www.suttonlibdems.org.uk/the_fight_for_st_helier_continues

Opposition to centralising services – example posts

I'm concerned about the disproportionate amount of health inequality present by Mott McDonald on p.22 Table 2 specifically around costs and accessibility of acute services, what will be done to address this? improvinghealthcaretogether.org.uk/wp-content/upl...

It does strike me as a large change, based on untested principles when the existing infrastructure is in place. I've taken issue with the "streamlining" patient care that underpins the cut in bed numbers despite the population growth and the adverse affects on users.

& in the case of #StHelier, existing infrastructure that was located with good reason to effect improved health-equality and access through a site recognising population density and need.

The #tories desire to maximise private bed space in a new 'facility' trumps this logic.

There will be even LESS at Epsom! And it's NOT Sutton it's Belmont.

The A&E services will be at overcrowded Croydon, Kingston, Tooting or (two hospitals patients attending) Belmont. ALL will be a LOT busier than today, where local St Helier already has record waiting times.

██████████ Epsom hospital and St Helier hospitals are both being downgraded to district hospitals with no A&E, no Children's Hospital, no maternity. Is this what we campaigned, demonstrated and fought for. I think not. An urgent treatment centre is NOT an A&E department. Have your operation at the new facility and then be pushed back to the downgraded hospital for after care. Elliot Colburn is obviously on board for the downgrading of St Helier hospital and will only say he wants the new hospital built in Sutton borough, so this could be the Royal Marsden site. Horrendous travel times in store for us all. As Peter says this is what people supposedly voted for or did they?

Perhaps those mentioned above can explain in simple terms exactly why they support the plans? What does St George's Hospital think about the potential impact? @StGeorgesTrust #24hoursAE

"St Helier Hospital is currently very busy, with large numbers of very ill people and potentially very long waits in A&E"

Lets hope the new planned flats remain empty as the last thing the area needs is more residents requiring A&E in a smaller, less staffed, further away unit.

██████████ Its vital that these two hospitals stay as they are as the population in both these areas is tremendous and depend on both. The other hospitals could not cope with all the extra patients and are to far for emergencies for goodness sake listen to the people who know what they are talking about

██████████ St Helier has always had a great reputation as a resident of sutton we deserve a hospital with all the facilities. To scale down the services and move them elsewhere I feel that moving them to other sites will only jeopardise health and the safety of the residents of sutton. Save our local hospitals

Is there a due diligence report into the % of service users for our footprint that fall into the categories as defined in the report that are set to be disproportionately affected? Below is the data pulled from St Helier showing the detrimental effects would be significant.



██████████ this is not a way of improving health care, it is a covert way of destroying it. The people have already spoken LEAVE THE HOSPITALS ALONE. These changes will only make things worse on an already overburdened service and will result in the standard of care declining

Like Reply Message · 15h

██████████ It will also put the lives of residents at risk

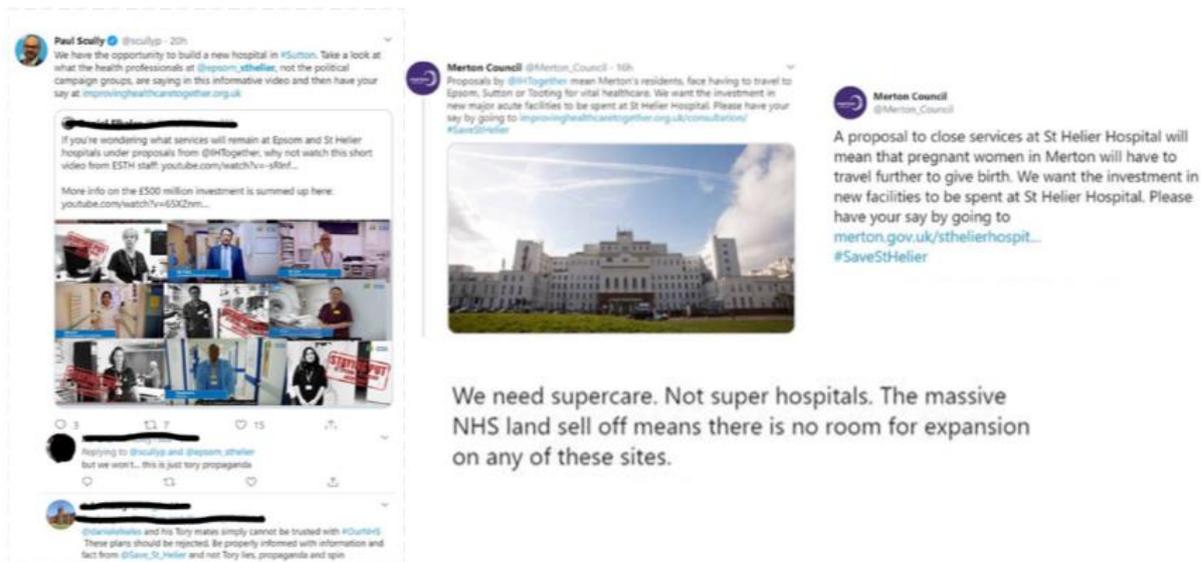
Like Reply Message · 15h

██████████ absolutely the elderly, very young and sick, will have longer to travel. It is a disgusting way of covering up cutting costs. This must not happen

Location of a new specialist hospital

11.29 Merton Council tweeted its support for a new SECH at St Helier. Conversely, MP Paul Scully (conservative MP for Sutton & Cheam) used Twitter to agree with the preferred option of in Sutton, although this was described as 'Tory propaganda' by some. That said, a resident posted that Belmont is 'the most sensible place' for a new hospital.

11.30 However, another post alluded that there is not enough room to develop and build a new hospital at any of the three proposed sites.



Other comments and views

Lack of clarity around the proposals

- 11.31 It was clear from some of the conversations and posts on social media that there is confusion among residents as to what exactly the proposals would mean for St Helier and Epsom hospitals in terms of the future of specific services and whether they would close entirely. Indeed, a resident tweeted their concern around the apparent ‘misinformation’ being circulated, whilst another suggested that exactly which services would be removed and which would be retained could have been made clearer.
- 11.32 There were also questions around what would happen to certain services under the proposals, such as mental health and services for those with learning disabilities.

Feedback on the consultation process

- 11.33 Social media comments and posts made about the consultation process included the following points:
- The consultation is a *fait accompli* because hospital land has already begun to be sold off;
 - The analysis used to underpin the proposals overlooked certain areas;
 - Specific public listening events were over-subscribed;
 - Incorrect information was posted about times, dates and location of the public listening events;
 - There is a lack of awareness of the proposals, including among health professionals;
 - The accessibility of IHT’s explainer videos is good.

Scepticism around costs and finances

- 11.34 There was scepticism that the new hospital will ever be built, especially as previous promises for such a development have not been honoured. Some questioned why the estimated cost of building a new hospital were so high, while others argued that £500 million is not enough to make all of the changes.

Other comments and views – example posts

██████████ If hospital managers wanted us to believe "no decisions have been made" they would not have started to sell off our hospital land to their developer friends at knock-down prices! The background to many changes can be seen in a short video:- <https://www.youtube.com/watch?v=Qhjb2Ts7Vc>

██████████ All very interesting but for each area served by the Hospital Trust a simple summary of what new services will become available in that area and which will no longer be available in the area and either lost or will be delivered elsewhere would provide some insight.

Siobhain McDonagh MP
@Siobhain_Mc

Amazing! @IHTogether have spent £1,000,000s on consultants to justify their plans to close the A&E maternity & Paediatric units etc at #StHelier but they have just admitted @MottMacDonald analysis didn't include large parts of Mitcham&Morden.

Improving Healthcare Together @IHTogether · Feb 26

Do you think that a brand new emergency care hospital will be good for local patients?

Take a look at what local NHS leaders say and fill in our short questionnaire to have your say bit.ly/2uvPF1t #TalkToUs #WeAreListening



0:48 · 133 views · Hello, I'm Dr Russell Hills.

Really good to see that this is made accessible for Deaf people via British Sign Language interpretation

Remember to mention that 500m is not enough to build the new promised acute care hospital and upgrade and maintain epsom and St helier. More investment is needed. Plus the 2 year time frame from work starting to opening is a bit over ambitious.

Tonight 50+ residents who travelled to public NHS consultation on future of #StHelier Hospital turned away and left standing outside as meeting is 'full to capacity'

Much opposition to plans to remove Maternity, A&E services & downgrade our hospital. A botched process @IHTogether

I would like to know how the hospital changes will affect people with a #learningdisability locally. @danielekeles @epsom_sthelier

1 1 1

Improving Healthcare Together @IHTogether · 22h

Hi ██████████ this £500 million investment will improve quality of care for all our patients, including those with learning disabilities. Further details are available in our easy read documents bit.ly/3ca153r. As specific plans are developed, we'll update these pages!

2 1 1

Thank you for your response. Could someone come along to our next Epsom #TreatmeWell Campaign group meeting to talk to us about this? It's on 24th of March.

Whats On in Epsom
15 hrs · 🌐

We are at the Improving Healthcare Together 2020-2030 event at Epsom Downs Racecourse due to the number of people attending we are not allowed in the main room and are currently being talked to in the bar downstairs

I've found some NHS staff both working onsite at St Helier, and at @NHSMertonCCG doctor surgeries who didn't even know A&E etc maybe moving!

All that did know, have not been in favour.

Alternative Suggestions

11.35 Social media posts suggesting the following alternatives to the three proposed options:

- » Build a new 'state of the art hospital' at the former West Park Hospital site (in Epsom) as there is a lot of land and excellent road networks. It would also provide a more 'future-proofed' option that takes into account the rising local population;
- » Spend the £500m on renovating and restoring St Helier and Epsom;
- » Spend more than the proposed £500m to invest in St Helier and Epsom Hospitals (rather than build a new hospital) as well as St George's and Kingston Hospitals;
- » Completely replace St Helier hospital; and
- » Address the root cause of staffing issues rather than reacting to it by centralising.

Alternative suggestions – example posts

 **Siobhain McDonagh MP**
@Siobhain_Mc

But what if that £500,000,000 of taxpayers money was being badly spent? What if spending £200,000,000 would do job of improving @epsom_sthelier & leave the rest @StGeorgesTrust Croydon Uni Hospital & @KingstonHospNHS? More people. More help. More bang for your buck @IHTogether?

████████████████████ 500 million would be plenty to renovate and restore both hospitals! With our growing community in Epsom this hospital is sorely needed.

████████████████████ I think Epsom and St Helier hospitals are best placed for acute services. If the money is focused on these two hospitals with £100,000 already invested in St Helier there is enough. If Belmont needs a further hospital maybe build an intensive care unit on the side of the Marsden.

12. Equalities Reporting

Analysis of equalities and impacts concerns

- 12.1 All public authorities, including the NHS, have a statutory requirement to give due regard to the needs of and potential impacts on groups and individuals with characteristics given protection under the Equality Act 2010. Other key NHS legislation⁴⁸ requires CCGs to have regard for the need to reduce inequalities between patients in access to health services and the outcomes achieved. These obligations are particularly important when planning and commissioning major changes to health services.
- 12.2 Furthermore, the consideration of potential impacts of service changes on protected characteristics groups, and other individuals and communities particularly vulnerable to health inequalities or disproportionate impacts, is more than a simple exercise to meet certain legal requirements. It is a key component of good practice and ensures that the needs of all members of society are considered during the planning and execution of change. It also enables decision-makers, such as CCGs, to consider these impacts and corresponding mitigation measures which could be implemented.
- 12.3 It is important to understand both the *views of* protected characteristics groups and other key socio-demographic and vulnerable groups, and the *concerns about* potential impacts on these groups, as expressed by all contributors to the consultation. With this in mind, all independent delivery partners, as well as the IHT programme team and the individual CCGs, have engaged with individuals from and representatives of these groups. This included specific additional activities with seldom-heard groups – particularly as recommended in the Deprivation Impact Assessment and draft interim Integrated Impact Assessment⁴⁹ (IIA) report - details of which are included in the relevant individual chapters of this report, and overleaf.

Key findings

- 12.4 This section contains a high-level summary of the key equalities-related themes and concerns arising from the consultation feedback. Details of the methodologies used to engage with specific groups and to identify and analyse relevant feedback are covered in detail in the individual chapters of this report, where appropriate, and overleaf.
- 12.5 Across the entire consultation feedback, whilst many general mentions were made about concerns around travel and access, fewer other specific impacts were clearly identified. The overriding concerns both of, and about, individuals and groups with protected characteristics and living in areas of health inequality, related to concerns regarding loss of local services, and the potential challenges of travelling to a centralised SECH.
- 12.6 The three protected characteristics groups most frequently mentioned across all consultation feedback strands were older people and those with disabilities, particularly in relation to reduced mobility, and pregnant women and those about to or having recently given birth. In all three cases (older people, disabled, pregnancy and maternity), increases in journey times – whether by public or private transport, or by ambulance – were cited as having potential for significant impacts. These were the same groups particularly identified by the IIA as mentioned above.

⁴⁸ Key NHS legislation, in addition to the Equality Act 2010, includes the National Health Service Act 2006 and the Health and Social Care Act 2012 (Section 14T). The Public Sector (Social Value) Act 2012 is also relevant in its requirement for commissioners of public services to consider whether those services could secure wider social, economic and environmental benefits.

⁴⁹ <https://improvinghealthcaretogether.org.uk/document/draft-of-independent-interim-integrated-impact-assessment-report/>

- 12.7 Health inequality was a key theme arising, particularly – although by no means exclusively – from those with serious reservations about the proposal to centralise specialist acute and emergency care at a single location. The potential for negative impacts from these changes on people living in socio-economically deprived areas of the ESTH catchment area were of concern to many respondents, with particularly strong advocacy for those residents living nearest to St Helier Hospital from some MPs, local councils and individual councillors, and campaign groups. The outcomes of these concerns ranged from outright opposition to any centralisation or relocation of services, to support for the model of care on the proviso that it be built at the St Helier Hospital site.
- 12.8 Among consultation questionnaire respondents and telephone survey participants, there was little evidence that the majority of protected characteristics groups were likely to view the proposed model of care, or the possible locations for a new site, significantly differently to other members of the public living in the same geographic locations.
- 12.9 In some cases, views among certain protected characteristics groups appeared more positive; the residents' survey, for example, found that a higher proportion of younger people aged 16-34 years and people from BAME backgrounds viewed the proposed model of care positively compared to other respondents. Similarly, and perhaps surprisingly – given the concerns expressed by campaigners and political stakeholders – the residents' survey found that views of people living in more deprived areas were more likely to view the model of care as good or very good, compared to those living in the least deprived areas.
- 12.10 In the consultation questionnaire, there were some protected characteristic and other potentially vulnerable groups who were more negative about the proposed model of care – specifically women who were pregnant or had given birth in the last year (although the total number of respondents in that groups was relatively low) and people living in more deprived areas, particularly those nearest to St Helier Hospital. As mentioned elsewhere, the concerns raised by these groups related to timely and affordable access to health services for both regular appointments, and in emergencies.
- 12.11 Consultation questionnaire respondents who identified as having a disability, or a long-term illness or health condition, were also more likely to view the proposed model of care somewhat more negatively than other respondents living in the same areas. The concerns raised, and suggested mitigation measures, included the need for improvements to road infrastructure and public transport links to and between sites, and the need for adequate and affordable parking for patients and visitors at all sites.
- 12.12 The deliberative work undertaken by YouGov, individual CCGs and CVS organisations to engage with seldom-heard and protected characteristics groups was able to identify some more specific potential equality impacts, and ideas for mitigation measures. These, along with more detailed equalities reporting, are covered in this chapter, as well as in those other chapters covering each individual consultation strand. The specific concerns raised include:
- » Older members of traveller communities might find navigating to new and unfamiliar hospital locations particularly challenging;
 - » Some people with disabilities, particularly those who are blind or visually impaired, or who have sensory impairments as a result of neurological conditions or learning disabilities, could find accessing and navigating around unfamiliar hospital buildings particularly challenging;
 - » As a consequence of the above, the need to include people with disabilities (including those with learning disabilities) in service and building development and design;
 - » Provision, under the proposed model of care, for mental health services – particularly in relation to attendance at emergency departments and acute admissions;

- » The needs of BAME groups, who – particularly in deprived communities - disproportionately use A&E and experience barriers in accessing primary care, as well as experiencing higher rates of diabetes and heart and stroke problems compared to other groups; and
- » Environmental impacts, from increased traffic and noise, and the implications of building a helipad at a new SECH, to the need to ensure that building design and transport infrastructure prioritises ‘green’ technologies.

Methodology - identifying equalities impacts-related feedback

- 12.13 Quantitative research strands – namely the open consultation questionnaire and the residents’ telephone survey – asked respondents to answer equalities-profiling questions as well as to provide their postcode. This allowed responses to both the closed, tick-box questions and the open text responses to be analysed by both equalities characteristics and by area of residence (a vital part of the effort to understand differences in views across the various geographies of the ESTH catchment area, and specifically to identify the concerns of those living in the most deprived communities susceptible to health inequalities).
- 12.14 In the case of the open consultation questionnaire – which is not designed to be “representative” of the population’s views, but rather to ensure that anybody who wishes to provide feedback is able to do so – these profiling questions were optional. No feedback was excluded on the basis of individuals choosing not to answer those questions; indeed, some contributors expressed dismay that the questions were even asked, but the 3,000+ respondents who provided at least some of these details, by doing so, enabled detailed analysis to be undertaken.
- 12.15 In addition to enabling ORS to analyse any differences in or additional concerns being expressed by members of specific groups, the demographic profiling data collected via the questionnaire and through other consultations strands (see specific sections below) was used as part of the quality assurance process for the consultation – namely the mid-point review undertaken by The Consultation Institute. Based on the data, engagement gaps (e.g. the relatively low number of young people engaging with the consultation) were able to be addressed through additional engagement activities, as well as those already planned, but yet to be completed, e.g. CVS activities and YouGov facilitated focus groups (see below and relevant report chapters).
- 12.16 While questionnaire respondents were able to express their views, including about equalities impacts, across all ten separate questions, one question in particular asked: “How would our proposals affect you and your family?” before adding: “If you think any of our proposals would affect you, your family or other people you know, either positively or negatively, please tell us why you think this using the space below.” The easy-read version of the questionnaire asked: “How would our idea affect you? Will it make things easier or harder for you, your family and friends to use hospital services?”
- 12.17 The residents’ telephone survey asked two questions of relevance. The first was: “What factors, if any, do you think would be most important to consider when deciding where the new hospital should be?”, to which respondents could include considerations of specific groups in their answers. The second question, similar to that asked in the questionnaire, was: “Please now think about you and your family. Overall, what impact, if any, do you think the new hospital being based at each of the following sites would have on you and your family?”
- 12.18 The other independent research organisations took care to identify equalities concerns. Ipsos MORI identified differences in views, where they existed, between specific protected characteristics and vulnerable groups arising in the residents’ survey results, and YouGov were commissioned to specifically work with relevant groups and dedicated a significant proportion of the deliberative meetings to discussing potential

impacts of the proposals. This was also the case with activities organised by CVS organisations in each of the three CCG areas.

- 12.19 ORS read all written notes and reports prepared by IHT, individual CCGs, CVS organisations and YouGov from the deliberative activities listed above in order to identify views, concerns and issues related to protected characteristics groups and other vulnerable groups. In addition, written submissions and reports submitted by organisations, key stakeholders and individuals' respondents, and the 25,000+ text comments received via the open consultation questionnaire were studied carefully.
- 12.20 Finally, text comments from third-party surveys and petitions organised by Merton Council, Chris Grayling MP, KOSHH and KOEH, and Healthwatch Sutton were read in full to identify further comments and concerns.
- 12.21 Each of the strands above has been analysed and reported separately in dedicated chapters in this report and, in the case of YouGov and Ipsos MORI's research activities, in standalone reports. This chapter, however, seeks to bring together the key issues, concerns and views in a single, thematic section.

It should be noted that some opposition to or concerns about the proposed model of care relate to issues such as local hospital closures or privatisation of NHS services – neither of which are part of the proposed plans. Others express concern that, as examples, routine appointments will be moved to the proposed SECH, that Urgent Treatment Centres (UTCs) will only be open for 12 hours per day, or that specific services (e.g. South West London Elective Orthopaedic Centre) will be closed and moved if the proposals were to go ahead.

- 12.22 It is not the role of ORS to challenge or correct these assumptions, rather to ensure that feedback received is faithfully reported – regardless of whether the views expressed are based on accurate data or correspond precisely to the actual proposals put forward by IHT for consideration. Particular attention, however, is given to feedback relating directly to the proposals themselves, which highlights concerns related to specific groups or impacts, rather than to repeat all of the views expressed by protected characteristics groups and the general population alike.
- 12.23 The approach that ORS have taken to this chapter is to discuss protected characteristics groups in turn, drawing from all strands of the questionnaire. Within each section, the feedback is presented thematically. Given the often-strong differences in views expressed by individual respondents living closest to each of the preferred sites, the results are also broken down geographically where appropriate.
- 12.24 Finally, the views of NHS staff that belong to specific protected characteristics or equalities-related groups who live within the ESTH catchment area have been reported separately in order to prevent their generally very strong support for both the proposals in general, and the preferred site of Sutton in particular, from skewing the feedback from other individual respondents.

Respondent and Participant Profiles

- 12.25 The following tables contain the demographic profiles of respondents to the open consultation questionnaire and residents' survey, and from the deliberative activities undertaken by YouGov. Attendees at deliberative activities organised by CVS organisations and the CCGs were also offered the opportunity to fill in the same, "More about you" form as was included with printed copies of the questionnaire, although few chose to do so. More importantly, CVS and CCG activities were predominantly targeted at specific groups and populations, as described below.

12.26 It should be noted that, with the exception of the activities specifically designed to provide a representative sample of views in specific geographies, or to focus on views of specific protected characteristics groups, the demographic profiling questions were not mandatory and no feedback has been excluded from this report, regardless of whether or not respondents chose to provide the information.

Consultation Questionnaire

12.27 Table 73 provides a breakdown of the respondent profile of the individuals and NHS staff who responded either online or by post to the open consultation questionnaire. Figures for the population of the Epsom and St Helier University Hospitals NHS Trust catchment area are included for comparison.

12.28 Population data is based on that of the catchment area for Epsom and St Helier Hospitals Trust (ESTH), defined based on a car travel analysis. Doing so gives some indication about how the response profile of the questionnaire matches the population of those areas most directly affected by the proposals. To give as full an indication of possible of the demographic profile, however, all questionnaire responses are included irrespective of location, i.e. even if a respondent is understood to live outside of the ESTH catchment.

Table 73: Summary of equalities monitoring information for questionnaire respondents

Characteristic			Population aged 16+	
	Number of Responses	%		
BY AGE	Under 25	153	4.8%	11.1%
	25 to 34	249	7.8%	14.7%
	35 to 44	534	16.6%	18.6%
	45 to 54	632	19.7%	18.7%
	55 to 64	703	21.9%	14.8%
	65 to 74	630	19.6%	11.6%
	75 or over	310	9.7%	10.5%
	Total valid responses	3,211	100.0%	100.0%
<i>Not known</i>	<i>962</i>	-	-	
BY GENDER	Male	1,174	36.9%	48.1%
	Female	2,001	62.9%	51.9%
	Other ⁵⁰	5	0.2%	-
	Total valid responses	3,180	100.0%	100.0%
<i>Not known</i>	<i>993</i>	-	-	
BY DISABILITY	Has a disability	869	28.1%	16.0%
	No disability	2,225	71.9%	84.0%
	Total valid responses	3,094	100.0%	100.0%
<i>Not known</i>	<i>1,079</i>	-	-	
BY PREGNANCY/ HAVING GIVEN BIRTH IN THE LAST 12 MONTHS	Yes	74	3.0%	2.7%
	No	2,408	97.0%	97.3%
	Total valid responses	2,482	100.0%	100.0%
<i>Not known</i>	<i>1,690</i>	-	-	
BY ETHNIC GROUP	White	2,541	85.2%	83.4%

⁵⁰ No suitable comparative data is available for 'other'; population figures are therefore based on male/female only.

	Mixed	53	1.0%	2.2%
	Asian/Asian British	237	4.1%	9.5%
	Black/Black British	112	2.0%	3.7%
	Other	38	0.7%	1.2%
	Total valid responses	2,981	100.0%	100.0%
	<i>Not known</i>	<i>1,192</i>	-	-
BY RELIGION	Buddhist	20	0.7%	0.8%
	Christian	1,731	59.0%	66.6%
	Hindu	63	2.1%	3.5%
	Jewish	20	0.7%	0.3%
	Muslim	90	3.1%	3.6%
	Sikh	6	0.2%	0.2%
	Other religion	67	2.3%	0.5%
	No religion	939	32.0%	22.5%
	Total valid responses	2,236	100.0%	100.0%
<i>Not known</i>	<i>1,237</i>	-	-	
BY WHETHER GENDER IS THE SAME AS AT BIRTH⁵¹	Yes	3,018	98.2%	-
	No	54	1.8%	-
	Total valid responses	3,072	100.0%	-
	<i>Not known</i>	<i>1,101</i>	-	-
BY SEXUAL ORIENTATION⁵²	Asexual	53	1.9%	-
	Bisexual	87	3.0%	-
	Gay or lesbian	62	2.2%	-
	Heterosexual or straight	2,637	92.2%	-
	Other	21	0.7%	-
	Total valid responses	2,860	100.0%	-
	<i>Not known</i>	<i>1,313</i>	-	-

INDIVIDUAL IS RESPONDING AS A:	Carer	271	8.1%	12.0%
	Parent/guardian of a child under 16	546	16.3%	37.4%

Residents' telephone survey

^{12.29} Table 74 provides a breakdown of the profile of residents' survey participants and includes the unweighted percentages – those who were surveyed – and the weighting percentages used when analysing the findings. Additional profiling questions were asked (pregnancy/maternity and disability) but the data were not used for the weighted statistical analysis.

Table 74: Summary of equalities monitoring information for individual residents' survey participants

Characteristics	Residents' telephone survey
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⁵¹ No suitable secondary population data are currently available for comparison.

⁵² No suitable secondary population data are currently available for comparison.

		Weighted (%)	Unweighted (%)
BY AGE	16 to 34	30%	24%
	35 to 54	37%	41%
	55+	33%	35%
BY GENDER	Male	49%	45%
	Female	51%	55%
BY ETHNIC GROUP	White	70%	77%
	Black, Asian, minority ethnic	30%	23%
BY WORKING STATUS	Working	63%	62%
	Non-working	37%	38%
BY PREGNANCY/ HAVING GIVEN BIRTH IN THE LAST 12 MONTHS	Yes	3%	-
	No	96%	-
	Prefer not to say	1%	-
BY DISABILITY	Yes	14%	-
	No	85%	-
	Prefer not to say	1%	-

Deliberative residents research (focus groups, interviews and depth interviews)

- 12.30 YouGov undertook three strands of deliberative research, two of which (focus groups and depth interviews) focused on people from protected characteristics and seldom-heard groups. The third strand – three residents' workshops – were recruited to a representative sample design based on ward, social grade, gender, ethnicity, disability and urban / rural locality from each CCG area.
- 12.31 Nine of the focus groups undertaken by YouGov targeted: a) residents aged 65+ and 55+ with a long-term condition (LLTI); b) women aged 18-44 who have used obstetric services in the last 18 months; and c) parents of children under the age of 16. One of each group took place in each CCG area. The final two groups involved young people aged 16-24 years from across all three CCGs (the second taking place online).
- 12.32 Six in-depth interviews (three face-to-face, three via telephone) took place with individuals from seldom-heard groups – five with Gypsy Roma Travellers and one with an individual who identified as transgender.

IHT Listening Events

- 12.33 Attendees at public events organised by IHT were invited, but not required, to fill in forms to provide the same data requested via the consultation questionnaire. While the results below are not comprehensive, in the sense that only 367 of the 1,000+ attendees of the IHT listening events chose to complete forms, they nonetheless provide an indication of the extent to which different groups were represented (Table 75).

Table 75: Summary of available equalities monitoring information for IHT Listening Event attendees

Characteristic	IHT Listening Events		Population aged 16+	
	Number of attendees	%		
BY AGE	Under 25	1	<0.5%	11.1%
	25 to 34	9	2.6%	14.7%
	35 to 44	7	2.0%	18.6%
	45 to 54	18	5.3%	18.7%

	55 to 64	65	19.0%	14.8%
	65 to 74	137	40.1%	11.6%
	75 or over	105	30.7%	10.5%
	Total valid responses	342	100.0%	100.0%
	<i>Not known</i>	25	-	-
BY GENDER	Male	139	39.9%	48.1%
	Female	207	59.5%	51.9%
	Other ⁵³	2	0.6%	-
	Total valid responses	348	-	100.0%
	<i>Not known</i>	19	-	-
BY DISABILITY	Has a disability	122	36%	16.0%
	No disability	218	64%	84.0%
	Total valid responses	340	100%	100.0%
	<i>Not known</i>	4	-	-
BY ETHNIC GROUP	White	288	85.9%	83.4%
	Mixed	3	0.9%	2.2%
	Asian/Asian British	9	2.7%	9.5%
	Black/Black British	29	8.7%	3.7%
	Other	6	1.8%	1.2%
	Total valid responses	335	100%	100.0%
	<i>Not known</i>	32	-	-
BY PREGNANCY/ HAVING GIVEN BIRTH IN THE LAST 12 MONTHS	Yes	2	<0.5%	2.7%
	No	325	100%	97.3%
	Total valid responses	327	100%	100.0%
	<i>Not known</i>	2	-	-
BY RELIGION	Buddhist	1	<0.5%	0.8%
	Christian	237	85.6%	66.6%
	Hindu	2	0.7%	3.5%
	Jewish	2	0.7%	0.3%
	Muslim	8	2.9%	3.6%
	Sikh	-	-	0.2%
	Other religion	4	1.4%	0.5%
	No religion	23	8.3%	22.5%
	Total valid responses	277	100%	100.0%
	<i>Not known</i>	90	-	-
BY WHETHER GENDER IS THE SAME AS AT BIRTH⁵⁴	Yes	325	99.4%	-
	No	2	0.6%	-
	Total valid responses	327	100%	-
	<i>Not known</i>	40	-	-
BY SEXUAL ORIENTATION⁵⁵	Asexual	8	3%	-
	Bisexual	5	2%	-

⁵³ No suitable comparative data is available for 'other'; population figures are therefore based on male/female only.

⁵⁴ No suitable secondary population data are currently available for comparison.

⁵⁵ No suitable secondary population data are currently available for comparison.

