South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030

4 June 2020

7.30 pm

Virtual Meeting - this meeting will be live streamed via the council's YouTube account

To all members of the South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030:-

Chair:	Councillor Colin Stears
Vice-Chair:	Councillor Bill Chapman
Councillors:	Sean Fitzsimons, Anita Schaper, Ian Lewer, Peter McCabe

Substitutes:	Councillors Edward Joyce, Marlene Heron, Annamarie Critchard, Andy Stranack, Nick Darby, Lesley Heap and Brenda Fraser, Rachel Turner, Thomas Barlow

This meeting will be recorded and made available on the Council's website.

PLEASE NOTE: Any decision taken at this meeting does not become definitive until 10am on the third working day after the meeting. Any four members of the Council may notify the Chief Executive by then if they require a decision to be reviewed by the appropriate committee at its next meeting. Please contact the Committee Services representative shown on the front page for further information.

Helen Bailey
Chief Executive
Date 22 May 2020

Enquiries to: Cathy Hayward, Committee Services Officer committeeservices@sutton.gov.uk

Copies of reports may be available in large print on request

A G E N D A

1. Welcome and introductions

2. Apologies for absence

3. Declarations of interest

4. Minutes of the previous meeting 1 - 4

To approve as a correct record the minutes of the meeting held on 26 September 2020.

5. Improving Healthcare Together Joint Health Scrutiny Committee (IHT JHSC) - Status Report and Moving Forward 5 - 10

A summary report setting out the decisions made in establishing the Improving Healthcare Together Joint Health Scrutiny Committee (IHT JHSC) and offering a possible outline of its future work as the committee responds to the publication of the formal public consultation and moves from its discretionary to mandatory stage.

Indicative timing: 5 minutes

6. Improving Healthcare Together - Programme Update

Opinion Research Services analysis of the consultation feedback and findings.

6.1 Independent consultants report on public consultation 11 - 12

This item provides an opportunity for the independent consultants appointed by the NHS Improving Healthcare Together (IHT) programme to present their report on the recent public consultation.

The IHT Joint Health Scrutiny Committee (JHSC) can use this, alongside other relevant information, to inform its own consultation response.

The IHT JHSC has committed to provide its response by 19 June 2020.

Indicative timing: 20 minutes

6.2 NHS IHT programme update 13 - 14

This item provides an opportunity for the NHS Improving Healthcare Together (IHT) Programme Director to verbally update the committee on the programmes response and actions arising from the Opinion Research Services analysis of the public consultation feedback and findings.

Indicative timing: 10 minutes

7. Update on the Integrated Impact Assessment 15 - 16

This item provides an opportunity for Mott Macdonald, the independent consultants commissioned by the NHS Improving Healthcare Together (IHT) programme, to update on the latest version of the Integrated Impact Assessment (IIA).

Indicative timing: 20 minutes

8. Public Representations 17 - 18

This item provides an opportunity for members of the public to make representations to the committee on their views regarding the NHS Improving Healthcare Together 2020-2030 public consultation.

Indicative timing: 20 minutes

9. Councils and consultants comments 19 - 158

This item provides an opportunity for the individual council authorities in scope to the work of the Improving Healthcare Together Joint Health Scrutiny Committee (IHT JHSC) to bring to the attention of the JHSC their views and the work of any independent consultants who they may have engaged to assist their thinking.

Indicative timing: 20 minutes

10. Merton, Sutton and Surrey Downs CCGs - Presentation to Facilitate Consultation Feedback 159 - 160

This item provides an opportunity for the three Clinical Commissioning Groups leading this project to use their consultation feedback framework to assist the Joint Health Scrutiny Committee (JHSC) in preparing its own response.

Indicative timing: 30 minutes

11. Any urgent business

To consider any items which, in the view of the Chair, should be dealt with as a matter of urgency because of special circumstances (*in accordance with S100B(4) of the Local Government Act 1972*).

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SOUTH WEST LONDON & SURREY JHSC SUB-COMMITTEE - IMPROVING HEALTHCARE TOGETHER 2020-2030

26 September 2019 at 7.30 pm

7. WELCOME AND INTRODUCTIONS

The Chair, Councillor Colin Stears, welcomed those present.

8. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Lewer and Critchard, and Councillor McCabe with Councillor Fraser attending as substitute.

9. DECLARATIONS OF INTEREST

There were no declarations of interest.

10. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

that the minutes of the meeting held on 4 July 2019 be agreed as an accurate record.

11. IMPROVING HEALTHCARE TOGETHER PROGRAMME UPDATE

Sandra Ash, Keep our St Helier Hospital (KOSHH) addressed the committee at the discretion of the Chair. The main points raised were:

- The plans being put forward would result in cuts in services, including the reduction of acute services, this would affect the health and wellbeing of people in the area.
- The proposal should be referred to the Secretary of State.
- A single centre would increase journey times for patients which would affect survival rates, this is backed by evidence from other areas where similar changes have occurred.
- Land at the Epsom site was declared surplus and has been sold, as the areas were in use this should have been subject to a consultation process.
- The sale of the land at the Epsom site did not achieve the profit expected therefore the required re-provision of services resulted in costs.
- The sale of the land has been detrimental to service provision at the three sites.
- The CCG has responsibility for long term health care in the area.

The Chair explained that the Improving Health Care Together proposal reported at this stage can not be referred to the Secretary of State at present as the process is not at the formal stage, and does not become so until the proposal reaches the Public Consultation stage. At the Public Consultation stage each borough would have the right to refer to the

Secretary of State if they wished. Merton and Sutton have both previously declared they wish to retain the right to refer to the Secretary of State.

The IHT programme team informed Members that the sale of the land at the Epsom site had included areas of both clinical and non clinical services. These services were still being provided either elsewhere within the Trust or through re provisioning and there had been no reduction in services. Any profit from the sale of estate would be used within the Trust.

Members asked if land disposal was required as part of the capital funding for the Improving Health Care Together programme, Matthew Tait, Joint Accountable Officer, Surrey Heartlands Health and Care reassured the Committee that land disposal was not included within the business case for the programme.

The Programme team reported to the Committee that there remained a commitment that three hospitals would be retained, although acknowledged there would be service changes. It was also reported that partners, including primary health care providers had been included in discussions. In addition there would be new STP types of plans in November which would include discussion with partners.

The Chair informed Sandra Ash, KOSHH that she would be able to address the Committee at a future meeting.

Andrew Demitriades, Programme Director, Improving Health Care Together gave a verbal update. The main points raised were:

- Regional level assurance had been sought around both financial and non financial issues to ensure the regulator is content.
- The next stage of the process was to seek national assurance (the process was explained), and to secure capital for any of the proposals.
- The programme would not progress to the consultation stage until capital funding was secured.
- The National bodies were aware of statutory requirements.

Members expressed concern that St Helier hospital would be downgraded to a district hospital.

Councillor Brenda Fraser mentioned the Leader of Merton Council had expressed concerns in writing to the IHT programme about both the process to date, and that the pre-consultation business case which signified a downgrading of St Helier to a district hospital.

The Programme Director, Improving Health Care Together explained the services provided at district hospitals and suggested that if St Helier hospital became a district hospital 85% of current services provided would remain.

The programme team acknowledged the process has taken place over a long period of time throughout this time there has been continued work with local residents and staff. If the

capital for the programme was secured it would have significant impact on the area. The risk remains that funding can not be secured.

Members discussed the engagement process included the views of patients and public, and that a broad coverage of views had been sought. It was acknowledged that the geographies cover and include a complex demographic. Members requested that the Programme team take account of the lessons learned from previous resident engagement work completed. The programme team confirmed that they would aim to engage with hard to reach groups, these groups varied in different areas of the geographies. Members expressed view that there should be no perception of confidentiality requirements by attendees, session should be open and transparent.

The Programme team confirmed that when the consultation stage is reached, all options will be included in the consultation, however if there was a preferred option this would be noted. The consultation would include any limitations which would occur due to capital secured. At this stage the team are not aware of the value of the capital funding which would be allocated.

Members requested that an easy read version of the document be provided which included information about how residents are able to raise their views.

The programme team reported that recent investment provided to Croydon University Hospital did not affect this programme, this funding remained outside of the Improving Healthcare Together programme. It was suggested that improvements created by this funding would not alter patient flow patterns as it had created changes to the premises rather than provision.

12. IMPROVING HEALTHCARE TOGETHER CONSULTATION PLANNING

The Chair drew members' attention to the report.

There were no further questions.

RESOLVED:

The report be noted.

13. ANY URGENT BUSINESS

There was no urgent business.

14. DATE OF NEXT MEETING

To be confirmed.

South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030

26 September 2019

The meeting ended at 8.54 pm

Chair:

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Date:

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Report to:	South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030	**Date:** 4 June 2020	
Report title:	Improving Healthcare Together Joint Health Scrutiny Committee (IHT JHSC) - status report and moving forward		
Report from:	David Olney, Interim Statutory Scrutiny Officer		
Ward/Areas affected:	Borough Wide		
Chair of Committee/Lead Member:	Councillor Colin Stears		
Author(s)/Contact Number(s):	David Olney, Interim Statutory Scrutiny Officer, 020 8770 5207		
Corporate Plan Priorities:	• Being Active • Making Informed Choices • Living Well Independently • Keeping People Safe		
Open/Exempt:	Open		
Signed:	David Olney	**Date:**	7 May 2020

1. Summary

1.1 Attached is a summary report setting out the decisions made in establishing the Improving Healthcare Together Joint Health Scrutiny Committee (IHT JHSC) and offering a possible outline of its future work as the committee responds to the publication of the formal public consultation and moves from its discretionary to mandatory stage.

2. Recommendations

2.1 To confirm the member authorities of the Improving Healthcare Together Joint Health Scrutiny Committee (IHT JHSC) as London Borough of Sutton, London Borough of Merton, Surrey County Council, London Borough of Wandsworth, Kingston Council and London Borough of Croydon.

2.2 That Councils that have not considered their position regarding the power of referral to the Secretary of State are requested to do so and then to report their decision back to this committee.

2.3 Consider timetabling future activity of the Improving Healthcare Together Joint Health Scrutiny Committee (IHT JHSC)

3. Background

3.1 The Improving Healthcare Together 2020-2030 sub-committee was set up in June 2018 in order to scrutinise the work being undertaken by the 3 CCGs (NHS Surrey Downs, Sutton and Merton) responsible for the NHS plans to explore the ways we can address local health challenges, and make sure NHS services are sustainable and fit for the future.

3.2 The report attached as appendix A summarises decisions made over the early , discretionary stage of the committee's life and seeks confirmation of a small number of matters now that the committee has entered the mandatory stage following NHS launch of public consultation.

4. Appendices and Background Documents

Appendix letter	**Title**
A	Improving Healthcare Together Joint Health Scrutiny Committee - summary of status and next steps.

Audit Trail		
Version	Final	Date: 7 May 2020

Background documents
None

Appendix A

Improving Healthcare Together Joint Health Scrutiny Committee - Summary of Status and Next Steps.

1. BACKGROUND

With the launch of formal public consultation on the Improving Healthcare Together (IHT) proposals on 8 January 2020 and the IHT Joint Health Scrutiny Committee (JHSC) moving from its discretionary stage into its mandatory stage it is appropriate for the committee to record its history and make-up and consider its approach to the consultation period and any subsequent steps.

The IHT JHSC Committee was established to carry out detailed scrutiny of the NHS Improving Healthcare Together 2020-2030 programme across both its early engagement phase and into its formal consultation phase.

The IHT JHSC was established by the full standing South West London and Surrey Joint Health Overview and Scrutiny Committee on 26 June 2018 with the final decision making power delegated to the IHT JHSC. The agenda and minutes are available here .

2. MEMBERSHIP

Initially the committee comprised membership from 3 affected authorities (Merton, Sutton and Surrey) corresponding to the 3 Clinical Commissioning Groups (CCGs) responsible for leading the programme on behalf of the local NHS.

In recognition of the possibility that other neighbouring authorities might be sufficiently impacted so that they would wish to participate, the full JHSC also agreed that authority membership could be extended if thought appropriate.

At its meeting on 30 July 2019 papers here the full JHSC agreed that :

“All members of this Committee are invited to join the Improving Healthcare Together sub-committee. The membership will be reviewed by the sub-committee before the statutory consultation phase to ensure the sub-committee comprises of local authorities most affected by the proposals.”

And on this basis the membership of the IHT JHSC has been extended to include Croydon, Kingston and Wandsworth.

The IHT JHSC is recommended to confirm the member authorities.

Each authority has one appointed member and can name substitute member(s) according to their own local arrangements.

3. CHAIR AND VICE CHAIR

At the meeting of the IHT JHSC on 16 October 2018 papers here Councillor Colin Stears from Sutton was elected Chair and Councillor Zully Grant - Duff from Surrey County Council (C.C) was elected as Vice-Chair.

Following Councillor Grant - Duff being appointed to another position on the Executive at Surrey C.C. Councillor Bill Chapman as the Surrey appointed member replaced her.

The committee's terms of Reference state " Where a sub-committee is commissioned, at its first meeting a Chairman and Vice-Chairman will be appointed for the life of the sub-committee."

4. APPROACH TO POWER OF REFERRAL TO SECRETARY OF STATE

Regulations govern the position that individual authorities can take with regard to their potential use of the power of referral to the secretary of State.

Individual authority members of a joint scrutiny committee have the opportunity to decide how they may use the power of referral to the Secretary of State, however where the power has been delegated to the joint committee only the joint committee may make the referral.

This means that individual authorities need to decide on a 'once and for all' basis f*or the purposes of this scrutiny exercise only* whether they wish to retain the power to their authority or delegate it to the joint committee.

Merton, Sutton and Wandsworth Councils have decided to retain the power of referral. Merton Council considered this matter at its meeting on 21 November 2018 papers here. and Sutton Council considered the matter at its meeting on 28 January 2019 papers here . Wandsworth Council considered the matter at its meeting on 4 March 2020 papers here .

There is no statutory requirement saying when the individual council's decisions have to be made, but for practical purposes this would need to be completed before the IHT JHSC makes it consultation response and within the consultation timelines.

Use of a power of referral would only be exercised at a later stage of the process and after the NHS commissioners have made their decision. It should be noted that there are specified circumstances and certain limits on the circumstances in which health scrutiny bodies can refer a proposal to the Secretary of State. These are set out in paragraphs 4.7.4 and 4.7.5 of the Department of Health Health scrutiny guidance which provides useful guidance on all aspects of health scrutiny.

Councils that have not considered their position are recommended to do so and then to report their decision back to this committee.

5. NEXT STEPS

The public consultation ended on 1 April 2020 and the next steps on programme's proposed decision making timetable are described as :

Spring 2020	Clinical Commissioning Groups (CCG) publish independent consultation report
Summer 2020	NHS Consider feedback and evidence from consultation
Summer 2020	CCG Committees in Common meet to make a final decision
2023	If approval is granted, building work starts
2025	Specialist emergency care hospital opens (earliest)

The IHT JHSC will need to consider when and how it undertakes its work to inform its consultation response and its role in the following phase.

The Department of Health guidance on health scrutiny advises that "It is sensible for health scrutiny to be able to receive details about the outcome of public consultation before it makes its response so that the response can be informed by patient and public opinion."

This would suggest that the IHT should consider setting out a provisional work plan for meeting(s) to take place after making its consultation response and the CCGs Committees in Common meet to make their final decision.

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Report to:	South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030	**Date:** 4 June 2020	
Report title:	Improving Healthcare Together Joint Health Scrutiny Committee (IHT JHSC) - NHS Consultants report on public consultation.		
Report from:	David Olney, Interim Statutory Scrutiny Officer		
Ward/Areas affected:	Borough Wide		
Chair of Committee/Lead Member:	Councillor Colin Stears		
Author(s)/Contact Number(s):	David Olney, Interim Statutory Scrutiny Officer, 020 8770 5207		
Corporate Plan Priorities:	• Being Active • Making Informed Choices • Living Well Independently • Keeping People Safe		
Open/Exempt:	Open		
Signed:	David Olney	**Date:**	7 May 2020

1. Summary

1.1 This item provides an opportunity for the independent consultants appointed by the NHS Improving Healthcare Together (IHT) programme to present their report on the recent public consultation.

1.2 The IHT Joint Health Scrutiny Committee (JHSC) can use this, alongside other relevant information, to inform its own consultation response.

1.3 The IHT JHSC has committed to provide its response by 19 June 2020.

2. Recommendations

2.1 To note the analysis of the consultation feedback and findings.

3. Background

3.1 The NHS Improving Healthcare Together 2020-2030 public consultation ran between 8 January and 1 April 2020.

3.2 The statutory JHSC is permitted to receive details about the outcome of public consultation before it makes its response so that its response can be informed by patient and public opinion.

3.3 The NHS IHT programme has commissioned independent consultants , Opinion Research Services, to analyse the responses to the public consultation. Opinion Research Services analysis of the consultation feedback and findings is attached for the JHSC members to consider and use to inform their own response.

3.4 **Appendices and Background Documents**

Appendix letter	**Title**
A	Opinion Research Services analysis of the consultation feedback and findings - to follow

Audit Trail		
Version	Final	Date: 7 May 2020

Background documents
None

Report to:	South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030	**Date:** 4 June 2020
Report title:	Improving Healthcare Together Joint Health Scrutiny Committee (IHT JHSC) - NHS IHT programme update on consultants report on public consultation.	
Report from:	David Olney, Interim Statutory Scrutiny Officer	
Ward/Areas affected:	Borough Wide	
Chair of Committee/Lead Member:	Councillor Colin Stears	
Author(s)/Contact Number(s):	David Olney, Interim Statutory Scrutiny Officer, 020 8770 5207	
Corporate Plan Priorities:	• Being Active • Making Informed Choices • Living Well Independently • Keeping People Safe	
Open/Exempt:	Open	
Signed:	David Olney	**Date:** 7 May 2020

1. Summary

1.1 This item provides an opportunity for the NHS Improving Healthcare Together (IHT) Programme Director to verbally update the committee on the programmes response and actions arising from the Opinion Research Services analysis of the public consultation feedback and findings.

1.2 The IHT Joint Health Scrutiny Committee (JHSC) can use this, alongside other relevant information, to inform its own consultation response.

1.3 The IHT JHSC has committed to provide its response by 19 June 2020.

2. Recommendations

2.1 To note the Programme Director's update.

3. Background

3.1 The NHS Improving Healthcare Together 2020-2030 public consultation ran between 8 January and 1 April 2020.

3.2 The statutory JHSC is permitted to receive details about the outcome of public consultation before it makes its response so that its response can be informed by patient and public opinion.

3.3 The NHS IHT programme has commissioned independent consultants , Opinion Research Services, to analyse the responses to the public consultation and provide feedback and findings.

3.4 This item provides an opportunity for the NHS Programme Director to update the JHSC on the programmes response to the analysis of the public consultation and future actions .

3.5 **Appendices and Background Documents**

Appendix letter	**Title**
None	

Audit Trail		
Version	Final	Date: 7 May 2020

Background documents
None

Report to:	South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030	**Date:** 4 June 2020	
Report title:	Improving Healthcare Together Joint Health Scrutiny Committee (IHT JHSC) - NHS IHT programme update on Integrated Impact Assessment (IIA)		
Report from:	David Olney, Interim Statutory Scrutiny Officer		
Ward/Areas affected:	Borough Wide		
Chair of Committee/Lead Member:	Councillor Colin Stears		
Author(s)/Contact Number(s):	David Olney, Interim Statutory Scrutiny Officer, 020 8770 5207		
Corporate Plan Priorities:	• Being Active • Making Informed Choices • Living Well Independently • Keeping People Safe		
Open/Exempt:	Open		
Signed:	David Olney	**Date:**	13 May 2020

1. Summary

1.1 This item provides an opportunity for Mott Macdonald, the independent consultants commissioned by the NHS Improving Healthcare Together (IHT) programme, to update on the latest version of the Integrated Impact Assessment (IIA).

1.2 The IHT Joint Health Scrutiny Committee (JHSC) can use this, alongside other relevant information, to inform its own consultation response.

1.3 The IHT JHSC has committed to provide its response by 19 June 2020.

2. Recommendations

2.1 To question and consider the Integrated Impact Assessment (IIA) and its implications for the Improving Healthcare Together (IHT) Joint Health Scrutiny Committee's (JHSC) consultation response.

3. Background

3.1 The NHS Improving Healthcare Together 2020-2030 programme commissioned independent experts Mott Macdonald to undertale an Integrated Impact Assessment on a range of key issues arising from their proposals.

3.2 The report attached is the third and final stage of their work .

3.3 This covers important areas such as the possible impacts of the NHS IHT programme's plans on deprivation, travel and accessibility and sustainability.