	Gay or lesbian	-	-	-
	Heterosexual or straight	291	96%	-
	Other	-	-	-
	Total valid responses	304	100%	-
	<i>Not known</i>	<i>16</i>	-	-
ATTENDEE IS A:	Carer	13	3.7%	12.0%
	Parent/guardian of child under 16	9	2.5%	37.4%

CCG outreach events

- 12.34 As mentioned above, outreach events organised by the three CCGs (NHS Surrey Downs, Sutton and Merton) were predominantly targeted at specific populations or groups. Similar to the IHT listening events, the primary focus was to provide the public with information about the proposals and consultation, and the opportunity to take part by asking questions, sharing their views in the meetings, and completing the open consultation questionnaire. The CCG outreach activities, however, were more deliberative in tone with fewer attendees from special interest and political groups; equalities impacts were raised and a broad range of views were shared by the public, including those from protected characteristics and other vulnerable groups.
- 12.35 Groups targeted via the CCG outreach events included, among others: deprived communities; older people (aged 65+, and 55+ with long-term limiting conditions); younger people (aged 16-24 years); BAME communities; pregnant women and those who had had children in the last 12 months; people with physical, sensory, communication and learning disabilities and long-term conditions; people experiencing mental health problems; NHS staff; and other community and faith groups.
- 12.36 While some events planned for the final two weeks of the consultation period were cancelled due to COVID-19-related restrictions, it is estimated that more than 6000+ individuals were engaged via these outreach activities (see chapter 8 for more details). To indicate the breadth of this engagement, and in particular the type of groups and individuals who were involved, three tables are presented in Appendix A: CCG Outreach Events, including event type, and numbers attending.

Community and Voluntary Sector (CVS) activities

- 12.37 CVS activities across the three CCG areas were primarily targeted at groups identified in the Deprivation Impact Assessment and draft interim Integrated Impact Assessment and intended as an opportunity for participants to find out about the proposals and ask any questions, and to understand any particular impacts on these groups. The three CVS organisations commissioned to organise (with voluntary sector organisations and community groups) each authored reports, which are included as appendices to this document. These reports include details of the specific groups targeted.

Respondent profiles from other consultation strands

- 12.38 Social media activity undertaken by IHT during the consultation included posts and tweets specifically targeted to engage various protected characteristics groups across the three CCG areas including, for example, people aged 36-55, young people (aged 18-25 years old), the elderly, families and young mothers with children and /or pregnant, and LGBTQ+ individuals. More details can be found in chapter 11 of this report. Across other strands (written submissions, petitions and locally organised surveys) feedback received included comments and concerns from and about individuals and groups with protected or other characteristics which could make them particularly vulnerable to changes to health service provision. These views are captured in the appropriate chapters of this report and summarised below.

Equalities and impacts-related feedback

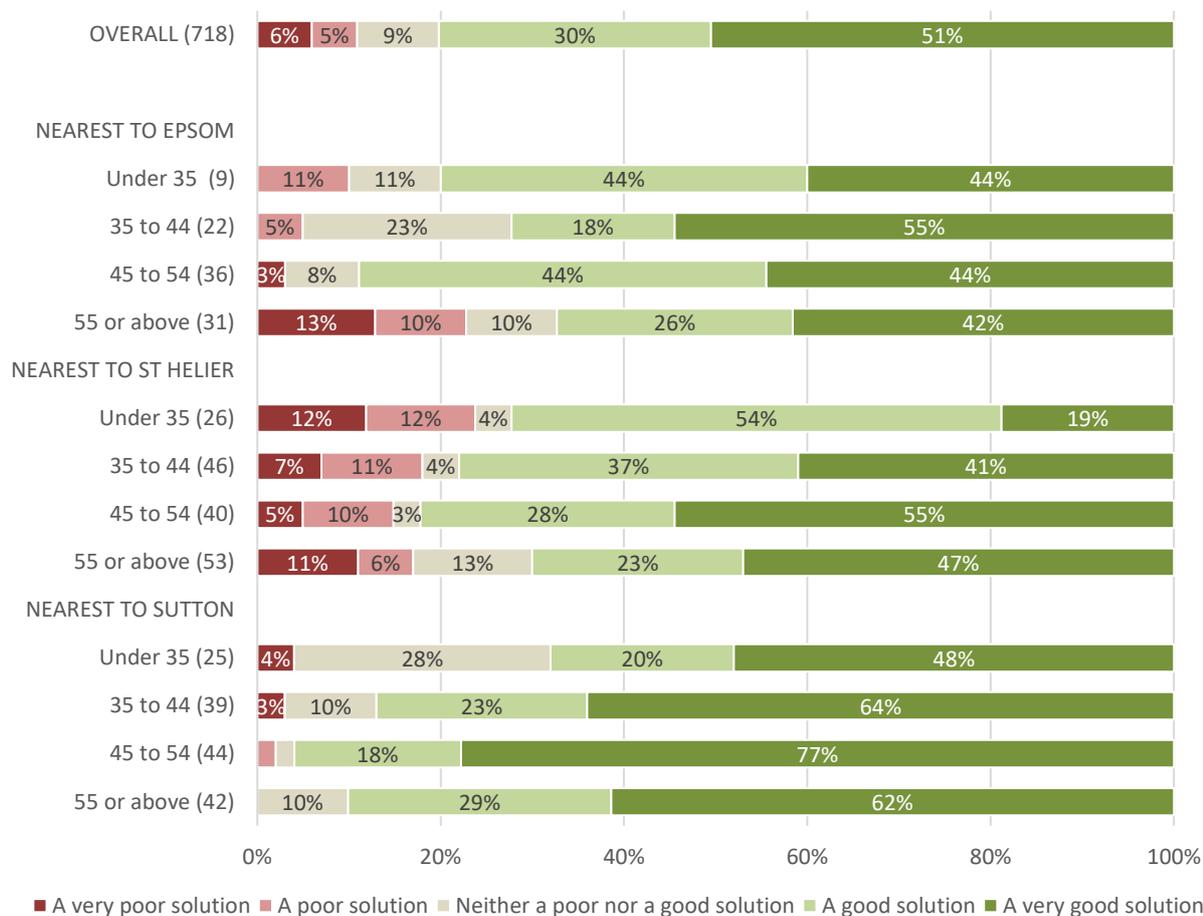
- 12.39 The following sections provide summaries of feedback related to equality impacts received from across all consultation strands. Each section addresses specific protected characteristics and other socio-demographic groups. There is a dual purpose to this chapter: a) to identify the views of specific groups with regards to the CCGs' proposals; and b) to provide a thematic summary of the views and concerns of and about these groups gathered through consultation feedback.
- 12.40 While understanding the views of and about all groups with characteristics protected under the Equalities Act 2010, or requiring specific consideration under additional NHS legislation, ORS's analysis of the research findings revealed that several protected characteristics (i.e. religion, gender reassignment, sexual orientation) appeared to have no bearing on individuals views, and were not raised as belonging to groups who might be impacted more or less severely than any others as a result of the proposals. These groups, therefore, are not covered in detail below. Likewise, while individuals sometimes expressed specific, personal concerns for their spouses and partners' circumstances and needs, there was no evidence to suggest that marriage or civil partnership had any bearing on views, nor was it raised as an issue in feedback.
- 12.41 Although there were no substantial differences between the comments made in response to the questionnaire by respondents from different protected characteristics and vulnerable groups, summary charts and tables have been included in Appendix C to indicate the key views and concerns raised.
- 12.42 By far the most commonly highlighted groups, and those from which some differences in views and specific concerns were forthcoming, were older and younger people (particularly the former), expectant and recent mothers, people with disabilities, and people living in deprived communities. These groups are therefore covered in more detail in the sections below. Carers and parents of young families were also considered by some respondents as groups which might be particularly impacted, and these concerns are again summarised below.
- 12.43 Each section begins with a breakdown of responses to the consultation questionnaire, before going on to summarise text comments and feedback received across the other consultation strands. As previously, the majority of NHS staff questionnaire respondents – regardless of their demographic characteristics - felt that both the model of care and the CCGs' preferred location of Sutton were good or very good solutions. These results are therefore reported separately to those of other respondents, which are discussed in more detail.

Age

While there is some relatively minor variation by age, the views expressed on the proposed model of care by open consultation questionnaire respondents were most strongly linked to their role as NHS staff members, or their area of residence in relation to existing or proposed hospital sites

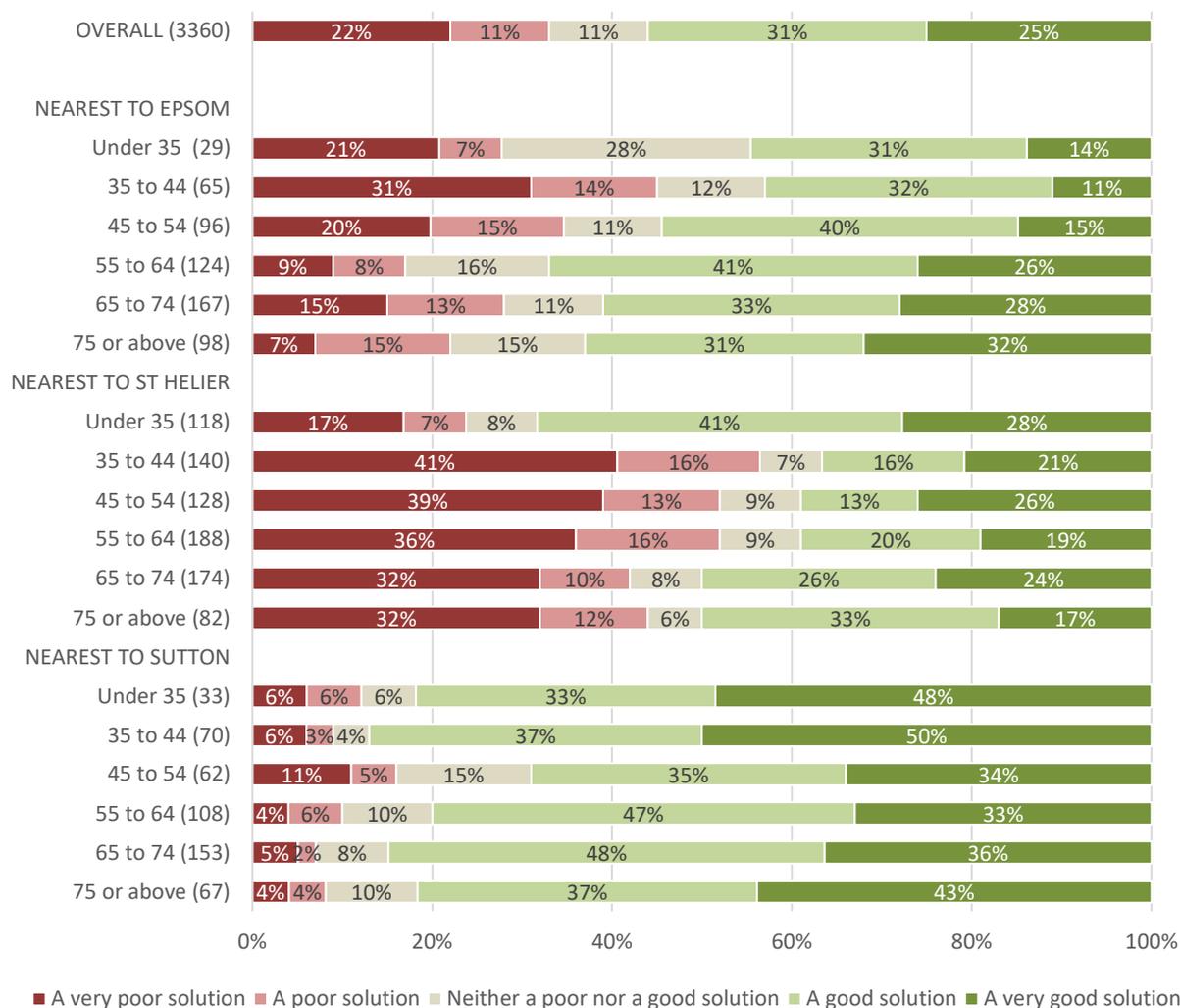
- 12.44 The charts below present the views of NHS staff and other non-NHS staff individual respondents to the consultation questionnaire on the proposed model of care, broken down by age groups and nearest potential SECH site.
- 12.45 While there are some small variations in views from different age groups within the NHS staff who responded the consultation questionnaire (Figure 33), the balance of opinion among staff remains that the proposed model of care would be a good or very good solution for people living in the Surrey Downs, Sutton and Merton area.

Figure 33: Views of NHS staff on the proposed model of care, by age and closest hospital (consultation questionnaire)



12.46 Among other non-NHS staff individual respondents, while there was some minor variation in views between different age groups (Figure 34); most notably, respondents aged under 35 years living closest to St Helier Hospital were more likely to view the proposal positively (69% viewing it as a good or very good solution) than other age groups in the same area. By contrast, two groups – respondents aged 35 to 44 years closest to Epsom and those aged 35 to 64 nearest to St Helier – showed a net negative response to the proposed model of care.

Figure 34: Views of other non-NHS staff individual respondents on the proposed model of care, by age and closest hospital (consultation questionnaire)



Across the other consultation strands, many older people supported the proposed model of care, but there was widespread concern around travel and access for the elderly

- 12.47 Many older people attending the various consultation meetings could see the value of the model of care, and particularly having all services ‘under one roof’ at a SECH. There was also support among older people for refurbishing Epsom and St Helier hospitals.
- 12.48 However, concerns were expressed in all consultation strands about centralisation leading to increased travel times, which would be particularly problematic for older people – especially if making a journey by public transport.

“Older people find travel challenging and this needs to be considered under any of the options” (Participant at CCG Outreach Meeting)

“There seems to be no consideration for the disabled and the elderly who are not able to drive. Enabling them to get to hospital is very expensive...” (Respondent to questionnaire organised by Chris Grayling MP and Sir Paul Beresford MP)

“[It] would result in local residents having to make a long journey on an unreliable bus service to get to another hospital. The stress and strain caused to elderly people could have serious consequences for them”
(Respondent to consultation questionnaire)

- 12.49 The need to retain existing hospitals for the growing ageing population was also raised – for example in the responses to the questionnaire organised by Chris Grayling MP and Sir Paul Beresford MP.

“There is an ambitious housing plan in the Epsom Hospital catchment area to 2023 which is expected to increase beyond too. Therefore, Epsom Hospital continues to be important to the local infrastructure and growing needs. The ageing population locally will see an increased demand too” (Respondent to questionnaire organised by Chris Grayling MP and Sir Paul Beresford MP)

Young people were also generally positive about the proposed model of care, but there were concerns about the impact of centralisation on children and young people in deprived areas

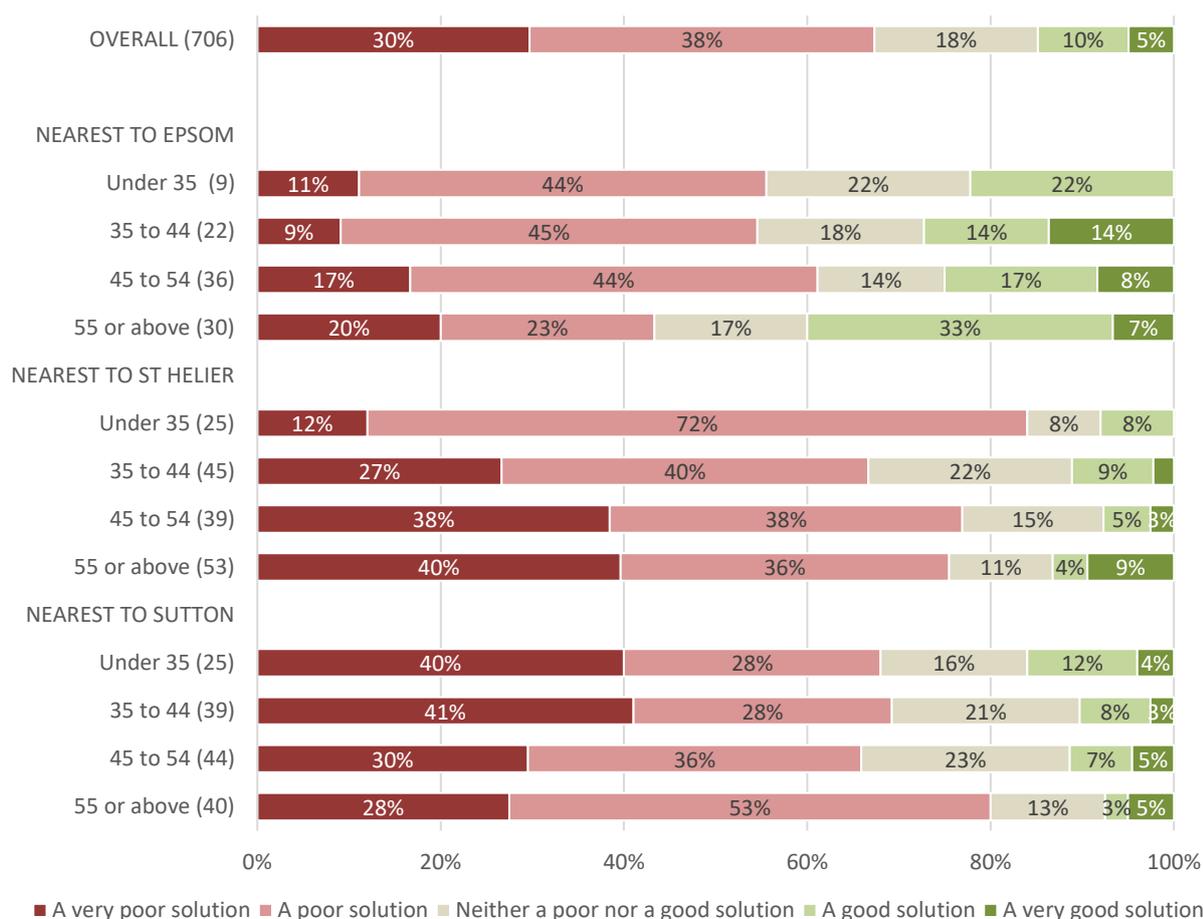
- 12.50 Young people involved in the consultation meetings were generally positive about the model of care, seeing the benefits of having all acute and specialist services at a SECH and refurbishing Epsom and St Helier hospitals.
- 12.51 However, and this links to the issues raised in relation to deprivation made later in this chapter, several written submissions opposed the proposed model of care (and particularly the withdrawal of acute services from the more deprived communities around St Helier Hospital) on the grounds that, *“children living in the most deprived areas are more likely to suffer from a serious illness during childhood and to have a long-term disability - and yet children's beds are being taken away from St Helier Hospital”*.

As with the model of care, the views expressed on the possible sites for a SECH by consultation questionnaire respondents were most strongly linked to either their role as NHS staff members, or for non-NHS staff respondents, to their area of residence in relation to existing or proposed hospital sites

12.52 As with the proposed model of care, the figures below and overleaf show the breakdown of views on each of the possible sites for a new SECH by age and nearest hospital. It should be noted that, particularly in the breakdowns of NHS staff members, the numbers of individuals in each age group are often fewer than 40 and sometimes much smaller. Apparent differences in views between age groups should therefore be viewed with caution, and the broader trends (e.g. area of residence) are more reliable.

12.53 Figure 35 shows that overall, many NHS staff responding to the questionnaire - regardless of age - viewed Epsom Hospital as a poor or very poor site for a new SECH, although those living closest to Epsom itself were somewhat more positive compared to those in other areas.

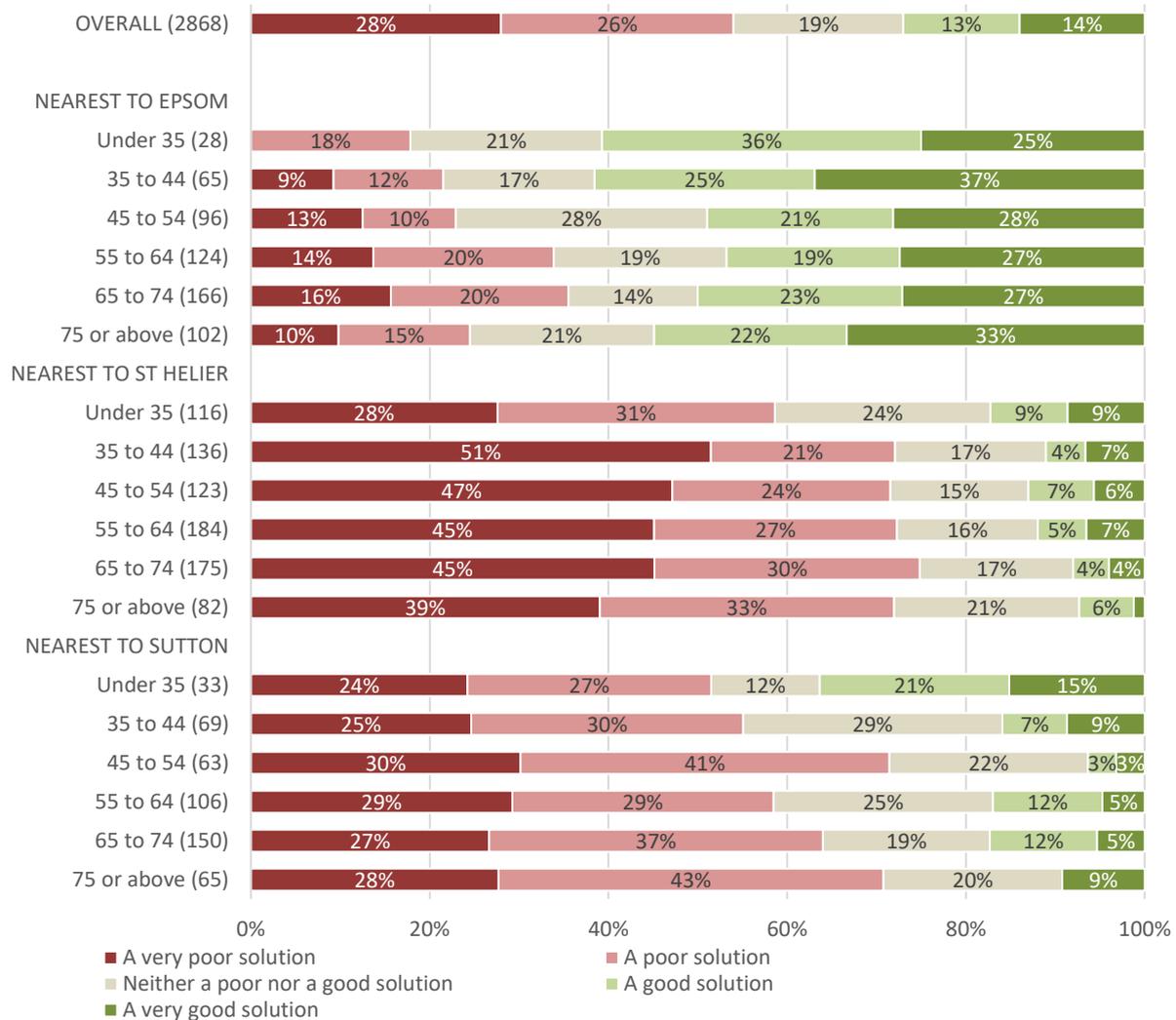
Figure 35: Views of NHS staff on Epsom Hospital as a site for a new SECH, by age and closest hospital (consultation questionnaire)



Among non-NHS staff individual respondents (

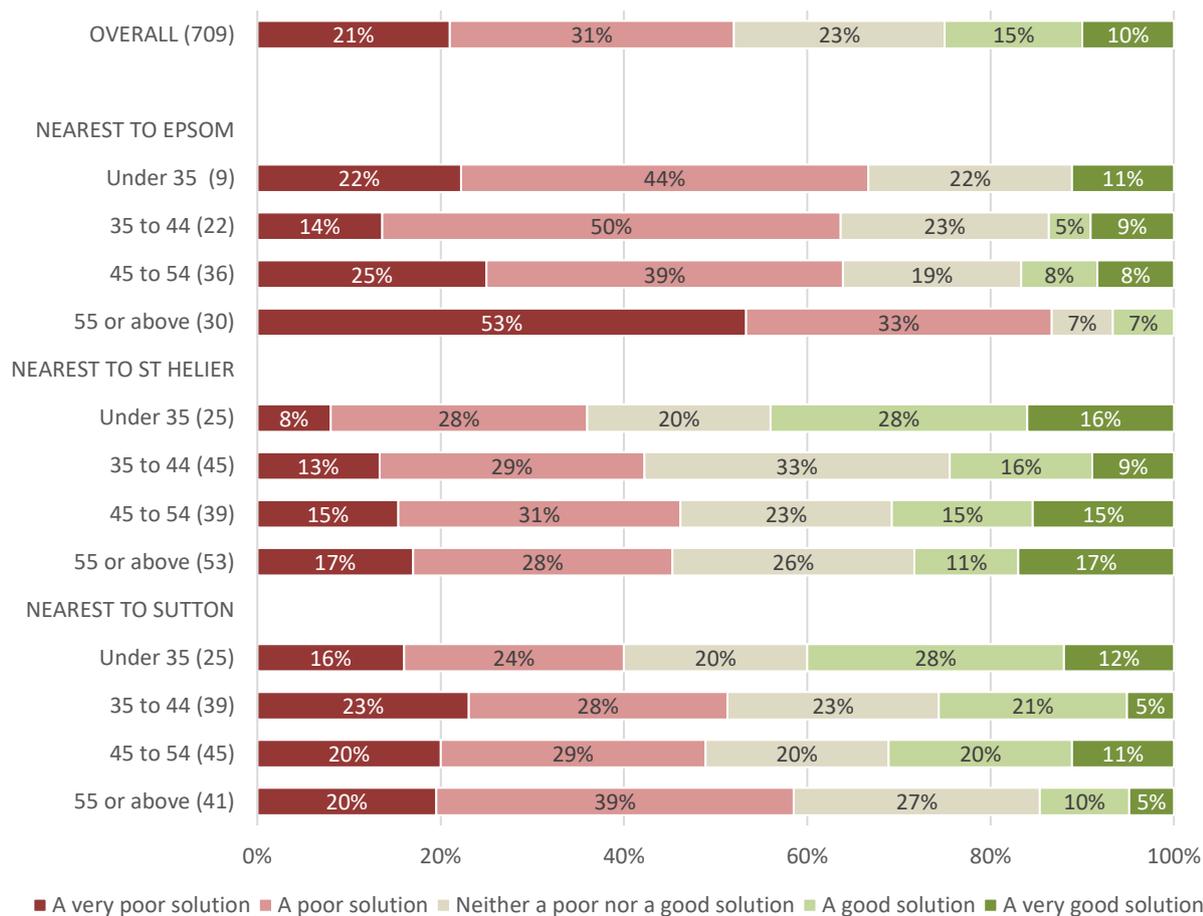
12.54 Figure 36), any slight differences in opinions between different age groups were insignificant in comparison to the difference in views by geography, with only those respondents living closest to Epsom Hospital demonstrating a balance of opinions that building a new SECH on the Epsom site would be a good solution for residents of the ESTH Trust area.

Figure 36: Views of other non-NHS staff individual respondents on Epsom Hospital as a site for a new SECH, by age and closest hospital (consultation questionnaire)



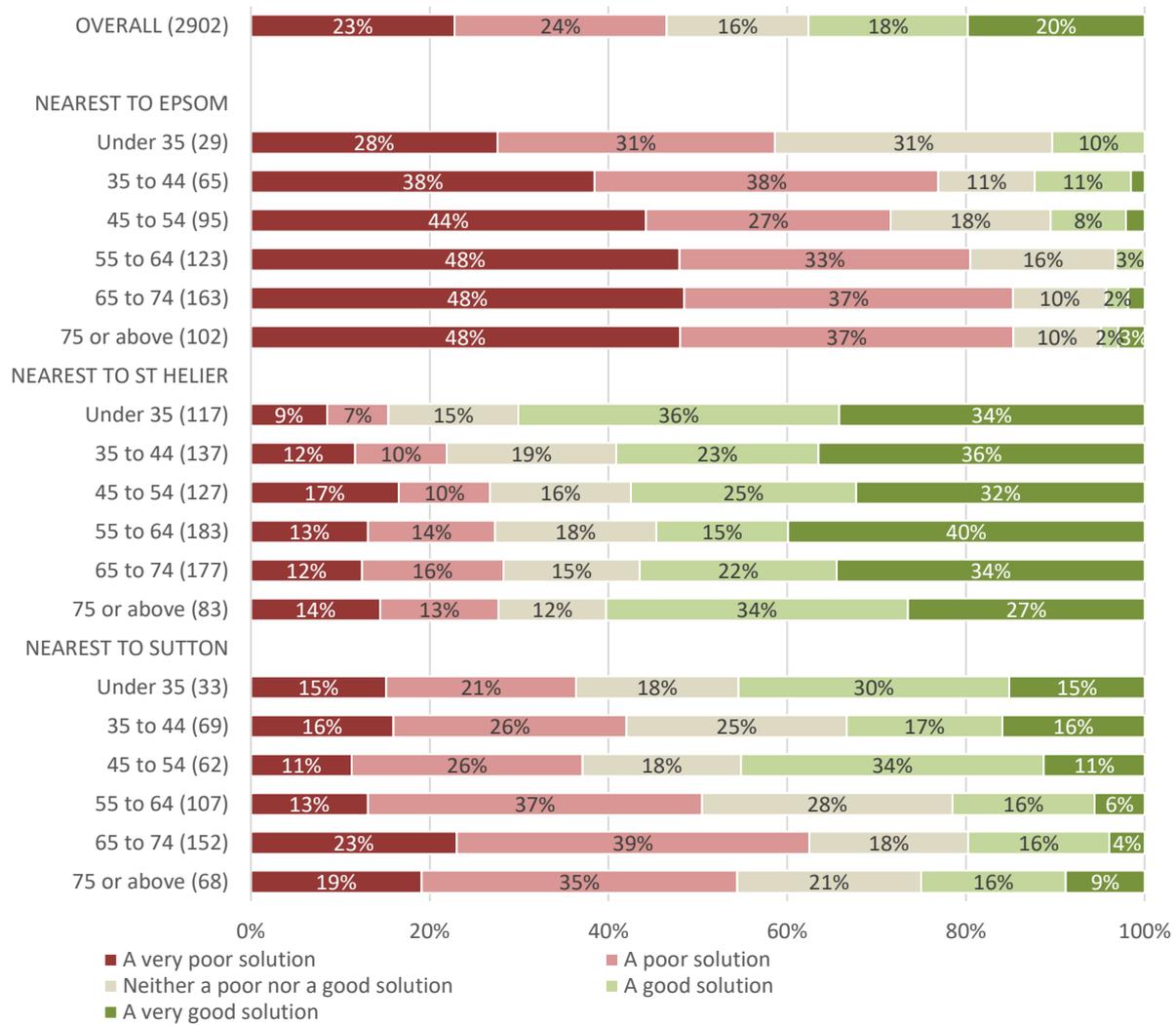
12.55 While building a new SECH at the site of St Helier Hospital was viewed slightly more positively than Epsom, a minority of NHS staff responding to the questionnaire - regardless of age - viewed doing so as a good or very good solution (Figure 37). NHS staff members living closest to the St Helier and aged under 35 years were somewhat more positive compared to those in other areas.

Figure 37: Views of NHS staff on St Helier Hospital as a site for a new SECH, by age and closest hospital (consultation questionnaire)



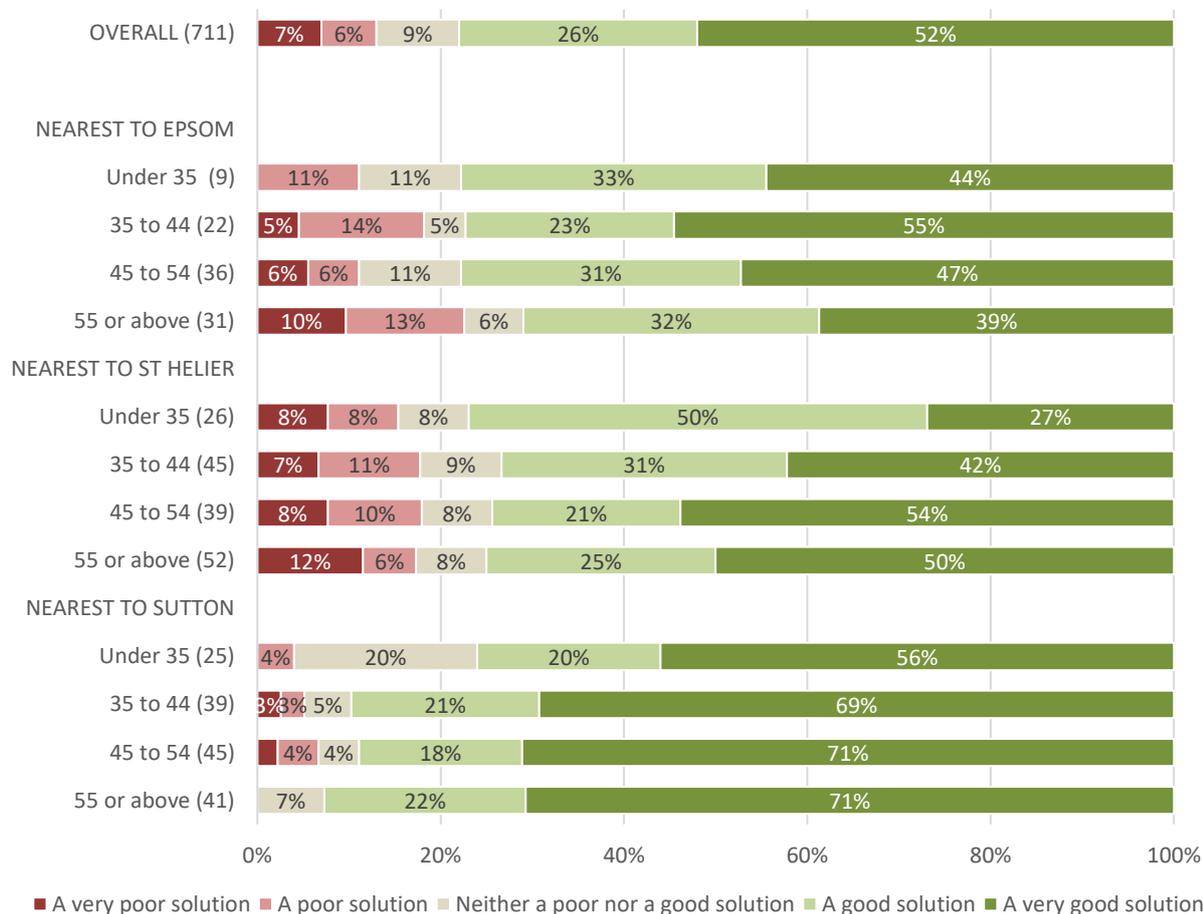
12.56 Among other non-NHS staff respondents (Figure 38), it was once again proximity to the three potential sites which most strongly related to opinions on St Helier, with those living closest to St Helier viewing it as a good solution, those closest to Epsom Hospital feeling more negative, and somewhat more balanced views among individuals living closest to the Sutton site.

Figure 38: Views of other non-NHS staff individual respondents on St Helier Hospital as a site for a new SECH, by age and closest hospital (consultation questionnaire)



12.57 The majority of NHS staff members, regardless of age and nearest hospital, were positive in their views on building a new SECH at the Sutton site (Figure 39).

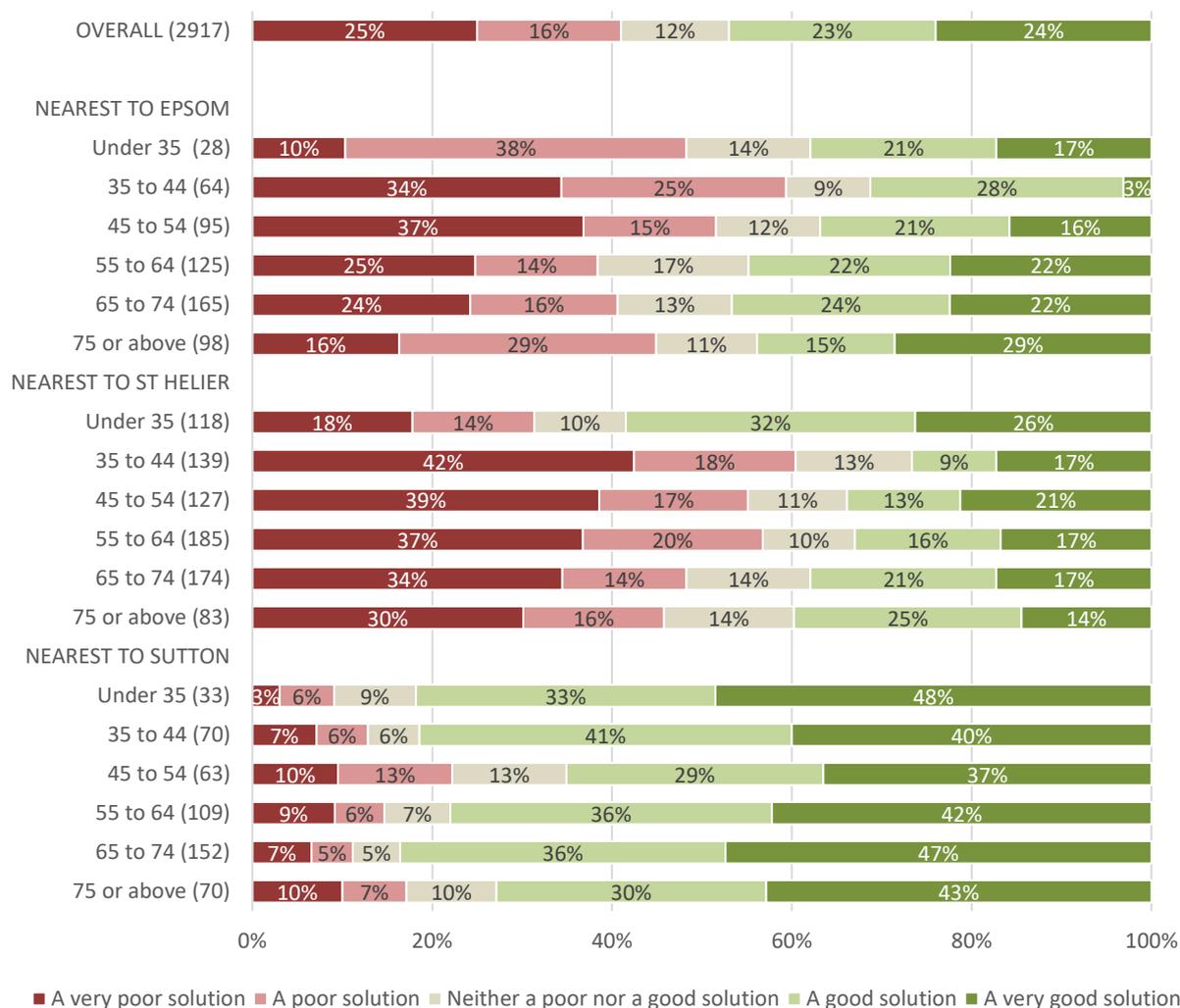
Figure 39: Views of NHS staff on Sutton Hospital as a site for a new SECH, by age and closest hospital (consultation questionnaire)



12.58 Among non-NHS staff individual respondents (Figure 40), views again varied geographically more strongly than in relation to age.

12.59 Younger respondents living closest to St Helier Hospital viewed Sutton Hospital more favourably as a site for a new SECH than did other residents in the same locality. This may be linked to the fact that respondents in the same group (under 35-year-olds living closest to St Helier) were also likely to view the overall proposal positively, with more than two thirds (69%) viewing the proposed model of care as a good or very good solution (see Figure 34 above).

Figure 40: Views of non-NHS staff individual respondents on Sutton Hospital as a site for a new SECH, by age and closest hospital (consultation questionnaire)



Across the other consultation strands, opinions expressed by older people were divided on the location of the SECH

- 12.60 Opinion was divided among older people about the location of the SECH, with travel and transport being, once again, the main issue of concern. Whilst many older people approved of Sutton as the location and thought that St Helier was ‘too old’ to be a suitable SECH, there were concerns over how older people living some distance from the preferred site would access it; and that long and difficult journeys would be involved – especially by public transport.

“I commend the model, but I have some concerns ... Public transport to Sutton is completely inadequate. Travel times are much further than you suggest. It will drastically impact travel for older people...” (Participant at IHT Listening Event)

“I have been going to Marsden (Sutton) for a year and it is a real challenge to get to. They will need to improve bus services” (Older participant at CVS event)

“Older people [will] struggle to get there with the lack of public transport” (Older participant at CVS event)

“It is going to be more difficult for older and infirm people to access Sutton than it would be for Epsom” (Respondent to questionnaire organised by Chris Grayling MP and Sir Paul Beresford MP)

“I find your journey plan absolutely ridiculous for a pensioner ...Do you realise how tiring and costly that journey would be?” (Written submission, resident)

“Given the natural frailty of elderly people, they should be prioritised for travel time for emergency care. Therefore, Epsom should be the location of the Emergency Care and specialist facilities” (Respondent to consultation questionnaire)

“Many people in Merton are elderly and vulnerable and would find it difficult to access the Sutton site” (Respondent to consultation questionnaire)

- 12.61 It was certainly agreed that if the Sutton site is chosen for the SECH, public transport improvements would be required, as well as plentiful blue badge parking for older people. Volunteer car schemes and a shuttle service for older people were also suggested.

Younger people were also divided on the location of the SECH

- 12.62 Opinion on site location was also divided amongst young people at the various consultation meetings, with some preferring Sutton and others St Helier. It should be noted though that in the deliberative focus groups, opinion was firmly in favour of the former. There was little or no support for Epsom for reasons of it being too far away and difficult to access by public transport.

- 12.63 There were no comments from young people specifically about the location of children’s services under the proposals. However, concerns were raised in meetings and by councillors in their written submissions about paediatrics being removed from local communities (around St Helier in particular), thereby distancing the children and parents in most need from these services and ensuring they must make longer and more complex journeys to reach the hospital. In this context it was again reiterated that children in deprived areas are more likely to suffer from serious disease during childhood – and rely on the easy public transport access to St Helier Hospital.

“Why are paediatrics being moved? They should be closer to those that need it, especially all the young people on the St Helier estate” (Participant at CCG outreach meeting)

- 12.64 It was argued then that the IHT proposals would negatively impact on the poorest parents and children by forcing them to travel the furthest for children’s services.
- 12.65 Some focus group participants with young families also raised the issue of children’s beds being located in one place. While many agreed that they would feel reassured by having specialists on hand to provide the best quality care for their child at the SECH, there is potential for families to be impacted if this hospital is far from home – increased travel times, cost of travel and parking could be a burden to those having to split their time between hospital visits and caring for family.
- 12.66 Many focus group participants and a few respondents to other consultation strands commented that the proximity to The Royal Marsden could allow a SECH at Sutton to become a ‘centre of excellence’ for the treatment of acutely ill children.

“Building the new hospital on the Sutton site is actually a win-win situation for all. Epsom (and St Helier) hospitals will remain; each with an acute treatment centre (manned 24/7 365 days) AND we all gain a new specialist acute hospital with better services and facilities for the whole community. In addition, there is the possibility that it could support children’s services at The Marsden which is the preferred option of patients, families and staff” (Respondent to questionnaire organised by Chris Grayling MP and Sir Paul Beresford MP)

There were concerns around the deprivation analysis in relation to older people

- 12.67 It should be noted that there were also many complaints (at the consultation events and in the written submissions) that the deprivation analysis underpinning the proposals equated *age* with deprivation; these complaints were based, in part, on the view that older people are more likely to be ‘comfortably off’. It was suggested that the underlying analysis deliberately skewed the statistics in favour of the Sutton site, which is apparently closer to large populations of older people than St Helier in particular

“Concern that the consultation documentation appears mistakenly to equate old age with deprivation – they are not synonymous; they have very different needs. Banstead has lots of older people but is relatively affluent; this is a sweeping generalisation that suggests the analysis has not been detailed enough” (Participant at IHT Listening Event)

“On old people and deprived communities: why have you lumped them together? This is not relevant. You are lumping millionaires together with deprived people. You need to separate these two groups and recognise the need for healthcare for people living in deprived communities” (Participant at IHT Listening Event)

Young people made some practical suggestions moving forward

- 12.68 There were many areas for consideration and suggestions raised by young people at the consultation events, including: improving services for people with mental health needs and having a greater focus on mental health within the proposed model of care; and managing any new access arrangements to reduce nuisance to local residents and benefit patients and their visitors - by, for example, making it easy for young people to attend appointments without their parents being present and providing more diversionary activities for young inpatients.

“Give due consideration to young people who are able to attend appointments by themselves. If parents do not need to attend, they should receive standardised instructions from their own GPs” (Young participant at CCG Outreach Meeting)

“Look at entertainment for patients e.g. books, puzzles and a piano. Including books in different languages”
 (Young participant at CCG Outreach Meeting)

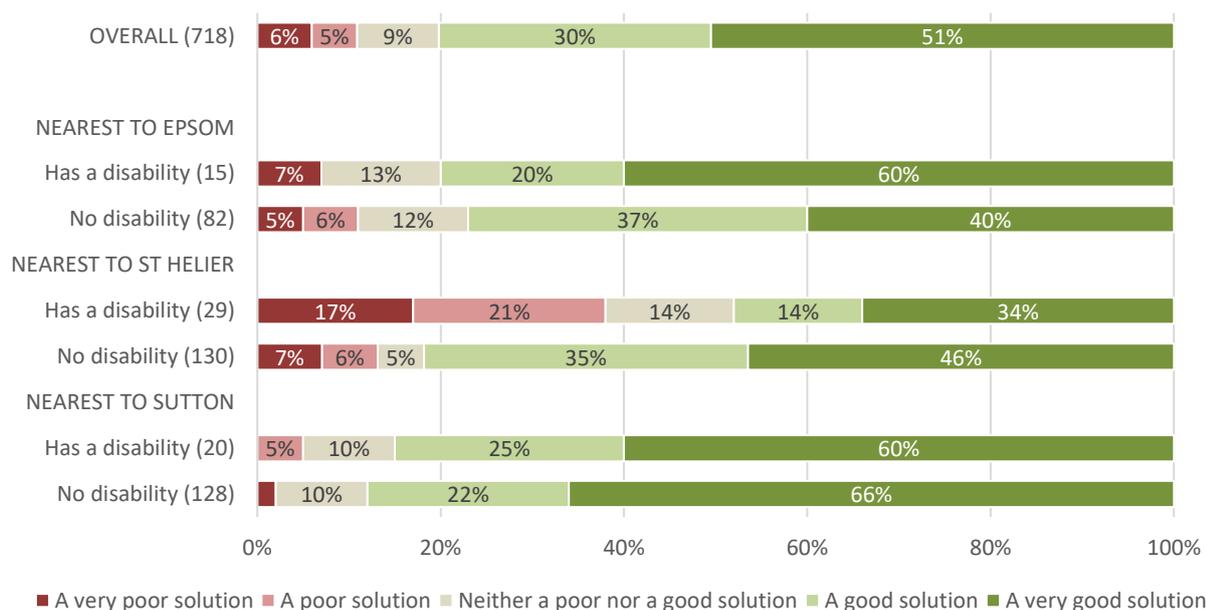
- 12.69 They also said they would also like to see high design standards and environmental principles incorporated into developments and suggested involving young people in the design of any new hospitals as layouts can sometimes seem somewhat confusing to them.
- 12.70 Finally, feedback received at one of the CVS facilitated activities suggested that that all hospital staff should receive training in awareness of children with learning disabilities.

Disability

While there are some differences in the views expressed by respondents with disabilities compared to other respondents, their views were most strongly linked to geography or role as NHS staff

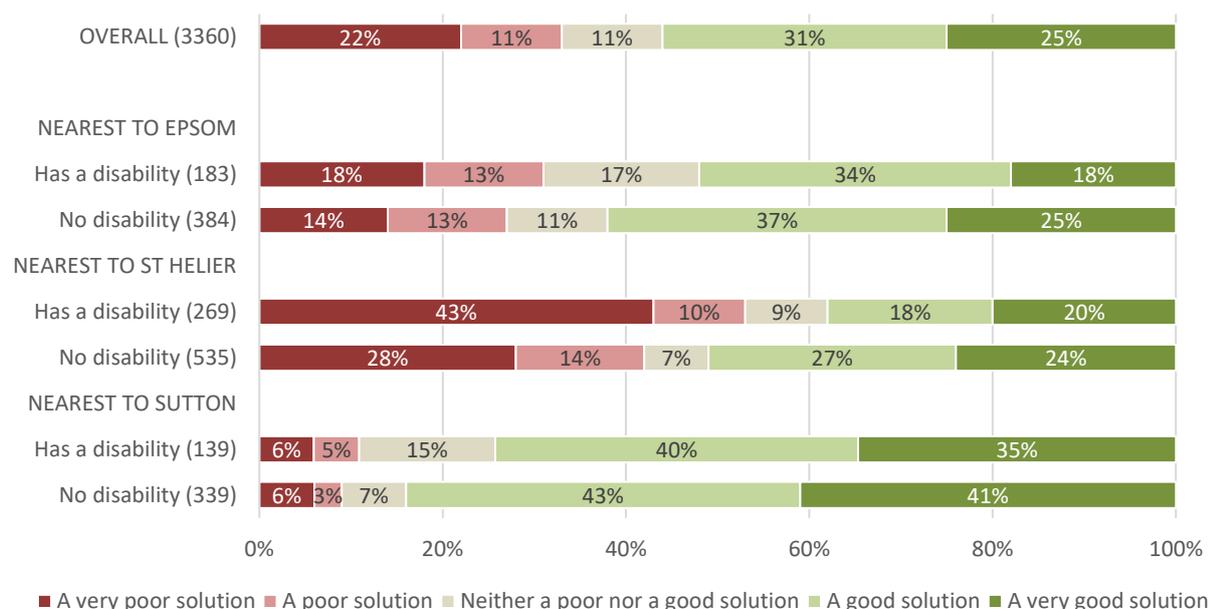
- 12.71 As is the case overall, the balance of opinion among NHS staff with disabilities was that the proposals were a good or very good solution for local residents, although a slightly greater proportion of the 29 NHS staff members with disabilities living nearest to St Helier Hospital viewed the proposals negatively.

Figure 41: Views of NHS staff on the model of care, by disability and closest hospital (consultation questionnaire)



12.72 Among other, non-NHS staff, individual respondents with disabilities (Figure 42), while there was a tendency to view the proposed model of care somewhat more negatively, it was once again proximity to one of the proposed site for a new SECH which dominated views – as reported in the full questionnaire feedback chapter of this report.

Figure 42: Views of Other non-NHS staff individual respondents on the model of care, by disability and closest hospital (consultation questionnaire)



Across the other consultation strands there is some support for the model of care, but also significant concern around travel and access

12.73 In the consultation events, some people with disabilities supported the model of care, whereas many others said they would prefer services, including critical care, to remain close to where people live – primarily due to travel and access issues:

“It can be hard to travel. My experience is that buses only allow one wheelchair user at a time. A trip that should take 15 minutes can take an hour if buses are busy” (Participant at disability learning/neuro/social/communication CVS event)

12.74 For this reason the latter supported a ‘fourth option’ where all the funds available should be used to improve the existing Epsom and St Helier hospitals.

12.75 Concerns were also expressed in the written submissions, the questionnaire organised by Chris Grayling MP and Sir Paul Beresford MP and on social media about centralisation leading to increased travel times, which would be particularly problematic for people with disabilities. For example:

“There seems to be no consideration for the disabled and the elderly who are not able to drive. Enabling them to get to hospital is very expensive and ask owners to cover the costs by driving and hide the expense” (Questionnaire organised by Chris Grayling MP and Sir Paul Beresford MP)

Again, while there are some differences in the views expressed by respondents to the consultation questionnaire with disabilities compared to other respondents, both positive and negative, their views were most strongly linked to geography

12.76 There were only some small variations in views about possible sites among respondents with disabilities, compared to other respondents from the same geographic areas or, in the case of NHS staff, with other health workers. The marginal differences were that respondents with disabilities were slightly more positive about their closest site, and slightly more negative about the site furthest from them.

Figure 43: Views of NHS staff on Epsom Hospital as the site for a new SECH, by disability and closest hospital (consultation questionnaire)

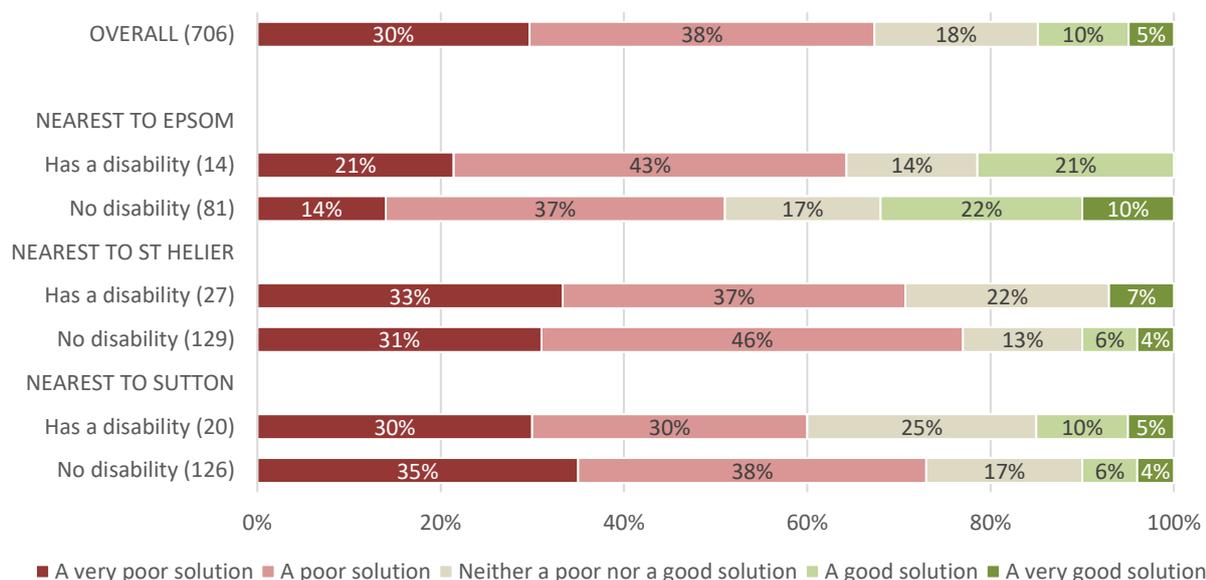


Figure 44: Views of other non-NHS staff individual respondents on Epsom Hospital as the site for a new SECH, by disability and closest hospital (consultation questionnaire)

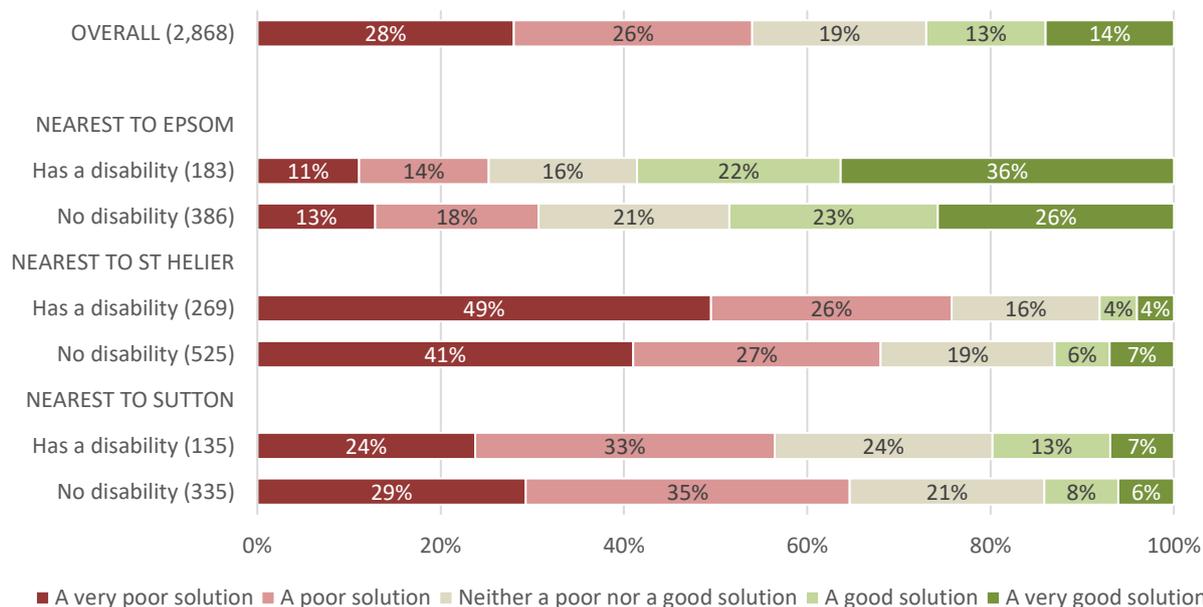


Figure 45: Views of NHS staff on St Helier Hospital as the site for a new SECH, by disability and closest hospital (consultation questionnaire)

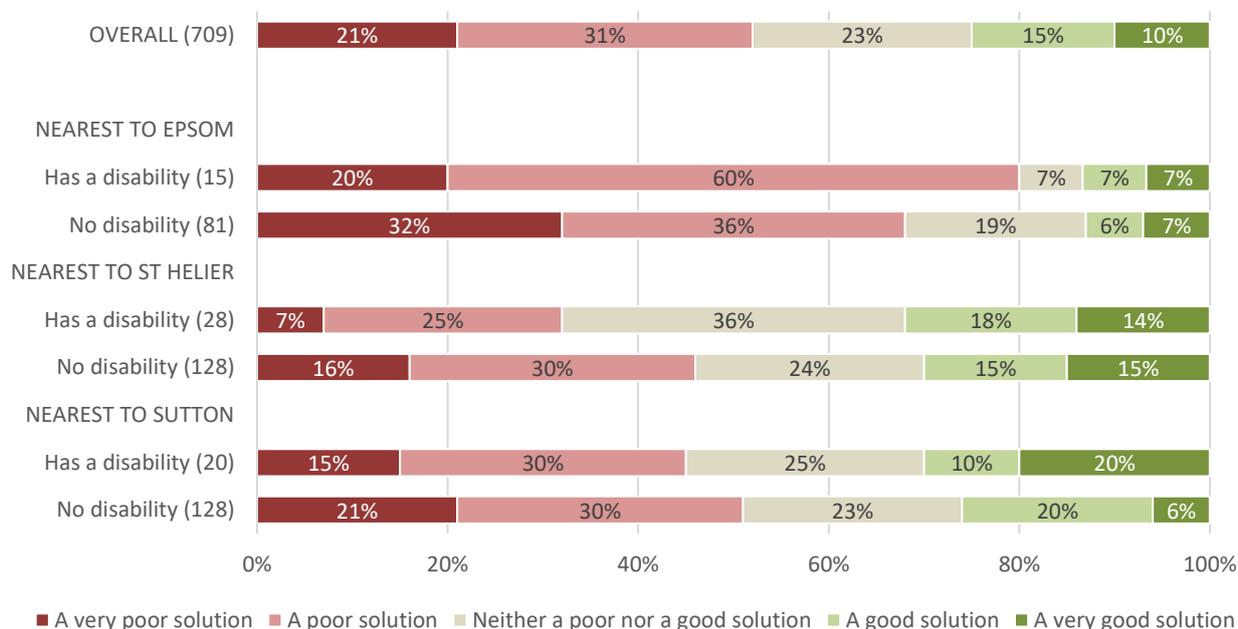


Figure 46: Views of other non-NHS staff individual respondents on St Helier Hospital as the site for a new SECH, by disability and closest hospital (consultation questionnaire)

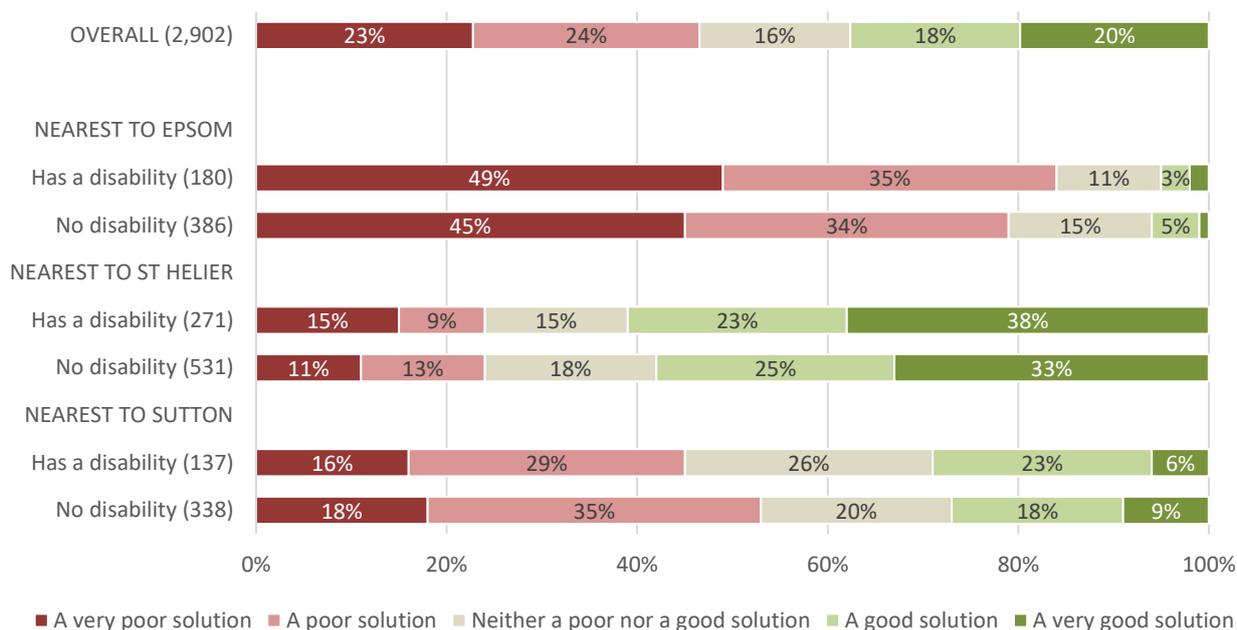


Figure 47: Views of NHS staff on Sutton Hospital as the site for a new SECH, by disability and closest hospital (consultation questionnaire)