3.4 The report and the opportunity to discuss its contents with Mott Macdonald, the 3 CCGs and NHS IHT programme will help inform the IHT JHSC's own consultation response .

3.5 Appendices and Background Documents

Appendix letter	Title
A	Integrated Impact Assessment (IIA) report - to follow

Audit Trail		
Version	Final	Date: 13 May 2020

Background documents
None

Report to:	South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030	**Date:** 4 June 2020	
Report title:	Improving Healthcare Together Joint Health Scrutiny Committee (IHT JHSC) - Public Representations.		
Report from:	David Olney, Interim Statutory Scrutiny Officer		
Ward/Areas affected:	Borough Wide		
Chair of Committee/Lead Member:	Councillor Colin Stears		
Author(s)/Contact Number(s):	David Olney, Interim Statutory Scrutiny Officer, 020 8770 5207		
Corporate Plan Priorities:	• Being Active • Making Informed Choices • Living Well Independently • Keeping People Safe		
Open/Exempt:	Open		
Signed:	David Olney	**Date:**	7 May 2020

1. Summary

1.1 This item provides an opportunity for members of the public to make representations to the committee on their views regarding the NHS Improving Healthcare Together 2020-2030 public consultation.

1.2 As a result of the lockdown restrictions arising from Covid-19 the committee is only able to accept written representations.

2. Recommendations

2.1 To note the public representations.

3. Background

3.1 This item is to provide an opportunity for members of the public to reflect their views on the NHS Improving Healthcare Together 2020-2030 programme in order to inform the Joint Health Scrutiny Committee's (JHSC) response to the public consultation.

3.2 The NHS Improving Healthcare Together 2020-2030 public consultation ran between 8 January and 1 April 2020. The statutory JHSC is permitted to receive details about the outcome of public consultation (see agenda item 6) before it makes its response so that the response can be informed by patient and public opinion.

3.3 As a result of the lockdown restrictions arising from Covid-19 the committee is only able to accept written representations. These will be published with the meeting papers on Sutton Council's website (anonymised) and also on the websites of the other member authorities.

3.4 Anyone wishing to make a representation to the IHT JHSC must send a written statement to scrutiny@sutton.gov.uk by midday on 26 May 2020.

3.5 Appendices and Background Documents

Appendix letter	**Title**
None	

Audit Trail		
Version	Final	Date: 7 May 2020

Background documents
None

Report to:	South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030	**Date:** 4 June 2020	
Report title:	Improving Healthcare Together Joint Health Scrutiny Committee (IHT JHSC) - Member councils views		
Report from:	David Olney, Interim Statutory Scrutiny Officer		
Ward/Areas affected:	Borough Wide		
Chair of Committee/Lead Member:	Councillor Colin Stears		
Author(s)/Contact Number(s):	David Olney, Interim Statutory Scrutiny Officer, 020 8770 5207		
Corporate Plan Priorities:	• Being Active • Making Informed Choices • Living Well Independently • Keeping People Safe		
Open/Exempt:	Open		
Signed:	David Olney	**Date:**	13 May 2020

1. Summary

1.1 This item provides an opportunity for the individual council authorities in scope to the work of the Improving Healthcare Together Joint Health Scrutiny Committee (IHT JHSC) to bring to the attention of the JHSC their views and the work of any independent consultants who they may have engaged to assist their thinking.

1.2 The IHT JHSC can use this, alongside other relevant information, to inform its own consultation response.

1.3 The IHT JHSC has committed to provide its response by 19 June 2020.

2. Recommendations

2.1 To note the views and information provided.

3. Background

3.1 As well as participating in this IHT JHSC the individual councils involved in this committee have had the opportunity to consider the impact of the NHS IHT programme's plans on their own local authority area and residents.

3.2 Individual councils or their designated scrutiny bodies may have information and insight from their own consideration of the plans which may be of benefit to the IHT JHSC .

3.3 The discussion and information available through this item will help inform the IHT JHSC's own consultation response .

3.4 **Appendices and Background Documents**

Appendix letter	Title
A	Letter Improving Healthcare Together 2020-2030: Consultation
B	Consultation Questionnaire London Borough of Merton
C	Report of Roger Steer 22 March 2020
D	London Borough of Merton St Helier Survey results Final 18.02.20 to 27.03.20.
E	Comments on the London Borough of Merton St Helier Survey

Audit Trail		
Version	Final	Date: 13 May 2020

Background documents
None

Appendix A

COUNCILLOR STEPHEN ALAMBRITIS
LEADER OF THE COUNCIL
(Labour, Ravensbury Ward)

London Borough of Merton
Merton Civic Centre
London Road
Morden SM4 5DX

Tel: 020 8545 3424 (Civic Centre)
Email:
Stephen.alambritis@merton.gov.uk

Date: 6 April 2020

By email only: hello@improvinghealthcaretogether.org.uk

Dear Sirs

Re: Improving Healthcare Together 2020-2030: Consultation

I refer to your consultation on the above programme. Whilst I am grateful for the short extension that Sarah Blow gave the Council in an email dated 26th March 2020 for filing its response to the consultation, given the unprecedented circumstances healthcare staff in the NHS and the Council are currently facing, I am astonished that you chose not to suspend the consultation.

By way of response I enclose the following documentation:

1. Completed Questionnaire.
2. Report commissioned by the London Borough of Merton of Roger Steer, Independent Consultant of Healthcare Audit Consultancy.
3. Report of the Council's own consultation process together with comments.

As you are aware the Council has regularly and consistently raised concerns about process, gaps in the analysis being undertaken and impact on other providers since the Trust first engaged on these proposals in 2017, and over the past two years through the Improving Healthcare Together Programme. Whilst the programme team has attempted to address some of these concerns, through the commissioning of the Deprivation Impact Assessment and recent work with the Council's Public Health team on additional analysis in the Integrated Impact Assessment, many of our concerns remain.

As such, the Council formally expresses its opposition to the Pre Consultation Business Case and to the preferred option put forward in the consultation.
The reasons are set out in the questionnaire and our Consultant's report. The result of the local consultation undertaken by the Council also overwhelmingly indicate that respondents strongly agree that Emergency Services, Maternity Services and Queen Mary's Hospitals should remain at St Helier Hospital.

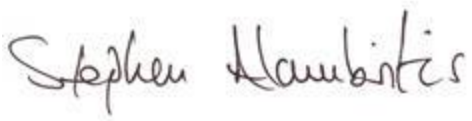
Further the Council recommends:

1. That you undertake additional work on lower capital cost options for services on two sites not three;
2. That the NHS seeks additional trainees, rota changes and incentives to staff to improve recruitment and retention; and
3. That you work with Merton's Health and Wellbeing Board to reappraise the longer term priorities and the need for (and possibility of achieving) additional savings in the light of the government's declared intentions to respond to disquiet on the funding of the NHS and the current crisis which has exposed the lack of capacity within the NHS.

I also confirm that the Council will be tabling its response at the South West London & Surrey Joint Health Scrutiny Sub-Committee at its forthcoming meeting currently scheduled for 4 June 2020 in order that it can be taken into account as part of their considerations further to the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Finally, I would like to place on record my thanks to everyone working in the healthcare sector in this extremely challenging time. As the circumstances we are facing are unprecedented in recent times, I strongly urge you to reassess and re-evaluate the assumptions made in your proposals in light of COVID-19, to properly address the questions of capacity and resourcing that the pandemic has exposed within the healthcare system.

Yours faithfully,



Councillor Stephen Alambritis
Leader of the Council

Councillor Tobin Byers
Cabinet Member for Adult Social Care, Health and the Environment

cc.
Sarah Blow, Accountable Officer SWL CCG
Dr Andrew Murray, Clinical Chair, SWL CCG
Dr Vasa Gnanapragasam, Chair, Merton Borough Committee

James Blythe, Managing Director, Merton Borough Committee
Councillor Colin Stears, Chair, SWL & Surrey JHSC Sub Committee

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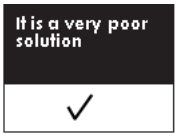
Q1 Our model of care (or new way of working)

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.

In the table below, please tick a box to tell us how good or poor you think this proposal would be for people living in the Surrey Downs, Sutton and Merton area.



Please give the reasons for your answer in the space below.

There is a prima facie case for the solution identified being against the interests of local people; particularly at this time.

The local authority has commissioned independent advice on the question and would wish to engage the NHS in further discussion on the issues raised: in particular the advice that lower cost options should be more fully considered at this stage.

The conclusions to that advice were:

Clinical:

7.1 The objectives being pursued, of defining the best healthcare as compliance 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 the clinical issues in Merton, Sutton and Surrey Downs.

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

7.3 There is a major risk that plans will not adequately provide for the increased demand expected in future years and that assumptions that major reductions in beds can be achieved will not be borne out in reality. This has been the case over the last twenty years. Various assumptions that the development of out of hospital care could substitute for hospital beds have remained unproven to the extent claimed. NB Better Healthcare Closer to Home (BHCH) claimed in 2003 up to 50% cuts in activity were possible.

7.4 There is a further major risk that the solution promoted to overcome current staffing problems will not succeed, and that the national and London wide staffing issues will transfer into the new improved premises – or be displaced to elsewhere in SW London.

7.5 There is a real risk that by offering the opportunity for further sub-specialisation (see Impact assessment) and the development of specialised services at Sutton that the focus of services will shift towards the interests of clinicians and not the interests of patients needing generalist services and skills.

7.6 There is a prima facie case that the proposed reductions in A&E catchment areas incorporated in plans for the preferred option (16%), reductions in consultant staff available (69wte), middle ranking and junior medical staff (73wte), qualified nurses (33%) and in access to major acute beds (452 beds) are not in the interests of local health services.

Financial/Economic

7.7 The options appraisal does not offer a proper consideration of lower cost options, including Business as Usual (BAU), a do –minimum option and retention of just the two existing sites, with either one as the centralised facility.

7.8 The benefits of the 3-site "centralised" option appear mis-stated and misleading. Further scrutiny and assurance is required. It appears costs are merely being shifted to other trusts in SW London who will face the additional operational costs and problems of the shift in patient flows being directed away from St Helier and Epsom sites.

7.9 Claims that the resulting three site configuration will be cheaper, more efficient and will solve staffing problems appear unrealistic and overoptimistic.

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

7.11 There is a significant risk that cost overruns in the main project at Sutton would "crowd out" the viability and investment funds available at the other sites and resources available to invest in out of hospital services

Access

7.12 The proposed preferred option is worse than BAU or any option retaining services at two sites. It is significantly worse for those relying on public transport and in deprived groups.

7.13The weighting given to access issues and transport issues appears small in the overall weighting in the Multi criteria analysis.

7.14 LB Merton may wish to consider undertaking its own research on the importance of access to services for local people.

Process

7.15 The public consultation seems to have been initiated too soon before issues relating to the options considered and the impact assessment were fully understood and agreed.

7.16 Important information on assurance and on the supporting detail to the proposals is missing at time of public consultation.

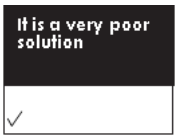
7.17 There is still time for shortfalls in the process to be corrected but it is unlikely that the flaws in the process will be corrected in the absence of a fuller, balanced, and detailed evaluation and discussion.

7.18 There is a major risk that the NHS will proceed to DMBC with the proposals substantially the same without any further opportunity for stakeholders to be consulted and to influence the decision.

Q2 The location of the specialist emergency care hospital

Q2a Sutton Hospital as our preferred location

In the table below, please tick a box to 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.



It is 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.

These lower cost options need to be considered in more detail prior to the re-presentation of plans.

Q2b St Helier Hospital as the location of the new specialist emergency care hospital

Q2c Epsom Hospital as the location of the new specialist emergency care hospital

LB Merton has not responded to these options as we feel it inappropriate until such time as the case for centralisation has been more firmly established. More facilities made available for local people more accessibly is attractive but only if plans are realistic, affordable and not at the expense of staff, other localities , and patients generally.

Q3 What would help improve transport and travel?

What would improve public transport and travel to the new specialist emergency care hospital for any of the three options?

The obvious answer to the question is for access to be at least as good as the current situation for most people requiring public transport, and the most disadvantaged in particular. Given the investment of £500m an improvement would be beneficial and persuasive.

The evidence from the impact assessment is that all options would be a deterioration compared to the status quo requiring patients to travel to other hospitals outside of the boroughs and face longer and more time consuming journeys.

Q4 How would our proposals affect you and your family?

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 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.

The plans are likely not to address the general staffing problems and may paradoxically make them worse by creating an overcrowded difficult to manage, complex configuration. We would prefer more obvious solutions to be more vigorously pursued.

We also refer you to the qualitative responses in our survey for some of the ways residents in Merton believe the proposals would impact them.

Q5 What else should we consider?

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 hospital for people living in the Surrey Downs, Sutton and Merton area.

By framing the question as it is the questioners appear to pre-empt a decision that has not yet been made which involves the public as to whether centralisation of specialist emergency care in a new hospital represents the best compromise solution for local people taking all issues of resources, accessibility, location and clinical issues into account.

This prior question needs to be addressed more openly and settled satisfactorily for the local authority and other stakeholders.

LB Merton consider that options involving a two site solution, costing less should be considered more fully and be presented to the public.

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

This is a very difficult question to answer and impossible for most people without access to information, knowledge and expertise in these matters.

Where we believe answers and potential solutions may emerge for stakeholders to consider is if information and data could be presented which can persuade people that the reasons for financial difficulties, any poor clinical and efficiency performance against appropriate bench marks, statistics on the rising clinical needs and population, and the evidence that proposed changes will fully address these matters reliably and sufficiently to cover their high costs.

What is striking to us as outsiders is that the numbers of clinical staff appears high and yet there are acute shortages in those areas where we would see the priorities of the local health service should be: in helping those with the greatest urgent and emergency need. It is possible a reprioritisation of available resources towards generalist and emergency services is appropriate and should be considered. In addition we note that there is a very unstable context for making radical changes and

we consider more time should be taken to ensure that such changes are the right ones and are fully supported in the community.

The risks of challenges, mistakes and undue haste leading to costly errors appear to us as very high.

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Report for London Borough of Merton on

'*Improving Health Together*'

Public Consultation

Roger Steer

March 2020

About the Author

Roger Steer is a senior and experienced healthcare manager and management consultant. He has worked in the NHS in Chief Executive and Director of Finance roles, but has also been a Regional Performance manager of very large capital programmes and is familiar with the issues of gaining Treasury approval for large schemes and planning large scale change.

Since 2003 he has been a Director of Healthcare Audit Consultants which specialises in providing advice to Local Authorities scrutinising NHS Plans, including reviews in 2005 and 2013 of previous reconfiguration proposals in south west London and more recently of very large reconfigurations proposed in north west London, where he is engaged in a monitoring role ensuring he is current with the latest issues and thinking. He co-authored a large review of STPs for South Bank University and has acted as an expert witness in two recent judicial reviews on reconfiguration proposals.

1 Introduction

This briefing has been commissioned by the LB Merton in order to help them discharge their public duty to scrutinise NHS plans, specifically proposals for major changes in local health services in Merton, Sutton and Surrey Downs, contained in public consultation documents and supporting documents for "'Improving Health Together'[1].

The current advice provided to the NHS [2] on scrutiny usefully summarises these duties (page 38):

"Local authority overview and scrutiny committees have a role in reviewing and scrutinising matters relating to the planning, provision and operation of health services in their local area.

• Commissioners must consult the local authority when considering, or a provider is considering, any proposal for a substantial development or variation of the health service in the area. The local authority may scrutinise such proposals and make reports and recommendations to the NHS commissioning body (CCG or NHS England) or referrals to the Secretary of State for Health.

• As part of the overview and scrutiny process, the local authority will invite comment from interested parties and take into account relevant information available, including that from local Healthwatch. The overview and scrutiny process can therefore enhance public involvement in the commissioning process.

• The threshold for reporting proposals to the local authority under the overview and scrutiny process is higher than that for the duty to involve the public under section 14Z2 and 13Q. However, the duties frequently overlap, particularly where significant changes to the configuration of local health services are under consideration.[3]

The advice is further elaborated in the following sections of the 2018 advice in regard to Public Consultation:

7.6 Health scrutiny

NHS bodies have a legal duty to consult the local authority in certain circumstances.

Although it is strongly advised that local authority scrutiny functions are involved throughout development, commissioners should hold a separate formal discussion on the final set of proposals on which they intend to consult.

7.8 Public consultation

[1] All documents are listed on the Improving Health Together website https://improvinghealthcaretogether.org.uk/important-documents/

[2] *Planning, assuring and delivering service change for patients* NHS England March 2018

[3] For further information, see s.244 NHS Act 2006 and Part 4 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (*http://www.legislation.gov.uk/uksi/2013/218/pdfs/uksi_20130218_en.pdf*

Subject to feedback from local authorities, the proposing body may decide to progress to public consultation on the range of options that will be tested with staff, patients and the public, subject to assurance by NHS England.

NHS England has a role in the assurance of all commissioner-led schemes. This will ensure consistency across the NHS commissioning system and ensure that good practice and lessons learnt are shared.

And in regard to decisions:

8.1 Situations may arise where consensus over service change cannot be agreed between the commissioner and relevant local authority. Wherever possible, decisions about how the NHS is run should be made locally by those directly involved. Local authorities may refer proposals to the Secretary of State, if:

• The consultation has been inadequate in relation to the content or the amount of time allowed.

• The NHS body has given inadequate reasons where it has not consulted for reasons of urgency relating to the safety or welfare of patients or staff.

• A proposal would not be in the interests of the health service in its area.

The NHS is further reminded of what can go wrong:

3. The high costs of getting it wrong

A high profile programme that has been subject to both Judicial Review and referral to the Secretary of State is estimated to have cost >£6m. The proposed changes remain unimplemented. (p23)

I would add this is not the greatest risk: a greater risk is of proposals being inadequately scrutinised leading to uneconomic or risky proposals being implemented which prove more costly than expected, which fail to deliver the benefits and reduce the quality and quality of services delivered to patients.

In NW London following closures of A&E departments as the first stage of its "Shaping a Healthier Future" reconfiguration plan, emergency building of expensive, additional capacity at London North West University Healthcare NHS Trust (LNWH) had to be arranged as remaining capacity could not cope. A Confidential Inquiry[4] organised by NHS England found that there had been errors in calculations, lack of scrutiny in plans and inadequate account taken of the increases in demand and population. The costs of this programme reached £250m before it was eventually scrapped.

There is every reason therefore for the local authority to closely scrutinise plans and for the NHS to pay due regard to the feedback of local authorities.

In section 2 I draw attention to the history and the changing nature of proposals in this part of SW London and highlight issues from the process for making decisions around the

[4] Retrospective review of impact in NWL of A&E changes at CMH and HH NHS England 20thMarch 2015.pdf

proposals being made in the Improving Health Together (IHT) Pre-consultation business case (PCBC)[5]. In particular I draw on the extensive guidance that exists around the subject. I further discuss the key issues that emerge from the IHT process and proposals in terms of the clinical arguments (section 3), the financial and economic arguments (section 4) and the impact on access for local people (section 5). In addition I make suggestions for how the ongoing process can be improved to ensure that as much consensus can be reached in future decision making and that stakeholders can be persuaded that the processes are fair (section 6). Finally I provide some concluding remarks, recommendations and a way forward.

2 Background to the IHT proposals

There is a long history of proposals for radical change to the provision of healthcare in South West London going back to at least the 1990s when the Epsom and St Helier trusts were merged. Each of these plans has presented differing rationales, and not all have involved the creation of a new hospital at Sutton as the solution. At the end of 2000 the "Investing in Excellence" plan proposed downgrading services in Epsom to centralise at St Helier. In the autumn of 2003 a Clinical services Review Team proposed closing Epsom's A&E and temporary centralisation at St Helier pending the building of a new critical care centre: the plan was abruptly dropped, but not before the Epsom MP had proposed the expansion of Epsom and to downgrade of St Helier as a counter proposal.

This was followed by the consultation on Better Healthcare Closer to Home (BHCH 2003), which involved the closure of both Epsom and St Helier hospitals to be replaced by a new single site 500-bed 'Critical Care Hospital' at St Helier, Sutton or Priest Hill, and a group of ten local care centres which were said to facilitate a reduction in activity of up to 50%. These proposals were rejected at the end of 2005 following strong local opposition.

In January 2006 plans for a single site critical care hospital on the Sutton Hospital site collapsed, and the project director resigned.
In 2009 with the future of services secured at Epsom Hospital after Surrey PCT dropped proposals to divert patients elsewhere, plans were approved for the complete

[5] Improving Health Together 2020-2030 Pre-Consultation Business Case Surrey Downs, Sutton and Merton Clinical Commissioning Groups December (2019)

refurbishment of St Helier hospital at a cost of £219m, and it was agreed that this would be government funded, and not paid for through the Private Finance Initiative.