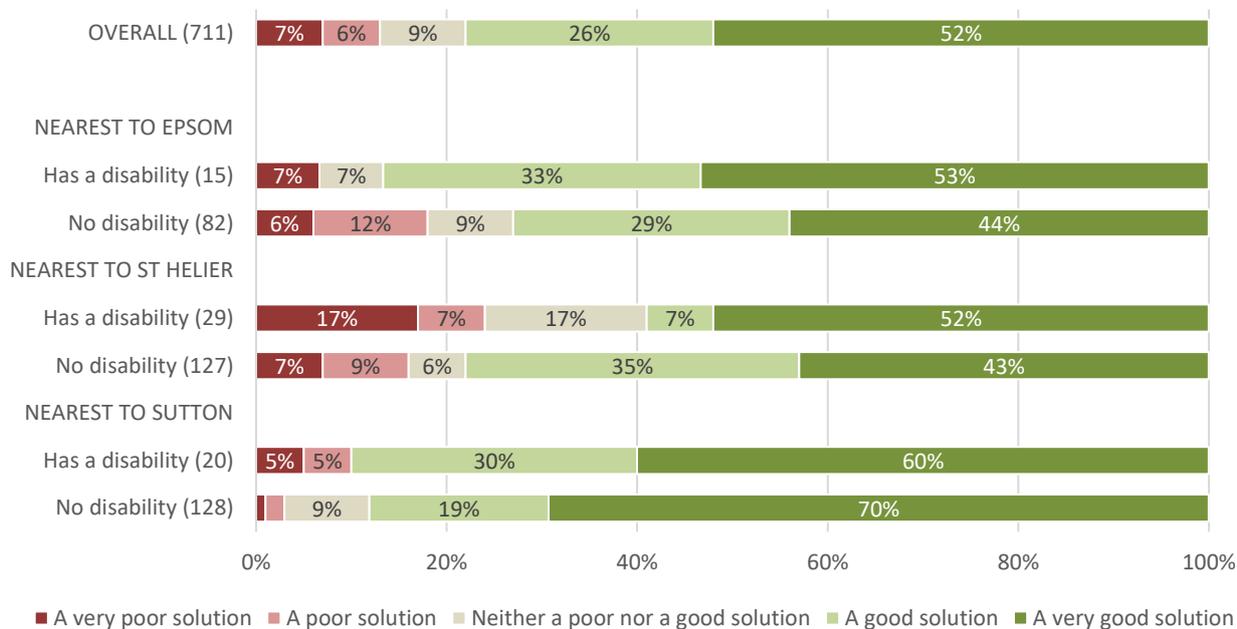
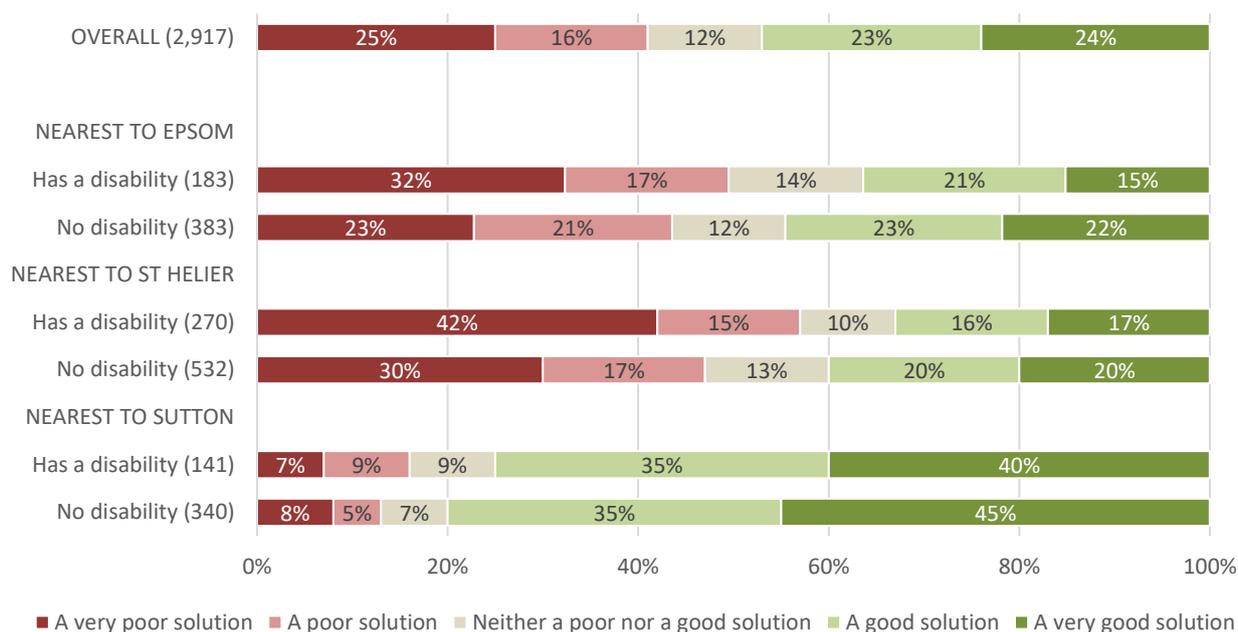


Figure 48: Views of other non-NHS staff individual respondents on Sutton Hospital as the site for a new SECH, by disability and closest hospital (consultation questionnaire)

There is some support among people with disabilities for locating a new SECH at Sutton across the other consultation strands, but there are also many concerns around travel and access

12.77 Whilst there was some support for the location of the SECH at Sutton, many consultation event attendees and written submissions criticised the proposed centralisation of acute services at Sutton owing to travel and access difficulties. Public transport to and from the site was frequently described as poor, and it was said that more costly and complex journeys would become a reality for many of those who can least afford it and/or may struggle with mobility - including people living with disabilities.

"My husband and myself live in Morden. He is hemiplegic following a stroke in 2015, and on several occasions has had to return by ambulance to St. Helier, most recently for urgent treatment for life-threatening pneumonia. A longer journey to Belmont might have led to a bad outcome or longer stay in hospital..."
(Written submission, resident)

"The transport to Sutton is not great, my daughter has a disability and she needs to be close to the hospital. How will this impact on people with complex needs?" (Written submission, resident)

"I have daughter with special needs who would need emergency care quickly so locating it away from St Helier will be a challenge" (Special needs CVS event)

"They would affect me as I have agoraphobia and autism. If I had to go to the hospital alone or even because of my older Dad, I wouldn't be able to go to Epsom or to Sutton. I live in Merton and find travel difficult. St Helier has been a lifeline for me and my family. I don't know what would happen if it were to go."

"Longer travelling time from Surrey Downs areas will negatively impact people with disability and their carers" (CVS organisations event)

“The hospital is not close to the train station and there would need to be a couple of buses for most people. Therefore, there would be increased anxiety” (Parents/carers; Adults living with learning disability CVS events)

- 12.78 This also links to the frequently made point that removing acute services from St Helier, in particular, will have a disproportionate impact on the area’s significantly more deprived and higher need communities who are disproportionately disabled; use A&E and experience barriers in accessing primary care. A fear is that moving services to Sutton will, therefore, increase health inequalities for disadvantaged communities, including people with disabilities.
- 12.79 It should also be noted that there was some support for Epsom among certain disability groups, primarily for reasons of quality of care and familiarity.

A familiar hospital which is good for people with learning disability (CVS organisations event)

People [in the group] know Epsom (Adults living with learning disability CVS event)

People with disabilities experience specific barriers in accessing healthcare services, but there are many mitigations that can be considered to lessen these

- 12.80 Many travel difficulties for people with disabilities were highlighted including not being able to use travel passes before 9.30am (which has implications for the timing of hospital appointments); limited wheelchair access on buses; expense and the extra time needed.
- 12.81 Issues around quality of care were raised by participants representing disability groups. Some complained that hospital staff are inadequately trained to deal with people with disabilities and the design of spaces and facilities is insensitive to particular special needs. They would like to see these issues addressed under the proposal. Also, people with disabilities would prefer one place where all their various appointments could be held rather than having to travel to various hospitals for different specialist services.

“For different problems we go to different places. E.g. Kingston, St George’s, Roehampton, St Helier. They sometimes refer us to different places, and [different places] give us different answers [in response to our problems]. It would be helpful to meet with all of the professionals who look after us in one place” (Disability learning/neuro/social/communication CCG outreach event)

- 12.82 The hospital environment is a particularly stressful one for people with learning disabilities, neurological, social or communication conditions; long waits are particularly difficult for them and should, therefore, be avoided. It was also said that consideration should also be given to people with hearing impairments in design and management of new facilities.

The people we support will worry about the hospital environment which can induce a high level of anxiety through the bustle, the difficult signage, the long walks and the long waits. They can get bored easily, so a long wait makes them anxious (Disability learning/ neuro/social/communication CCG outreach event)

“Will there be more help for deaf people? Will there be displays showing their name rather than staff calling their name? Will there be people at the new hospital who can sign and understand us? At the moment to get help at A&E you have to wait while they call an interpreter. That loses time and could cost a life because of the delays” (Disability long-term CCG outreach event)

“Facilities would need to be designed to reduce anxiety for such patients and enable them to be seen quickly and in a calm, anxiety-reducing environment away from crowds by staff with appropriate autism awareness training” (Respondent to consultation questionnaire)

12.83 There were very many suggestions by people from disability groups over how to design and manage hospitals involved in this consultation to improve facilities and access for people with support needs including on site carers accommodation; training for staff in how to engage with people with various disabilities and special needs; simple design and layout on a flat site; up to date specialist equipment for various disabilities; appropriate signage and lighting; use of accessible language; a SEND centre (as in St George’s), improved and appropriate public and patient transport and free ‘blue badge’ parking. If not specified otherwise, the following comments are all from the disability learning/neuro/social/communication CCG outreach event.

“Make hospital accessible for all as present premises are disabling for people with disabilities” (Long-term disability – physical, sensory, learning CVS event)

“Hospital staff need to be trained to communicate with people with learning disabilities. It would be helpful to have space for carers, and other extra people to accompany us”

“Often hospitals are not used to people with extra needs. For example, sometimes nurses are in a rush and do not understand communication needs of someone who is not able to push a button [to call them over]”

“Look into internships for individuals with special educational needs. Involve individuals with special educational needs in induction of staff and training, especially front-line staff so they are aware of the needs of individuals with special educational needs”

“Site should be flat to make it easier for people to get around who are wheelchair users and have mobility issues” (Young Carers CVS event)

“Must address needs of people with learning disabilities and physical disabilities: hoists, changing rooms, toilets, lifts, state-of-the-art equipment” (Adults living with learning disability CVS event)

“Need more specially adapted vehicles to service people with disabilities and limited mobility” (CVS organisations event)

“Consideration given to ward lighting etc. right from the start”

“When trying to decide where to base the new hospital, consider accessibility for individuals with special educational needs. St George’s has a great SEND centre which makes the experience more pleasant. Could this be replicated in the new hospital?”

“Some individuals with special educational needs have additional sensory impairments and these need to be considered when developing a new hospital. For examples individuals find it unbearable if there is a light overhead as it goes in their eyes”

“It needs to have good parking, and for parking to be free for people with blue badges”

12.84 They also called for full consideration and involvement at all stages of design and development to ensure access needs for the full range of disabilities is met (including the accessibility of information). A disability reference group was suggested as a means to achieve this.

“Accessibility needs to be influenced early, so we can ensure individuals can easily navigate services” (Participant at disability learning/neuro/social/communication CCG event)

“LD and long-term disability users should be involved at every step of the way including the design stage of the new hospital/refurbishments, so they are carefully designed with these types of people in mind” (Disability long-term)

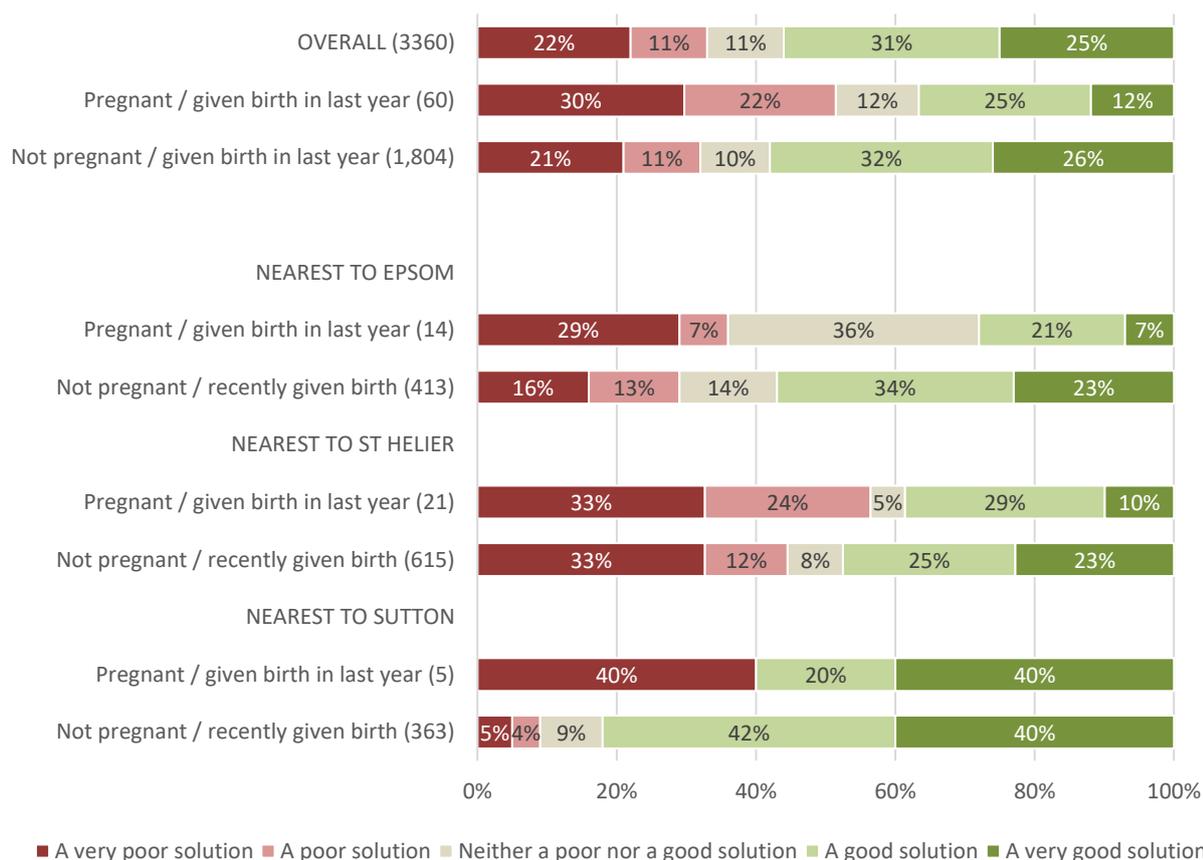
“As much help as possible in accessibly formats: large print, videos, easy read, braille. Ask parents and carers what will help” (Adults living with learning disability CVS event)

Pregnancy and maternity

The proposed centralisation of maternity services, and particularly the relocation of all birthing facilities to a new SECH, was of concern to some respondents across all consultation strands, although NHS staff and clinical organisations viewed this as a positive and even vital measure to improve quality of care for both mothers and babies

12.85 Figure 49 presents the views of individual respondents on the proposed model of care, contrasting the views of those who reported as being pregnant or having given birth in the last 12 months against those who said they had not. Only a handful of NHS staff members said that they were pregnant or had recently given birth, and so their views have not been specifically reported here.

Figure 49: Views of other respondents on the model of care, by pregnancy and maternity and closest hospital (consultation questionnaire)



12.86 The overall trend among questionnaire respondents was for those are pregnant or caring for child born in the last year to view the proposals more negatively than other respondents. While this may relate to concerns about the proposed centralisation of maternity services, particularly hospital births, it should be noted that the numbers of respondents in this group are relatively small overall. These low numbers make it difficult to draw any firm conclusions about geographical variations in views.

- 12.87 Many participants in the consultation events and written submissions supported the clinical model and particularly the opportunity for a state-of-the art facility for acute services, including maternity, in the area. Some argued that it would be worth travelling a bit further for a maternity centre with the best facilities.

A purpose-built unit for maternity services would be best, so being as there is proper consultants and staffing, HDU and SCUBU units and birthing suites and more private accommodation available as ordinarily it is best to be attached to a main hospital in case of complications (Merton Council questionnaire)

“The maternity unit is lacking in capacity, cleanliness and ageing facilities at St Helier and there are a lot of infections post-surgery” (Merton Council questionnaire)

“Local people are naturally unhappy to have these services removed. On the other hand, if complications develop during a birth, admittedly it is better for the mother to be already in the specialist hospital rather than having to be transferred there by ambulance” (Written submission – resident)

“The standard of care hasn’t always been brilliant. We are short of midwives and specialist nurses. The model is a no brainer, so the discussion in reality is where you put the specialist hospital” (Participant at IHT Listening Event)

“It will be great to have a new state of the art facility” (Participant at maternity/pregnant/child within the last year CCG outreach event)

“Really pleased to hear about £500m investment in local services” (Participant at maternity/pregnant/child within the last year CCG outreach event)

“It doesn’t matter if the new hospital is a bit further away for maternity. A baby doesn’t come in five minutes! It’s better when you’re having a baby to get to the best hospital with the best staff” (Participant at IHT Listening Event)

- 12.88 However, others were unsure and questioned having one maternity centre for such a wide geographical area encompassing three towns. This, it was argued, would involve parents-to-be in more travel and give them less choice than at present. There were also significant concerns about transfers between sites in emergency situations.

“Seems very strange that the plan proposes just one maternity unit between three towns” (Participant at CVS event)

“There is a concern around only having one maternity unit for a large geographical area” (Participant at CVS event)

“I am already worried about going into labour and the idea of the hospital being over 30 minutes away - by taxi - is terrifying” (Respondent to consultation questionnaire)

“I’m particularly concerned about locating all births in one hospital. Often, women go into labour very quickly, and a longer journey for more women will surely put them and their babies at risk. Maternity services should be considered as core services for local hospitals - proximity and local access is absolutely crucial”. (Respondent to consultation questionnaire)

“Moving the births to one hospital ... would mean a lot of people travelling further to give birth and having less choice of where they give birth ... a possible negative” (Mental health patients and carers CVS event)

“My one concern is maternity services on one site and the apparent additional travel for pregnant women and family” (Written submission – resident)

*“Will the ambulance always be available if someone needs to move from district to emergency hospital?”
(Participant at maternity/pregnant/child within the last year CCG outreach event)*

12.89 Furthermore, in the public focus groups, while there was an overall preference for Sutton as the location for the SECH, the only marked difference between the groups was around young mothers who had given birth recently. They had concerns about the centralisation of maternity services generally, and this tended to mean that they were less accepting in Merton of such services being moved further away from them. While they were reassured to hear that specialists will be on hand at the SECH to provide support as needed, many said that increased travel time for a hospital birth would be anxiety inducing, especially for new mothers, those with a high risk pregnancy, and those who have experienced a difficult birth in the past.

12.90 The potential for added travel time, especially if women go into labour prematurely, was a key sticking point at the focus groups: many said that in the case of births, the SECH would need to be close by. Some also raise concerns that moving all hospital births to the SECH may pressure some mothers into opting for a home birth, and wondered whether this had been considered.

“I personally think that the Specialist Care hospital is a good idea only when births is not included” (Online group, Merton)

“So will they be expecting more home births and fewer hospital births?” (Focus group, Maternity, Sutton)

12.91 Issues relating to maternity services were raised in some written submissions. That from KOSHH and KOEH for example suggested that the proposal for one maternity unit in place of two will *“mean longer journey times for most mothers in labour”* and *“will put more mothers and babies at risk of harm or death”*. It would also, it was said, make visiting longer, more complicated and more expensive. Furthermore, the plan to cut obstetric and paediatric posts was criticised for its potentially negative impact on mothers and children. Maintaining maternity care was considered especially important because the predicted birth rate in SW London is significantly higher than surrounding areas and *“there is evidence that smaller, more local maternity units are safer for mothers and babies”*.

12.92 A GMB submission also considered the proposed reduction in the numbers of paediatric and obstetric consultant doctors to be unacceptable, especially given the area’s increasing population – and the community impact of the maternity proposals was noted by Surrey Council, particularly for residents in the south of the catchment area. The Council encouraged active engagement with those communities to ensure that any impact is mitigated and residents supported to access the care they need.

12.93 In addition to the anxieties reported above, there were many questions raised about provision of maternity services under this model, including around the relative roles and responsibilities of the district and specialist hospitals, whether low risk and home births would still be supported and whether women in the ESHT catchment could still choose to give birth at St George’s hospital.

“There is a focus on maternity services, home births or consultant led births. Therefore, where is the provision for low risk women? This removes patient choice. Currently we have low risk birth centres in both hospitals, why are we removing this?” (Participant at IHT Listening Event)

“Will maternity services be at home or in hospital? Will there still be choice about this?” (Participant at IHT Listening Event)

“If there is a new SECH, will you lose the choice/opportunity to go to St George’s if you live out of catchment?” (Participant at maternity/pregnant/child within the last year CCG outreach event)

12.94 Moreover, although pre and post-natal appointments will remain at existing hospitals, some women were concerned about this separation, preferring to have all appointments at one site to reduce confusion and ensure continuity of care at a time when many women feel most vulnerable.

“Why move births to a new hospital if ante-natal and follow-up is going to stay at St Helier?” (Participant at deprived communities/low income CCG outreach event)

“If the SECH was based in Sutton, I would not consider St Helier or Epsom for my post-natal/antenatal care” (Participant at maternity/pregnant/child within the last year CCG outreach event)

“If you had ante-natal at St Helier, would any [of the same] staff be present at new specialist hospital for birth?” (Participant at IHT Listening Event)

“But if you have your ante natal care and your birth at different places it might seem that there is no carry through care” (Focus group, young people, Sutton)

12.95 In terms of mitigations, familiarisation visits to any new maternity unit were suggested, as was overnight accommodation for women arriving too early for labour to prevent the need to return home over long distances.

“Will women who are due to give birth be able to go and have a look at the new hospital before deciding to give birth there?” (Participant at maternity/pregnant/child within the last year CCG outreach event)

“For those that do have to travel further ... and are turned away from the hospital as they are not yet ready to give birth, travelling home could become long and complicated due to traffic ... Will there be facilities for people to stay overnight ...?” (Participant at maternity/pregnant/ child within the last year CCG outreach event)

The open questionnaire responses show that pregnant women and those with young infants viewed their closest site most positively, and the furthest from them most negatively

12.96 Bearing in mind the stated limitations of a small number of responses, a similar pattern to that seen among other protected characteristics groups with regard to views on each of the possible locations of a new SECH can be seen; pregnant women and those with young infants viewed their closest site more favourably, and that furthest from them most negatively.

Figure 50: Views of other non-NHS staff individual respondents on Epsom Hospital as the site for a new SECH, by pregnancy and maternity and closest hospital (consultation questionnaire)

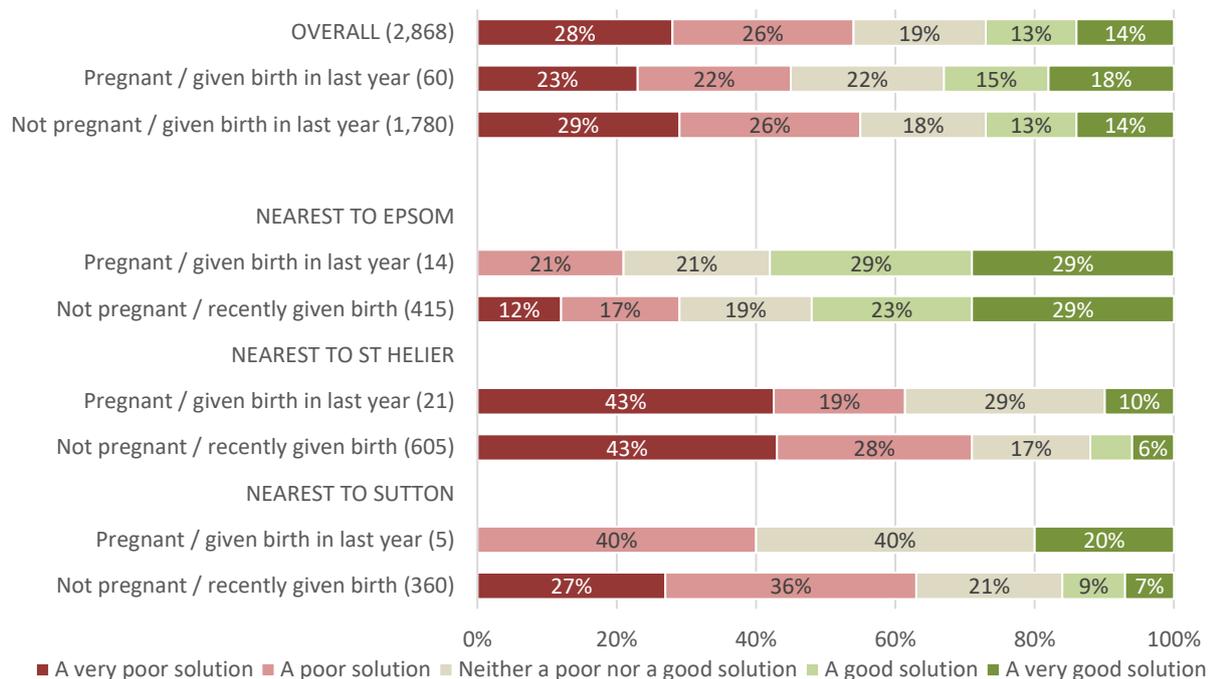


Figure 51: Views of other non-NHS staff individual respondents on St Helier Hospital as the site for a new SECH, by pregnancy and maternity and closest hospital (consultation questionnaire)

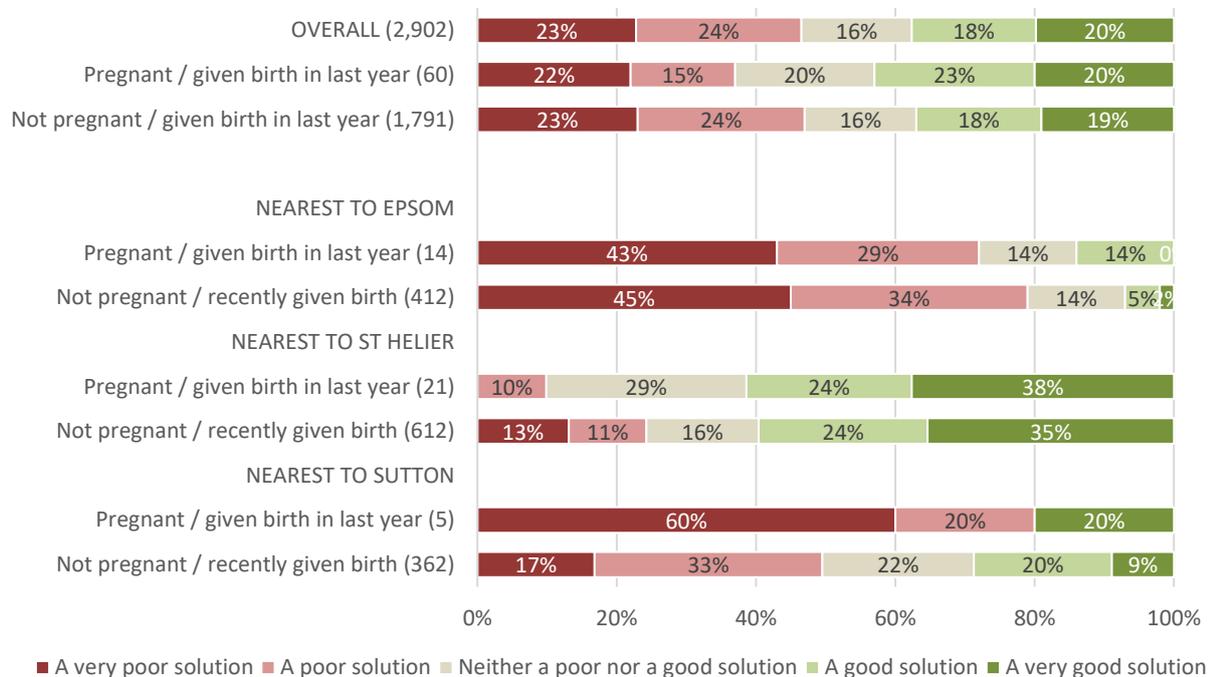
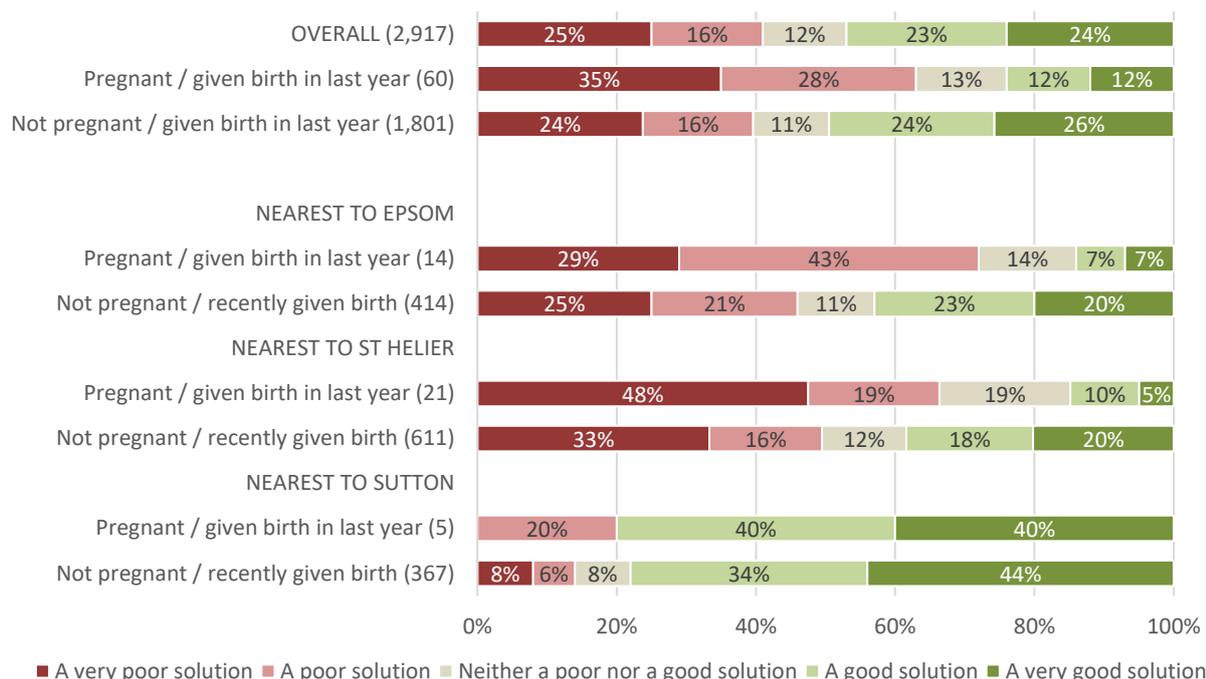


Figure 52: Views of other non-NHS staff individual respondents on Sutton Hospital as the site for a new SECH, by pregnancy and maternity and closest hospital (consultation questionnaire)



There was some preference for all three possible sites across the other consultation strands, mainly based on familiarity and ease of travel and access

12.97 Opinion was mixed on whether Sutton was the best site as proposed. Some felt it is due to its centrality in the area and the potential to improve quality of care and service provision.

“Fully support the proposal to relocate some services to a new site. Both Epsom and St Helier have little room to expand. Indeed, St Helier is well past its sell by date. A new critical care and maternity unit at a new site is the only answer” (Merton Council questionnaire)

“I think if maybe the maternity or children’s services move to Sutton hospital, they can have bigger wards and more services” (Merton Council questionnaire)

“Good to have the emergency care hospital in the middle. Sutton is a good option” (Participant at maternity/pregnant/child within the last year CCG outreach event)

“Emergency hospital with consultant led maternity should be in a new hospital on the Sutton site” (Merton Council questionnaire)

12.98 On the other hand, difficult journeys to Sutton for women in labour by public transport or long ambulance rides were raised as a concern.