However it came to nothing. After the election of the coalition government in 2010, another reconfiguration proposal, Better Services, Better Value (BSBV), was introduced in May 2011 and in effect killed off the refurbishment plans. BSBV was put forward as a clinical initiative led by local GPs and hospital clinicians, and included some of the original proponents of BHCH. Ostensibly its aim was to improve the quality of services in South West London and to contribute to the need to ensure financial sustainability in the wake of the financial crash and the Government's austerity policies. However, common to both BHCH and BSBV seems to have been an antagonism to the continuation of services on the St Helier site.

Then came proposals to break up the Epsom St Helier Trust, with St Helier to be merged with St George's and Epsom to be merged with Ashford and St Peter's in Surrey. Both of these proposed mergers collapsed in 2012 because of unresolved financial problems.
Eventually in 2014 after much controversy BSBV plans were dropped after failure to present a compelling business case and to secure agreement across stakeholders in SW London and in Surrey.

Just 3 months later a new 5-year "strategy" document was published by the South West London CCGs, now working together as "South West London Collaborative Commissioning," effectively cutting the links with Surrey Downs CCG. The Strategy proposed "vacating and disposing of" the Sutton Hospital site, but also called for "service changes … across the provider landscape which will deliver financial savings while also making it easier to deliver the improved services Commissioners want to achieve for their patients." It proposed to expand Kingston Hospital and increase bed numbers at St George's.
By 2016, with much of the "strategy" apparently forgotten or discarded the new Epsom St Helier chief executive began promoting plans for a new 800-bed single site hospital – to replace the 1,162 beds provided in the Epsom and St Helier hospitals.

The most recent IHT proposals, formulated in 2017/18, have sought to overcome past problems by:

- narrowing the scope of proposals to three CCG areas rather than as a pan SW London solution,

- cost shifting the impact of reducing local capacity to other providers, social care providers and community services;
- using the main argument that this is because staff cannot be recruited to support two A&E departments at St Helier and Epsom ,and,
- securing pre-approval from the Secretary of State for up to £500m of resources earmarked now in future capital spending rounds as an incentive to proceed quickly.

These announcements were made in the run up to the last election and thus there is legitimate public expectation that spending pledges will be fulfilled; albeit that the caveat was made that plans would be subject to business case approval. Many may be forgiven for thinking this is a minor technicality but in reality it remains a significant hurdle, not least in that the financial case seems weak and stakeholders are fiercely divided on the legitimacy of the processes for selecting options to be shortlisted, on the adequacy of the analysis presented so far, for the viability of the severely reduced scale of acute bed provision outlined in the preferred option, and for the selection of the preferred option for centralising major services at Sutton.

IHT seek to promote a preferred option of removing all major services (A&E services, maternity and paediatrics, emergency surgery and acute medicine) from both Epsom hospital and St Helier hospital to a site in Sutton. The pre-consultation business case (PCBC) suggests there should be what are termed District hospital services (a novel term) based on the existing sites at Epsom and St Helier. Stakeholders are led to believe this will be cheaper, safer and provide higher quality accommodation on a more sustainable basis, principally by being easier to staff fully – but only as a result of significantly reducing the number of consultants and proportion of qualified nurses required to cover the reduced number of acute beds and downgraded beds at Epsom and St Helier.

In proceeding with public consultation quickly before establishing a broader understanding and agreement across stakeholders the NHS risks taking short cuts in the complicated business of winning the necessary support. I have referred to NHS guidance to planning change earlier but there is further extensive guidance that has been published by government and HM Treasury in particular which is required to be followed or is provided to help proposers in the process.

Thus the Treasury, who approve all capital projects of more than £50m at the moment, issue the Green Book[6] and the Guide to developing the Project Business Case[7]. These lay down clear guidance for on the process involved in investment appraisal, particularly the options appraisal process and the requirement to consider properly lower cost do-minimum options. Further guidance on multi –criteria analysis of the type deployed in the PCBC can be found in a manual issued by central government [8] and the guidance on economic modelling issued in December 2019. [9]

It should be noted that the Secretary of State in making the announcement of the funding for Epsom and St Helier capital development[10] also said that future details of a new capital funding regime would be published before the end of 2019. In his September statement criticisms of the current system were made but at time of writing it is still not clear either what that the future system will be; or the system for future funding of social care, again long promised.

A further complicating factor in the context for decisions on the proposals is that the local CCGs and the ESTH are to be incorporated in 2021 into new Integrated Care systems meant to centralise major commissioning decisions and to plan more formally across SW London and Surrey Heartlands, a separate Integrated Care system for Surrey.
Finally the ESTH trust is in significant financial deficit requiring support from NHS England to continue in operation. This effectively means that NHS England is closely involved in the ongoing management of the Trust.

3 Clinical arguments for IHT

The key clinical argument underlying IHT is the need to reduce the number of sites providing the major acute health services of the three CCGS areas of Merton, Sutton and Surrey Downs so as to improve the quality and sustainability of clinical care. This is intended to stand independent of financial consideration although, as I argue, this clearly cannot be the

[6] The Green Book : central government guidance on appraisal and evaluation –HM Treasury 2018
[7] Guide to developing the project business case- HM Treasury 2018
[8] Multi-criteria analysis: a manual Department of Communities and Local Government 2009 Department for Communities and Local Government: London January 2009
[9] Comprehensive Investment Appraisal (CIA) Model-User Guide DHSC December 2019
[10] Health Infrastructure Plan A new, strategic approach to improving our hospitals and health infrastructure DHSC September 2019

case as questions of affordability set the framework for all decisions and ultimately HM Treasury will approve all plans. Nevertheless if IHT's key argument is accepted, the choice then becomes which acute hospital sites should be closed or downgraded. However the underlying argument for the closure of services on some sites is flawed. In addition, the argument for removing services from the hospital used by many of the residents of Merton – St Helier – is also flawed.

The clinical argument is based on three key claims: first, that increased specialisation improves quality of care; and second, that new models of care reduce the need for hospital beds and that care can be provided by other means in the community and thirdly and most emphatically, it is not possible to offer a full range of services on the existing sites at the existing hospitals due to shortages of clinicians, specifically key consultants in emergency medicine and acute medicine. I examine each of these in turn.

3.1 Specialisation

In our previous report in 2013 we examined the general evidence for specialisation as the key to improved quality. Our references bear repeating before I go onto update the advice we gave at that time.

We referred in 2013 to a report from Tony Harrison in which he concluded (Harrison 2012),

I have argued that volume and outcome studies do not provide, in themselves, an adequate justification for centralizing hospital services.

The same also applies to the association between efficiency and size of unit. Thus, in a Nuffield Trust report, Hurst and Williams (2012, p59) observed,

There is also a large literature on the effect of changes in size on unit costs in hospitals. Reviews suggest that cost per case declines as hospitals increase in size to about 200 beds. There appear to be roughly constant returns to scale between 200 and 600 beds; however, above approximately 600 beds diseconomies of scale seem to set in, possibly because larger hospitals become more difficult to manage[11].

[11] NB the authors do not consider the economics of a three site solution with transfers between the major acute and district hospital beds across three sites.

On this basis neither St Helier (594 beds) nor Epsom (454 beds) hospitals are small hospitals. It is perfectly feasible to provide high-quality services from the sites, and indeed they have scored well on quality in recent and past assessments. As sites with a significant proportion of older accommodation they should benefit from reduced capital charges and depreciation and be better able to focus on the delivery of services compared to other hospitals burdened by the added costs of new PFI funded schemes. Where they seem exclusively to be marked down is in relation to 'London quality standards'[12] (which seem to have been established purely to promote reconfigurations) and in the quality of accommodation (which can be rectified by investment).

Moreover, in the case of emergency care, centralisation may have a negative impact with mortality increasing the greater distances that have to be travelled. Thus Harrison (2012) has found,

Even if gains in outcomes are achieved by centralization, the longer journey times that it entails for some patients may offset them to some extent. One study of stroke care found that the clinical risks of longer journeys outweighed the benefits of centralization. Nicholl et al. found that for every mile a seriously injured person had to travel to hospital, the risk of death increased by one per cent. Other work has found that the longer journeys discouraged use of health-care services.

These findings were echoed by a more recent report by Shropshire, Telford and Wrekin Defend Our NHS[13] for the West Midlands Clinical Senate on the local reconfiguration plan known as Future Fit. [14] This points out that Nicholl's study in 2007 is one of the more important pieces of UK research on the relationship between journey length and mortality, looking at survival rates for patients with life threatening conditions, relating this to the distance between home and hospital. For patients travelling up to 10 km, the overall mortality rate was 5.8%; for those travelling 11-20 km, 7.7% died; and for those travelling 21 km or more, 8.8% died. Overall, people who travelled more than 20 km to access treatment were 50% more likely to die than those living close to the hospital. Those with

[12] London Quality Standards (2013) https://www.england.nhs.uk/wp-content/uploads/2013/08/lon-qual-stands.pdf

[13] Shropshire, Telford and Wrekin Defend Our NHS (STWDON) (2016). *Future Fit A commentary for the West Midlands Clinical Senate*. Health Campaigns Together, https://nhsfuturefit.org/key-documents/draft-public-consultation-documents/full-consultation-document-1/506-public-consultation-document-english/file

[14] https://nhsfuturefit.org/key-documents/draft-public-consultation-documents/full-consultation-document-1/506-public-consultation-document-english/file

acute respiratory conditions fared even worse, and were around twice as likely to die if they had to travel the longer distance to access A&E. Although distances in South London are less of an issue, travel times, because of congested roads do become an issue and are clearly a local concern.

STWDON reports (p16),

"More recent research confirms the pattern. A 2013 Japanese study looked at distance to hospital for patients with acute heart attacks, strokes and pneumonia – a sub-set of the conditions examined by the Sheffield study. The study found a strong correlation between transport distance and mortality for acute heart attack and for ischaemic stroke; and a moderate correlation between distance and mortality for pneumonia and for subarachnoid haemorrhage".

And goes on (p16) to draw attention to a 2014 York University analysis[15] of Swedish data that,

"… compared survival rates from myocardial infarction for people having to travel different distances to emergency care. The author concluded 'The results show a clear and gradually declining probability of surviving an acute myocardial infarction as residential distance from an emergency room increases'. People travelling 50 to 60 km to emergency care were 15% less likely to survive than those living close to the hospital. Most of the excess deaths were of people dying on the way to hospital. The author noted an inherent bias in much medical research, as studies typically look only at outcomes for people who arrive alive at hospital. Those who die on the way are excluded. Most research also takes place in urban areas, with little research on the impact on survival of rurality and/or long journey distance. The few studies that do exist strongly support the case that longer journeys to A&E result in higher rates of mortality."

Finally STWDON refers (p16) to,

"… evidence from the USA of Emergency Department closure having a strong 'ripple effect', with mortality increasing by 5% for patients at neighbouring Emergency Departments that remained open. Existing facilities can easily be overwhelmed by increased demand. A strong and growing body of anecdotal UK evidence is of severe pressure on A&Es that remain following the closure of a neighbouring unit."

[15] Avdic, D (2014). A matter of life and death? Hospital distance and quality of care: evidence from emergency room closures and myocardial infarctions. HEDG: Health, Econometrics and Data Group. University of York

My own experience in NW London was of major unplanned operational difficulties caused by early closure of two A&E departments as the first stage of reconfiguration plans leaving A&E services in NW London amongst the worst in the country both then and now.

I will go on to consider access issues later in section 5 but it is clear that public transport users face significantly longer journeys of around 20 minutes, with a minority even longer. This is not only dangerous for those accessing emergency and urgent services but discouraging for attendees, when it is known that late presentation still remains a significant risk factor, contributing to relatively poor UK performance in international comparative studies. *"Access, public transport, parking and travel times and their impact for patients , relatives and visitors"* were flagged up as the biggest concern in early consultation around development plans. (PCBC p87)

In this consultation we note that despite previous claims[16], there is now no reference to '*over 500 avoidable deaths in London a year due to different consultant hours at weekends and in evenings at hospitals across the capital*', and no attempt to use this justification for centralisation of services.

In fact subsequent work by Professor Sutton and colleagues[17] debunked this theory and demonstrated the "weekend effect" as almost wholly a result of differing case mixes at the weekend. I would like to see a quantification of the risks associated with additional travelling times and the additional complexities of transferring patients across three sites in any next stage business case.

A&E services are something of a 'Cinderella' service providing care disproportionately to the disadvantaged; it is difficult to attract consultant staff partly because there is little opportunity for private earnings as exist in most other clinical areas. Utilisation of A&E services has increased in recent years as access to GP services has deteriorated and the population has grown older. The size of Emergency department seen as a minimum by the

[16] BSBV 2012, p5

[17] Meacock, R., Doran, T. & Sutton, M. (2015). What are the Costs and Benefits of Providing Comprehensive Seven-day Services for Emergency Hospital Admissions? Health Economics, 24(8), 907-912. DOI: 10.1002/hec.3207
http://www.manchester.ac.uk/discover/news/new-study-shows-major-omission-in-evidence-of-weekend-effect-on-mortality-rates-in-hospitals/

Royal College of Emergency Medicine would cover a catchment area of 300,000. Given the actual population for the existing three CCG's covers 720,000 people this suggests that two A&E departments are required. By planning for much smaller catchment areas for future A&E departments (PCBC table119 p267)[18] in effect these plans merely cost shift the problem of A&E provision to other providers.

Updating these arguments using more recent information I can now refer to further work by the Kings Fund[19], House of Commons Library[20] , Monitor [21] a, the Nuffield Trust [22] and the Royal College of Emergency Medicine[23].

The Kings Fund concluded in regard to specialisation:

The reconfiguration of clinical services represents a significant organisational distraction and carries with it both clinical and financial risk. Yet those who are taking forward major clinical service reconfiguration do so in the absence of a clear evidence base or robust methodology with which to plan and make judgements about service change. In particular:
– Evidence to support the impact of large-scale reconfigurations of hospital services on finance is almost entirely lacking.
– Evidence on the impact on quality is mixed, being much stronger in relation to specialist services than other areas of care.

This latter finding point to a negative aspect of the IHT proposals in that one of the claimed advantages of the proposals for the Royal Marsden hospital is that it provides the necessary infrastructure to establish a new specialist children's cancer centre. However this would detract from existing specialist cancer centres at St Georges and Guys and St Thomas' and represents proliferation of yet more specialist centres when it can be argued there are already too many in London[24]. The existence of a major centre for acute services is also likely to act as a magnet for consultants looking to establish their own unplanned specialist services and is contrary to what seems a more sensible direction for ESTH of becoming part

[18] The table shows the planned emergency catchments for the new proposed major centres as respectively Epsom 312-316,000; St Helier 331-360,000 and Sutton as 404-422,000.
[19] The reconfiguration of clinical services: What is the evidence?, The King's Fund, November 2014, p23
[20] Briefing Paper House of Commons Library Number 8105, 9 October 2017
Reconfiguration of NHS services (England)
researchbriefings.files.parliament.uk/documents/CBP-8105/CBP-8105.pdf
[21]Facing the Future : Smaller Acute Providers Monitor 2014
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/320075/smalleracuteproviders-report.pdf
[22] "Rethinking acute medical care in smaller hospitals" by Dr Louella Vaughan, Nigel Edwards, Candace Imison and Ben Collins . Nuffield Trust 2018
[23] Reconfiguring Emergency Medicine Services Royal College of Emergency Medicine April 2017
https://www.rcem.ac.uk/docs/Policy/Reconfiguration%20guidance%20April%202017.pdf
[24]https://www.hsj.co.uk/specialist-care/inherently-risky-childrens-cancer-service-to-be-overhauled-after-hsj-revelations/7026834.article

of a pre-existing hospital chain , probably with St Georges or possibly Guys and St Thomas'.[25]

The House of Commons Library report (2017) provides a very good summary of the reconfiguration debate and the opposition this created. They point both to the widespread opposition to A&E closures and the "limited evidence linking hospital unit size and quality of outcomes".

The Monitor report (2014) on the other hand points to the need to reach a balance between the conflicting objectives:

We need to better understand the factors that are affecting change, such as workforce issues, clinical specialisation or increased staffing levels, and consider how best to balance competing objectives.[16]

The Nuffield Trust (2018) finds in relation to smaller hospitals, but of relevance in examining the continuation of services at Epsom that:

The tendency for some specialists to opt out of the general medical rota has increased staffing problems and has increased the pressures on the remaining staff. There is limited evidence that the benefits outweigh the problems that this can create, and more imaginative networked solutions have been adopted in some places.

These problems with staffing are further exacerbated by the imposition of minimum staffing levels, specific rota designs and other standards by external regulators. In many cases these rules are based on guidance developed for larger (often urban) centres, and there is limited evidence that these standards translate into improved outcomes. Smaller and remote hospitals need to be free to design the acute medical service in a less rigid way.

What this points to is standards being an obstacle to finding creative solutions that best meet local needs, as these further quotes from the Nuffield report signify.

The benefits of specialist services and staff should be set against the increased costs, fragmentation and threats to viability that can result and that can reduce hospitals' ability to effectively deal with multi-morbid patients whose severity and urgency of need has not yet been determined. Policy and

[25] Dunhill, L. (2020) We've proved hospital chains work, says CEO HSJ 7 February 2020 https://www.hsj.co.uk/pennine-acute-hospitals-nhs-trust/weve-proved-hospital-chains-work-says-ceo/7026875.article

training models need to recognise the importance of generalist skills. Proposals that allow further opting out of acute medical on-call care in small hospitals require very careful thought.

*(*p8) *Regulators and clinical senates should take a more critical and innovative approach to the application of standards. At present many standards have a relatively low level of evidence underpinning them*. (p10)

The Royal College of Emergency Medicine in 2017 stated in the summary of its report specifically addressing reconfiguration:

5. Most EDs are already crowded. Actively deciding to increase attendances into crowded EDs will harm patients. This will be made worse if bed closures are also planned in the same systems.

And ,

7. Emergency Departments can become too big to work effectively.

It is remarkable that the PCBC do not discuss this guidance or refer to it in their references. This reveals a bias in my view to promote reconfiguration. The IHT programme actively promotes many of the things the Royal College specifically warn against. (See later sections for further discussion).

Increasingly it appears that the London quality standards in pursuit of the "Very best healthcare" are creating more problems than they are solving and undue weight to meeting these standards should not be used in any options appraisal evaluation.

3.2 Reductions in demand justify A&E closures

The crucial assumption justifying reduced provision of A&E services in the locality in the future and hence savings in capacity and staffing is that investment in out-of-hospital care will reduce demand. But the evidence for this did not stand up at the time of the BSBV proposals.

Carson *et al.* (2011, p19) found no direct link between A&E attendance and hospital admission, and moreover diversion schemes are generally ineffective. They state,

There is some evidence that when A&E departments become overwhelmed junior staff will admit more people – the primary failure is in the A&E system not the volume presenting.

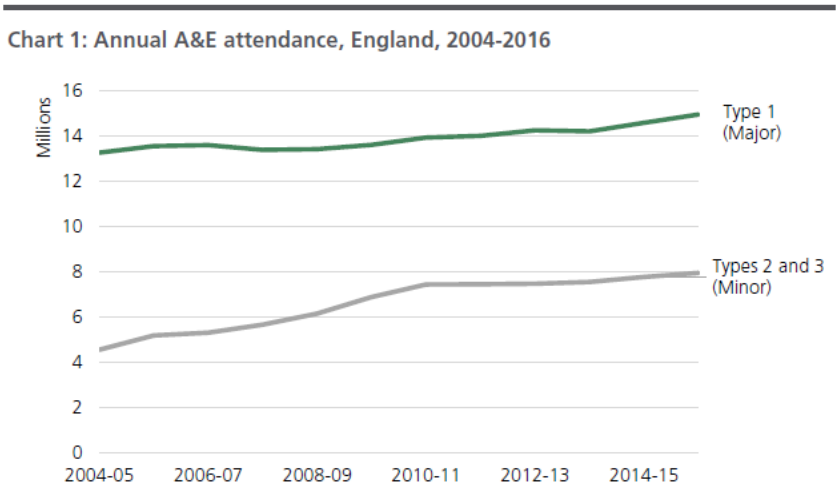
There is little or no evidence for the effectiveness of diversion schemes on admissions; some have had serious safety questions raised; while diversion schemes tend to focus on people who are never likely to be admitted because all they needed was advice or more basic care.

The same study (p22) also examined the use of urgent care centres and walk-in clinics. They found that,

There is a lack of published evidence to support the hypothesis that urgent care centres and walk-in centres will reduce attendances at emergency departments; in contrast, indications suggest they increase total burden on the NHS. Where the vision of the urgent care centre is that it is fully integrated part of the A&E service … it will take time to establish and much longer for the relationships and mutual trust to grow so that the centre functions with full effectiveness.

BSBV in 2012 claimed that there would be a decrease of around 50% in A&E attendances from development of Out of Hospital services. In fact the Trust has seen an increase of 11% in hospital admissions overall, and a 31% increase in emergency admissions, despite the development of these services. This is not to deny that reductions in inappropriate attendances would be desirable but to point to the weight of evidence suggesting it is more difficult to achieve than current plans acknowledge (see below).

The graph below, from another House of Commons report, instead points to stable trends of A&E admissions with large increases in overall attendances as a result of the opening of more urgent care and walk in centres.



More recent trends reported by the latest (2018-19) DHSC Annual report reveals that demand is increasing more rapidly:

The demand for services provided in the health and care system continues to rise above population and demographic growth as better diagnosis and medical advancement means more treatment is possible, 24.8 million people attended an A&E facility in England in 2018-19, an increase of 4.1% compared with 2017-18.

Despite this the plans contained in IHT project 2% per annum (pa) reductions in emergency admissions up to 2025/26 , a 3% pa reduction in activity overall and a 3% pa bed savings by reducing length of stay. Overall a reduction of 80 beds from the grand total of 1014 is planned, but that assumes that the expected increases in demand for community beds and extra activity calculated of 243 beds (PCBC p201) can be accommodated by reducing length of stay and other efficiencies.

Many people including myself are sceptical about the NHS's ability to continue significantly to reduce length of stay [26] (as day case expands for patients with simple requirements and as the complexity and multi-morbidity of remaining patients increases at the same time as availability of social care decreases). IHT risks entering a "counterfactual" world of trying to convey a story to stakeholders which is divorced from reality. This is what eventually sank the "Shaping a Healthier Future" project in NW London in 2019 when it became impossible

[26] Jones R (2017) Growth in NHS admissions and length of stay: a policy based evidence fiasco. British Journal of Healthcare Management 23(12); 603-606

for the project leaders to justify ambitious attempts to reduce NHS capacity further whilst surrounded by evidence on the ground of rapidly rising demand, very high occupancy rates and inefficient bottlenecks in crowded A&E departments.

In addition, demand for healthcare in general is rising for a number of reasons:

- increasing population in London and the South East;
- rising birth rates;
- an ageing population with associated rising morbidity;
- social fragmentation and increased lone living;
- And, reducing social services budgets.

It makes little sense to undermine local successful units that have some capacity to absorb any extra workload that may emerge. It has been little appreciated that London health services are now funded at national average rates as a result of the surge in population in recent years. There is thus no imperative to be seen to be reducing capacity and every reason to ask for more. It is the paradox of the preferred options that while spending £500m key capacity in A&E, intensive care and acute care will be reduced at a time when recent events would suggest the opposite is required.

In relation to planning reductions in activity as a justification for reconfiguration, the Royal College of Emergency Medicine[27] states:

Basing reconfiguration decisions around planned reductions in demand for urgent and emergency care, or around hoped-for effects of redirection strategies, is not recommended.(p3)

Again it is not clear why confidence is placed in major reductions in capacity when such doubts have been expressed.

3.3 Difficulties in recruitment of clinicians

As the arguments above have weakened the greatest emphasis is now placed on the argument that it is impossible to find the staff to support existing services.
The Strategic Outline Case (SOC) presented by ESTH in 2018 puts it clearly:

[27] https://www.rcem.ac.uk/docs/Policy/Reconfiguration%20guidance%20April%202017.pdf

What is clear from all of our work is that we cannot continue to run all our acute services on two sites because we will not have the clinical staff to deliver all of the standards.

The PCBC puts it thus:

ESTH is the only acute trust in South West London that is not clinically sustainable in the emergency department and acute medicine due to a 25 consultant shortage against our standards. Additionally there are shortages in middle grade doctors, junior doctors and nursing staff. The Care Quality Commission has highlighted workforce shortages across its two sites as a critical issue.

This follows the tradition of those that have promoted reconfiguration for many years. The same arguments were raised when BHCH was presented in 2003 and BSBV in 2012. The international evidence is that the UK lags other comparable countries in numbers of doctors and nurses.

	UK	US	France	Germany	Netherlands
Physicians per 1000 popn	2.8	2.6	3.2	4.3	3.6
Nurses per 1000 popn	7.8	11.7	10.5	12.2	10.9

Source : OECD Health at a Glance 2019

This has been the position for many years. It is a general policy, not a local problem. The actual number of students accepted into medical schools has actually declined.[28]

Problems of staffing have been attributed to the European Working Time Directive, but as the Chairman of the Independent Reconfiguration Panel (IRP) in reviewing the Panel's work stated (Barrett 2012, p5),

With the benefit of hindsight, I think it is fair to say that the EWTD did not turn out to be the insurmountable obstacle it was originally perceived to be. Instead, in many cases it forced the NHS to think more imaginatively about how best to utilise its staff.

It is particularly dismaying in this respect to note within the Technical annex to the Consultation exercise (p37) that it is implied that the HEE (Health Education England)

[28]https://www.gmc-uk.org/static/documents/content/SoMEP_2017_chapter_2.pdf
https://infogalactic.com/info/Medical_school_in_the_United_Kingdom

allocate medical trainees on a simple per trust basis rather than taking into account the needs at a particular two centre trust. The HEE have therefore ensured that a shortage of staff has been created by restricting the supply of junior staff on the two sites and cutting off a major source of potential future recruitment. This coupled with the government policy not to increase the numbers of medical students and instead to cut the number of trainees in 2012[29] has manufactured a crisis which was preventable. The College of Emergency Medicine produced a report in 2011 [30] calling for urgent action! Future staff shortages have been predicted for many years. In the 2017 and 2019 elections the RCEM called for a programme to create 2000 more consultants.

The work of the House of Commons Library in summarising problems with the reconfiguration policy (see footnote 15) in general shows it is an example of confused objectives, where it is not clear whether it is a solution to problems of recruitment in certain local services which is being pursued or the objective in itself.

Monitor in its excellent report on small acute hospitals also identified that there are a range of responses to workforce problems:

There are other ways in which providers are responding to the developing challenges. For example, we were told of many different ways in which providers are working around staff shortages and responding to other recruitment needs. This included:

• *conducting international recruitment campaigns, particularly for qualified nurses and for junior and middle doctors in some specialties*

• *developing new roles and re-designing existing roles, eg new roles for advanced practitioners in diagnostic areas, hybrid roles for nurses and therapists that include hospital and community care skills or new roles for physician associates*

• *employing a pool of trained nurses who may be used to address shortages in staff and skills mix without relying on agency staff*

• *making joint appointments with neighbouring providers*

[29]https://www.telegraph.co.uk/news/health/news/9724532/The-NHS-will-train-fewer-doctors-to-avoid-future-brain-drain-report-warns.html

[30] CEM Emergency Medicine Taskforce Interim Report 2011

The Nuffield Trust[31] note in the first paragraph of their report:

"Too often, the knee-jerk reaction has been to try to close or downgrade these services rather than to develop solutions that better suit the needs of the local community".

They cite various reasons for low staffing levels which I have already referred to (p16) which point to resource allocation issues being at the heart of the issue rather than the need for reconfiguration; but they go on to point to additional problems that may be presented by the complex web of services across three sites rather than two:

• *The fragmented and complex systems that have emerged for EDs, acute medical units (AMUs), frailty units and a variety of other internal systems are often hard for hospitals to coordinate. Moving patients between units, and the handovers of responsibility that accompany this, becomes inefficient. Work is duplicated, reducing the overall resilience of the system and creating potential for delays and even harm.(p4)*

The report goes on to list a number of suggestions for managing problems. It advises, (echoing my own view) that support should be sought from other neighbouring hospitals and those resources from a wider network of sources within the STP footprint. The retort that they have troubles of their own undermines the case for transferring a large portion of the workload to other hospitals and doesn't contradict my point (along with the sources quoted) that greater use of networked solutions, hospital chains and reprioritisation toward generalist services everywhere is a more positive route than increased specialisation at a local level.

Much is made of the importance of integrated working, and it is disappointing that the PCBC specifically rejects any STP-level approach and restricts itself to the smaller footprint of the 3 CCGs. This means it has not fully explored resolving problems across the STP /ICS footprints, particularly as the "solution" of centralisation is unlikely to be realised for a further five years. This period would allow initiatives to train additional doctors, to fast track consultant appointments and to extend the membership of medical rotas as an alternative to expensive and risky centralisation. I say risky because it can only be done under existing financial constraints by restricting the number of beds built to replace those closed. It is again paradoxical that Planning Guidance recently issued by the NHS stresses the need to

[31] "Rethinking acute medical care in smaller hospitals" by Dr Louella Vaughan, Nigel Edwards, Candace Imison and Ben Collins Nuffield Trust October 2018

end the reduction in bed numbers, and maintain or increase numbers from the expanded provision over the winter period 2019-20[32]:

In 2020/21 A&E performance must improve, and all providers should plan to deliver a material improvement against a 2019/20 benchmark. To achieve this, systems and organisations will be expected to reduce general and acute bed occupancy levels to a maximum of 92%. This means that the long period of reducing the number of beds across the NHS should not be expected to continue.

The conclusion I come to is that it is not clear to me that the staffing problems being encountered in ESTH are as a result of an inefficient configuration (the size of the hospitals would suggest not) or that a reconfiguration will in fact resolve these problems. The risk is that, after spending £500m, the new hospital continues to have staffing issues which may be made worse by crowding A&E and centralising services into far fewer acute beds. It is a further paradox that the solution to staffing problems is to decrease the numbers of staff planned in the new configuration: cutting consultants by 69wte and middle ranking and junior staff by 73 wte (PCBC p259) and concentrating the entire consultant workforce in the new hospital. You would have thought that if this were possible it could be planned within the existing facilities as less space would presumably be required.

The following graphic extracted from a Health Foundation report of 2019[33] addressing the staffing problems in England's NHS shows that staff stability, i.e. the ratio of staff in post at the end of the year compared to the beginning of the year has decreased in general since 2010/11 and that South London is not the area of London suffering the worst, although all areas of London suffer more than the rest of the country. The problems of ESTH are not local but general.

There are a range of explanations offered for this but they conclude:

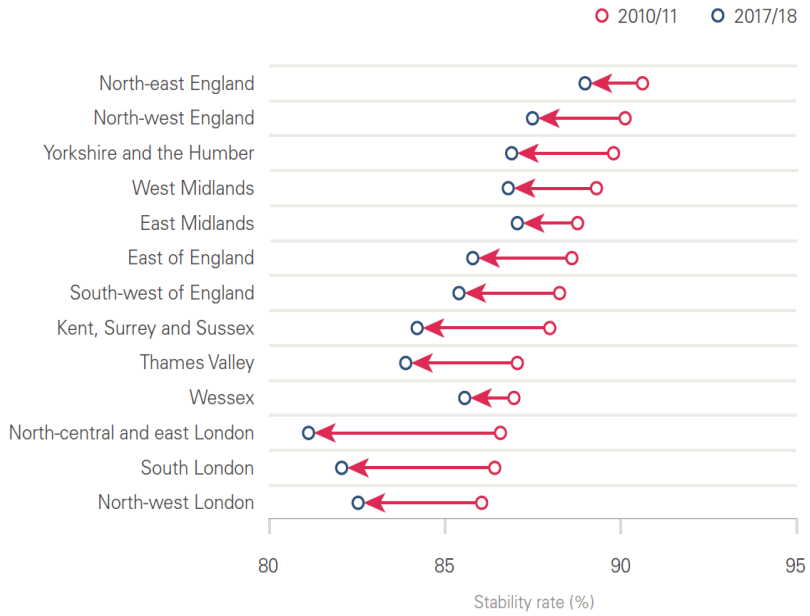
…*that a lack of coherent policy that takes into account both funding and staffing has been a recurring theme. The combined effect has been to undermine any long-term consistency in the NHS's approach to workforce policy and planning*.(p4)

[32]NHS Operational Planning and Contracting Guidance 2020/21:NHS England January 2020 https://www.england.nhs.uk/wp-content/uploads/2020/01/2020-21-NHS-Operational-Planning-Contracting-Guidance.pdf

[33] A critical moment: NHS staffing trends, retention and attrition Health Foundation 2019

NHS staffing issues and NHS funding streams are inextricably linked – staffing challenges cannot be solved without consideration of funding, and funding decisions should not be made without consideration of the impact on NHS staffing. (p32)

Figure 17: Regional-level NHS trust stability-rate, 2010/11 and 2017/18



Source: Health Foundation analysis of NHS Digital data. Excludes doctors in training.

Medical staffing problems are a subset of these general problems but if anything these seem to arise from:

- the high cost of living and housing in London,
- failure of pay policy to keep pace with high London costs of living ,
- failure of the NHS to create enough trainees to keep up with demand,
- policies that have incentivised junior medical staff to pursue careers as specialists rather than generalists,
- allowing specialists to opt out of medical rotas,
- the attractiveness of locum and agency staff working ,
- changes in the gender mix of the workforce and expectations of work life balance.
- barriers to entry for foreign doctors and incentives to work abroad for UK trained doctors,

- the hot house working in London that can be attributed to surging levels of demand not compensated by increased resources (which results in very high occupancy levels in acute hospitals),
- burn out of staff , and staff voting with their feet etc.

It is not clear to me that concentrating major acute services on the one hand, creating a new major acute hospital site requiring its own 24/7 management on the other and an increased number of patient transfers between sites are necessary and sufficient conditions to resolving these problems. In certain respects this approach may make matters worse by creating instability, disrupting other A&E departments and hospitals across South London and Surrey and by taking the focus away from more obvious ways of addressing staffing problems more directly i.e. by increasing numbers of trainees and the incentives for generalists and A&E consultants such as housing.

3.4 The Dis-benefits of centralisation

Any clinical benefits of centralisation and reconfiguration need to be balanced by a better appreciation and an honest appraisal of the clinical dis-benefits and a more thorough appraisal of alternatives to improve clinical quality, other than the removal of key services from some hospital sites.

The new configuration proposed replaces two sites, not by one new integrated hospital, but by three sites separated by distances requiring ambulance transfers between sites of a significant number of patients. This will be more complex, pose additional management problems and costs, and be potentially disruptive for patients and staff. There will also be additional clinical risks of patients presenting to the wrong site, of risks during transfers and of additional travel time for staff who may be required on more than one site.

The new major centre, as the only centre providing front line acute beds, is likely to be working at high levels of occupancy. The pressure of the new configuration will be borne by fewer staff than currently, and this in turn may discourage potential recruits.

The plan also expects one in six (16%) of patients to travel outside the current catchment area to travel further to alternative A&E departments while most people within the area will be required to travel further for longer. The costs, risks and uncertainties associated with planning for this are not addressed sufficiently within the Consultation document or PCBC.

On reading the proposals there is no identification of possible disadvantages, which is necessary to enable patients and staff to make an informed and balanced judgement. Many

will detect therefore a biased presentation, raising suspicions that the scheme is being promoted to satisfy vested interests.

4 Financial and economic arguments for IHT

4.1 Introduction

As mentioned previously there is clear national guidance on how to go about presenting the economic and financial case for local change**.**

The requirement to follow guidance and due process is a clearly understood stipulation in public sector commissioning, investment and expenditure. Guidance has been prompted by a history of problems with large-scale public planning, procurement and implementation which have resulted at times in judicial review, lengthy and costly public inquiries, planning blight, construction of the wrong facilities in the wrong place, and excessive costs.

There is therefore a strong presumption that guidance should be followed wherever possible to help avoid potential pitfalls and risks associated with complex and controversial reconfiguration proposals.

I would add however that it is not just the letter but the spirit of the guidance that needs to be followed.

It is in this respect that I find the presentation in the PCBC lacking.

A naïve reading of the documentation might conclude that for the sake of 25 extra consultants the proposals rush to the conclusion that £500m of capital resources should be committed to a scheme that reduces the numbers of consultants required by 63.

There seems to have been no conscientious attempt either to identify lower cost options or, where alternatives have been identified, subject them to serious consideration.

The rationale for expensive centralisation and the building of an entirely new hospital at substantial additional cost is not firmly established. If a rationale can be inferred from the proposals it is that the costs and difficulties of providing services which are unattractive (for clinicians) can be shifted to other providers. Thus the catchment areas of the new centralised facility are to be significantly reduced leaving St Georges, Kingston, Croydon, St Peters, and Royal Surrey County Hospitals to take the displaced patients (see footnote 13).

Treasury guidance is quite clear that the principles of economic appraisal are those of welfare economics (providing a net improvement in social welfare) and not of calculating a local advantage. Thus the decision not to include the necessary cost of enabling capital in neighboroughing hospitals, which will require additional capital investment, appears to be in error and a potential distortion of the economic appraisal.

The case for change appears over-reliant on compliance with London clinical standards which appear excessively prescriptive and not justifiable, failing to take account of wider issues of both the economy and the wishes of patients for easier access to services. I have examined the current clinical evidence and thinking and I am clear that a more balanced view is required (see Section 3 above).

There appear to be lower cost options that require to be fully evaluated as alternatives to the three centralised options chosen. These would be:

- no change ("Business as Usual"),
- a do–minimum option which fulfils investment objectives (which in the absence of clearly stated objectives I take to be to create sustainable clinical services of high standards serving the local community)
- and other lower cost options (centralisation on one of the existing two sites at Epsom and St Helier and the conversion of the other into a district Hospital –thus foregoing the Sutton site).

The expressed aim of ensuring the very best quality of care available (PCBC p5, 19, 105, 106, 205) appears extravagant in the circumstances of the advice published by NHS Improvement in November 2016.[34]

"2.2 Financial discipline is necessary in a tight spending environment. Resource spending is increasing in real terms but capital expenditure will be more constrained. As a result this is a medium-term challenge for the NHS.

2.3 In this context trusts should be aware that access to Department of Health (DH) capital financing will be more restricted than in previous years and expenditure that scores against the DH capital departmental expenditure limit (CDEL) will be subject to increased control and scrutiny going forward. Trusts should also note that all capital expenditure, however financed (whether through self-generated resources, DH financing or borrowing from financial institutions, local government or other sources), scores against the DH departmental spending limit.

…

4.1 NHS Improvement will require assurance that a capital investment business case has been subject to an appropriate level of scrutiny and governance by the trust proposing the investment, before the case is submitted to NHS Improvement

- *The trust has the resource and capacity to deliver the investment programme within a realistic timeframe. (p14)*

[34] NHSI Capital regime, investment and property business case approval guidance for NHS trusts and foundation trusts https://improvement.nhs.uk/resources/capital-regime-investment-and-property-business-case-approval-guidance-nhs-trusts-and-foundation-trusts/

Of course since then there have been changes in the NHS, changes of government ministers and a change in attitude to investment in the NHS, making it a more attractive proposition. However I believe it is still incumbent on the proposers of this programme to be mindful of the limited resources available generally and the need to persuade stakeholders that all options have been properly considered, including lower cost options impacting less on users of services.

This point is made in the NHS England Planning guidance (2018), which goes on to spell out the key requirements of the Pre-consultation Business case: the table below contrasts the requirements with the content of the IHT PCBC and Consultation.