“Travel times for maternity is a real concern” (Participant at CVS event)

“If you open another hospital in Sutton, I’m worried about how to get there as a Mum” (Participant at IHT Listening Event)

“If you are a woman who had high-risk pregnancy and needed an emergency C-section. You would need a longer journey to Belmont which would put you at risk” (Participant at IHT Listening Event)

“Distance is a factor. Epsom is far for me to get to (from Raynes Park). Sutton is really far. The bus to Sutton is a 15-minute walk from my house. Definitely an issue when you're in labour” (Participant at maternity/pregnant/child within the last year CCG outreach event)

“If I lived in Mole Valley and was expecting a baby, I would not relish the thought of the maternity service being at Sutton. Traffic is horrendous in this part of south London/north Surrey” (Written submission, resident)

- 12.99 The advantages of St Helier were also frequently raised for already having good maternity and paediatric services close to large populations of young people and deprived communities. Women living in the Epsom areas would also prefer to give birth in a local hospital.

Deprivation

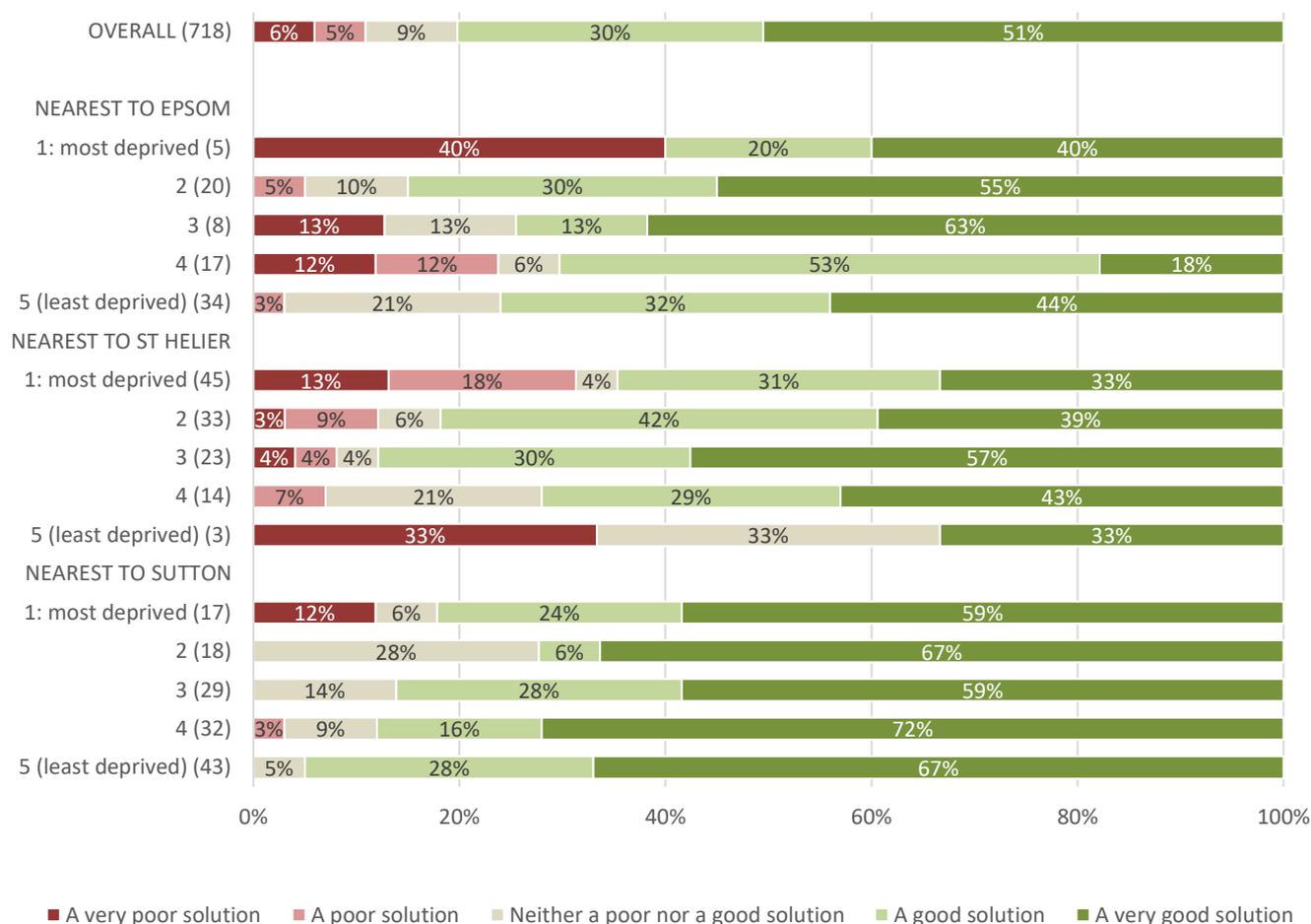
- 12.100 Health inequalities and the needs of those living in the most deprived areas of the ESTH area were raised as concerns across all consultation strands. Attention focused predominantly on socio-economically disadvantaged communities in the London Borough of Merton, although it should be noted parts of Sutton are also among the most deprived across the area (as are a significantly smaller number of areas in Surrey).
- 12.101 Concerns about potential impacts on individuals and families living in deprived areas as a result of the proposed model of care and, in particular, of the option of locating a new SECH in Sutton, were shared by respondents who opposed the changes completely, and those who agreed with the model of care and even with the preferred option. For the former, these impacts were viewed as reasons to abandon the proposed changes; for others, as reasons to locate any new SECH at St Helier. Among many of those respondents who viewed locating a new SECH in Sutton as a good solution (and, to a lesser extent, those who favoured Epsom) there was recognition that mitigation measures such as improved and affordable public transport for people living in deprived areas would be vital.
- 12.102 As with concerns about other protected characteristics and vulnerable groups, the principle issues raised related to transport and travel, and access to local services; these concerns are increased in relation to people living in deprived communities because of lower levels of private car ownership and increased reliance on public transport – making it harder to access more distance hospital locations.
- 12.103 These and other findings are discussed in more detail in detail below, following an examination of the consultation questionnaire responses broken down by deprivation and closest proposed site for a new SECH. The measure of deprivation used is based upon the Index of Multiple Deprivation (IMD), in which the country is split into small geographical areas which are then ranked according to an overall measure of multiple deprivation experienced by people living in an area. The IMD is explained more fully in the Deprivation Impact Assessment and draft interim Integrated Impact Assessment (IIA) report⁵⁶.
- 12.104 For the remainder of this section, areas ranked highest in the IMD are described simply as the “most deprived areas”.
- 12.105 The charts overleaf present the views of NHS staff and other non-NHS staff individual respondents to the consultation questionnaire on the proposed model of care, broken down by IMD quintiles (1 being the most deprived areas within the ESTH area, 5 being the least deprived) and nearest potential SECH site.

⁵⁶ <https://improvinghealthcaretogether.org.uk/document/draft-of-independent-interim-integrated-impact-assessment-report/>

It is important to note that, when separating the views of NHS staff members who responded to the questionnaire down by the relative deprivation of their area of residence (based on postcodes provided) the number of respondents (base) in each group becomes small and it is not possible to draw robust conclusions from any differences. This is reflected in the text commentary below, and where a difference is discussed, the numbers of NHS staff respondents (as opposed to percentages) are included in the text.

12.106 The overall trend in views from within the NHS staff who responded the consultation questionnaire remained the same as elsewhere, with the overwhelming majority saying that the proposed model of care was a good or very good solution for people living in the Merton, Sutton and Surrey Downs area. NHS staff living in the most deprived areas nearest to St Helier Hospital were somewhat less supportive of the model of care overall, with 14 out of the 45 respondents (Figure 53) viewing it as a poor or very poor solution, compared to 29 who viewed it as good or very good.

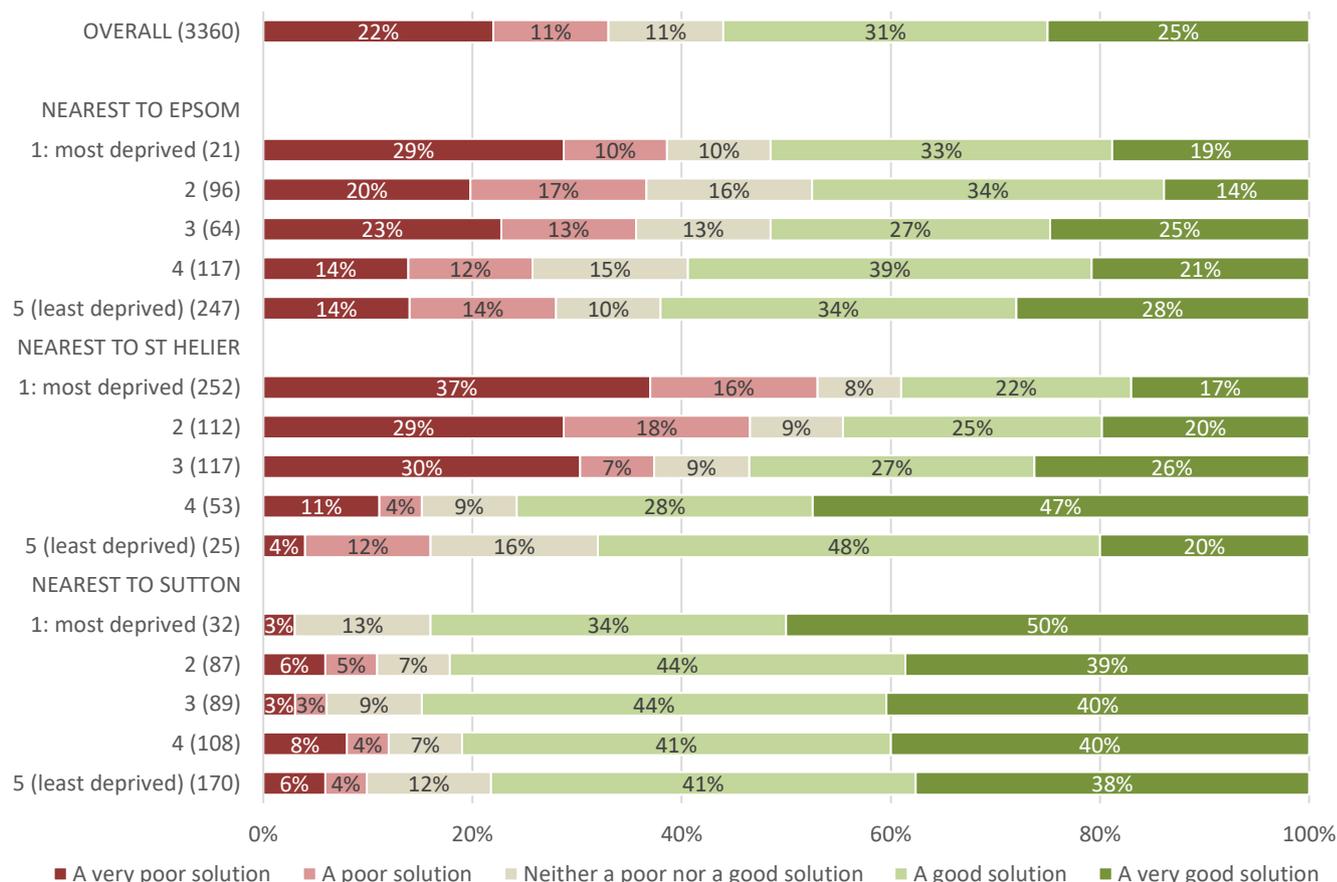
Figure 53: Views of NHS staff on the proposed model of care, by IMD quintile and closest hospital (consultation questionnaire)



12.107 Among other non-NHS individual respondents to the consultation questionnaire, those living closest to Epsom and Sutton Hospital sites were positive in their views of the model of care, regardless of the relative deprivation of the small areas in which they live (Figure 54).

12.108 For those living closest to St Helier, however, the model of care was viewed less favourably by residents in the least affluent areas who responded to the questionnaire, with a majority (53%) of those living in the most deprived areas viewing the proposed model of care as a poor or very poor solution (compared to 39% who view the model as good or very good). Opinions among respondents from the second most deprived areas were split with 46% viewing it as a poor or very poor solution and 45% as good or very good⁵⁷).

Figure 54: Views of other, non-NHS staff individual respondents on the proposed model of care, by IMD quintile and closest hospital (consultation questionnaire)



12.109 Although, as discussed elsewhere in this report, it is most appropriate to analyse the results of the quantitative research (the consultation questionnaire and residents’ telephone survey) by nearest hospital, Figure 55 overleaf has been included to present the views of non-NHS staff individual respondents by the relative deprivation and the CCG area in which they live.

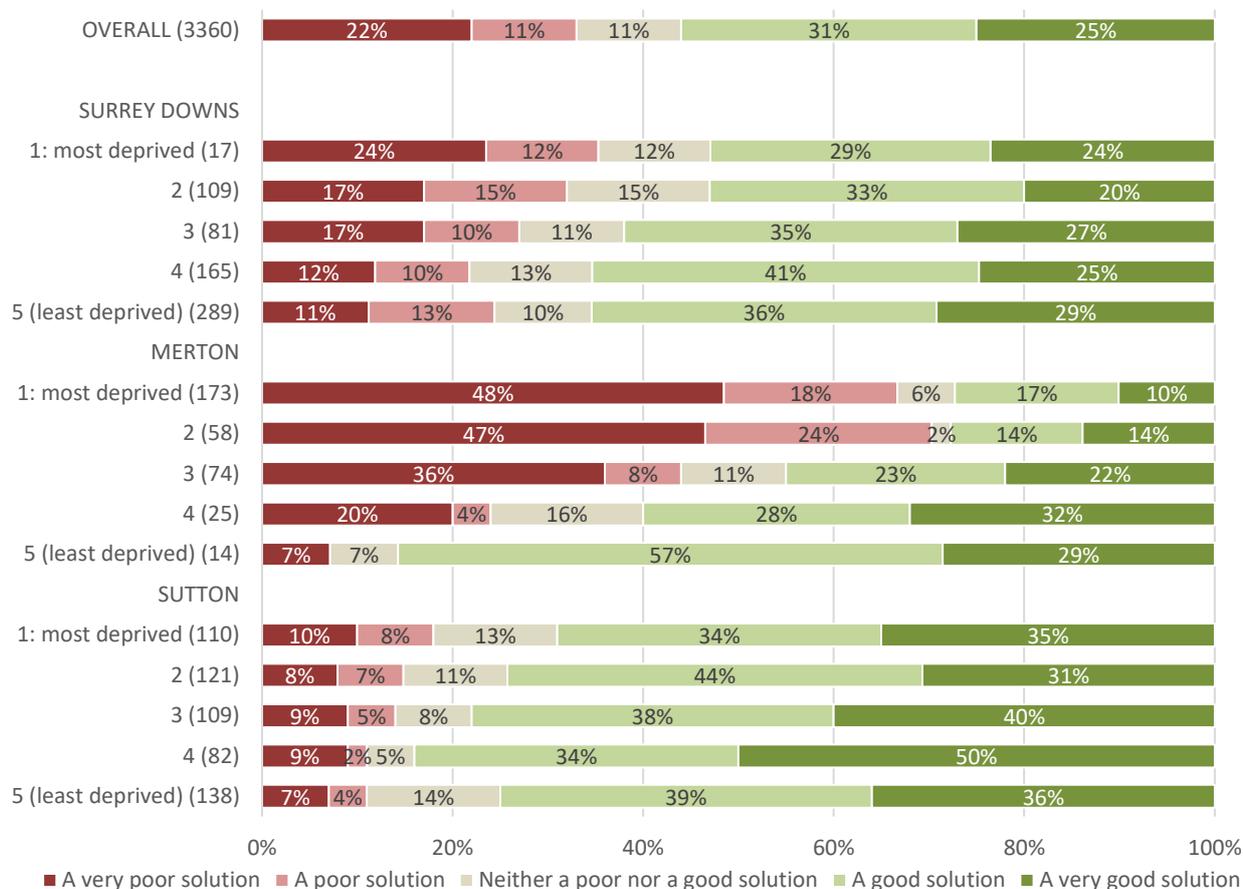
12.110 The results below strongly indicate that the majority of those respondents from deprived areas who *opposed* the model of care live in the Merton CCG area⁵⁸, whereas a vast majority of non-NHS staff individuals from deprived parts of the Sutton CCG area viewed the model of care as a good or very good solution⁵⁹.

⁵⁷ The percentages shown on the chart are rounded to the nearest whole number for presentational convenience, and hence don’t quite match the accurate grouped figures used in the commentary

⁵⁸ Of the 231 non-NHS staff individual respondents living in more deprived areas of Merton CCG (IMD quintiles 1 and 2, based on postcodes provided), 68% viewed the model of care as poor or very poor while 28% viewed it as good or very good.

⁵⁹ Of the 231 non-NHS staff individual respondents living in more deprived areas of Sutton CCG (IMD quintiles 1 and 2, based on postcodes provided), 72% viewed the model of care as good or very good while 16% viewed it as poor or very poor.

Figure 55: Views of other non-NHS individual respondents on the proposed model of care, by IMD quintile and pre-1st April 2020 CCG area (consultation questionnaire)



^{12.111}In contrast to the consultation questionnaire results, the residents’ telephone survey found that those living in more deprived areas of the ESTH catchment were particularly positive about the proposed model of care (73% viewed it as a good or very good solution).

^{12.112}Across all other consultation strands, concerns about deprivation-related impacts were common, with many comments suggesting that the centralisation would exacerbate health inequalities; this was mainly based on concerns that residents in deprived areas would not easily be able to access acute services. Indeed, it was frequently said that travel elsewhere, other than to existing general hospitals (particularly St Helier Hospital), would be too lengthy, expensive and difficult for those in deprived areas with vulnerable populations and lower life expectancy. Furthermore, there was a view that centralising services would further disadvantage people from lower socio-economic backgrounds (in St Helier especially):

“... closing existing services in a more working-class area is absolutely not the way to achieve this” (Merton Council questionnaire)

“The preferred site choice discriminates against the poorest, oldest and most disadvantaged in Merton to enable the better off in Sutton and Belmont to benefit...” (Merton Council questionnaire)

“Moving will have impact on those less financially viable and inclined to travel further, causing greater risks to those more vulnerable (Deprived communities/low income CVS event)

“It may be for wonderful those outside of Merton but for those in this borough, particularly in the economically deprived areas around the hospital, it is a poorer future that lies ahead if this move happens”
(Respondent to consultation questionnaire)

“St Helier has a significantly larger population with considerably more dependent children and elderly people. They are also more reliant on the strong transport links to St Helier Hospital with residents statistically less likely to have access to a car” (Written submission, resident)

“Considering the wider community, I understand that Morden and Mitcham have a larger proportion of population who are poorer and generally in poorer health than the population of Belmont or Sutton. Depriving them of nearby hospital services, especially A&E and acute care, Maternity and children's services, would mean longer journeys (2 buses) and a longer walk for those most needy and likely to be in poorer health, including disabled, elderly and families with children. This is very unfair and exacerbates already existing inequalities in this part of Surrey/Outer London” (Written submission, resident)

“I wasn't surprised to discover that 42 out of the 51 most deprived Lower Super Output Areas are nearest to St Helier Hospital. Yet only one is nearest to your preferred site at Belmont, hardly providing help to those who need it most. Closing such vital services at St Helier would undoubtedly hurt the communities who depend on it and unnecessarily add to health inequalities across the local and wider area in this part of London” (Written submission, resident)

“The proposals do not address the reality that, for a variety of reasons, people in relative economic poverty access A&E more than their more economically affluent peers. In addition, people in relative economic poverty who live further way from General Practices also tend to use A&E more than their peers who live closer to GP services...” (Written submission, resident)

“It seems to be that you have based your travel calculations on people who have cars. There is an awful lot of people who don't have the loudest voices but might have the greatest needs. How are you building the public transport element? ...The ones with the most need are likely to have the least ability to look after themselves”
(Participant at IHT Listening Event)

^{12.113}This also links to the frequently made point that removing acute services from St Helier in particular will have a disproportionate impact on the significantly more deprived and higher need communities there.

“Your preferred option, of moving all acute services and the A&E to Belmont, and downgrading both St Helier and Epsom hospitals, will hit hard those who are in most need of easy access to such essential facilities”
(Written submission, resident)

“The Marmot Review found that life expectancy has flattened for the first time in 100 years. Life expectancy in the most deprived areas trails far behind life expectancy in the least deprived. I have looked at the figures for Epsom and St Helier's A&E attendance and it is clear that people in the most deprived areas are heavily dependent on those acute hospital services” (Written submission, resident)

If the specialist emergency care hospital is sited at Epsom or Sutton, the poorer communities nearest to St Helier Hospital would be seriously disadvantaged. Poorer communities have more need for acute hospital services and “this proposal moves them further away from them”, meaning more expensive and more complex journeys (especially by public transport) (Written submission, KOSHH and KOEH)

“The poorest people in the worst health would be forced to travel the furthest” (Written submission, Cllr Sally Kenny)

“Not only are services being moved away from those who are more deprived, and therefore need them the most, but this is doubly damaging given those residents will find it harder to travel to the new site” (Written submission, several councillors)

“We need a hospital, but we need it on the St Helier site where there is most deprivation. Cited figures from Public Health England that in the Merton area 26% of children are obese; ethnic diversity is 37% and life expectancy is 60 something – whereas three postcodes in Sutton are listed as among the most desirable places to live and Sutton has only 12% BAME communities” (Participant at IHT Listening Event)

“The law states you must take deprived communities into account when you move any healthcare services. The most deprived communities are around St Helier’s, so why are you making the suggestions you are making?” (Participant at IHT Listening Event)

^{12.114}Indeed, Siobhain McDonagh MP and several councillors also referenced the Marmot Review in their written submissions, and particularly that in the most deprived compared to the least deprived areas, men live 9 years fewer and women 7 years fewer. They also cited data from Epsom and St Helier’s A&E attendance that *“proves that the more deprived an area, the higher the reliance on acute hospital services”*. It is thus *“more important than at any time in the past century that health services are located in sites of greatest need”* and in this context the councillors say that of the 51 most deprived Lower Super Output Areas in the trust’s catchment, just one is nearest to the chosen site and 42 of the 51 are nearest to St Helier Hospital.

^{12.115}Councillor Sally Kenny also wrote that the area surrounding St Helier has higher need, higher deprivation, poorer health and shorter life expectancy than both Belmont and Surrey Downs – and quotes Public Health England information showing that income deprivation, employment deprivation, health deprivation and disability, education skills and training deprivation, barriers to housing and services, living environment deprivation, and crime are more profound in the areas surrounding St Helier Hospital. Essentially, the councillor feels that *“removing acute services from St Helier is moving them from an area with bad health to an area with better health”*. This is supported by Councillor Mark Allison, who feels that:

“The closure of services at St Helier would have a disproportionate impact on those with the worst health”

As with the model of care, the views expressed on the possible sites for a SECH by consultation questionnaire respondents, regardless of the extent of deprivation in their areas of residence, were strongly linked to either their role as NHS staff members, or for non-NHS staff respondents, to their area of residence in relation to existing or proposed hospital sites

^{12.116}As with the proposed model of care, the figures below show the breakdown of views from questionnaire respondents on each of the possible sites for a new SECH by deprivation (IMD quintile) and nearest hospital. It should again be noted that, the numbers of NHS staff members in each sub-group are low (fewer than 20 in many cases). Apparent differences in views between areas of deprivation among NHS staff members arising from the questionnaire data should therefore be viewed with caution. Comments from NHS staff and NHS organisations regarding deprivation from across consultation strands are summarised in the commentary below and covered in detail in the relevant chapters of this report.

^{12.117}Among NHS staff members responding to the consultation questionnaire, the overall trend in views was that Sutton would be a good or very good site for a new SECH (Figure 56 to Figure 58). As mentioned elsewhere, NHS staff members living in deprived areas nearest to St Helier hospital were more likely to view St Helier as a good or very good solution than their colleagues elsewhere in the ESTH catchment (Figure 57), but a greater proportion of the same respondents also viewed Sutton Hospital as a good or very good solution (Figure 58).

Figure 56: Views of NHS staff on Epsom Hospital as the site of a new SECH, by IMD quintile and closest hospital (consultation questionnaire)

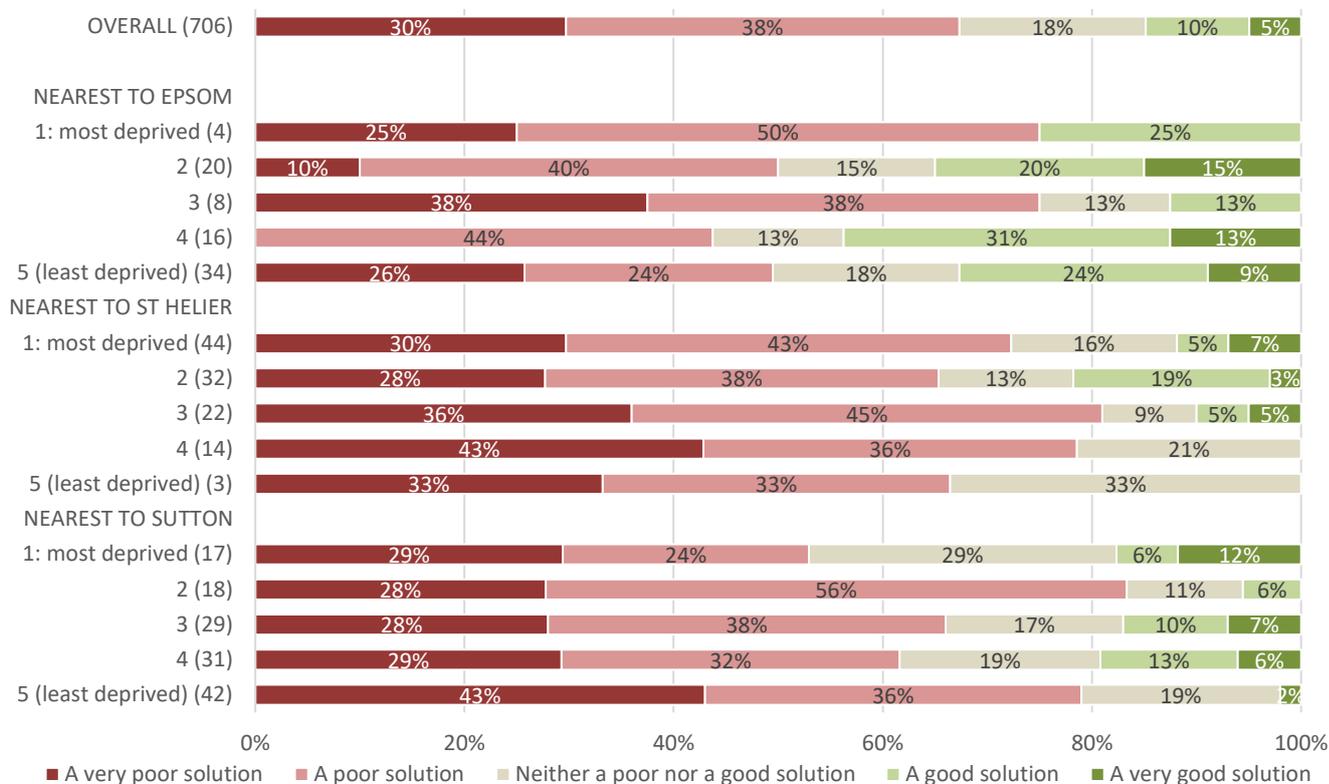


Figure 57: Views of NHS staff on St Helier Hospital as the site of a new SECH, by IMD quintile and closest hospital (consultation questionnaire)

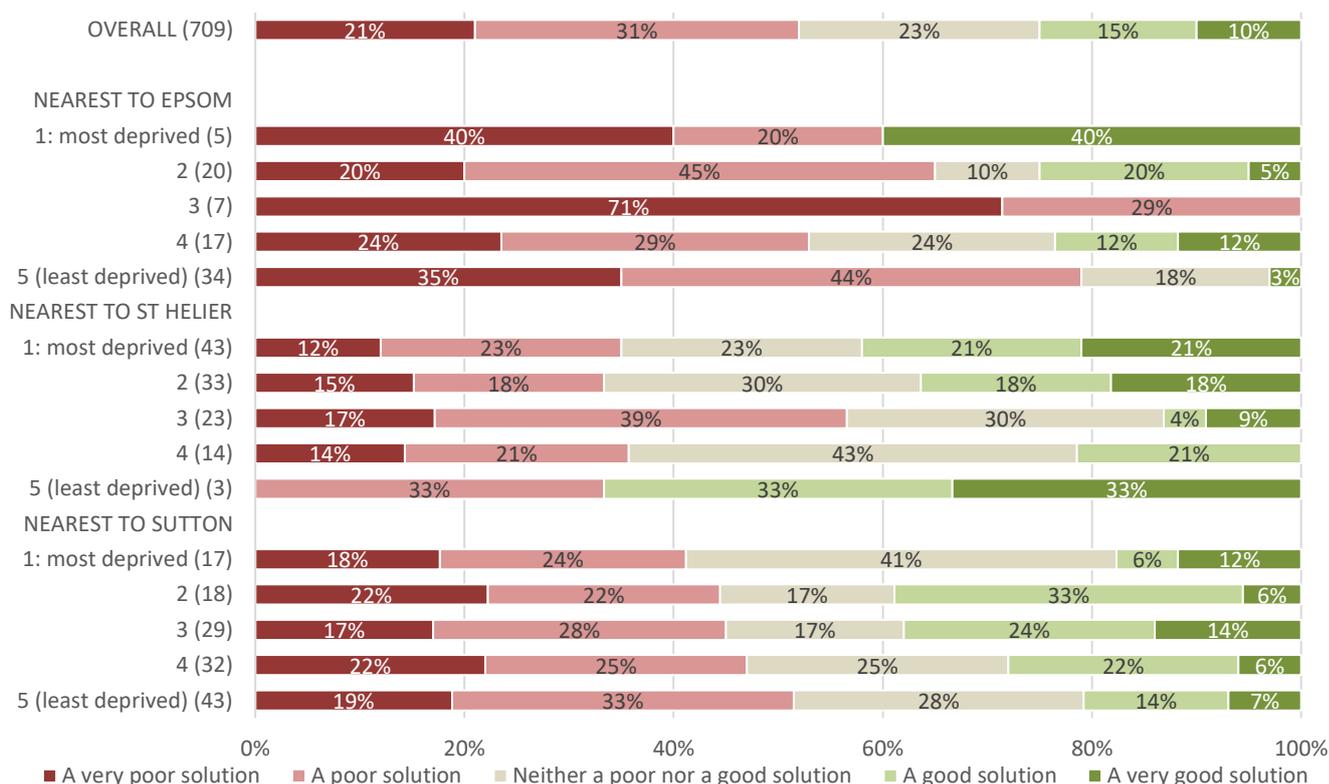
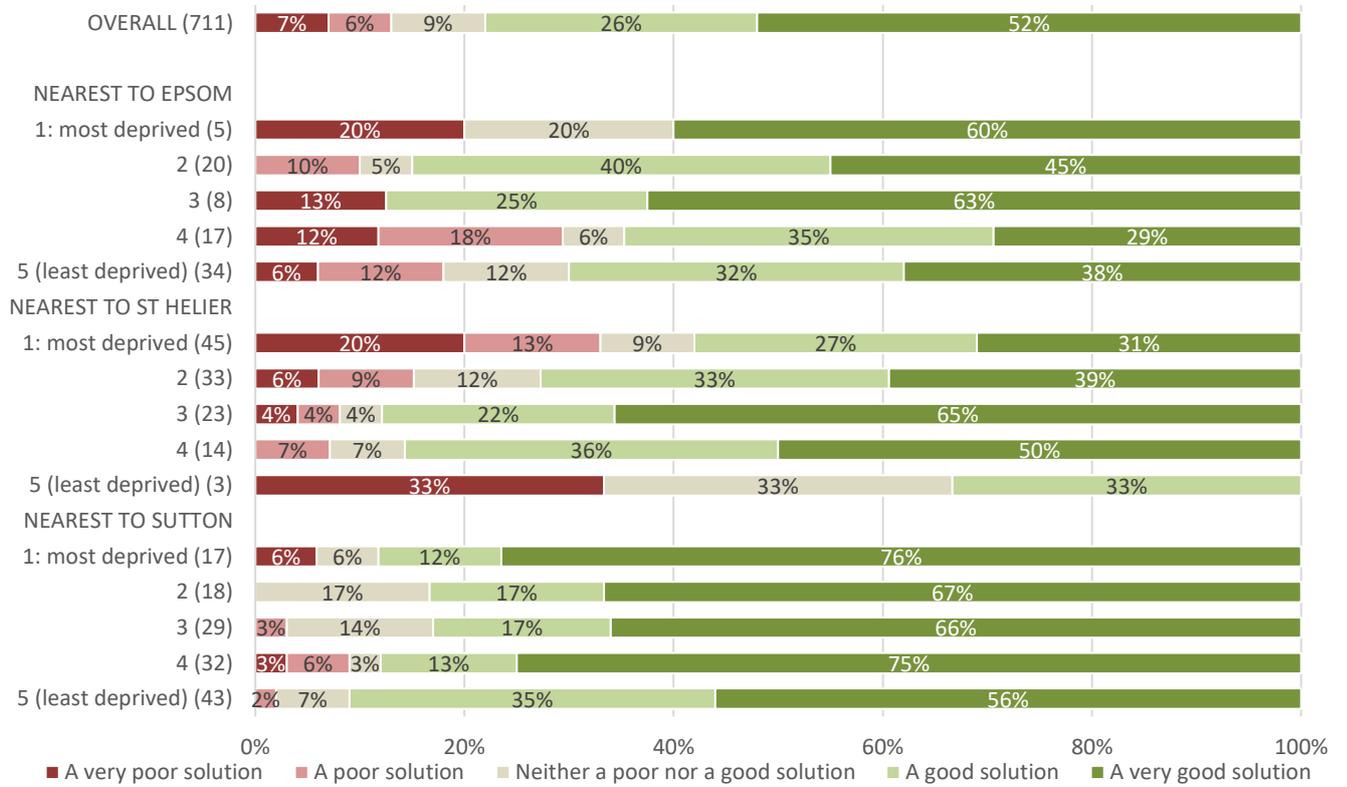