Key requirements from NHS England 2018 Guidance ***Planning, assuring and delivering service change for patients (page 27-28)***	**PCBC and Consultation document approach**
Summary financial statements and supporting financial modelling which shows the impact of each option on commissioners/providers revenue financial position supported by activity, income and cost modelling which is sufficiently robust for both commissioners and providers to be confident that options would be sustainable;	There is no supportive financial modelling provided, making full scrutiny impossible. The explanation for excluding options from evaluation is insufficient and inappropriate, and clearly in breach of the guidance.
Confirmation of assumptions made in the financial modelling for both commissioners and providers e.g. commissioner growth in allocations, provider inflation, levels of efficiency savings;	Assumptions are provided but the levels of efficiency savings assumed appear unrealistic.(see discussion under 4.3 Financial Appraisal)
Reconciliation of the scheme's financial impacts to the STP financial plan	The STP/ICS financial plan has still not been released for to the public to enable the public and stakeholders to give feedback
Credible activity/throughput analysis that translates sustainably to the scale of infrastructure change anticipated;	It is not clear from the analysis when and if the enabling capital investment will be funded and implemented to

	ensure that the displacement of activity planned and the cuts in activity planned can be achieved in practice. The scale of activity changes planned are very large (16% diversion of A&E activity and a reductions of by 452 of beds accessible for major acute patients!! (PCBC p201) This is not only contrary to recent NHS Planning guidance to avoid planning reductions in bed capacity but in the light of recent events foolhardy.
A clear assessment of the financial benefits of the scheme e.g. provider efficiency savings, system reductions in activity levels and the basis of these calculations;	Table 110 p257-8 of the PCBC summarises the benefits of the options compared to Business as Usual. The task is to demonstrate how net benefits compared to the baseline budget can be achieved not how benefits assuming that the medical establishment, incorporating new unfunded standards, can be calculated. Furthermore other major benefits claimed e.g. benefits of using new technology; reductions in recurrent cost pressures seem either to be irrelevant to the consolidation of major acute services or a desperate attempt to shore up the benefits (see further discussion in the next section). The basis of the calculations both for these benefits and assumptions justifying the evidence that capacity can be safely cut and diverted to low dependency settings is inadequate and unconvincing in the light of failures in the past to achieve such targets and given the extent of the supporting evidence to justify the success of

	community care initiatives to reduce demand and divert care into community settings,
A high level source and application of capital funds, to demonstrate capital costs and how these are expected to be funded. It should be noted that every effort should be made to generate local capital funding including land disposals or internally generated capital and initial assessments of this should be included;	I can find no high level source and application of capital funds that. Claims are made on pages 263-267 in the PCBC in section 13.7 discussing Financing options but the level of supporting detail is inadequate and certainly is not a 'source and application of funds'. Further discussion on p308 seeks to provide reassurance but lacks supporting detail.
Indicative capital costs recorded using OB forms and recognisable benchmarks and which assume compliance with all applicable design, technical, building and space standards and known site constraints, and key adjacencies should be identified;	Indicative capital costs are included in the PCBC but it is not clear how reliable they are, what standards have been used, and for example what additional space is being created under the options proposed. We note that recent tenders have demonstrated unexpected cost increases over those estimated in the 50-100% range.
Indicative designs that demonstrably reconcile to up-to-date estates strategies at site, provider and STP levels;	Given the STP/ICS strategy has yet to be made public it is impossible to verify whether the strategy reconciles. The indicative designs made public shows attractive facilities but raises immediate questions as to their affordability.
Confirmation of support from all commissioners proposing the scheme and acknowledgement from all providers who will be significantly affected by the scheme that	The PCBC describes the assurance process in some detail but it is by no means clear that the process was completed prior to the release for public consultation. There is in my view

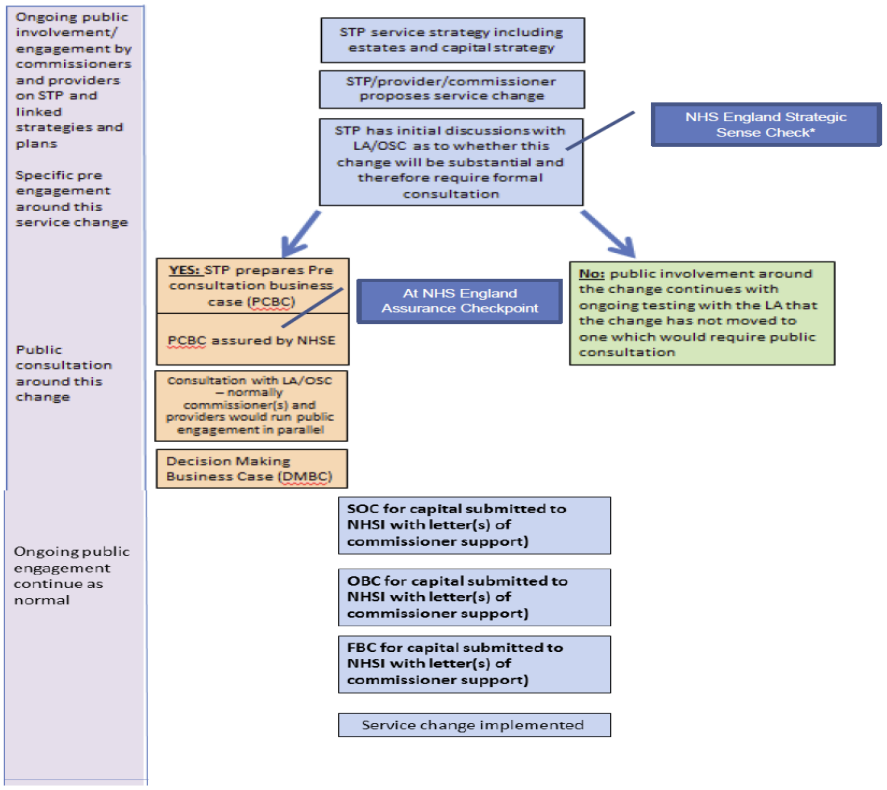
their views on any impact on them have been sought. **All options requiring capital will be assured prior to consultation by NHS Improvement and NHS England, and, where appropriate, through them the Department of Health and Social Care to ensure each option is sustainable in service and revenue and capital affordability terms, that the scheme size is proportionate and that it is capable of meeting applicable VFM and return on investment criteria.** **Schemes requiring larger amounts of capital (i.e. over £100m) will be required to provide more detail and be subject to higher levels of scrutiny prior to going out to consultation.** **Following this assurance the following letters of support will be required prior to consultation being launched:** **… where options require capital above £100m the scheme will be considered by the NHS Improvement Resources Committee and a letter of support from the NHS Improvement Chief Finance Officer provided.**	a serious danger therefore that the public consultation was undertaken too soon and may be potentially misleading to the public who may think the level of assurance is greater than actually seems to be the case.
At this early stage, before pre-consultation business case (PCBC), , if service change options will require capital, it is helpful to take account of the requirements that individual providers' capital investment business cases will need to satisfy if they are to be able to support the formal proposals. These are set out in NHS Improvement's guidance Capital regime, Investment and Property Business Case Approval for NHS Trusts and Foundation Trusts.	The PCBC as it stands does not provide evidence that the NHS Improvement Chief Financial Officer has expressed support. One problem is that there has been a delay in the SW London STP/ICS publishing its plans – which normally signals some disagreements. For my part the level of detail provided in the PCBC itself and indeed in supporting documentation makes it difficult to be sure that the outputs

Therefore in preparing the PCBC advice/input should be sought from NHS Improvement and NHS England (and through them, the Department of Health and Social Care and HM Treasury if appropriate) so that they can as far as possible underpin subsequent provider business case processes and NHS Improvement's subsequent assurance of them.	from modelling are supported by the necessary supporting detail. I sought to secure further detail from the IHT programme director to ensure scrutiny can be completed but at time of writing this was not available to me . Copies of correspondence between NHS Improvement and the IHT Programme Director and Programme Board was also sought to ensure that assurance issues seem to have been appropriately flagged and responded to prior to consultation being triggered. I would have advised if requested that the PCBC be extended to allow for more options to have been evaluated prior to launch of the public consultation and that the claimed system benefits could have been better scrutinised and confirmed pre-consultation.

Nonetheless the benefit of these issues being flagged at this stage is that they can be raised by the Local Authority on behalf of stakeholders so to ensure the Decision Making Business Case could be adjusted prior to the real business planning process being initiated as outlined in the graphic taken from the planning guidance (ibid p51):

Annex 11 - Flowchart for service change for scheme including capital.

If it does not require capital, then those elements in bold will not be required



4.2 The Economic Appraisal

This I believe is fundamentally flawed for two main reasons:

- Options have been too hastily limited and exclude lower cost options risking the choice being variants of three 'gold plated' schemes. It would be better to face up to this now rather than it is pointed out later in the process.
- Benefits claimed for centralisation in Table 110 of the PCBC seem to exclude the likely full additional costs for other providers created from the changes in the patient catchment area. The assumption that capital enabling costs can be excluded and that non A&E flows will remain the same and not follow urgent flows seems overly optimistic. Furthermore benefits are calculated as the avoidance of the costs of higher clinical standards rather than as a saving to the current financial baseline. In addition significant benefits are claimed from use of technology (which does not require centralisation to be realised). The avoidance of recurrent cost pressures is also referred to, in what seems to be a desperate effort to bulk up the benefits. In practice new builds are subject to unplanned price uplifts, transitional problems and in this case additional operational and space costs not seemingly taken into account. Benefits are thus mis-stated and exaggerated.

While it is appreciated that the economic appraisal uses as its baseline the BAU position, rather than a Do minimum position, by artificially raising this to incorporate the full costs of implementation of improved clinical standards it exaggerates the "benefit" and moreover is not a benefit that would improve the overall financial affordability of the scheme as might be understood by readers.

Without wanting to labour the point The Green Book is quite specific that the short-list should include the "preferred way forward" (the combination of choices most likely to deliver the SMART[35] objectives), the Business As Usual benchmark; a viable "do-minimum" option that meets minimum core requirements to achieve the objectives identified and at least one viable alternative option[36]. As described in Section 3 above there is a tendency in reconfiguration proposals to dismiss a "do–minimum" option as impossible to achieve but that is not what the Independent Reconfiguration Panel, Monitor and the Nuffield Trust have said, nor the Treasury. Furthermore it is the flaw in the methodology adopted that options are seen as hard and fast, whereas in reality the BAU and do–minimum options can be subject to behaviour modifications that can render these options viable e.g. making changes to national training policies, allocations of trainees, increasing the numbers of generalists and those on take within medical rotas, networking with other hospitals , altering terms and conditions, targeting recruitment and retention policies , adjusting case flow etc.

Above all it creates suspicion and ill-will amongst the local population who often prefer to retain improved local services (as was indicated in this case in pre-consultation) and cannot see why this option has been dismissed seemingly out of hand. This is not to say that it will be the best option but it should be properly evaluated as a means of moving stakeholders to a position where they can recognise the reasons why the preferred option is the best , for whom and to what extent. Only in this way is consensus likely to be built.

4.3 The Financial Appraisal

The question to be addressed here is:

What is the impact of the proposal on the public sector budget in terms of the total cost of both capital and revenue?

[35] Specific Measurable Achievable Realistic and Time-limited

[36] Please note I am aware of a recent legal case based on the South Tyneside hospital reconfiguration which ruled that the NHS could rule out unrealistic options but that was in the particular circumstances of that case which did not include the necessity for major capital investment. This is not the circumstance in SW London.

This means that the total costs of the additional capital invested has to be included in financial analysis including the enabling capital seemingly excluded. This includes interest payments, capital charges and additional depreciation. These are known collectively as availability charges and are around 10% per annum, although under PFI they were often more. They play an important part in determining the financial health of a local health economy. Their importance was discussed fully in an important study by Keith Palmer for the Kings Fund in 2011 based on the experience of reconfiguration in SE London.[37]

These need to be understood in terms of the impact on the finances of the Trust and on the wider health economy outside of the three CCGs. There can be a tendency for clinicians and others in the NHS to misunderstand positive statements from ministers on the availability of up to £500m of capital for investment. It is not a free gift: it is conditional on presenting a business case that can at least cover the revenue impact of capital costs (which are not possible to fully identify in the analysis as presented) and so generate surplus benefits to deliver the main investment objectives of the proposals.

This represents a tall order as not only do the additional costs (excluding capital charges) of an extra hospital have to be covered (which is also not possible to identify in the PCBC) but also the loss of income to the Trust as a result of restricting the patient flows by adopting a more limited catchment area for those services where patients will want to opt for the closest hospital rather than the preferred option (£17m PCBC p253); on top of the £69m of CIPS (PCBC p64) and loss of income from changes to the Market Forces Factor used to adjust tariffs paid to the Trust (£11m PCBC p64).

The risks that could threaten these plans, but which do not seem to have been quantified and considered, are:

- that elective patients will follow flows of non-elective patients to the nearest hospital with the consequent loss of income,
- that CIP savings will not be achieved,
- and that it will no longer be possible significantly to reduce length of stay and hence achieve savings in major acute beds

None of this is clearly laid out in the PCBC although elements can be pieced together and some estimated.

In effect the consultation documentation is probably misleading, and the PCBC together with the accompanying documentation of over 1200 pages represents in my view an

[37] Reconfiguring hospital services Lessons from South East London Keith Palmer Kings Fund 2011

obfuscation of the issues and choices facing local stakeholders. The public will either be cowed into accepting the advice of the CCGS or resentful and suspicious of the motives of those who have made the attempt to mislead them.

I recommend that a better summary of the major categories of additional costs for an enlarged range of options is presented, making it easier for stakeholders to better understand the key differences between all the options and whether the plans as they exist are likely to be affordable.

This is supposed to have been assured by the Chief Financial Officer of NHS England. Copies of that assurance have not been made available.

5 Access for Local People

In this section a summary of the implications for increased travel times, reduced accessibility and the disproportionate impact this has on disadvantaged groups is provided plus consideration on the location of services and legal safeguards for the most disadvantaged.

It relies on the work that the IHT programme is obliged to undertake but it presents it differently and identifies further work that could be undertaken to reveal more precisely the impact to the various stakeholders.

The key document examined is the Draft Interim Impact Assessment. Judging from minutes of meetings examined and correspondence seen there has been controversy over whether the impact assessment properly considers all the issues and whether the information contained within it is reliable enough for the purposes of decision making.

The document itself defines Integrated Impact assessments (IIAs) as:

…a continuous process to evaluate the reasons for intervention, to weigh up various scenarios for achieving objectives, and to understand the consequences of a proposed intervention. They are used as a tool to develop policy by assessing and presenting the likely costs and benefits and the associated risks of a proposal that might have an impact on the public, private or third sector, the environment and wider society over the long term.

It is important to note that the purpose of impact assessments is not to determine the decision but act to assist decision-makers by giving them better information on how best they can promote and protect the wellbeing of the local communities in which they serve.

It is not surprising that this has been a focus of controversy as it is one of the grounds to challenge any future decision if the decision is seen not to be in the interest of the health service, particularly those that need it the most.

From the evidence presented it seems to be unequivocal that compared to the current baseline of major services at the two existing sites at Epsom and St Helier the preferred option of centralisation at Sutton represents a deterioration in accessibility of major acute services. By adding further distances to travel it adds to travel times and this disproportionately will affect those in disadvantaged groups and the elderly. This in turn adds risk during longer journeys, discourages utilisation of services, and by necessitating the greater use of patient transfers between sites adds a further tier of risk not otherwise borne. Furthermore it is not clear whether the analysis takes into account that for many people (over 100,000) the additional distances will require them to plan to go to another hospital during the spell , breaking continuity of care, adding problems on accessibility of records and notes, and thus representing an additional clinical risk.

This table drawn from the data supplied by Mott McDonald shows the impact of the increased travel time for public transport users.

Public Transport Tuesday - Morning peak protected characteristic data tables								
	% population within 30 mins travelling time				**Worse than Baseline %**		
	Baseline	**Epsom**	**Sutton**	**St Helier**	**Epsom**	**Sutton**	**St Helier**
Overall Population	69%	49%	59%	53%	20%	10%	16%
Relatively deprived (quintiles 1&2)	91%	58%	75%	83%	33%	16%	8%
BAME (Black , asian , minorities)	82%	63%	75%	73%	19%	8%	10%
Female population (16-44)	74%	53%	64%	59%	21%	11%	15%
Population 65+	62%	44%	52%	43%	17%	9%	18%
Unpaid carers	70%	49%	60%	55%	21%	11%	15%
Population with LTHD	68%	48%	58%	52%	21%	10%	16%
Male population	69%	49%	59%	53%	20%	10%	16%

This is why it is surprising that the draft Impact assessment summarises the adverse impacts on those in greatest needs (with protected characteristics) as follows:

Table 2: Protected characteristics expected to experience disproportionate adversely impact as a result of change

	Patient provision	Longer journey times to acute services for patients	Longer journey times to acute services for visitors	Transportation costs and accessibility of acute services on a single site	Other providers	Wider sustainability
Children and young people (under 16s and those aged 16-24)					N/A	✓
Older people (65 year and over)		✓(In relation to Option 2 St Helier for blue light ambulance)		✓	N/A	
People with a disability				✓	N/A	
Pregnancy and maternity				✓	N/A	
Race and ethnicity				✓	N/A	
People living in deprived areas		✓(In relation to Option 1 Epsom for car and blue light ambulance)	✓(In relation to Option 1 Epsom car and public transport and Option 3 Sutton, public transport)	✓	N/A	✓

Source: Mott MacDonald

This appears to present a positive gloss on the fact that a large number of people will feel obliged to travel to other hospitals outside the locality as a result of losing local major acute provision; that travel times for all options will be worse for each of the centralised sites for both patients and visitors; and that the public transport difficulties for many of travelling to Sutton will be significant. In this regard the words of the Impact assessment itself bear repeating:

Public transport options to the Sutton site are predominately via bus. While some bus services do run directly to the hospital site, others stop within a 10 to 15 minute walk of the site. The nearest rail stations are located approximately 10 to 20 minute walk from the site.
Consequently, those who may struggle with walking long distances may experience particular difficulties with accessing this site, such as those with a disability or illness, pregnant women and older people. Further, those travelling from Surrey Downs may also be disproportionately impacted when accessing the site compared with those in Sutton and Merton, due to fewer bus routes travelling within this area which are directly connected to Sutton Hospital. (p27)

This description furthermore undermines the credibility of claims that very high percentages of patients will be able to travel to Sutton within 45-60minutes. It is not clear that waiting and walking times at the beginning and end of journeys have been taken into

account, or the particular difficulties of travelling by public transport at or even before peak traffic to arrive for an early morning appointment, or travelling in either direction during the evening (returning from a late afternoon/early evening appointment, or visiting relatives in hospital). These times are irrelevant for car and ambulance journeys but not public transport journeys. Furthermore the likely consequence is that there will have to be greater use of ambulance services or patient transport services for patients for whom public transport is not a viable option. This is made clear in the interim draft impact assessment (p114):

The proposed service model is likely to have a negative impact on the capacity of the ambulance service through:

- *Increased journey times conveying some patients who require access to major acute services such as the ED or maternity services to the major acute hospital (rather than their nearest local hospital which may now be a district hospital). This is a model which is already in place for emergency general surgery which is provided from a single site.*
- *Increased turnaround times for ambulances at the major acute hospital given the greater number of critically ill patients arriving by ambulance at a single site. Around 20% of all current ED attendances are conveyed by ambulance.130 Ambulance handover delays often occur as a result of a mismatch between ED/hospital capacity and the number of elective or emergency patients arriving.131*
- *Emergency transfers for those patients who inappropriately present at a standalone UTC at a district hospital but require the services of the major acute hospital, or those patients whose conditions unexpectedly deteriorates at the district hospital.*
- *Increased volumes of patients drawing on ambulance services to convey them to acute services. Engagement with equality groups highlighted that a number of participants felt that potential increased journey times, complexity and cost would result in them calling an ambulance to take them to acute services where as previously they would have taken alternative transport modes.*

There is no quantification of the financial or clinical impacts of this in the PCBC.

The draft report is only a draft as further information is expected as a result of engagement with staff. However the report itself identifies that:

…for some staff, the proposed changes may have an adverse personal impact as they become accustomed to:

● *A change in their place of employment. This would be particularly evident under the option in which Sutton Hospital is the major acute hospital, as staff (including medical staff and specialist nursing staff) would be required to transfer from Epsom and St Helier Hospitals.*

● *Potential changes to the rota patterns, positions and teams within which they work.*

No quantification is as yet available nor is there any analysis of where staff live, which would enable a picture of the likely impact of additional commuting times, difficulties from using public transport out of normal working hours and paint a picture of which groups might be advantaged by the preferred option.

Nonetheless the draft impact assessment purports to identify a range of additional benefits from centralisation for various groups for whom special regard should be kept (protected characteristics):

Table 1: Protected characteristics expected to experience disproportionate positive impact as a result of change

	Patient outcomes	Accessibility of district health services	Health inequalities	Patient experience	Service delivery	Workforce	The physical accessibility of services
Children and young people (under 16s and those aged 16-24)	✓	✓		✓	✓		
Older people (65 year and over)	✓			✓	✓		✓
People with a disability	✓	✓		✓	✓		✓
Gender reassignment	✓			✓	✓		
Pregnancy and maternity	✓			✓	✓		
Race and ethnicity	✓	✓	✓	✓	✓		
Sexual orientation	✓			✓	✓		
People living in deprived areas	✓	✓	✓	✓	✓		

Source: Mott MacDonald

The criticism I would make of this analysis is that it is neither quantified, nor justified beyond vague assertions:

Across all options for change patients are likely to experience improved outcomes arising from:

- *The achievement of workforce standards which promote consultant delivered care.*
- *Reducing variation through the establishment of seven-day services.*
- *A model which allows for a critical mass of cases to be undertaken and provides opportunities for sub-specialisation.*

- *Timely access to co-dependent services as a result of their co-location, in fit for purpose facilities. (Draft IIA p7)*

As I argue elsewhere it is not clear that staffing problems will be eradicated by simply building a new hospital (it merely exports them elsewhere, or will be imported into the new hospital). Variation will not be reduced to a significant extent by additional A&E coverage at the weekend as the work of Professor Sutton has established (see footnote 17). By incentivising sub-specialisation the local NHS will be promoting further inefficiencies in staffing structures and causing the proliferation of specialist services not in the interests of the NHS; and, separation of district and centralised services across three sites will increase problems of transfers in all weathers and the complexity of co-ordination of services (a problem noted earlier when the size of hospitals exceed 600 beds).