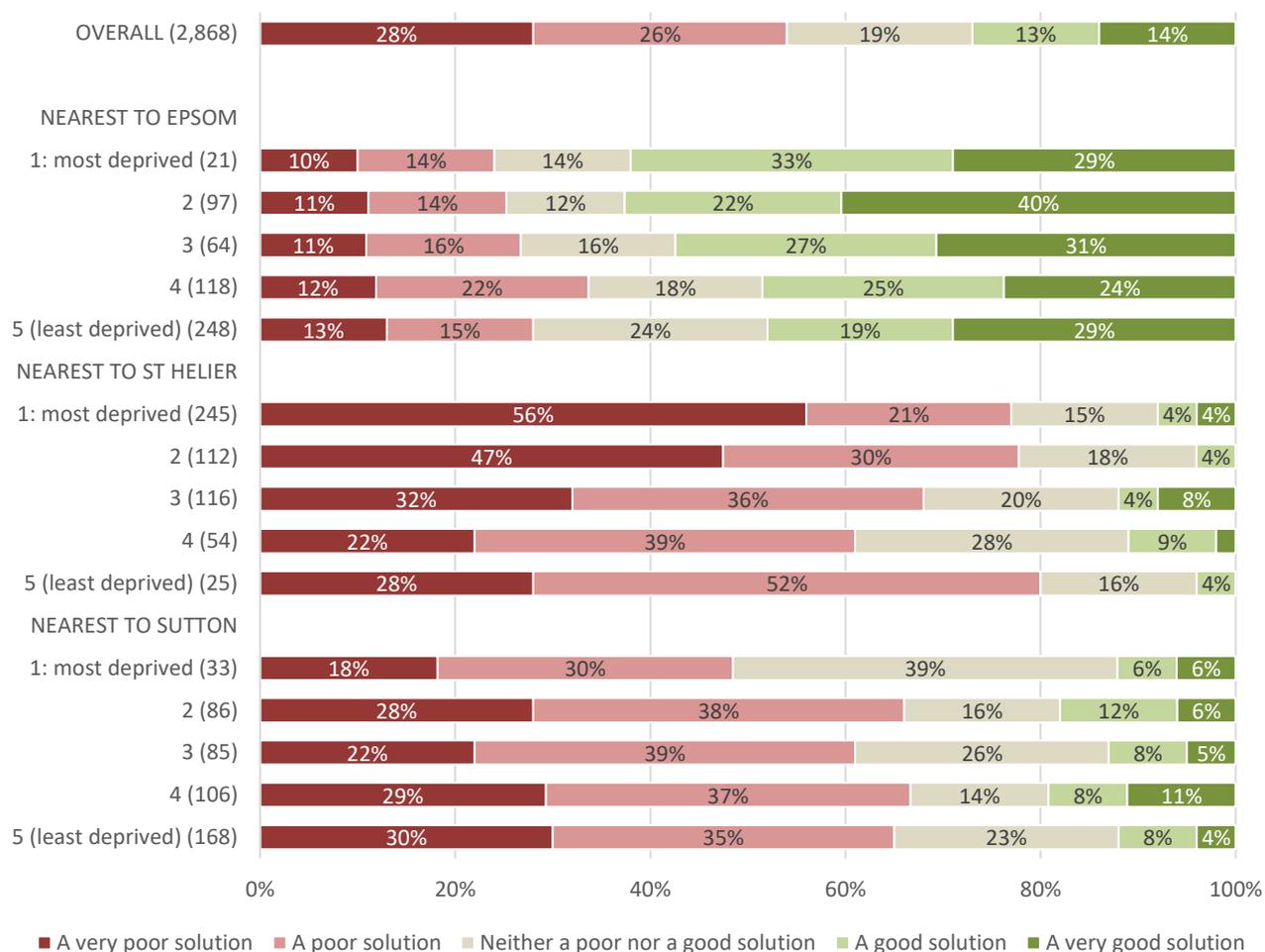
Figure 58: Views of NHS staff on Sutton as the site of a new SECH, by IMD quintile and closest hospital (consultation questionnaire)



12.118 Among non-NHS staff individual respondents to the questionnaire, there was more evidence that deprivation was a factor affecting their views, although as elsewhere, geographic area of residence was also a significant factor.

12.119 Non-NHS staff respondents living closest to Epsom Hospital were positive in their views of Epsom becoming a site for a new SECH, should the proposals go ahead (Figure 59). There was little evidence to suggest, however, that deprivation was a factor influencing their views.

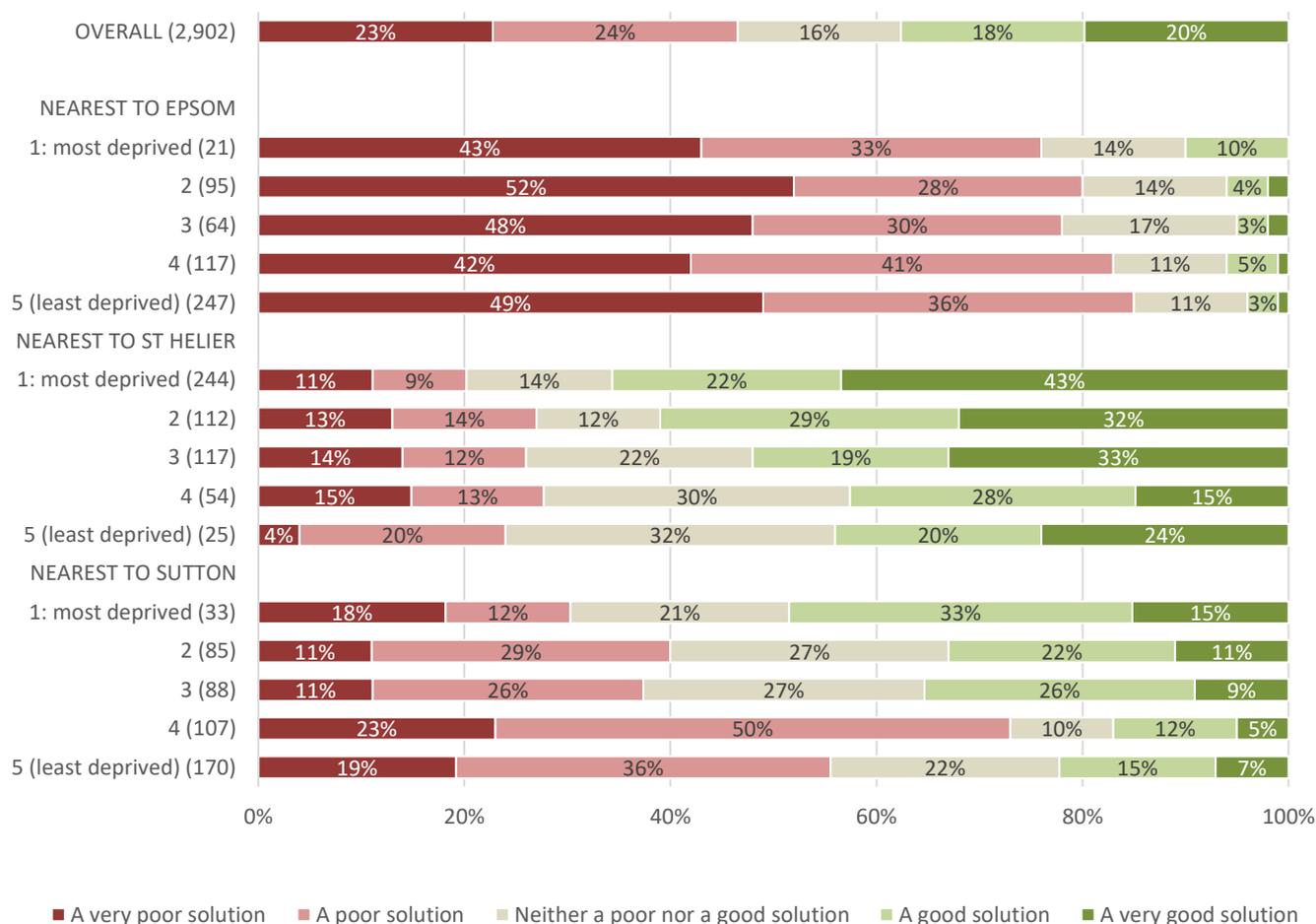
Figure 59: Views of other non-NHS staff individual respondents on Epsom Hospital as the site of a new SECH, by IMD quintile and closest hospital (consultation questionnaire)



12.120 Non-NHS staff individual respondents to the questionnaire living closest to St Helier Hospital were also positive regarding the possibility of their closest local hospital becoming the site for a new SECH, should the proposals go ahead (Figure 60), and this view was shared of local patterns of socio-economic deprivation.

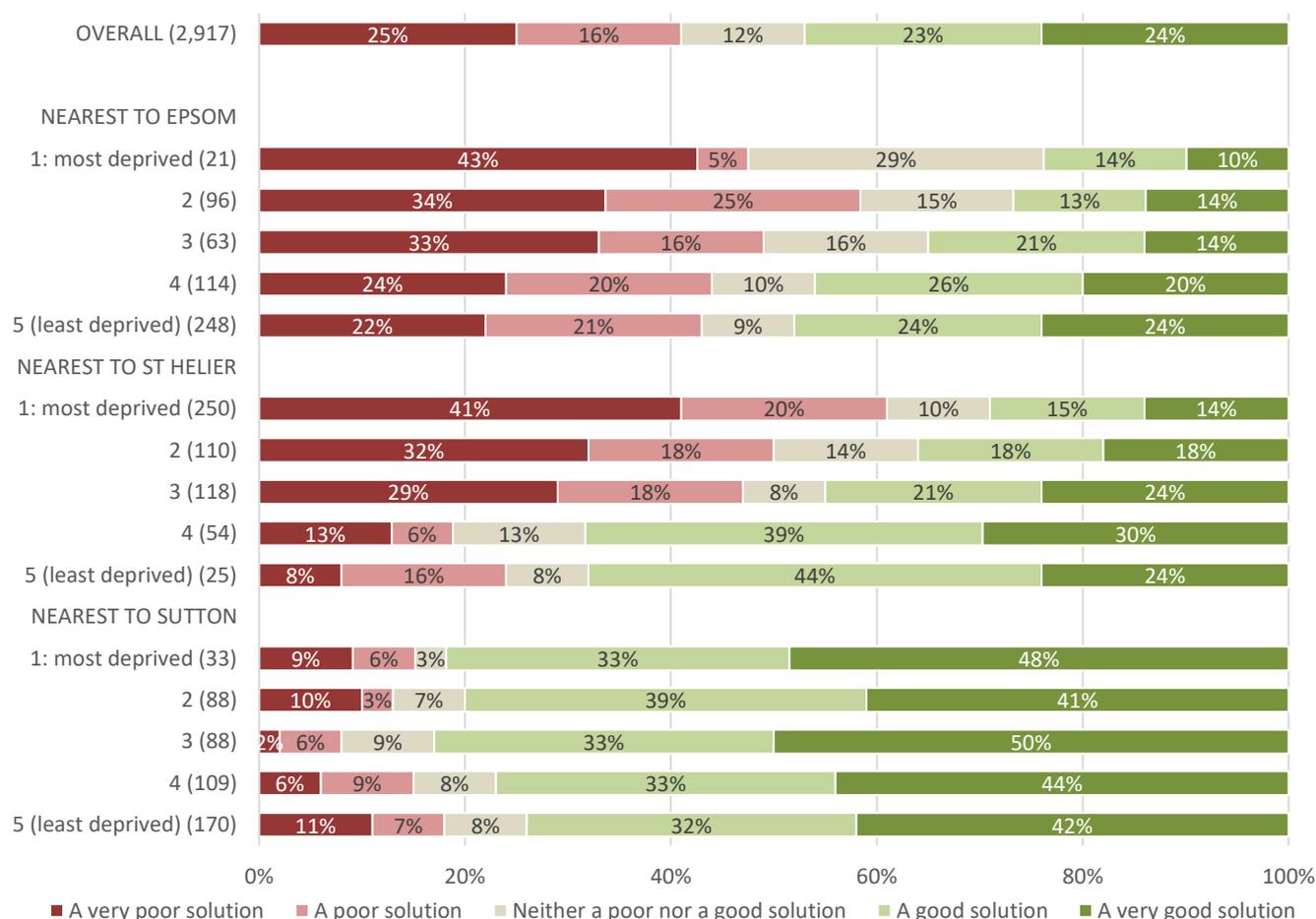
12.121 Among those other individual respondents living in the most deprived areas nearest to the Sutton Hospital site, nearly half (16 out of 33 individual respondents) felt that St Helier would be a good or very good solution, while less than one third (10 individual respondents) viewed St Helier as a poor or very poor solution.

Figure 60: Views of other non-NHS staff individual respondents on St Helier Hospital as the site of a new SECH, by IMD quintile and closest hospital (consultation questionnaire)



- 12.122 Views among non-NHS staff individual questionnaire respondents about locating a new SECH in Sutton were more mixed, with the strongest indication that the relative level of deprivation of respondents’ areas of residence were a factor, at least among those living closest to St Helier Hospital (Figure 61).
- 12.123 Individual respondents living closest to Sutton itself were most positive about this location, with the overwhelming majority across all five IMD quintiles viewing it as a good or very good solution. By contrast, non-NHS staff individual respondents living nearest to Epsom were less favourable. While slightly more residents of the more affluent areas (IMD quintiles 4 and 5) around Epsom were in favour of Sutton as a site, those in less affluent areas (IMD quintiles 1 and 2) were more inclined to view Sutton Hospital negatively.
- 12.124 Among non-NHS staff individual respondents living nearest to St Helier, there was a considerable difference in opinion between those living in relatively more affluent areas (an outright majority of whom viewed building a new SECH in Sutton as a good or very good solutions), and those living in the more deprived areas nearest to St Helier Hospital.
- 12.125 Respondents from the most deprived areas around St Helier were particularly likely to view Sutton negatively, with three fifths (60%) viewing it as a poor or very poor solution, compared to only three tenths (29%) who felt that building a new SECH at Sutton Hospital would be a good or very good solution for people living in Sutton, St Helier and Surrey Downs CCG areas.

Figure 61: Views of other non-NHS staff individual respondents on Sutton Hospital as the site of a new SECH, by IMD quintile and closest hospital (consultation questionnaire)



Many of the objections to Sutton as a site for the SECH - as well as much of the explicit support for St Helier – were on the grounds of a detrimental impact on deprived communities

- 12.126 In relation to access to each site, the residents' survey shows that there are differences in ease of travel by ethnicity and deprivation. Residents from the most deprived areas are more likely to say it will be easy to travel to St Helier (69%, compared with 53% of residents from white backgrounds), while residents from white backgrounds and in the least deprived areas are more likely to say it will be easy to travel to Epsom. Furthermore, in the resident focus groups, black and minority ethnic participants, who tended to be present mostly in the Merton groups and workshops, had a slightly greater inclination towards St Helier than the overall response, due to a higher reliance on public transport and due to living further into central London.
- 12.127 Although the overall preference was to site a SECH in Sutton, there was some support in the public focus groups for the idea of allowing the new SECH to regenerate the area, bringing badly needed jobs (both in nursing and care but also in construction and maintenance) to an area with high levels of economic inactivity. This was also echoed in a few written submissions from members of the public and that from Sutton Council. Indeed, the Council was strongly of the view that siting the SECH in St Helier would bring significant further investment into an area of multiple deprivation and create local jobs through construction and an increase in services provided from the site once operational. This additional investment would *"complement the Council's wider area renewal plans, investing in both physical and social infrastructure at St Helier"*. The Council also says that under IHT, any investment in the Sutton site is at the expense of St Helier. Locating the acute hospital at Sutton increases the benefits already accruing there but has the associated negative impact of depleting health services and economic opportunities at St Helier and presenting additional transport barriers to those needing to travel further for health treatment.
- 12.128 Across the other strands, the preference to centralise acute services at Sutton was heavily criticised by those advocating the retention of acute services at Epsom and St Helier, not least due to the travel and access difficulties it would pose. Public transport to and from the site was frequently described as *"poor"* and there was a strong sense that more costly and complex journeys would become a reality for many of those who can least afford it.

"Make sure they stay at St. Helier Hospital and use the money that has been invested and improve buildings at St. Helier so that old and poor people don't have to travel so far" (Written submission, resident)

"For emergencies local access is of paramount importance. Services work best if easily accessible by the least mobile / most disadvantaged population" (Written submission, resident)

The 'Marsden option' moves acute services further away from almost everyone, meaning longer journey times via poor transport links. Under this option, the acute facility "would be closest to a population which is wealthier, and which enjoys longer life expectancy than most of those who rely on Epsom and especially St Helier" (Written submission, KOSHH and KOEH)

- 12.129 There was, though, minority disagreement that a new SECH at Sutton would adversely affect the area's deprived communities in the responses to the questionnaire organised by Merton Council.

"I agree that there are some deprived areas in Merton but having a new hospital at Belmont will not adversely affect the health of these deprived residents in any way. I cannot see how spending this new money on the existing dilapidated, congested buildings at St. Helier is even feasible, practical and timely ... How will your current obsession with maintaining these services at St. Helier possibly benefit all residents of Merton, whether deprived or not? ..."

^{12.130}Moreover, the Merton Conservatives (in their written submission) said that the fact St Helier Hospital is in a more deprived area than the proposed new facility has “no bearing on the level of care it can provide to residents”. The Conservatives argued that the presence of an accident and emergency unit will not help reduce deprivation, as evidenced by the fact that the area around St Helier has continued to suffer from this throughout the time it has had one. They said that local residents need the best health and care provision possible, alongside the environmental, economic and social improvements that can genuinely lift people out of deprivation. Elliot Colburn MP, Paul Scully MP, Crispin Blunt MP and Stephen Hammond MP were also of the view that basing the new hospital in Sutton would “have the least overall impact on travel for older people and people from deprived communities” – and that a new hospital there would benefit from being located within minutes walking distance from Belmont train station.

^{12.131}Where there was explicit support for building a new SECH at the St Helier Hospital site, it tended to be on the basis that this location is easily accessible to a large population, and particularly to deprived communities.

“I agree that there are more people who need the hospital services to remain at St. Helier. It serves not only two very large council estates in St. Helier and Rose Hill, but also Ex forces people with high dependency on health services who live in Haig Homes on Green Lane” (Merton Council questionnaire)

“We would prefer that emergency care facilities be located at St Helier because of the advantages it offers for the largest number of deprived communities and for older people” (Written submission, resident)

“The area surrounding St Helier has the greatest need, the greatest level of deprivation and the shortest life expectancy in comparison to Belmont and Surrey Downs” (Written submission, resident)

“St Helier, geographically, is where the help is needed most...” (Maternity/pregnant/had child within last year CCG outreach event)

The Deprivation Impact Assessment was criticised in some quarters

^{12.132}It should be noted that the deprivation analysis underpinning the proposals was criticised in several written submissions and at some consultation events, for example:

“I have been disappointed by the way the data have been presented. Instead of a detailed analysis by local area, the pre-consultation document focused on CCG area. This is misleading because taking this broad-brush approach conceals the fact that there are large differences in life expectancy within CCG areas. Lumping parts of Mitcham together with Wimbledon Park produces results which have little credibility. This defective approach also means that no proper account is taken of the fact that, for instance, Epsom and St Helier A&E attendances from Croydon, outside the catchment, are larger in number than those from Wimbledon, which is included in the catchment” (Written submission, resident)

“The whole country is broken into LSOAs. Of the 51 most deprived areas, one of these is nearest to Sutton, but 42 are closest to St Helier. That was ignored [in proposal development]” (Deprived communities/low income CCG outreach event)

“The NHS does not include Lavender Fields ward in your statistics despite the fact that over half the people who live in the Lavender Fields area get referred to St Helier. You don’t recognise the people in Lavender Fields as included – which makes your figures wrong; you describe Lavender Fields as outside your catchment area” (Siobhain McDonagh MP at IHT Listening Event)

“We have asked you to do an in-depth study of deprivation and travel times and we feel you haven’t done that, so we feel this consultation is wrong” (Cllr Stephen Alambritis, leader of Merton Council at IHT Listening Event)

“This consultation is flawed as you did not consider deprivation – you should go away and redo your work and do a proper consultation” (Participant at IHT Listening Event)

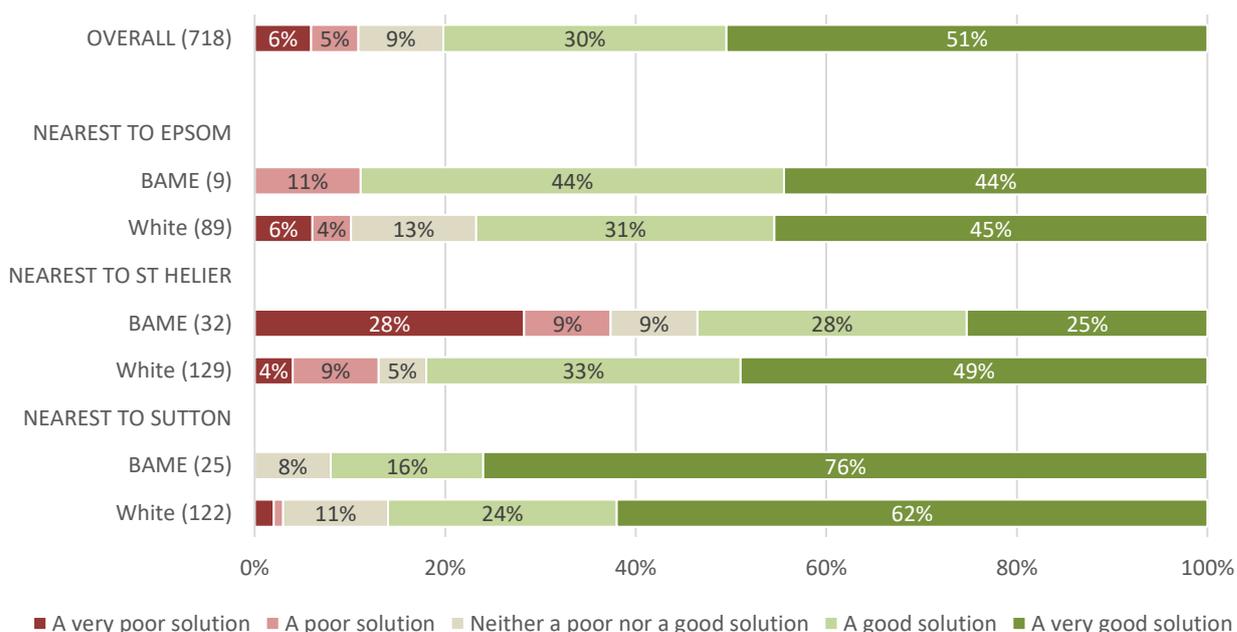
- ^{12.133} Indeed, several of Siobhain McDonagh MP’s submissions refer to alleged errors and omissions in the analysis (especially the Deprivation Impact Analysis) that led to the recommendation of Sutton as the preferred site for a SECH. For example, she says that entire areas of her constituency are absent from the analysis on the grounds that they are outside of St Helier’s catchment area when, in reality, relatively high percentages of patients in those areas are directed there - and thus questions how the potential impact of moving acute services from St Helier to Sutton or Epsom can be adequately assessed.
- ^{12.134} Ms McDonagh, as well as several local councillors, are also particularly aggrieved that the Deprivation Impact Analysis is a comparison of deprivation by CCG area because *“evidence of high deprivation in Sutton, around the St Helier site, is false justification for Belmont as the preferred site [and] none of the three proposed sites are in Merton CCG’s area and two are in Sutton”*. She also feels that analysing deprivation by CCG area (Merton v Sutton v Epsom) masks the significant difference in deprivation within each CCG area and particularly underestimates deprivation in Merton, as her constituency of Mitcham and Morden is statistically far more deprived than neighbouring Wimbledon. She feels that *“the proximity of deprived areas to the three proposed sites is far more significant than the CCG that they are in”*. On this note, given that of 51 most deprived Lower Super Output Areas in the catchment area, 42 are nearest to the St Helier site, Ms McDonagh cannot understand why the Belmont site is given a higher score under the ‘deprivation’ criteria than St Helier.
- ^{12.135} Furthermore, it is said that the IHT deprivation analysis concludes that age is the largest contributor to acute health need, which *“ignores the link between ‘old age’ and life expectancy”*. Ms McDonagh feels that when comparing old age, it is also vital to consider the age at which a person is expected to live in an area, and the percentage of people living there who are in the final years of their life. This is echoed by a couple of councillors in their written submissions.
- ^{12.136} The Deprivation Impact Assessment was, though, praised for its depth by the Croydon Health Services NHS Trust in its written submission.

Ethnicity

While some concerns about the potential for specific adverse impacts on residents from BAME communities were expressed across a number of consultation strands, they predominantly related to travel and access to services; there little evidence to suggest that BAME individuals viewed the proposals significantly differently to other residents living in the same geographic areas

^{12.137} Figure 62 and Figure 63 present the views of NHS staff and other non-NHS staff individual respondents who responded to the consultation questionnaire, broken down by ethnicity and nearest potential site for a new SECH. In order to ensure that the figures in the charts are meaningful – in the sense that the numbers of individuals in each group are large enough to be able to identify differences in views - respondents have been grouped into either white, or black, Asian and minority ethnic (BAME). In the discussion below regarding views expressed in text comments, at meetings and in submissions, however, views from and related to specific ethnic groups are covered in appropriate detail.

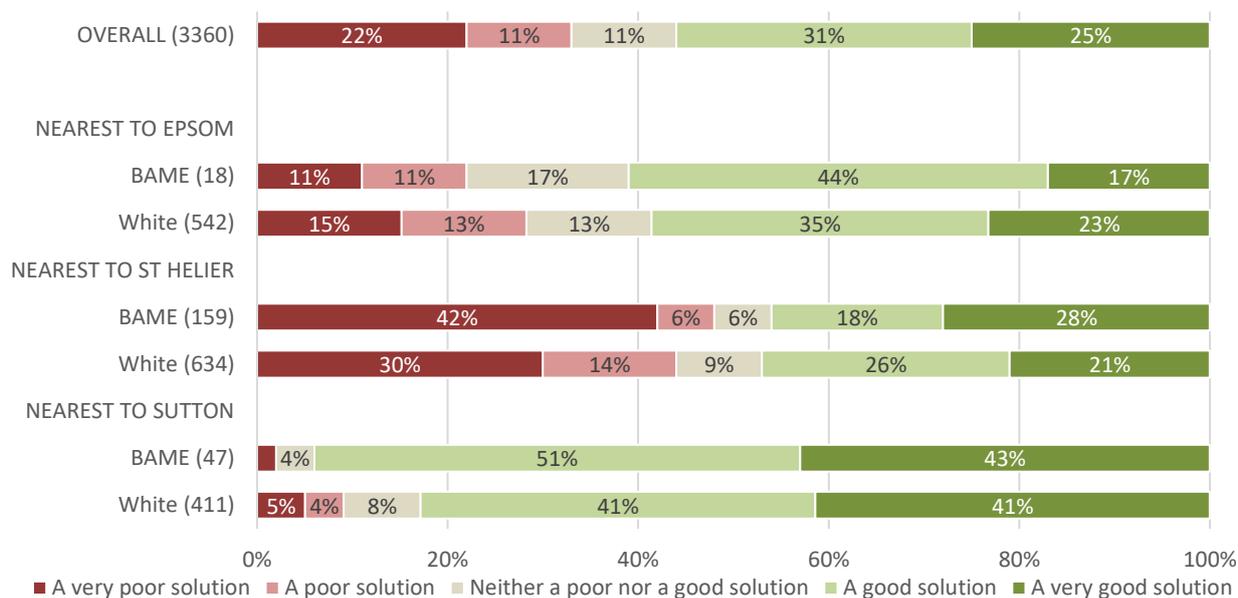
Figure 62: Views of NHS staff on the model of care, by ethnicity and closest hospital (consultation questionnaire)



^{12.138} Regarding views on the proposed model of care, it was only among BAME NHS staff members living closest to St Helier that there was indication of an increased tendency to view the model of care as poor or very poor, albeit the majority view remained in favour. With half this specific group living in deprived areas closest to St Helier Hospital, it is reasonable to suppose that this difference is at least partially linked to deprivation.