No detailed analyses of these issues appear despite the significance of the assessment.

Rather the focus of the report is to down play the overall impact to patients and key groups of the centralisation process and to support Sutton as the centralised option despite the transport and access issues being worse at Sutton for the deprived communities, who would be forced to undertake either complex bus journeys with long walks to get to the hospital or require greater use of an already overstretched ambulance service.

Insufficient weight seems to have been given to this in the quantification of non-financial factors incorporated in the PCBC options appraisal.

A recommendation will be for the local authority to undertake its own market research on the importance of this issue in any final decision making.

Considerations on the Location of services

The NHS has an obligation to fulfil its Public Sector Equality duty as described in the Draft Interim Impact assessment.(ibid p38):

The PSED is a legal obligation for public sector organisations to consider how they could positively contribute to the advancement of equality and good relations and requires equality considerations to be reflected in the design of policies and delivery of services.

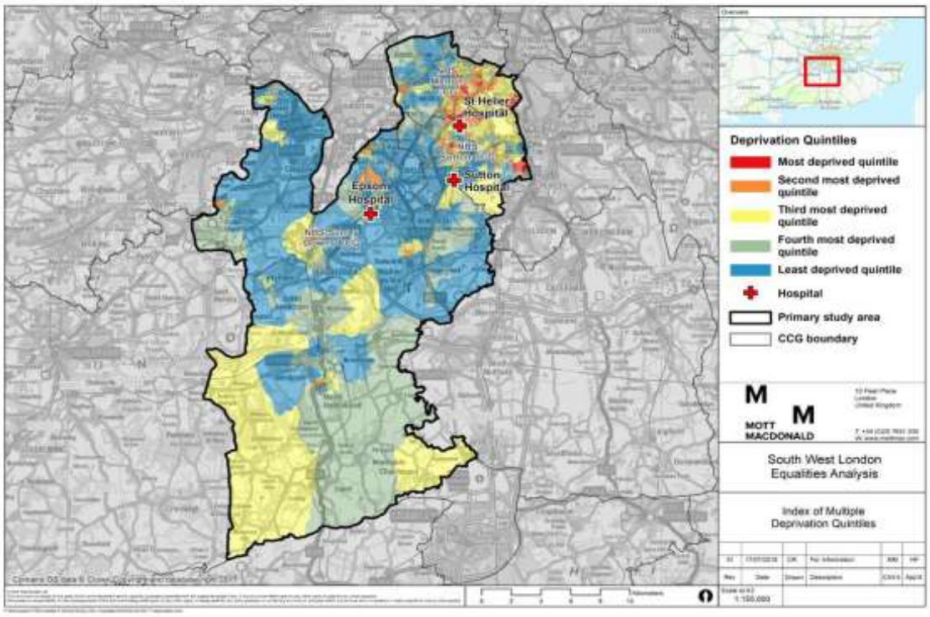
In this respect I find it surprising that the consultation document itself (p36) while acknowledging that health inequalities may be made worse by longer journey times, still

endorses these proposals. The case made is that improving non major services will have a bigger improving effect. My case is that the squeeze likely to be exerted on non-major services as a result of the high costs of centralising major services and any failure to achieve savings targets and to substitute for acute services through the planned expansion of out of hospital care will compound the negative impact of changes to major services.

In the PCBC itself very little coverage is provided to this issue in the light of its importance. It appears obvious to me that the geography dictates that more serious consideration should be given to locating services close to where the services are needed.

The diagram that makes it clearest appears in the initial equalities analysis in 2018 but not in the PCBC or interim draft impact assessment:

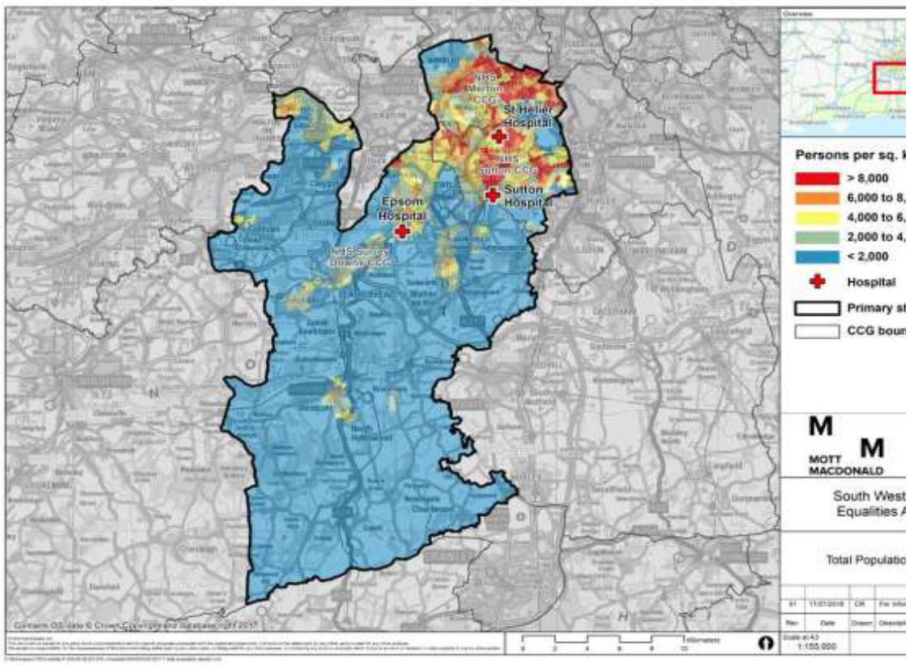
Figure 14: Overall deprivation quantiles for the study areas



Source: Mott MacDonald

This diagram coupled with the separate diagram on population density below speaks to the benefits of a two centre solution and the location of services close to St Helier:

Figure 2: Population density



Furthermore additional analysis conducted on the Lower Super Output Areas (the most deprived areas) in the Trust's catchment area copied by researchers for the local MP Siobhain McDonagh shows that:

- The more deprived the area the higher the reliance that area has on Epsom and St Helier's A&Es.
- Of the 51 most deprived parts of the Trust's catchment, just 1 is nearest to the Belmont/Sutton site. Meanwhile, 42 out of the 51 are nearest to St Helier Hospital.

6 Process Improvements

The Introduction touched on the problems with large scale reconfigurations and planning of controversial schemes. This has triggered the creation of comprehensive guidance for those promoting schemes, those assuring them and decision makers. I would add there is a comprehensive literature of where things have gone wrong in the past and is summed up in the following list of the reasons for errors in large scale projects, as summarised by King and Crewe [38].

- *Cultural Disconnect: The people behind some of the ideas didn't understand what they were talking about. They were on another planet culturally.*

[38] The Blunders of Our Governments by Anthony King and Ivor Crewe (2013)

- *Groupthink: The problems that arise when people become focused on doing something forgetting to ask whether it is the right thing to do.*
- *Intellectual Prejudices: These can act to rule out more obvious options.*
- *Operational Disconnect: Most focus is placed on this and the military example of nominating those responsible for planning with the responsibility for implementation is commended.*
- *Decision making in a hurry driven by panic, and the need for symbolic victories and political spin*

It doesn't take a great leap of imagination to see how these errors may have intruded in this case. Thus clinicians, eager for funding for a new hospital or expanded community services, may not appreciate that there are revenue costs and that for most people access to services is more important than creating the very best healthcare facilities.

It is clear that a group of clinical leaders have become convinced amongst themselves that a new Sutton site is the answer, even if the supporting arguments have changed over the years and remain weak. Obvious alternatives seem to have been dismissed out of hand.

In my view these risks should be acknowledged before decisions are taken.

The NHS in its current guidance[39]recommends tests of the proposals to try to avoid such risks. The five tests are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear, clinical evidence base
- Support for proposals from commissioners.
- Additional checks where significant bed closures are planned to :
    - demonstrate that sufficient alternative provision, such as increased GP or
      community services, is being put in place alongside or ahead of bed closures,
      and that the new workforce will be there to deliver it; and/or
    - show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or

[39] NHS England, *Planning, assuring and delivering service change for patients*, 2018, page 8

- where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time Programme).

In my view although the PCBC puts its case strongly in presenting its case for passing these tests on pages 305-308, it has in reality failed to persuade and engage the vast majority of the local population, with the numbers involved in the processes very small and in situations where lay interests are surrounded by health professionals. It would be very difficult to express opposition in these circumstances. Despite this there is ample evidence from Healthwatch, local scrutiny committees and from carers that there is a strong undercurrent of opposition.

In reality choice is limited because for the majority of people in the area there is no choice but to travel further for major services.

The clinical evidence has not focussed on the real issue of what lies at the root of staffing difficulties and whether the proposals represent a full and adequate solution.

The discussion of bed numbers is conducted in vague and general terms, focussing on a total figure that includes day only beds, maternity beds, "District" beds and community beds as well as the crucial numbers of acute beds. This appears to seek to avoid any focused discussion on what would be the near-halving of numbers of front line acute beds open overnight to just 386, and the significant reduction in numbers of downgraded beds at both Epsom and St Helier. Although local commissioners are said to be in favour it is not clear that GPs have been fully consulted, or explored the full details. Nor is it clear whether successor bodies will necessarily be bound by the decisions of the current committees, who are due to be merged shortly.

The checks requesting demonstration of evidence justifying reduction in bed numbers beds are not presented in detail to enable proper scrutiny. In fact some evidence cited actually says the opposite of the implied use[40].

[40] Sixteen references are made to "Imison et al Insights from the clinical assurance of service reconfiguration in the NHS: the drivers of reconfiguration and the evidence that underpins it – a mixed-methods study. Health Services and Delivery Research, No. 3.9 "We could not find

It is not clear in reading the PCBC document whether it has actually received a letter of support from the Chief Financial Officer of NHS England as required.

A very large portion of the PCBC is devoted to a detailed description of the methodology and tests that have succeeded in reducing the options given serious analysis, and to denying consideration of the option many people would want of simply improving existing services. Broadly what is presented is a simplified multi criteria analysis which attempts to reduce the acknowledged complexities of the decision involving multiple stakeholders to a quantified scoring system.

Although it attempts to present a rational mask, such methodologies are only as good as the base data. In this case it is based on small numbers of people who may or may not be representative of local communities and service users, and who have either established criteria or success factors, or scored options. It is not clear that invitees and participants were well briefed or can be relied upon to reflect public opinion, views of staff, carers or the range of stakeholders.

They may indeed have given too much attention to the views of senior clinical staff in arriving at conclusions. The level of openness and transparency does not extend to explaining clearly why a do minimum option, or options retaining either of the existing hospital plus the other as a district hospital have not been examined more fully as cheaper options to the one recommended. As described by HM Treasury, only 'gold plated 'options have been examined.

The summary analysis fails to present a complete net position for the NHS and public sector as a whole and merely looks at the local position for the Trust.

The financial analysis seems contrived to demonstrate the affordability of the three chosen options. Estimated costs of the new hospital are not substantiated with any supporting detail. However given the rapid increase in the estimated cost of rebuilding the William Harvey Hospital in Ashford – from £160m in November 2017 to £351m now[41],

evidence that service reconfiguration would save significant amounts of money. There is also little evidence to help hospitals find ways of overcoming their staffing difficulties."

41 https://www.hsj.co.uk/finance-and-efficiency/cost-of-hospital-building-project-doubles-in-18-months/7026896.article

and similar large and rapid increases in the costing of previous plans for Epsom & St Helier, there must be doubts over the reliability of these estimates.

It appears that although the NHS submitted draft proposals to scrutiny committees and other stakeholders, decisions were made to proceed to public consultation despite expressed reservations on the data presented and the processes undertaken.

The analysis is presented as objective, summarising rankings on both financial grounds and non-financial grounds. It does not attempt to differentiate the differing views of stakeholders or to identify additional areas for investigation or analysis to be undertaken prior to the Decision Making Business Case being presented. At present neither risk nor the level of uncertainty involved in the decision have been quantified, although some unquantified sensitivity analysis is presented which does not change the ranking of the options.

As it stands therefore there is a risk that CCGs will proceed quickly to DMBC and will attempt to assert that the Sutton option is the dominant option for which further discussion is pointless. But this would be to miss an opportunity to properly reflect on the results contained in the process so far.

Section 7.6 of the Manual on Multi Criteria analysis referenced earlier (see footnote 8) attempts to illustrate how the methodology might be used more positively.

In their words (pps 109-11), analysis very early in the life of the project *'can guide the search for further information '.*

The first attempt at modelling will highlight many inadequacies, in identifying and defining options and criteria, in the provision of data, in the inability to agree scores, and in judgements of trade-offs. At this point, the newcomer to Multi Criteria Decision Analysis (MCDA) may become discouraged, but, take heart, this is a good sign, for it identifies areas where further work is required. Thus, the MCDA modelling process provides an agenda for systematically tackling difficult issues, and shows which issues are important because their resolution could affect the overall result.

…the process should be an open consultative process

…the analysis reveals the value judgements that are a necessary part of any informed decision, so the social process must allow for the open expression of those views in the appropriate forum.

…it is an iterative fashion. There is no need to get every input to the model correct on the first go.

… Subject vague inputs to sensitivity analyses, and find which inputs really matter to the overall results.

… Leave time to explore the model fully. The model is a 'divide and conquer' strategy in the sense that a complex issue is subdivided into parts that are easier to deal with separately,

… Creating different displays, changing scores to explore disagreements, doing sensitivity analyses on weights, all these help participants to gain a better qualitative feel for the issues. That leads to increased confidence in taking a decision.

People make decisions, not models. … models can assist people in making decisions, but the assistance can take many different forms: providing structure to debates, ensuring quality conversations,

documenting the process of analysing the decision, separating matters of fact from matters of judgement, making value judgements explicit, bringing judgements about trade-offs between conflicting objectives to the attention of decision makers, creating shared understanding about the issues, generating a sense of common purpose, and, often, gaining agreement about the way forward.

…there is no theory of objective decision making, decision making is necessarily a human function. …The methods covered in this manual draw on decades of psychological research showing how it is possible to elicit from people judgements that are precise, reliable and accurate…and highlights the key value judgements, providing realistic freedom of choice, within bounds, for the decision maker.

Taken in the right spirit therefore the analysis and work done so far can be used positively to better isolate where more work is required so that information on the issues can be better presented to decision makers and stakeholders to clarify for them the trade-offs that may be necessary in making final decisions.

In the event of disagreements the Local authority can however ask for reconfiguration proposals to be referred to the Secretary of State, which by precedent involves referral to the Independent Reconfiguration Panel. This often leads to delays and requests for adjustment to plans.

In addition there is a history of independent legal challenges through requests for judicial review.

In my direct experience these are successful more often than the NHS expects. The NHS falls foul of rushed decision making, failure to present its case following guidance and failing to convince a significant number of key stakeholders. On occasion they have acted ultra vires (outside their legal powers) and often the NHS agrees to go back and resubmit plans more properly and with significant changes. The Independent Reconfiguration Panel publishes reports and periodic reviews detailing the many changes that have taken place as a result of local challenges to decisions.

As outlined in the introduction grounds for referral are:

- *The consultation has been inadequate in relation to the content or the amount of time allowed.*
- *The NHS body has given inadequate reasons where it has not consulted for reasons of urgency relating to the safety or welfare of patients or staff.*
- *A proposal would not be in the interests of the health service in its area.*

In the final analysis the local authority and others will take account of the following legal issues:

Reasonableness

It is accepted that the threshold for intervention by the Courts should be high. In the normal course of events CCG Boards and Public Authorities can be trusted to work within their powers such that when questions of major importance come to be discussed and decisions made, there is an assumption, made reasonably, that arguments take place at the decision making forum within a reasonable range, where guidance has been followed and due process observed.

In this case however there seems to be a misunderstanding of the powers and responsibilities of the CCGs in respect of the PCBC. The IHT programme appear to think that decisions binding their consideration of options have already been made, that the requirement to follow guidance is not obligatory; that errors in either completeness, accuracy or in relation to the range of strategic options that should be considered cannot be corrected, and that the duty to complete due diligence does not fall on them but others; and that it is a waste of time to delay.

An argument could be made therefore that there is unreasonable behaviour.

Vires

The powers of the CCGs are not untrammelled and their general powers do not excuse them from following guidance in relation to investment decisions. In particular in the context of the forthcoming abolition of CCGs and the creation of two separate Integrated Care Systems covering the area considered, it appears that existing office holders are looking to bind the hands and pre-empt the powers of those that will succeed them. This appears controversial as an outside observer and could be challenged.

Pre-judgement

By doggedly pursuing reconfiguration as a goal prior to the presentation of a business case and securing the necessary resources the CCG's could be prejudging whether in the

particular circumstances applying in the locality this makes strategic or operational sense given the costs and risks involved.

Bias and conflicts of interest

Without pointing fingers there are risks that in decisions of this nature that bias and vested interests will fail to be fully recognised and allowed for. Both GPs and consultants working in hospitals make high earnings from the NHS, directly (contractually for GPs) and indirectly (private practice), which can be significantly affected by decisions to reconfigure services.

This makes it more important that proposals are subjected to high levels of detailed scrutiny and that conflicts of interest are fully disclosed.

Proportionality

It is very often the case that the pro-reconfiguration lobby is able to expend very considerable resources on what is in effect propaganda in pursuit of their aim.

By contrast the resources available to read, digest, and understand and then to challenge the case put are tiny and the opportunities to make an effective intervention scarce.

So much so that the Institute for Government has in a recent publication[42] recommended the French approach for large contentious public infrastructure schemes:

"The French Commission Nationale du Débat Public (CNDP) provides a particularly good model for how this can work in practice. The CNDP was founded in the late 1980s in a similar context to that facing the UK now: declining central state power and well organised local opposition to strategically important rail projects. In response, the French Government set up the CNDP to ensure 'public participation in the decision making processes of major infrastructure projects of national interest that present important socio-economic stakes'.

To do this, the CNDP hosts local public debates on contentious major projects as early as possible in their development. All participants – for or against a project – are given equal resources to make their cases. The CNDP then summarises these views in a report, to which project sponsors must respond.

The CNDP has no ability to enforce recommendations; but most project sponsors act on them. Of the 61 projects on which the CNDP facilitated debates between 2002 and 2012, 38 made modifications, including 25 that changed their plans based on options that emerged from the public debate (see Figure 2).

[42] How to transform infrastructure decision making in the UK. Institute of Government February 2018

French project sponsors have come to view the CNDP process as a valuable exercise in public engagement and data collection, rather than as a burden or threat."

The principle that there should be a more open debate, where each side of the debate can be properly represented and resourced seems to me a good one that should be applied to the NHS in decisions of this nature, where the scale of the commitment is so large and the consequences will be so long lasting.

7. Conclusions and the Way forward

In this briefing I have considered the arguments in favour of the proposals.

My conclusions in respect of the main categories of argument are:

Clinical:

7.1 The objectives being pursued, of defining the best healthcare as compliance 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 the clinical issues in Merton, Sutton and Surrey Downs.

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

7.3 There is a major risk that plans will not adequately provide for the increased demand expected in future years and that assumptions that major reductions in beds can be achieved will not be borne out in reality. This has been the case over the last twenty years. Various assumptions that the development of out of hospital care could substitute for hospital beds have remained unproven to the extent claimed. NB Better Healthcare Closer to Home (BHCH) claimed in 2003 up to 50% cuts in activity were possible.

7.4 There is a further major risk that the solution promoted to overcome current staffing problems will not succeed, and that the national and London wide staffing issues will transfer into the new improved premises – or be displaced to elsewhere in SW London.

7.5 There is a real risk that by offering the opportunity for further sub-specialisation (see Impact assessment) and the development of specialised services at Sutton that the focus of services will shift towards the interests of clinicians and not the interests of patients needing generalist services and skills.

7.6 There is a prima facie case that the proposed reductions in A&E catchment areas incorporated in plans for the preferred option (16%), reductions in consultant staff available

(69wte), middle ranking and junior medical staff (73wte), qualified nurses (33%) and in access to major acute beds (452 beds) are not in the interests of local health services.