^{12.139} This possible interpretation is supported by the fact that NHS staff members of all ethnicities living in the most deprived areas nearest to St Helier (see Figure 63 overleaf) are more likely to view the proposals negatively than their counterparts in other areas. This is discussed in the section dedicated to views from and impacts on deprived communities.

Figure 63: Views of other non-NHS staff individual respondents on the model of care, by ethnicity and closest hospital (consultation questionnaire)



12.140 Among all other, non-NHS staff, respondents to the questionnaire, there was no strong indication that ethnicity had a bearing on views on the model of care, though the results of the residents' survey shows that some groups within the CCGs are particularly positive about the proposed model of care, including residents from BAME backgrounds. This was also the case among participants in deliberative events specifically arranged to seek the views of BAME residents.

12.141 There were some specific concerns raised around the impact of centralisation on people from certain ethnic backgrounds at the IHT Listening Events.

"We found that African Caribbean and Asian people ... were having problems with diabetes. The things people say is that it will be difficult for them to go to the hospital. It will be inappropriate for people to travel so long a distance. Some have heart issues and suffered from stroke as a result of their conditions..." (Participant at IHT Listening Event)

12.142 There was further concern in the written submissions that moving acute services from St Helier in particular would impact on BAME groups, who according to the respondents, disproportionately use A&E and experience barriers in accessing primary care. For example, several councillors noted in their written submissions that the area has a high BAME population that has specific health needs, and Siobhain McDonagh MP notes that of the 66 Lower Super Output Areas with the highest proportion of BAME residents, just one is nearest to Sutton Hospital while 64 of the 66 are nearest to St Helier.

"It is also essential to take account of the fact that relative economic deprivation and some ethnic groups tend to overlap e.g. African-Caribbean, Bangladeshi, Pakistani and Black African. Hence these people tend to be doubly discriminated against when access to A&E or Children's Hospital services are moved away from them" (Written submission, resident)

"It is fundamental that the health needs of these protected characteristic groups are taken into account and that acute health services are not moved further away from the areas that they are statistically far more likely to live in" (Written submission – Siobhain McDonagh MP)

12.143 In responses to the consultation questionnaire, there was little indication that ethnicity had a particular influence on views regarding possible locations of a new SECH (Figure 64 to Figure 71). As previously, it should

be noted that NHS staff members who identified as both ESTH Trust catchment residents and BAME in their questionnaire responses, are quite low and apparent trends in views should be viewed with caution.

Figure 64: Views of NHS staff on Epsom Hospital as the site for a new SECH, by ethnicity and closest hospital (consultation questionnaire)

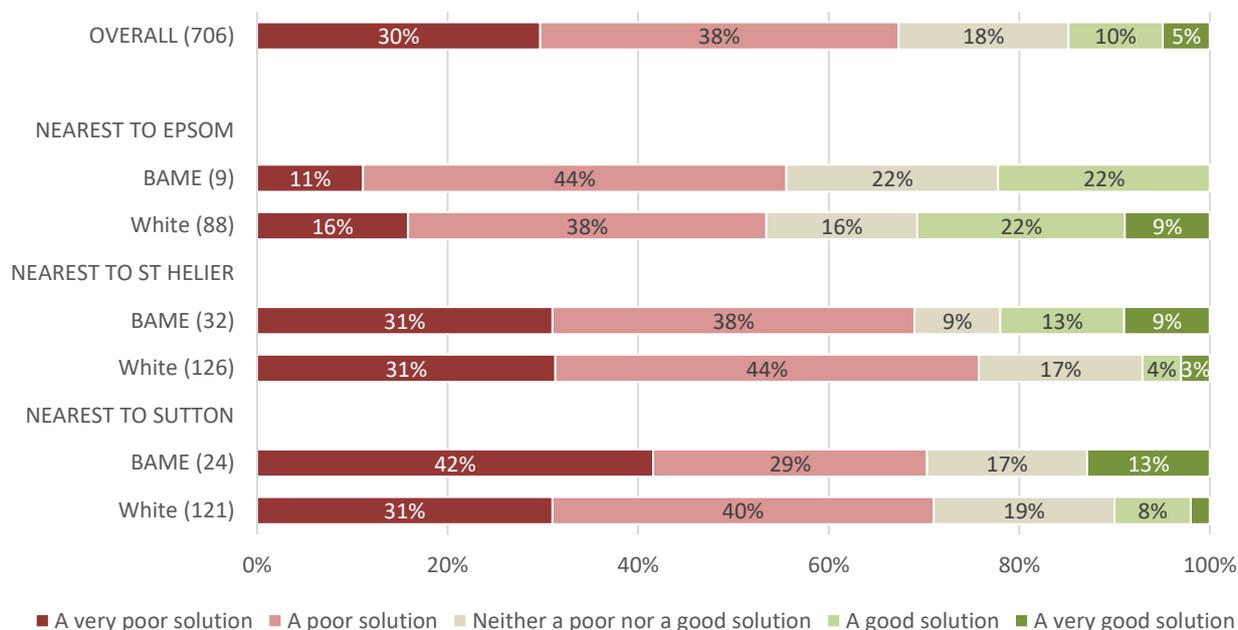


Figure 65: Views of other non-NHS staff individual respondents on Epsom Hospital as the site for a new SECH, by ethnicity and closest hospital (consultation questionnaire)

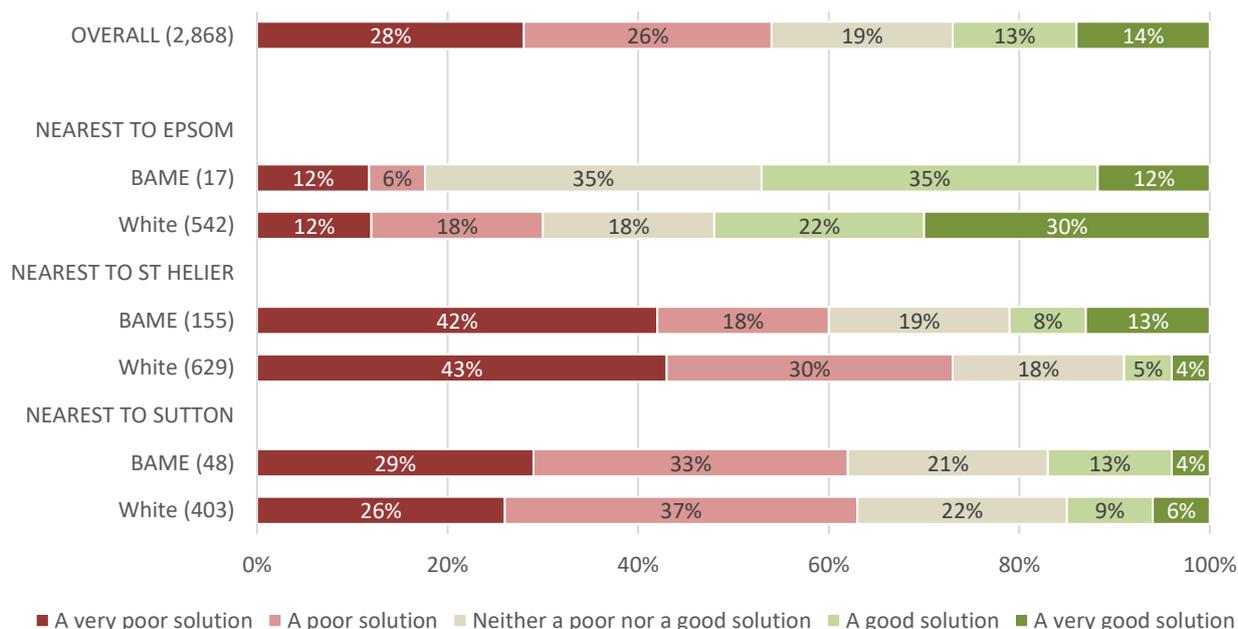


Figure 66: Views of NHS staff on St Helier Hospital as the site for a new SECH, by ethnicity and closest hospital (consultation questionnaire)

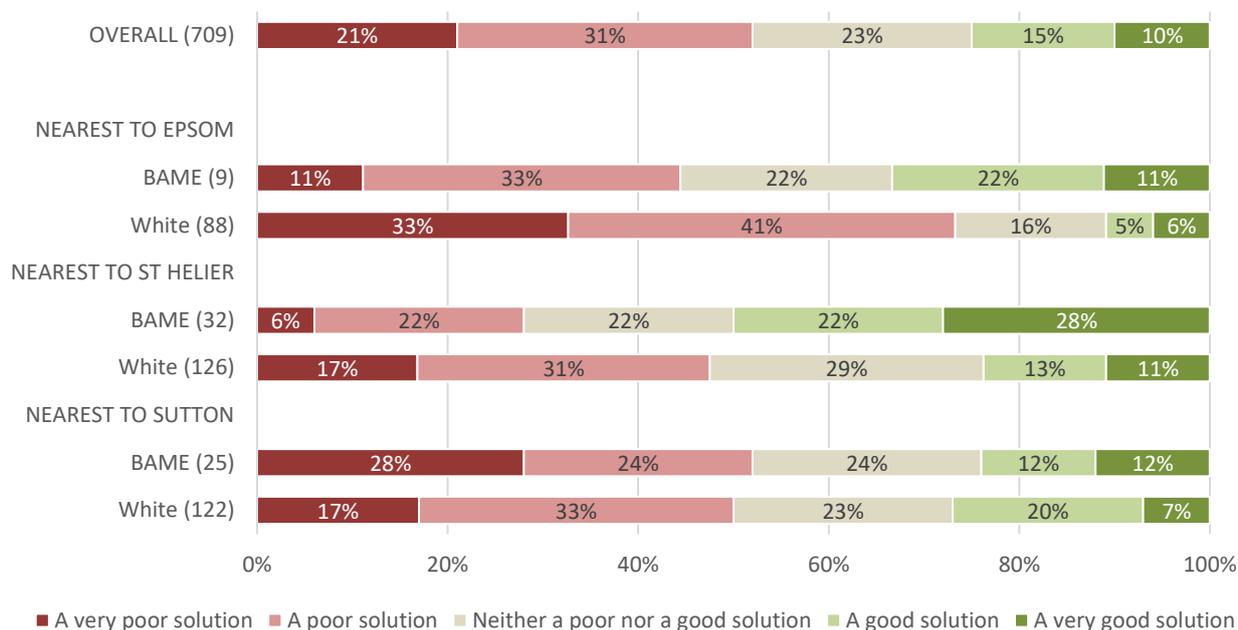


Figure 67: Views of other non-NHS staff individual respondents on St Helier Hospital as the site for a new SECH, by ethnicity and closest hospital (consultation questionnaire)

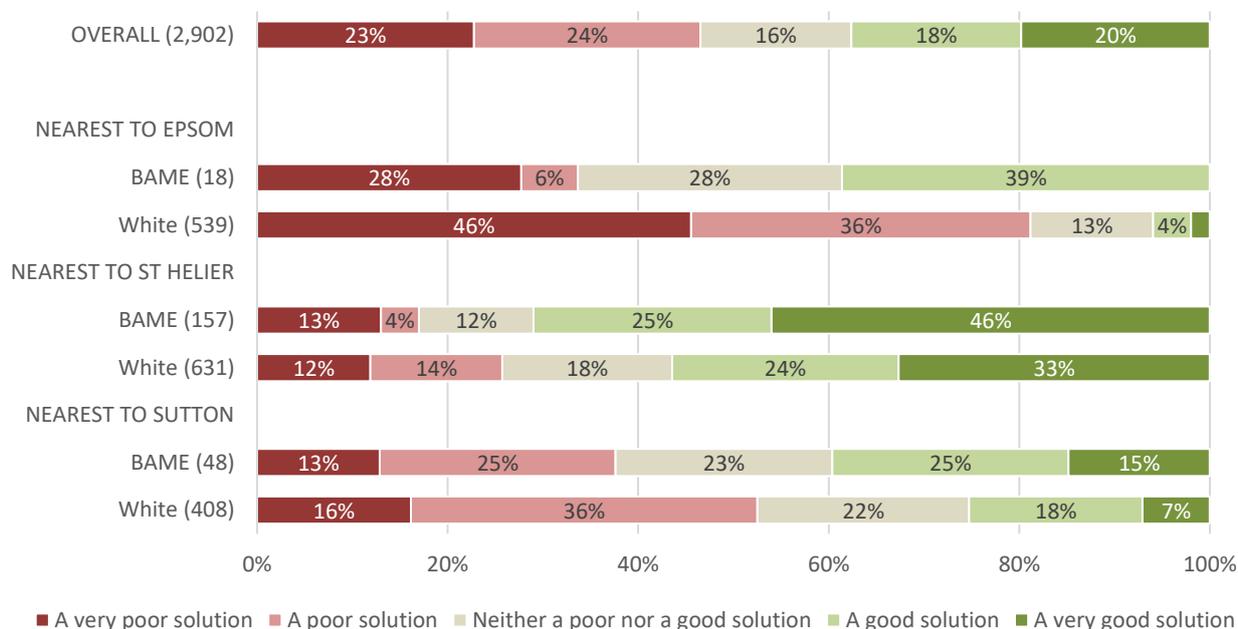


Figure 68: Views of NHS staff on Sutton Hospital as the site for a new SECH, by ethnicity and closest hospital (consultation questionnaire)

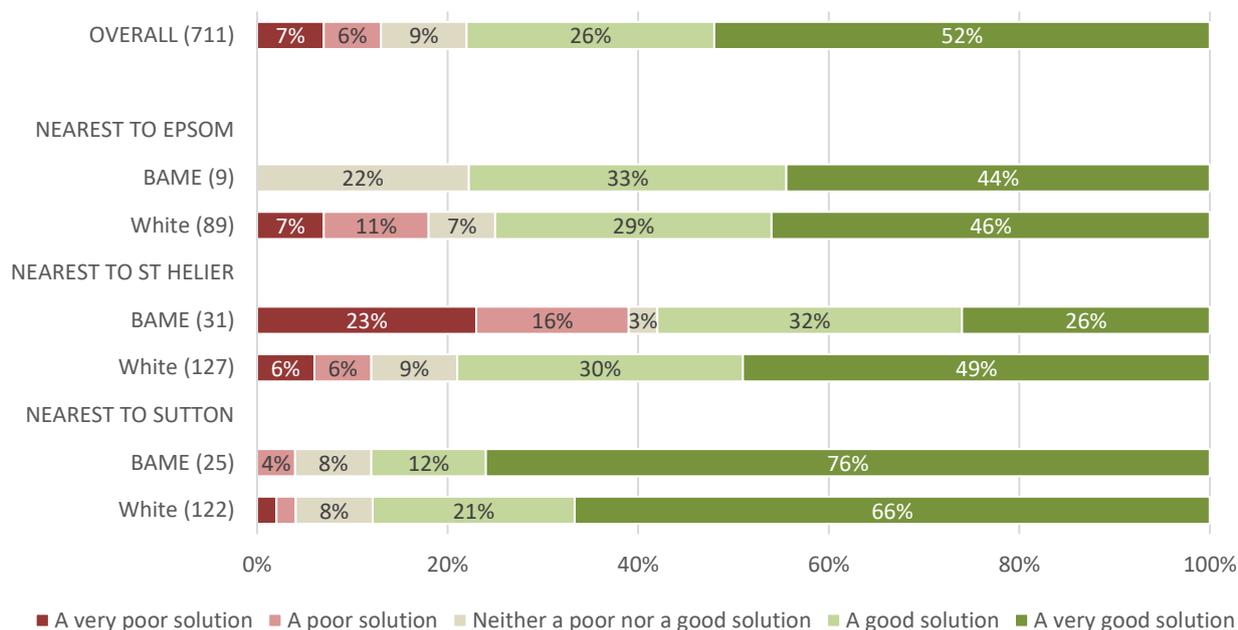
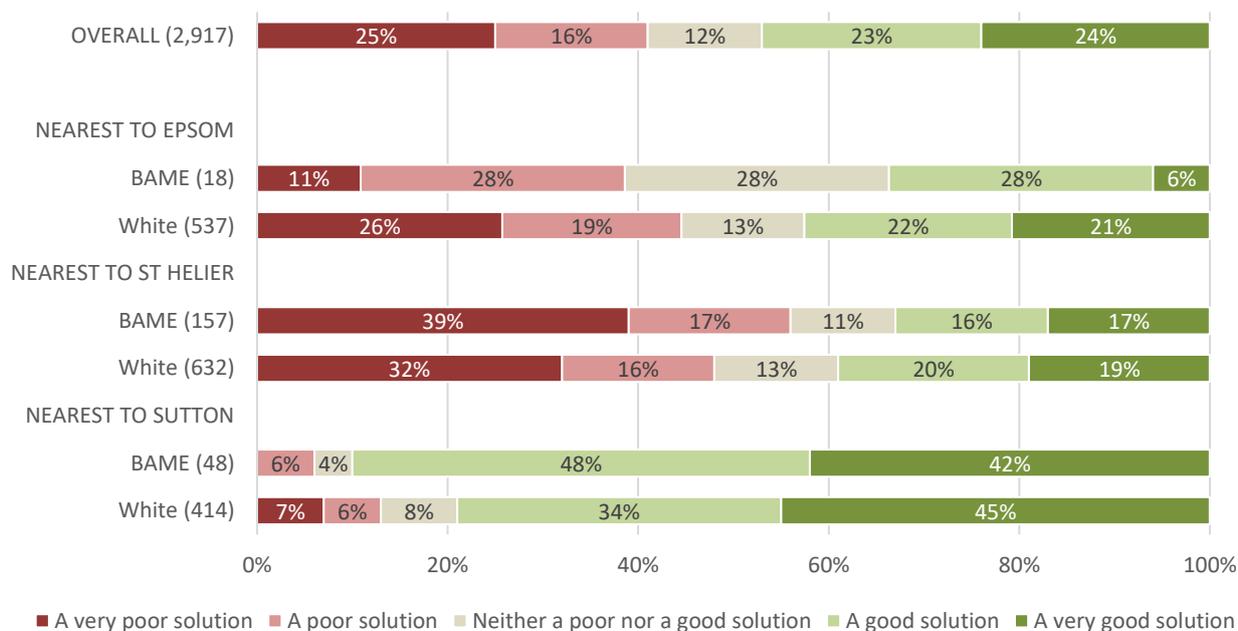


Figure 69: Views of other non-NHS staff individual respondents on Sutton Hospital as the site for a new SECH, by ethnicity and closest hospital (consultation questionnaire)



In the other consultation strands, there was some support for Sutton as a site for the SECH among BAME groups, but also for St Helier on the grounds that BAME populations (which have particular healthcare needs) are higher there

- 12.144 In relation to access to each site, the residents' survey shows that there are differences in ease of travel by ethnicity. Residents from BAME backgrounds are more likely to say it will be easy to travel to St Helier (69%, compared with 53% of residents from white backgrounds), while residents from white backgrounds and in the least deprived areas are more likely to say it will be easy to travel to Epsom. Furthermore, in the resident focus groups, BAME participants, who tended to be present mostly in the Merton groups and workshops, had a slightly greater inclination towards St Helier than the overall response, due to a higher reliance on public transport and living further into central London.
- 12.145 At the other consultation events, while some BAME attendees said they would be willing to travel to a new, modern facility, accessibility was an important factor for many others and a barrier to approving Sutton as the site for the proposed SECH. It was again said that moving acute services from St Helier to Sutton (or indeed Epsom) would have a disproportionate impact on BAME groups, who disproportionately use A&E and experience barriers in accessing primary care (there is a significantly higher proportion of BAME residents in the St Helier area than either Epsom or Sutton). These groups also, it was said, typically have relatively higher rates of diabetes and heart and stroke problems - and rely on public transport, adding to potential travel difficulties.

Depth interviews highlighted that changes to services must be properly and carefully communicated to the Gypsy Roma Traveller (GRT) Community

- 12.146 Depth interview participants from the GRT community gave similar feedback to other groups. For them, quality of care and shorter waiting times are key – they can therefore see the benefit of having UTCs locally and directing emergency cases to one SECH. As with other groups, a key question was how they would know which hospital to go to, for themselves or their families. As this group had the least spontaneous awareness of the proposed changes, it is important to ensure that changes are communicated adequately to this group.
- 12.147 Similar issues around communication were also raised in the other consultation events.

“Most travellers go to hospital to have babies. They’d need to know of the changes. Could you make it easier for people who can’t read or write to use this new hospital? People can be a bit judgemental. I can’t fill in the forms I’m asked to fill in...” (BAME Communities GGC outreach event)

“How are travellers going to find out about the changes? I’m young and I don’t read or write very well. If you send letters, then they won’t get read and we won’t know where we’re supposed to go. Can you have someone who comes to the sites and tells us about the changes?” (BAME Communities CCG outreach event)

“You’d have to let travellers know about the changes. Most of us are registered with GPs so you could do it that way. Or tell one person on each site, like an ambassador, to explain the changes to everyone” (BAME Communities CCG outreach event)

“A lot of travellers go straight to A&E instead of making an appointment with their GP and they’ll just carry on doing that. It’s partly the convenience because it’s quickest and easiest. But also, they’re not educated in how it works. They think if they go to the hospital, they’ll get better treatment. Also, they like to be seen to be doing the best for their children or family so they go to the hospital not the local doctor” (BAME Communities)

^{12.148}In terms of the proposals themselves, there was support for a new hospital on the Sutton site from the GRT community in the consultation events.

“It’s further for me to drive to Sutton, so I’d prefer if the new hospital was at Epsom. But if it will be quicker to build it at Sutton then that would be better. It’ll be cheaper if you built it quicker too. Sutton is in between both hospitals too. I drive and my mum drives, so even if Sutton is a bit further it would be okay” (BAME Communities CCG outreach event)

Outreach to refugees and migrants, via existing networks, highlighted that health service changes must also be properly and carefully communicated to refugees, migrants and asylum seekers

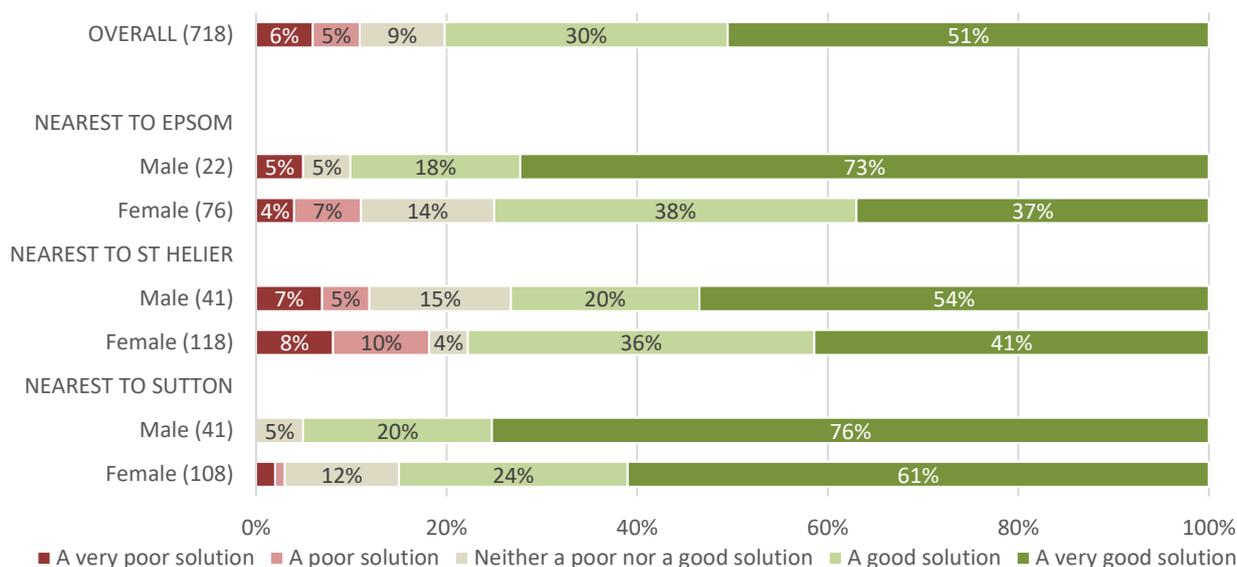
^{12.149}Although the overall conclusion at the Sutton Refugee and Migrant Network was that there was a compelling case for building a new hospital and concentrating the available specialist care where it could be effectively used, although the need for a single specialist care unit was less well understood. In particular, attendees found terms critical/acute/urgent confusing and so careful explanation of any future changes will be required for this group.

Gender

12.150 In terms of the proposed model of care, there were some minor differences between the views of NHS staff by gender, most notably that male members of NHS staff nearest Epsom and Sutton were more likely to view the proposed model of care as a very good solution than female staff members in any of the three areas. Females nearest St Helier were slightly more negative than any other group.

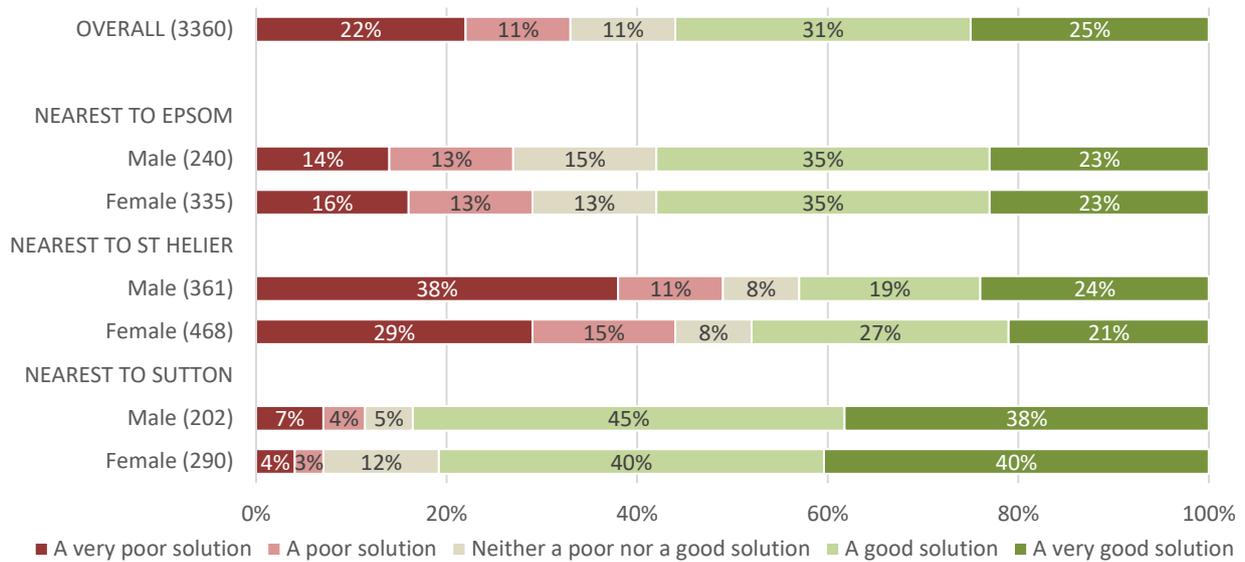
12.151 Care should be taken with these results (and all those that follow for NHS staff) though as some of the sample sizes are low.

Figure 70: Views of NHS staff on the proposed model of care, by gender and closest hospital (consultation questionnaire)



12.152 There was also some very minor gender-based variation in views on the model of care between other non-NHS staff individual respondents, but no obvious and consistent differences – and views clearly varied much more by geography. One point of note is that males near St Helier were most negative overall.

Figure 71: Views of other non-NHS staff individual respondents on the proposed model of care, by gender and closest hospital (consultation questionnaire)



^{12.153} Figure 72 shows that male members of staff in all areas were more likely to view Epsom Hospital as a very poor solution than female staff. Otherwise, the views of staff and other non-NHS staff individual respondents (Figure 73) were fairly consistent when split by gender.