Financial/Economic

7.7 The options appraisal does not offer a proper consideration of lower cost options, including Business as Usual (BAU), a do –minimum option and retention of just the two existing sites, with either one as the centralised facility.

7.8 The benefits of the 3-site "centralised" option appear mis-stated and misleading. Further scrutiny and assurance is required. It appears costs are merely being shifted to other trusts in SW London who will face the additional operational costs and problems of the shift in patient flows being directed away from St Helier and Epsom sites.

7.9 Claims that the resulting three site configuration will be cheaper, more efficient and will solve staffing problems appear unrealistic and overoptimistic.

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

7.11 There is a significant risk that cost overruns in the main project at Sutton would "crowd out" the viability and investment funds available at the other sites and resources available to invest in out of hospital services

Access

7.12 The proposed preferred option is worse than BAU or any option retaining services at two sites. It is significantly worse for those relying on public transport and in deprived groups.

7.13The weighting given to access issues and transport issues appears small in the overall weighting in the Multi criteria analysis.

7.14 LB Merton may wish to consider undertaking its own research on the importance of access to services for local people.

Process

7.15 The public consultation seems to have been initiated too soon before issues relating to the options considered and the impact assessment were fully understood and agreed.

7.16 Important information on assurance and on the supporting detail to the proposals is missing at time of public consultation.

7.17 There is still time for shortfalls in the process to be corrected 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.

7.18 There is a major risk that the NHS will proceed to DMBC with the proposals substantially the same without any further opportunity for stakeholders to be consulted and to influence the decision.

The final question of why the local NHS seems so keen on these proposals to build a new hospital at Sutton remains hanging in the air. Various arguments have come to the fore at various times;

- either beds were not needed and there was an opportunity to save money as patients transferred to services in the community;
- or that patients would die and existing services were unsafe ;
- or that the buildings were falling down and were incapable of being refurbished;
- or, more recently that staff were impossible to recruit.

None of these arguments have been or are convincing.

Recommendations

Discussions with stakeholders have in the limited time available confirmed modified and crystallized my findings and have enabled me to propose the following recommendations:

Recommendation 1: LB Merton should formally express its opposition to the PCBC as drafted.

Recommendation 2: LB Merton should call for further work on lower capital cost options for services on two sites not three.

Recommendation 3: The NHS should seek additional trainees, rota changes and incentives to staff to improve recruitment and retention.

Recommendation 4: The local Health and Wellbeing Board should reappraise the longer term priorities and the need for additional savings in the light of the government's stated intentions to respond to disquiet on the funding of the NHS and the current crisis which has exposed the lack of capacity within the NHS.

Way Forward

In line with the final recommendation above the clear way forward is to jointly reappraise plans across the new planning boundaries, to pool resources and look again at priorities.

It is clear to me that the results of such a process are unlikely to result in the reduction of major acute services at this time.

The priority for investment should be increasing the staffing capacity and additional acute and intensive care capacity; not their reduction. In addition the existence of two A&E departments is likely to be a more resilient solution than one.

My advice would be to not rush to make decisions on irrevocable long term reconfigurations before there are a better understanding, better plans, a broader range of options examined and more confidence amongst stakeholders that plans can be achieved without excessive risks and that makes the best use of resources, both existing and future investment .

Roger Steer 22.03.2020

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London Borough of Merton St Helier Survey results

There were 2129 responses to our consultation from 18 February to 27 March.

Questions about the consultation

When asked if they agree or disagree that emergency services should stay at St Helier Hospital respondents overwhelmingly agreed. The results in full were:

Response	Number of Respondents	Percentage of Respondents
Strongly agree	1901	89%
Agree	88	4%
Disagree	48	2%
Strongly disagree	71	3%
Don't know	21	1%

There was some variation in response by gender with women slightly more likely to strongly agree than men (90% to 86%). Over 75s were also more likely to agree than any other age group with 97% strongly agreeing and only 1% disagreeing.

When asked the same question about keeping maternity services there was a similar level of agreement:

Response	Number of Respondents	Percentage of Respondents
Strongly agree	1765	83%
Agree	202	10%
Disagree	62	3%
Strongly disagree	56	3%
Don't know	43	2%

Again, women were slightly likely to strongly agree than men (85% to 78%) as were younger respondents with 90% of 16-25 year olds, and 87% of 26-35 year olds strongly agreeing. For older age groups strong agreement varied between 82 and 84%.

Respondents were asked about keeping Queen Mary's Hospital for Children at St Helier Hospital. Once again, the vast majority of respondents were in strong agreement:

Response	Number of Respondents	Percentage of Respondents
Strongly agree	1764	83%

Agree	176	8%
Disagree	54	3%
Strongly disagree	56	3%
Don't know	79	4%

Women, 86%, were more likely to strongly agree than men, 77%. Younger respondents were also more likely to strongly agree with 90% of 16-25 year olds, and 87% of 26-35 year olds doing so compared to 80% of over 75s.

Respondents were asked if they had any comments on the plans to change services at St Helier Hospital. There were 892 comments, which have been checked to remove information that could identify individuals. They are attached in full but the main issues raised by respondents included:

- Increased travel times to alternative sites at Belmont and St Georges
- The lack of public transport to Belmont
- The negative impact on St Georges of closing services at St Helier
- Population growth means there is a need for more, not fewer services.
- Previous positive experience of services at St Helier, sometimes life-saving
- The funding should be used to invest in the existing site

Demographics

Respondents were much more likely to be women, than men; more likely to be over 50 than under 50 and more likely to be White British than from other ethnic groups. The exact breakdown of respondents is set out below.

Response	**Number of Respondents**	**Percentage of Respondents**
Male	421	21.5%
Female	1537	78.5%

15 or under	1	0%
16 - 25	85	4%
26 - 35	336	17%
36 - 50	546	28%
51 - 65	611	31%
66 - 75	292	15%
76+	100	5%

White; English/Welsh/Scottish/Northern Irish/British	1158	67%
White; Irish	56	3%

White - Gypsy or Irish Traveller	4	0%
White - Any other White background	208	12%
Black or Black British - Caribbean	16	1%
Black or Black British - African	17	1%
Black or Black British - Any other Black background	6	0%
Asian or Asian British - Indian	52	3%
Asian or Asian British - Pakistani	51	3%
Asian or Asian British - Bangladeshi	10	1%
Asian or Asian British - Chinese	14	1%
Asian or Asian British - Any other Asian background	55	3%
Mixed/multiple ethnic groups - White and Black Caribbean	17	1%
Mixed/multiple ethnic groups - White and Black African	3	0%
Mixed/multiple ethnic groups - White and Asian	10	1%
Mixed/multiple ethnic groups - Any other Mixed background	13	1%
Other ethnic group - Arab	5	0%
Other ethnic group - Any other ethnic group	24	1%

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Comments on the LB Merton St Helier Survey

The hospital is a must for the area where the population is increasing yearly. It's obvious that all services are necessary for all of us
1. Get someone to proof read the questions so this seems more plausible. 2. 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. The surrounding communities need St Helier to remain, from the community who work there and also those who attend and would find it too difficult to get to other areas. Just give them the money they need to improve and build a multi-storey car park and invest in the staff and give more money for doctors and nurses and the back office staff. Invest in the existing hospital which has served us so well.
1. What happens to all this emergency care until a new hospital Is built? 2. Where is the money coming from? Is it in the bank now? If not we can't trust the Government to find the money once facilities are closed. 3. St George's is too busy to take on more patients. 4. Public transport is not good enough, cheap enough or fast enough to make up For the nearness of local facilities . 5. Will this end up with the out sourcing of facilities to private companies. Facilities built with our money but later profits not going back into the system.
2000 isn't enough.
A and e must stay at all costs there must always be a and e unit close by
A couple of years back my uncle had a heart attack. Had St Helier been shut he might not be here today as the next closest hospital isn't that close! I believe it's ridiculous wanting to close this hospital especially the A&E.
A fantastic hospital which has provided so much support with my children so far it cannot be allowed to shut.
A lot of money has been spent on improving St Helier, why waste more money now moving A&E out after the revamp. I have been a couple of times and always found the service, treatment and facilities good. Yes there is a wait, but that is expected.
A new period purpose built hospital in sutton with modern facilities would improve patient care. London hospitals are all so close to each other anyway. All acute trauma and stroke already go to st George's. The NHS needs to be taken away from political hands and left with the clinicians.
A scandalous act of bureaucratic ideology by those who wish to destroy the wishes of the majority.

A&E may move to Sutton but plans are to keep 24hr emergency service in place if you arrive yourself, just no serious ambulance cases. Maternity would be better served in a new specialist hospital.
A&E services should be improved
A&E should definitely stay at St Helier. Maternity at St Helier is quite poor and maybe should have as new larger place along with the Children's hospital so better care can be provided.
A&E, children’s and maternity services need to stay at St Helier. These are crucial services for the many young families and elderly that live in the borough. I have needed all of these services for my family in my time living in Merton and on many occasions! It would be difficult for those on lower incomes to make the trip to Belmont.
A@E services should stay, stop messing about. Spend some money on the building and services.
A+E should stay at St. Helier Hospital makes travelling further for patients.
Absolutely totally wrong
Additional cost, time, and pollution will be added if new services are moved to Sutton, for many of whom are elderly and frail and will be affected the worse. The distance to travel from st.heliers to st.George's or Mayday is long enough, and would put extreme pressures on these two hospitals if Sutton is chosen as the site for a new hospital. The current site is fine, just upgrade, repair and make good what needs doing, bit by bit without closing the whole facility whilst the work is being done. Thank you
Agree Belmont is too far for many current and potential patients .
All are so proud of the service provided. Please add something for the benefit of the patients.
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.
All current services at St Helier Hospital should remain in place as there is no justification for moving them away from the current site which has served the area so well over the years.
All departments should stay
All hospitals are already crowded, why to crowd them more? How about people living in all Borough of Sutton? Should we travel to Kingston or tooting? That's pointless decision.

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.
All my children were born there. I was born there we need this hospital to stay open.
All our Hospitals should continue 100% provide the services they have been providing for their patients locally.
All services at St Helier should stay. It’s a good hospital with very dedicated People serving all the patients who lives in the Around 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!
All services should remain in place at st heliers because it services so many people. It is my nearest hospital and I want to feel comfortable that if I had to access a&e it is not that far away
All services should stay at St.Helier. facilities at Epsom Hospital wouldn't have enough space to develop.
All the current services should be keep it
All the departments you listed are well beyond repair , in fact they are so far out of date they are a liability and I know as I have worked in all three of them and across pretty much every department at st Helier and epsom hospital. The mains wiring the heating the roofs everything is knackered and there isn’t the capacity to rectify it. It needs moving and emptying to rip it down and build new
All the services are very much needed and must stay
All these services are needed by our community . Closing down or moving them will have a huge negative impact on us .
Also would like to have proper haematology department or haemophilia centre (for adults as we as for children) at St helier hospital.
Although I live outside the borough, the majority of my family live within it
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. St Heliers is in the middle of a needy area. Belmont is not a suitable site for these Services as it is not as accessible.
As long as there is some form of urgent access out of hours, it does not matter to me whether it is the 'official' A&E for the hospital trust. Just make sure there is some 24/7 doctor

As someone that has lived in Merton my whole life, I was born in St Helier hospital. It has treated me over a dozen times!! It is more than essential that St Helier hospital keeps these services.
As the hospital have all the equipment and it is more central for everyone. Keep up the good work that you do for us. Keep well and safe
At Beliefs is providing a vital service for the local population. New development should remain on St Helper site
At Helier has been a life line as a local hospital in times of emergency for my family and I. It must stay open and have more investment to help the staff there cope with the workload. They are willing and able but under resourced. Despite this I have always been treated Effectively and in a timely manner.
At Helier Hospital is a great hospital and helps a lot of people it should be helped to keep all the services it provides
At Helier hospital is needed for all the local area, The point that is missed is that it is not a free for all, The NHS needs to do more to get overseas and others to pay for this great service
At Helier hospital is one of our best hospital in the area and with no emergency or other facility community will struggle a lot.
At the moment the services provided on the site of St Helier Hospital are easily accessible by people who live in the locality. The site is well served by local buses which stop very near to the hospital entrance. St George's Hospital is not as convenient to reach by public transport, particularly for people living around the Morden and Merton Park area whereas there is a regular bus service from Morden station. The hospital also provides a welcoming atmosphere for patients, particularly in the outpatient departments. The choice of services on then Belmont site would seem to be a very short-sighted solution. It may provide a brand new site but there would be no convenience for patients.
Because I spent time in there and had a lot better treatment than someone in my family who was in st George's tooting for 3 weeks .I couldn't complain about a single thing .
Being pregnant and living in Coulsdon, on the very outskirts of sutton, st helier hospital is the easiest hospital for me to get to. If the maternity services are taken away, it will be harder for me to get to a place where there are people who can help me should I go into labour. The services should be kept!!
Belmont is extremely yo 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.
Belmont is too far for elderly people to travel
Big residential area needs an A&E close by

Both Epsom and St Helier are needed. In an ever increasing population the demands are going to increase not decrease. Both hospital are extremely busy all the time. Accessibility is another factor to think of. Both hospitals are on good bus routes.
Both my children were born there and staff were brilliant and my son was rushed to a+e and had a stay at Queen Mary's a few times
Build better parking to stop staff parking in local streets and making residents life hell
Building a new hospital is important for future generations
Building a purposed built hosp will serve the community better and proposed move not that far away
By closing these services you potentially put life danger, and the demand for beds in other hospitals will be more strain on Service as it is all ready along with the already long waiting lists .
By removing these extremely valuable and necessary departments from our local hospital you are leaving the local community without the support they are entitled too. The extra distance for some residents could endanger lives.
By removing these services from St Helier and decreasing bed capacity local residents will be disadvantaged and it could put their lives at risk It would also have detrimental effect on outlying area as other hospitals already oversubscribed will not be able to cope
Can we please have an NHS trust for St Helier (and many other hospitals in the UK under threat of closure) that represents a balance of all the main political parties, as no one can be blamed for assuming it is made up mostly of tory voters and/or representatives of the conservative party.
Centralisation and moving of services elsewhere will fail the community.
Changing venue will mean longer travels for local patients to sutton hospital.
closing A&E department you putting people in risk losing their lives as another hospital is to far in case of EMERGENCY
Closing departments such and A&E at St Helier's hospital will add further strain to another hospital ST George's and Croydon University hospitals. If this were to close I will have no emergency services nearby and will put the populous at risk. There must be other factors to be considered when closing A&E services.

Closing services = More Deaths Without the services that StH have I would be dead three times over, along with my son. I was born there along with two of my siblings and my children were born there too. Don't close it!!! Depending on where in Merton borough you live, travelling to either Kingston, CUH, Epsom or St George's is not ideal. St Helier simply has to stay open in order to provide the vital care thats needed in a community already struggling with healthcare options. Take it away and people die... Not good
Closing St Heliers means delaying patients care and putting patient at risk, as they have to travel further in order to get treatment. Keep our St Heliers.
Closing the hospital's vital services would be a tragic loss to people in the area. Services need to be reinstated/restored and retained.
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.
Come down hard on health tourism and waste and squandering
Concern about number of paediatric beds as well as the location of the support services
Convenient location, through the use of public transport. Already the Belmont location has parking issues, residents parking, expensive parking around the royal marsden hospital. Only Bus 80 from Merton in comparison to having buses 154, 164, 157 etc. Our children who access clinic appointments during school hours will be out of school for a longer period.
Cost cutting exercise that does not take into consideration of the public. Shared services don’t work. The area that the hospital covers is essential to the residents. Hospitals are run like businesses now and by people that have no ideal about health care just look at the payments to chief executives.
Covid-19 should have taught us that the health system is vital. I hope this will be a wake-up call for the government.
Crazy the government stated they were building more hospitals to cope with the demand so why in your right mind would you remove what is already there? This would put even more pressure on St George’s and other hospitals this is non sensical.
Current location is more central to the boroughs. Good transport links to and from current location along with adequate roads. Current facilities need expanding. Possibility of a step down facility or intermediate care to be based at Sutton hospital, such as ambulatory care units and outpatient departments to allow more capacity within the acute hospital
Cut the car parking charges it’s far too expensive

Dear please build new hospital with st. Helier just opposite side of the hospital the green area. Maternity and children is very good in hear please don’t move. If you move those departments it become nursing home. If you move those departments we will hate you new MP.
Dear Sir /madam, How it will be closed and the prime minister said he will invest in the NHS more and build new hospitals we don’t him to build new hospital just take care of the old hospital and give them more funds and Ayer the nhs staffs
Do not change I had my children in that hospital, would not go any other hospital for any think staying as it is x
Don’t close it
Don't close them the other hospitals in area will not cope. Queen Mary's children hospital is a vital service and has been for years.
Don't move everything, leave it as it is. Do you think at the pressure that will be on the other hospitals??!!
Due to the volume of population surrounding the hospital it is absolutely imperative that all these services remain.
Emergency hospital with consultant led maternity should be in a new hospital on the Sutton site
Essential for the ever growing population and increasing need for emergency services
Everyone has the right to medical care
Every time I have had the need to go to A and E or visit it has been busy beyond belief. I feel that to close it would be a catastrophe.
Excellent children's units at St Helier we need all the facilities that St Helier supplies. An excellent hospital
Extra journey times will cost lives.
Facilities staying at Halier Hospital is very vital to me and my family....we just need the services to be improved.
Family hospital which is more like a cottage hospital can mostly always get a disabled space whereas St Georges never get a space and cant walk enough to get to the dept I need .
Fantastic idea to merge both services at a central location
Fantastic services that meet the needs of the local community if these are withdrawn it will put further strain on already at capacity hospitals. QMH for children offer excellent care

For emergencies local access is of paramount importance. Services work best if easily accessible by the least mobile/ most disadvantaged population.
For many years now super bugs have shot round this place. Staff have lied about cleaning the place and medical staff are rude and incompatent. Managed by Perps who abuse power and control and to finish off the place looks like cell block H
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.
For those of us who live equal distances from St George's and St Helier. Closing St Helier would lead to a huge increase in the numbers of people using St Georges. Does St Georges have the capacity for this?
For those of us without cars it is vital the hospital stays at St Helier so that it is within easy reach by public transport. Belmont/Sutton is not a quick or straightforward journey and even at a quiet time of day it takes an hour to get there, double the time it is currently to St Helier. To move A&E away from us is not a safe course of action!
Fully support the council campaign to Save St Helier
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.
Get local & surrounding companies to adopt wards or even floors so that essential nursing can stay local. The place needs a massive do over paint, carpentry & electrical work. St Heiers is in need and needed.I
get on with rebuilding and improving this hospital
Given recent events such as coved-19 and the complete lack of resources generally at hospitals have no comprehension why any hospital services should be considered for closure when there is clearly a need. Travelling a few miles to a new facility may look ok on paper but public transport makes this a real trial for patients friends and family.
Given the strains on the NHS, local services are imperative.
Govt should support st Helier
Have a daughter with XXX condition. st helier has been our predominantly 1st point of call for all appointments which makes so much sense that all services are in.one place and all can locate information about my daughter necessary. we have noticed a&e recently but no would want to know that we had minimal travel to get to our local hospital . I grew up in the area so st Heller has always been an amazing hospital that we have always had access too.

Have had many occasions to go to st helier and have nothing but good to say about it. It would be tragic for people who live in the area if these departments were to close.
Having a disabled child I appreciate the childrens A and E being on my doorstep. I shouldn't have to travel elsewhere for this service.
Having at heliers where it is has been a pure god send. There maternity services were so helpful when I gave birth and the children’s ward when my little one was sick. And as I do t drive it was near enough for me to easily get to
Having benefited from the services at St Helier, I know how important they are. I wouldn’t want a longer journey to another site, & do not believe the travel times quoted for such travel to be accurate or realistic
Having one A & E to serve both hospitals make more sense, the urgent care units at both hospitals makesense.
Having the right care, at the right place, at the right time should be the council's priority, not old fashioned rhetoric peddled by the labour party. A new centre of excellence is required and combining it at Sutton with the Royal Marsden makes sense. In any event I heard the seriously ill would go by ambulance to the new site (or other major hospital as applicable to the situation). Trust the doctors.
Having worked at St George's for 15 years in the Women & Children's directorate I have seen the impact on their maternity services when St Helier were closed because they were full. Lives will be put at risk if this goes ahead.
Helier hospital provides a valuable service to the community.
Hospital is decrepid and needs overhaul ASAP
Hospital is falling a apart, build a new old
Hospital needed for departments
Hospital needs up dating but has always swerved me & my family well
Hospital not closed,i am strongly supporting for the st helier hospital service, we need to more improvements
Hospital should work here as there is no any hospital nearby and st georges is very far and too much crowded.
How are sick / ill people able to get to the 'new' proposed hospital? There are NO direct buses to this hospital and using a car can be difficult getting around the one-way system in Sutton - especially for those in distress. St Hellier is much easier to get to even though there is no direct bus route from our road.
How can a hospital be so busy constantly but not needed?