Figure 72: Views of NHS staff on Epsom Hospital as the site for a new SECH, by gender and closest hospital (consultation questionnaire)

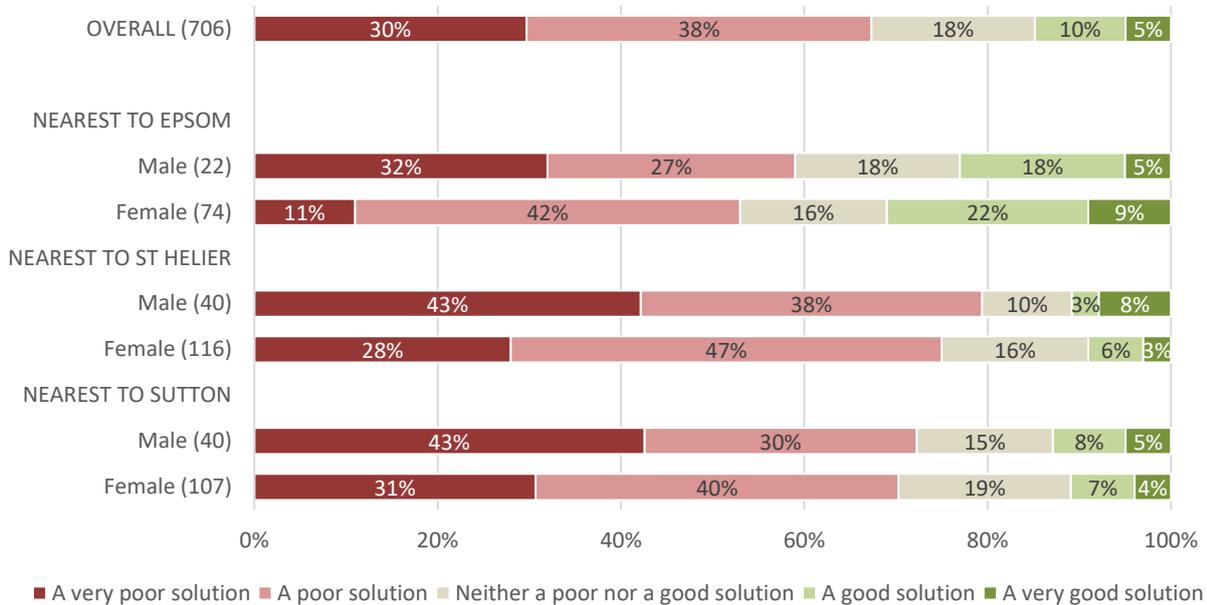


Figure 73: Views of other non-NHS staff individual respondents on Epsom Hospital as the site for a new SECH, by gender and closest hospital (consultation questionnaire)

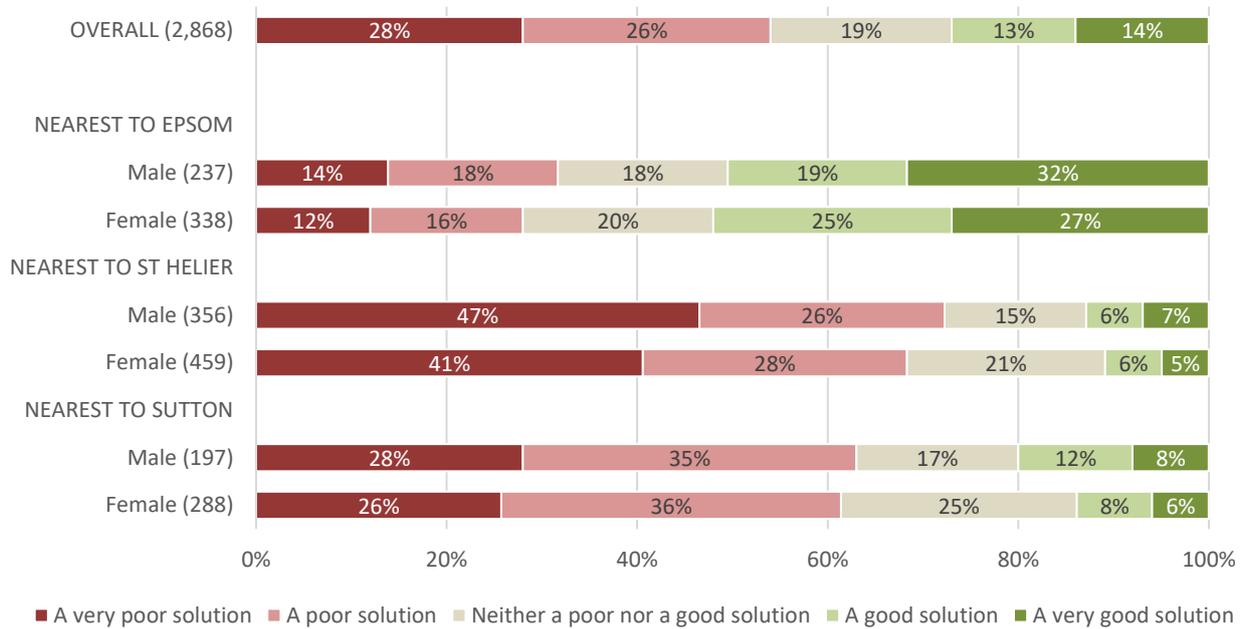


Figure 74: Views of NHS staff on St Helier Hospital as the site for a new SECH, by gender and closest hospital (consultation questionnaire)

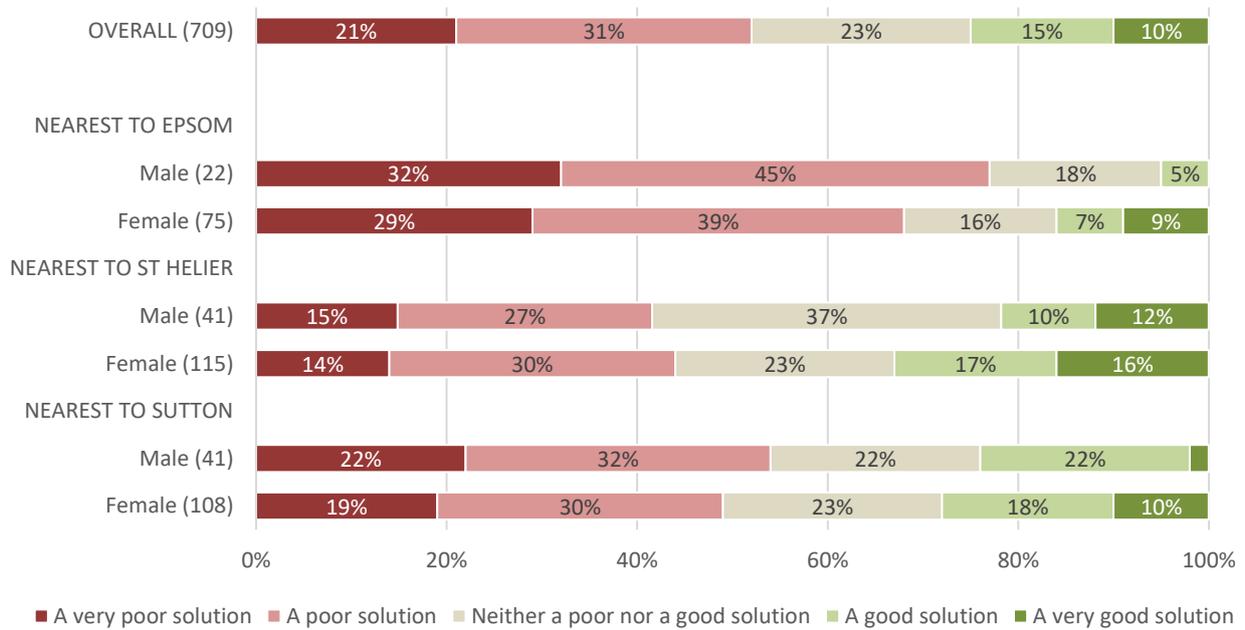


Figure 75: Views of other non-NHS staff individual respondents on St Helier Hospital as the site for a new SECH, by gender and closest hospital (consultation questionnaire)

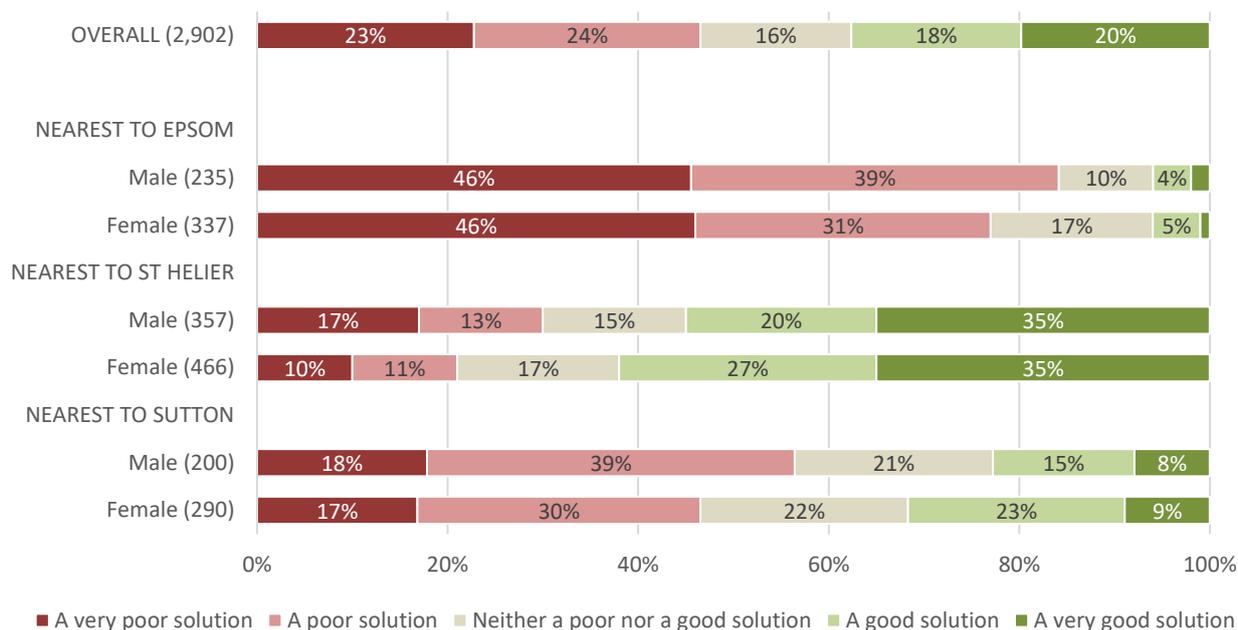


Figure 76: Views of NHS staff on Sutton Hospital as the site for a new SECH, by gender and closest hospital (consultation questionnaire)

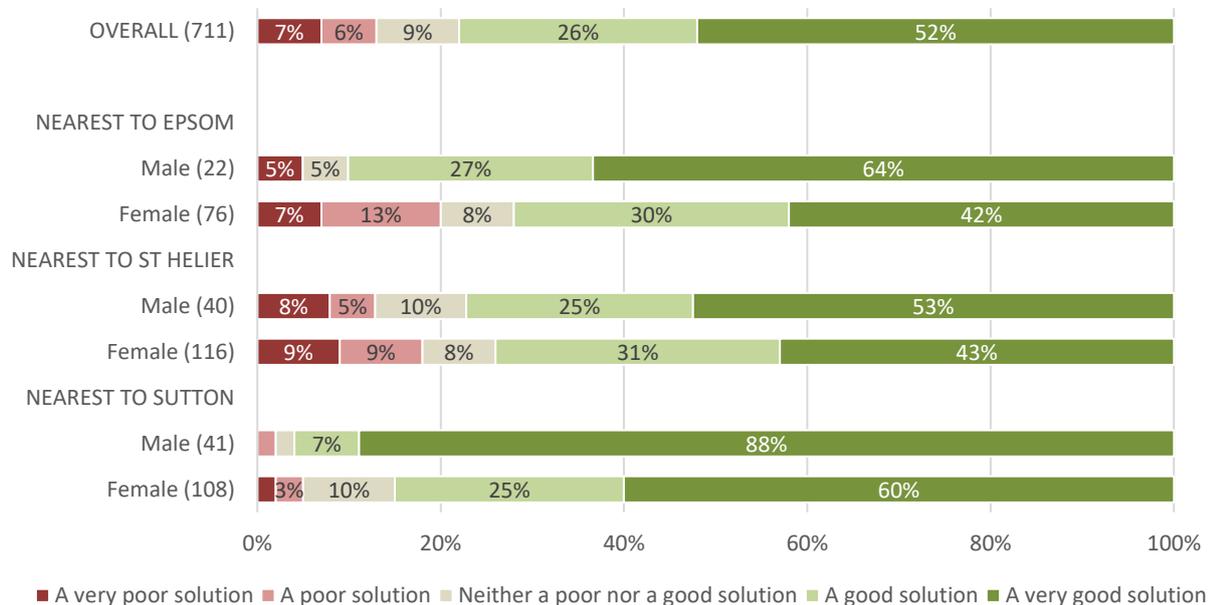
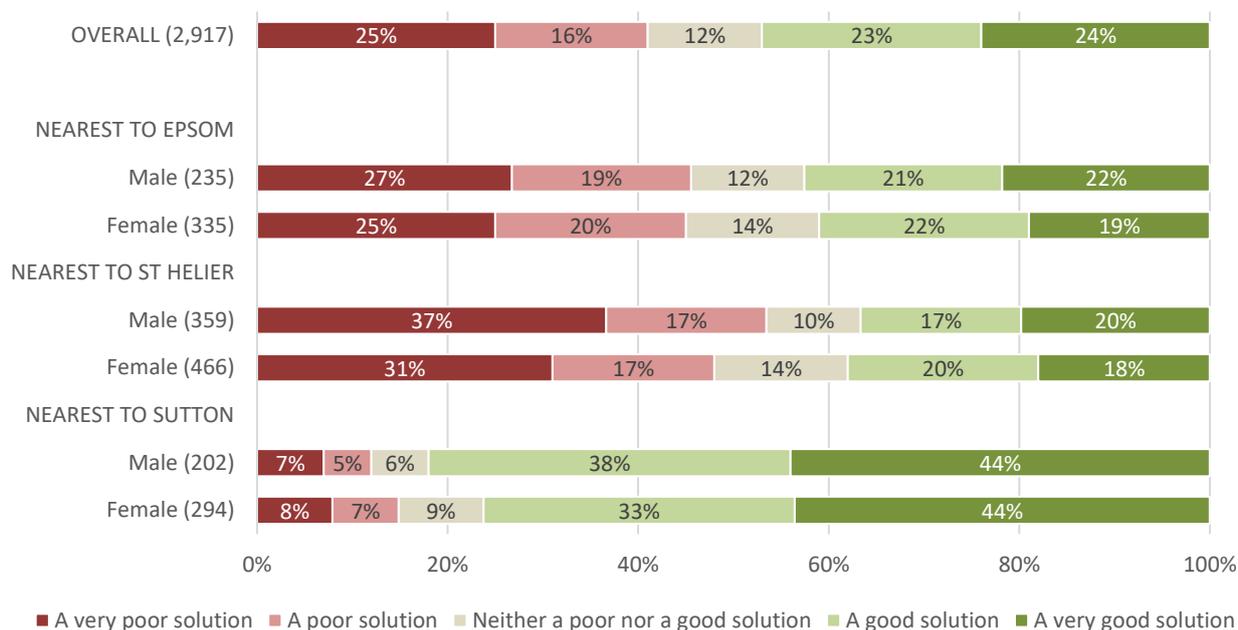


Figure 77: Views of other non-NHS staff individual respondents on Sutton Hospital as the site for a new SECH, by gender and closest hospital (consultation questionnaire)



Sexuality, Gender Reassignment and Religion

^{12.154}We have not included breakdowns for sexuality, gender reassignment or religion as there were no identifiable differences in views from these groups in the consultation questionnaire, nor were there any particular impacts raised at the deliberative events and in the written submissions.

Carers and parents

^{12.155}Figure 78 to Figure 81 present the views of individual respondents who responded as carers or parents/guardians split by nearest hospital, on the proposed model of care and the proposed sites; no clear pattern emerges other than variation by proximity to hospital site. Only a handful of NHS staff members said that they were responding as carers or parents/guardians, and so their views have not been specifically reported here.

Figure 78: Views of other non-NHS staff individual respondents on the proposed model of care, by role as carer to a friend or family member, or as a parent or guardian to a child of 16 years and under, and closest hospital (consultation questionnaire)

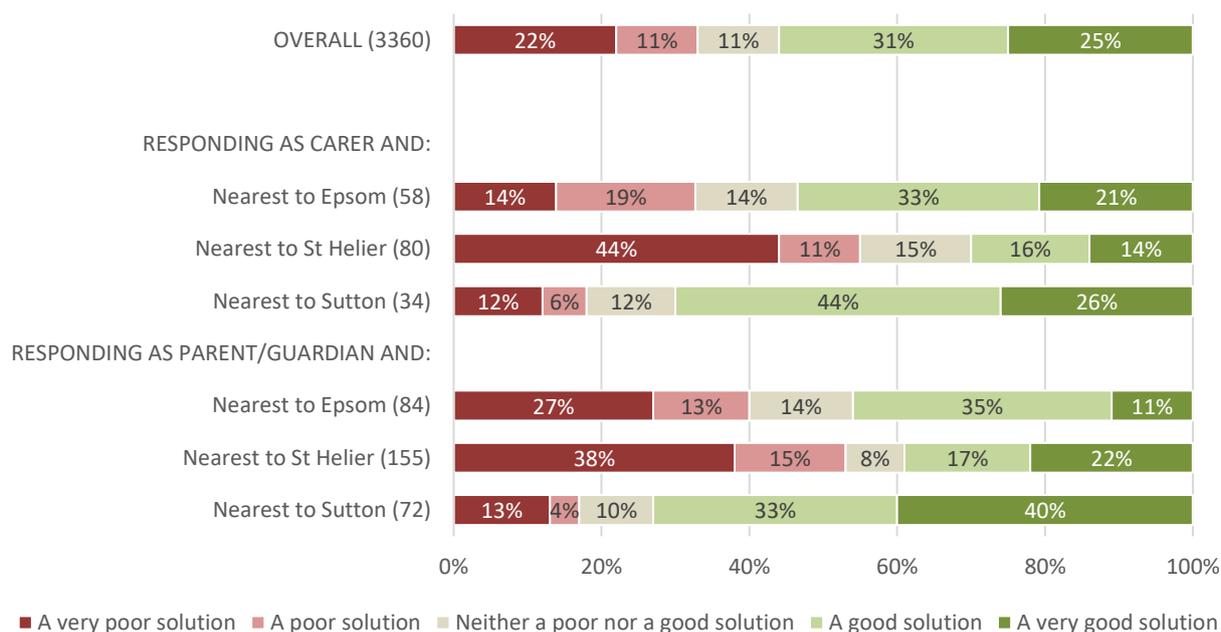


Figure 79: Views of other non-NHS staff individual respondents on Epsom Hospital as the site for a new SECH, by role as carer to a friend or family member, or as a parent or guardian to a child of 16 years and under, and closest hospital (consultation questionnaire)

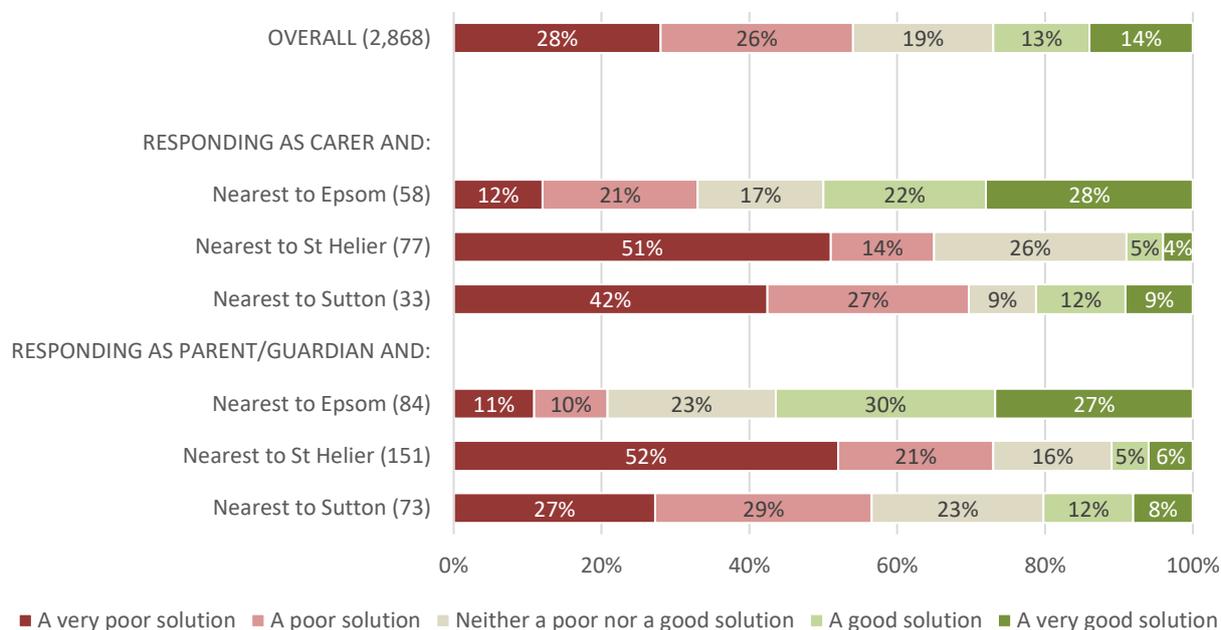


Figure 80: Views of other non-NHS staff individual respondents on St Helier Hospital as the site for a new SECH, by role as carer to a friend or family member, or as a parent or guardian to a child of 16 years and under, and closest hospital (consultation questionnaire)

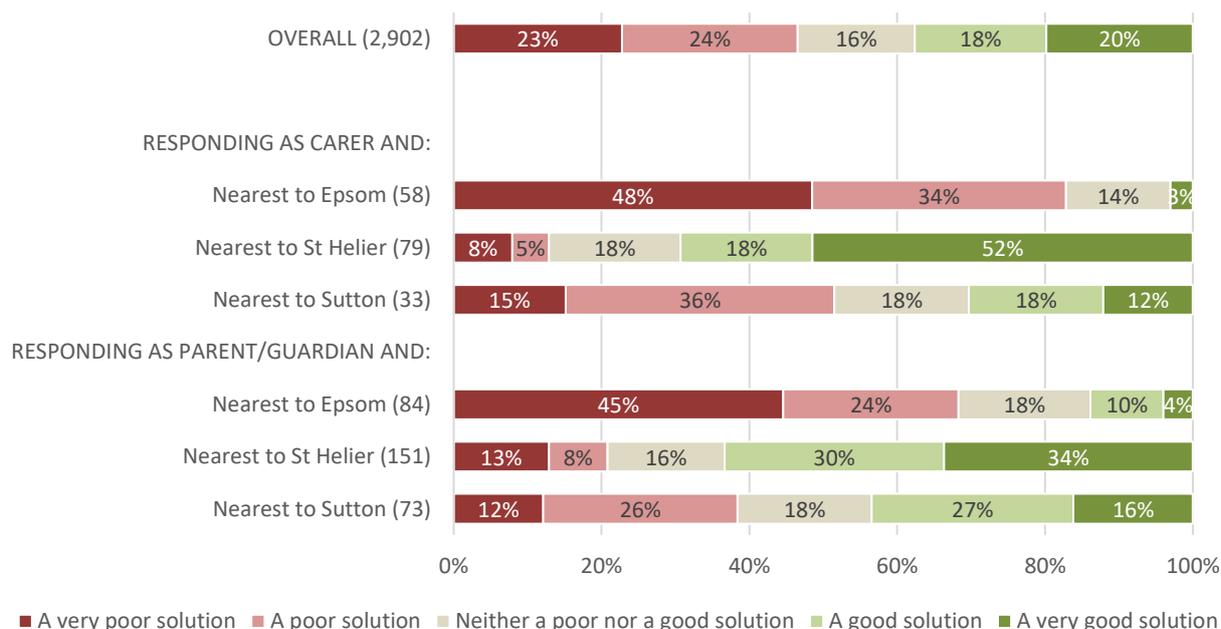
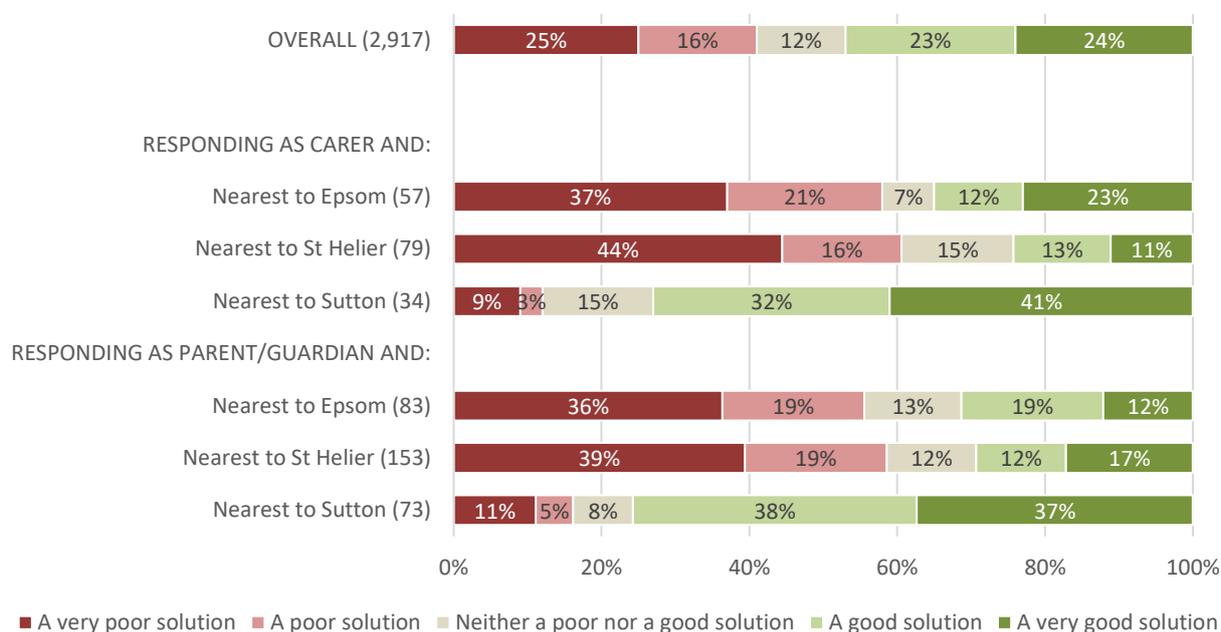


Figure 81: Views of other non-NHS staff individual respondents on Sutton Hospital as the site for a new SECH, by role as carer to a friend or family member, or as a parent or guardian to a child of 16 years and under, and closest hospital (consultation questionnaire)



^{12.156}In the consultation events, carers’ views were similar to those reported generally, though some specific issues and suggestions were raised as follows:

“How have carers been considered in the impact assessment, especially given carers time and finance is always under pressure? There are 15,000 carers in the patch; 3,000 in Epsom alone” (Action for Carers Surrey, IHT Listening Event)

“Distance from hospital will add to patient and carers stress at every point” (Carers CVS event)

“Accommodation for nurses/carers on this new specialist site as makes it attractive” (BAME Communities CCG outreach group)

“Carers’ accommodation and facilities for those who support patients outside of hospital” (Long-term disability – physical, sensory, learning CVS event)

“Longer travelling time from Surrey Downs areas – will negatively impact people with disability and their carers” (CVS organisations event)

“As much help as possible in accessibly formats: large print, videos, easy read, braille. Ask parents and carers what will help” (Adults living with learning disability CCG outreach event)

People with mental health issues

^{12.157}In the consultation events, participants raised concerns over how people would know which hospital to access and the location of services for patients with neurological conditions and autism and for psychiatric liaison services. Questions were raised over what would be in place to ensure safety for patients and staff in dealing with people with mental health problems and whether funding would be available for community services to take pressure off hospital beds.

- 12.158 Participants suggested a number of matters for consideration. The need for better mental health services (particularly in Epsom) was raised in general terms, and there was a call for a specialist mental health centre at the proposed SECH and for someone clinically trained in mental health always to be present in UTCs and A&E. Involving people with mental health needs at all stages to ensure that their needs and ideas are incorporated in the design and development of a new hospital was also considered crucial.
- 12.159 There were also some concerns in the written submissions around the way in which mental health services would be incorporated into the proposed new model of care.

“There is no mention of mental health anywhere in your summary literature that we received in the mail drop. This is both disappointing and concerning...I searched your full consultation and only found 3 mentions of mental health and these seemed to be fairly cursory, although you do seem to imply that some form of psychiatry service will be added, that hasn’t been provided before... It is critical that there is strong mental healthcare provision for residents of Epsom and the surrounding areas... The provision of mental healthcare in the Borough is sadly lacking” (Love Me Love My Mind)

- 12.160 The South West London and St George’s Mental Health NHS Trust particularly emphasised that many people accessing the UTCs and SECH under the future model of care will have mental health needs, and these must be considered in addition to the physical health reasons for presentation. The Trust also currently runs Liaison Psychiatry services at St Helier and needs to understand how the future model of care will impact these, as well as the associated impact on the crisis care pathway; and has other services whereby some provision takes place at St Helier Hospital, and so detailed consideration of the future location of such services (including the impact on clients and their family/carers and the Trust’s workforce and estates capacity) is required.

Glossary of terms

CCG: Clinical Commissioning Group

ESTH: Epsom and St Helier University Hospitals Trust

A&E: Accident and Emergency Department

UTC: Urgent Treatment Centre

SECH: Specialist Emergency Care Hospital

LLTI: Long term Limiting Illness

LSOA: Lower Super Output Area

IMD: Index of Multiple Deprivation

RMH: Royal Marsden Hospital (cancer specialist hospital)

RCN: Royal College of Nursing

GMB: a General trade union in the UK

BOS: British Orthoptic Society

SWLEOC: South West London Elective Orthopaedic Centre

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Appendices

Please visit www.improvinghealthcaretogether.org.uk and search the appendix name below to view the relevant document

Appendix A: CCG Outreach Events

Appendix B: Community and Voluntary Sector (CVS) Reports

Appendix C: Text comments analysis from key equalities groups

Appendix D: Alternatives Summary

Appendix E: Stakeholders' responses to the consultation

This appendix includes the full written submissions from various stakeholders grouped into 5 categories:

- » NHS Trusts, CCGs and clinical groups
- » Local authorities
- » Members of Parliament, local councillors and political groups
- » Trade unions/councils
- » Special interest/community groups

Considering the number and size of some written submissions, these consultation responses have been published in full on the Improving Healthcare Together 2020 to 2030 website.

Appendix E.1: Responses from NHS Trusts, CCGs and clinical groups

(visit www.improvinghealthcaretogether.org.uk and type 'appendix E.1: responses from NHS Trusts, CCGs and clinical groups' in the search box to get to the documents)

This appendix includes:

E.1.1 Consultant physicians, Epsom and St Helier University Hospitals NHS Trust

E.1.2 Croydon Health Services NHS Trust

E.1.3 Outer SW London Royal College of Nursing (RCN) Branch, supported by the Local British Orthoptic Society (BOS)

E.1.4 Royal Marsden NHS Trust

E.1.5 Epsom and St Helier University Hospitals NHS Trust Leadership Team

E.1.6 South West London and St George's Mental Health NHS Trust

E.1.7 South West London Renal Community (signed by the clinical leaders of the St George's and Epsom and St Helier Hospital renal services)

E.1.8 St George's University Hospitals NHS Foundation Trust

Appendix E.2: Responses from local authorities

(visit www.improvinghealthcaretogether.org.uk and type 'appendix E.2: responses from local authorities' in the search box to get to the documents)

This appendix includes:

- E.2.1 Merton Council
- E.2.2 Reigate and Banstead Borough Council
- E.2.3 Epsom and Ewell Council (via questionnaire)
- E.2.4 Royal Borough of Kingston Upon Thames
- E.2.5 Surrey Council
- E.2.6 Sutton Council
- E.2.7 Wandsworth Council

Appendix E.3: Responses from Members of Parliament, local councillors and political groups

(visit www.improvinghealthcaretogether.org.uk and type 'appendix E.3: responses from Members of Parliament, local councillors and political groups' in the search box to get to the documents)

This appendix includes:

- E.3.1 Dr Rosena Allin-Khan MP
- E.3.2 Elliot Colburn MP, Paul Scully MP, Crispin Blunt MP, Stephen Hammond MP
- E.3.3 Chris Grayling MP (5 submissions)
- E.3.4 Stephen Hammond MP
- E.3.5 Siobhain McDonagh MP (4 submissions)
- E.3.6 Crispin Blunt MP
- E.3.7 Bell Ribeiro-Addy MP
- E.3.8 Steve Reed MP, Councillors Agatha Akyigyina, Stan Anderson, Laxmi Attawar, Kelly Braund, Billy Christie, David Chung, Caroline Cooper-Marbiah, John Dehaney, Brenda Fraser, Joan Henry, Natasha Irons, Stuart King, Linda Kirby, Edith McCauley, Owen Pritchard, Geraldine Stanford, Dave Ward, Martin Whelton
- E.3.9 Cllr Mark Allison
- E.3.10 Cllr Sally Kenny (2 submissions)
- E.3.11 Cllr Aidan Mundy
- E.3.12 Cllr Dennis Pearce
- E.3.13 Cllrs Andrew Pelling, Joy Prince, Robert Canning
- E.3.14 Deputy Leader of Merton Council (via questionnaire)
- E.3.15 Councillor for Cricket Green, Merton (via questionnaire)
- E.3.16 Sutton councillor (via questionnaire)
- E.3.17 Merton Conservatives

E.3.18 Merton Liberal Democrat Group

E.3.19 Sutton and Cheam Labour Party

E.3.20 Wandsworth Council: Labour Councillors Group

E.3.21 Cllrs Ruth Dombey (Sutton Council) and Tobin Byers (Merton Council)

Appendix E.4: Responses from trade unions/councils

(visit www.improvinghealthcaretogether.org.uk and type 'appendix E.4: responses from trade unions/councils' in the search box to get to the documents)

This appendix includes:

E.4.1 GMB

E.4.2 Merton & Sutton Trades Union Council and UNISON Epsom and St Helier University NHS Trust

E.4.3 UNISON Epsom and St Helier University NHS Trust

Appendix E.5: Responses from special interest/community groups

(visit www.improvinghealthcaretogether.org.uk and type 'appendix E.5: responses from special interest/community groups' in the search box to get to the documents)

This appendix includes:

E.5.1 Keep our St Helier Hospital (KOSHH) and Keep our Epsom Hospital (KOEH)

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