How can St Heliers hospital be moved off of the biggest and most dense housing estate in the country
How can they move to Sutton Hospital. That has been demolished and a school built
How many times do we have to try and save this hospitals services they are vital to this area. Put all your efforts to improve this hospital and other needs in Merton.
i CAN,T UNDERSTAND WHY THE CONSERVATIVES KEEP ON WANTING TO REMOVE VITAL SERVICES AWAY FROM HERE, MY WIFE WAS A FREQUENT PATIENT AT ST HELIER OVER THE LAST TWO YEARS AND I CAN ONLY THANK GOD THAT THIS HOSPITAL WAS STILL HERE AS SHE WAS RUSHED TO THE HOSPITAL AND I SHUDDER TO THINK WHAT COULD HAVE HAPPENED IF SHE WAS RUSHED FURTHER AWAY, THANK YOU ST HELIER !
I mortified that this is being considered. My grandson was diagnosed with XXX. The staff took care of us during the first few months as we were in total shock and taught us how to care for him. The Consultant and nurses have watched him grow along side us and know him so well. He trusts them. I certainly do not want the pedriatics to move to another site. St helier is close to home for me and easy to get to use the AE if he is unwell day or night.
I accept that changes need to be made. However, it is essential that services are available where and when they are needed. If a new hospital is built in Sutton with the correct services there is a justification for making changes.
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 agree with council view.
I always receive the best of attention at St Helier, why would we need to move it. What about the residents in this area, how much time would be lost having to travel to Epsom. Time to think about Sutton.
I am a Patient at St.Helier Hospital, always receive good treatment, but sometimes don't get the results I want to hear.
I am chronically sick and I live on the St Helier estate. I need a local hospital with A&E. I think there are many parents with young children who live here and also do not have access to private motor vehicles. Moving the hospital further away will make me more dependant on the ambulance service.
I am not a clinician. And these should be clinical, not political or emotional decisions. Impacts on other CCGs need to be considered. Patients follow bus routes and convenience rather than arbitrary CCG/NHS boundaries.

I am not confident that St. George's Hospital has the capacity to handle the services displaced from St. Helier, and building a new hospital on the Sutton Eye hospital site is too far away to be accessible for older Morden residents such as myself. It's time to end this Shaping a Healthy Future nonsense, which seeks to ration vital health services rather than improve existing acute hospital sites.
I am scared for my child. We need access to these services at St Heliers
I am very wary of any proposals to move the A and E services elsewhere. And if this were to go ahead, how long before other services at St Helier are nibbled away at? I am convinced that all this 'change' has nothing at all to do at all with the improvement of A and E care, but that it's all to do with getting their hands on the St Helier site for a massive housing complex.
I attended the children's A&E yesterday and they were brilliant. Unfortunately, I had nothing but issues during the whole of my pregnancy which caused a lot of stress, I would never have another baby under St Helier due to the pre-natal care I received. The only good thing was the midwife who delivered my baby, she was lovely.
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 believe it would cause greater stress and anxiety to parents the elderly and people that are unwell, would cause further anxiety to & pressure on families, extra travel also
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 believe that these services should remain at St Helier Hospital as they are much needed and used and provide a fantastic service to the local community living around the local area, some of whom are elderly and very vulnerable. If the services are moved to one of the other sites suggested there will be transport issues for many people as not everyone has access to a car and public transport links to the other sites, especially the Epsom site are very difficult from the St Helier local area. If the services do not remain at St Helier I think there will be increased pressure on the Ambulance Service as more people will call an ambulance rather than travel to the other sites and also increased pressure at St Georges Hospital as transport links are better.
i believe they offer a brilliant service and without it many in the community will either die or suffer dire consequences.

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. We already have the lowest number of beds and doctors per 10000 population in the developed world. Its madness to suggest that reducing that provision even more would "Improve" anything for anyone.
I can not travel far so closing would mean no hospital A&E for me without using an ambulance even when not really needed because I can get there on my own.
I can't see the use if closing St Helier hospital other services. That means St George's will be fully busy and hence there is a shortage of Doctors and Nurses.
I chose this hospital to give birth and for my this is number 1 hospital!!!
I definitely think that A and E should stay at St Helier for Merton and Sutton residents. It is always extremely busy and takes the slack of St Georges hospital whose A and E department is always full to capacity. We need this hospitals A and E(which has had a makeover in recent years) to remain open
I do strongly disagree that all critical services will be move to Belmont as Belmont is too far and not accessible yo transport. Not all of us here in Merton has their own transport. St heliers is quite accessible to transport bus and train
I don’t understand with the increasing population they are taking away services and making it harder for people to have the services which each one needs. No wonder the NHS cannot make targets
I don't think st helier should close its a hospital where every one need its a good hospital for many years if it closed what going to happen where people gan go please please please leave it people from all over the world go their
I don't understand the reasons behind closing such essential services down. What cutbacks a d savings dies that have when people have to be putting more burden on the other surrounding health authorities
I fail to understand, why are authorities even thinking about closing st heilers hospital n shifting the services else where, i have given birth to my son in this hospital and all the services provided were amazing. It is such a big facility and central to many areas. And instead of shifting investment else where. Authorities should try to maintain n improve services of nhs in general and of st heliers hospital.
I feel it is essential that the Accident and Emergency and maternity services remain at St. Helier hospital where they serve a large community.

I feel it is imperative to keep St. Helier Hospital services in Merton for its and surrouing residents.
I feel St Helier is vital for the health of the residence of Sutton and Merton both for emergencies and scheduled hospital visits. It is accessible from all areas of both boroughs by public transport, which is vital to all ages but especially the elderly.
I feel very strongly that the hospital should continue in its current site serving that community. If there was no longer a hospital in that area I worry that people would simply go to St George's and the facilities there would be immediately put under even more strain and waiting times would increase.
I for one have XXX condition. I have a daughter. We live approx 7 mins drive from St Helier. It would make my life more challenging and difficult if I suddenly had to travel further especially if one of us needed emergency care. All services need to stay and St Helier site. All the walk in centres have closed nearby. We need it too stay.
I had a cesarean delivery in Xmonth Xyear, the team was excellent, they took good care of me and my son. it is an excellent hospital.
i had a heart attack, the hospital was near. They saved my life.
I had both my boys at st Helier hospital, without st heliers services either myself or both my children may not be here today. I have also used st helier due to other complications and I am very grateful they are there
I had both my children in st helier years ago and if it had been moved my husband would have struggled to get there especially as I stated in for weeks! Please let it remain where it is!
I had my daughter at st heliers. They were professional, helpful, caring and generally wonderful. They remained calm when things went wrong, looked after us both impeccably. It would be a devastating loss to lose these fantastic services at st Helier
I had my second baby at st helier and I received excellent care from all staff. I have had to attend the children's ward a couple of times with both of my children and again the care we received was fantastic. We live about 25 minutes away from 4 hospitals and so we can choose any of those 4. I think every time I would choose st helier, the staff go above and beyond to make you feel secure in their care. It would be a great loss to the community to loose such an outstanding facility.
I had my son at St Heliers and it is a very good hospital, just need more staff especially in A&E.
I had my son at this hospital Xyears ago now! And my daughter Xyears ago!
I had my son in the maternity ward at St Helier. The staff were excellent there and I feel it would be a mistake to stop such a good service.

I had to go to St Helier. The doctor was kind, efficient and had a great ‘consulting room’ manner. First class.
I have always been satisfied with the services there. It would cause a lot of heartache for elderly people and vulnerable people if it were to close depts etc.
I have always had excellent care at the hospital. well done to all the staff thank is not enough
I have experienced wonderful treatment from st.helier and I hope the hospital continues with this brilliant service to all our community
I have had 2 babies at st Helier. This hospital is crucial for all residents of Merton and Sutton and needs to stay where it is and be renovated.
I have had a lifetime of using the services provided by St Helier Hospital. It would be a disgrace to take them away for local residents when they provide much needed support.
I have had both my children at st Helier
I have had both my children at the maternity department at st Helier and they were amazing both times. Both my children have also had to stay at Queen Mary’s and wow what amazing staff and hospital made our stay feel like a hotel and made my children feel at ease. We need to keep both these departments local for the residents of St Helier as some people may not be able to travel to far and it would be a shame to lose our hospital!
I have had to use services at St helier for myself and my family in numerous occasions and I have nothing but utter praise for the service. The staff are beyond committed and losing them would be a devasting loss to the community.
We have used ST Helier A&E many times over the year. Getting to ST Geroges through all that traffic would be a nightmare. I can't believe anyone would consider closing and A&E what you should be doing is opening more or expanding what we have. I have to say this is just a crazy everyone knows the answer - no one aside from bean counters want to shut anything at St Helier. What we should be doing is making it illegal to close any A&E and getting it in to law that everyone should be a certain distance from one. Imagine the mess in the area if it had shut before the Corvid-19 issue. Stop the shortsighted nonsense.
I have my last child at this hospital we have note hospital in the area ,so what they want us to do with the hospital?
I have nothing but praise for St. Helier Hospital and the services it provides for the community. It would not be in the interests of local residents to change services.
I have personally needed the St Helier hospital A&E services on more than one occasion, resulting in admission as a patient, and also surgery. I strongly support the effort to keep it open. This is the only hospital able to serve Mitcham & Morden and must remain complete with A&E and maternity.

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 Georges 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 have received outstanding care at St helier. It's vital to our community to keep it open
I have used St Helier hospital for the last 45 years that I have lived in this area. I am now 78 years old and have family that live in the Sutton area, they need to know that St Helier will be there for them.
I have used the service's of At Helier hospital as did my parents and grandparents, the hospital is well sited and deserves the investment to bring it up to the standard the residents of Merton deserve.
I have visited the Ae department many times with family and my children have been in the children's department within the hospital, where are these people going to go other hospitals can't cope around the area more people will die because it will take longer to get to hospitals in the area the service St heliers provides it is 100 per cent I really can't think why a hospital which it is easier for the elderly to get to is going to be closed.
I hope that you will reconsider your proposal and keep and improve St Helier. It is a lifeline in our area.
I hope they will stay at same exact location. I hope they will not gonna close it because it’s the only nearest hospital here in Morden.
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 live in close proximity to St George’s Hospital. However, due to a bad experience there I chose to have both my children at St Helier. I can not fault their antenatal and maternity care in any way or form. It was SUPERB!!!! All the staff were caring, courteous and very professional -always. My appointments were always on time. My consultant was the BEST! They simply can’t close this hospital down.
I live in the merton area. And me and my family use st Helier hospital. It is vital that it must be kept open. Where are all this people going to go for Treatment. The nearby hospital are at breaking point.
I move into this area with my family in view of the facilities available at St Heliers Hospital, few minutes from new property purchased. It would be very disappointing nor having quick access to those services, also because we are planning to extend our family.
I need this hospital as I am disabled and struggle to get to places

I really don't understand why you would want to make the hospital smaller or even close parts down. If you want to make money why not build houses for nurses and hospital staff to live in on the grounds, even if they are just rooms with communal areas for cooking etc.... You could the charge a reasonable rent and have staff nearby... This would also help staff be able to save for their own property if you were sensible with rent prices.... You need to be encourging staff to stay not pushing them further away.
I really hope this hospital don’t move as all the high risk cases will double in risk. My labours with all my 3 children have needed quick emergency care and having to travel further means me or baby may not have come out the other side alive. St Helier as a hospital is not the best not if you compare to it’s twin Epsom but the ICU unit was amazing. They saved my son. I’ve only had one child there so far but I am a very high risk pregnancy patient and this honestly scares me on what may happen to me and other patients like me that the extra travel really will effect.
I saw the line at at George’s for accident and emergency the other day the line was coming out the door and round the block , it is vital at Helier accident and emergency stays open at George’s it it will be overrun not to mention I had my baby at George’s they nearly killed my baby because short staff and someone gave birth in the waiting room in front of me and all the mums and dads we need at Helier
I see no purpose in closing major units at a large hospital covering a large area. The strain put onto surrounding hospitals will be immense and the community st Helier serves will suffer. Investment is needed, not closure. Stop the government putting the people’s lives and welfare at risk to save money! The nhs is crumbling, the finger points at the single party that has governed this nation.
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 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 strongly disagree with the closing of st helier hospital. Maternity, Children and any other affected ward

I think a new acute services hospital would be better than patching up an existing one. I think Queen Mary's Hospital should stay as it needs to be local, therefore reducing travelling time for the young patients and easy to get to via public transport.
I think a new hospital would be good, but wherever you live, there will be a difference of opinion! Personally the new hospital sounds a good idea
I think Belmont is a good option. Better than Epsom
I think closure of A and E departments is a dangerous thing
I think if it’s not broken don’t change it just upgrade it
I think if maybe the maternity or childrens services move to Sutton hospital they can have bigger wards and more services x
I think it is a disgrace to want to close down these services at St Helier Hospital
I think it is a ridiculous idea to move ANY facilities from St Helier Hospital and moving them to Belmont is too far from where it is now and would make it too inconvenient for the majority of people who live in the local area. At Helier Hospital is a brilliant Hospital and would very wrong to take the great services away from where it is now
I think it would be good to build a new hospital start from scratch and then move everything from at Helier to Sutton hospital.
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 think services need to change to meet the needs of the public. St Helier hospital need a lot of investment to maintain the building and there is limited space for extending what is already there. If services move to the Sutton site then transport needs to reviewed to make it easy for the patients and staff to make the transition with the services. I think you will need to keep some of the clinics at St Helier and maybe a minor injuries unit if A&E does go.
I think St Helier Hospital has a vital role in the health and wellbeing of all of us in the local area also a large proportion of the staff are from the surrounding area. I have always had excellent treatment at this hospital and as someone who has visited and lived nearby for over 60 years I feel it would be a sad day if it closes ??
I think staff are very friendly and alway explains what is happening would not like to see departments closed
I think that moving the hospital would have a poor impact on the most deprived people in our community.

I think the paediatric services at St Heliers are amazing and vital in terms of location. To not have a hospital to provide those as well as maternity and emergency services in that location is not considering the community. The hospital is always busy and the staff are amazing. They just desperately need the facilities to be upgraded!!!!
I think the proposed change of services is an excellent proposal. I wouldn't agree with this survey from Merton Council. It's worded in a biased way and you have a spelling error in every question. Why to they all start with "Do". You are complete idiots.
I think the proposed plans make sense and that we should now campaign for the improvements promised to St Helier's.
I think there need to be access to all three service, a&e could be an urgent care though
I think these are great plans. Should have happened 15 years ago. Sad that the council does not see that the vast majority 85% of devices continue unchanged. We need a better hospital and building this at Sutton will be brilliant
I think they should leave things alone why did thing's that aren't broken.
I think they should remain at St. Helier as some people would have problems travelling.
I think we should add more staff to retain and improve the current services at St helier hospital
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 totally disagree with the proposed changes at St Helier Hospital.
I want st helier hospital stay same as before please
I want st helier hospital to remain open , because are good doctors, I have enough problems with st George's hospital from tooting . Please consider that st helier have good doctors.
I want to Know why you have been spending public funds on updating St.Heliers hospital knowing you have every intention of closing it
I was born at St Helier and many years later had my own son there. The midwives and staff were amazing and every length should be taken to keep these facilities in place for future generations.

I was born here and I was a IVF baby this place means so much to me and I would love to have my kids here
I was under the impression, St helier was staying, leave it alone.
I went into labour with my son at XX weeks. From start to finish the labour lasted under an hour- if I had not been able to be seen so quickly at St Helier, both my son and I may have died (we were both suffering from XXX) He then went on to spend XX months in the neonatal unit which would have been so difficult if we had to travel to another hospital as we have three other children. My son now has regular appointments at Queen Mary's. The local people need these services LOCALLY!
I went several times after my daughter birth and they were absolutely amazing with me and her!!
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 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 would like to extend the hospital to stay at st Helier
I'm a Merton resident (Mitcham) and have had a baby at St Helier hospital. The maternity unit is amazing! From antenatal to the birth day to the maternity ward, the facilities and staff were impeccable and I would absolutely recommend to anyone. In particular, at the beginning we chose St Helier over St Georges as it was a better location for us and also preferred the facilities. I'd be happy to give more information on our experience should it be required. The closure of the maternity unit at St Helier would be a great loss for the community.
I'm about to get pregnant - please keep the maternity services - I am paying my taxes after all. Thanks
I'm concerned about the distance to other maternity wards. As a woman wanting to start a family soon that worries me.
I'm happy with the St Helier Hospital services
I've given birth 3 times at St Helier and had life saving emergency surgery the staff at St Helier are amazing I may not be here today if I'd had to go to a hospital much much further away
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'd rather have a good hospital a bit further away than a bad one on my doorstep.

If a new hospital is required a set of managers is more than required some who make a disecion and stick to it.
If all hospital shuts A&E what will happen
If anything we should be extending provision, not ‘streamlining’ it - we all know that’s code for making yet more cuts to a service that has already been trimmed to the bone. These decisions have real lives that will be lost / affected by them.
If Better services mean a move then that is what should happen
If is isn’t broke, don’t fix it. Leave our Hospital alone.
If it is moved there will be more deaths that could be avoided had the hospital been maintained and kept in the middle of the housing estate
If it wasn’t for the maternity department at st helier my 2 children wouldn’t be alive today
If it's for the greater good then go ahead but if more people are waiting for cancelled operation and all this will put a massive strain on st George's
If possible all the services at St helier should stay in the same place !
If pregnant women are sent further, their child they are giving birth to, could be in danger and also put the mother at risk. Closures do not help at all, but burden other hospitals that are also struggling to meet with needs
If services are moved residents will travel to St Georges which is already overcrowded & not to Belmont which is harder to travel to.
If St Helier closes how will the bed shortfall be made up? It seems there will be a net fall in bed numbers. St George's already can't cope. Why should the most deprived area lose its hospital?
If the emergency and maternity services move to Sutton it would not be serving the people who need it the most and they would be at a further disadvantage in terms of access. Therefore I do not agree with the building of a new hospital in Belmont.
If the hospital stays where it is, they seriously need to overhaul their staff, they offer appalling service!
If the hospital was to shut or move to a new location we would have further to travel for medical help.
If the NHS preferred option is adopted (Sutton Hospital site in Belmont)the travelling time for people in Pollards Hill will lead to deaths occurring. We all know the ambulance service is creaking through under investment and the extra time it will take to get to the proposed A&E site at Belmont will be too long. 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.

If the parking was cheaper it would help. So far this month I have spent over £50 in parking visiting a sick relative. Disgusting.
If the services were to be moved, this would be disastrous for the local residents who enjoy easy access to the hospital.
If vital services are closed, then this puts pressure on St. George's hospital.
If we lose these vital services at St. Helier's, the more it will be difficult to get immediate treatment as these patients will be distributed elsewhere and making waiting times much longer specially A&E and Maternity.
If you change the services the other hospitals are going to be even more over run and under staffed than they are now!
If you close these places then it will put a strain on the local community and the NHS so they should all stay where they are if its not broken
If you close this your ruin life
If you have disability, frailty, young children etc etc, extra journeys are distressing and difficult. Why should we all be sent on further journeys when we already have a hospital nearby? It's unfair and unjust
If you have to travel further to Accident& emergency you could be dead by then. Boris promise lots more money towards hospitals so Merton council what are you doing with it.
I'm disabled with Chronic Longterm health conditions. I would be very concerned if the changes went ahead at St. Helier Hospital.
I'm looking forward to having a 24 hour Urgent Care Centre at St Helier. The best place for emergency surgery and childbirth is the new hospital at Belmont.
Improve the existing service.
Improve what is there. Dont send vital and much needed services further afield.
In an emergency longer traveling times will cost lives.
In the advertising it states that none of the Hospitals would close it's now saying St. Jellies may close????
Instead of cutting important departments at St Heliers, either close non-important departments such as plastics, cosmetics, etc. Work for more funding
Instead of spending money on new build just invest in St helier and Epson, great hospitals and great staff.
Invest in St Helier we need this hospital it provides vital services.
It covers wide range of people in the borough no hospital nearby its really important and services are good here

It gets bad publicity, but I have always found it a very reliable hospital with good staff. It should be extended & updated to let it continue to serve an increasing patronage
It is a very good hospital especially the maternity ward... it needs investment not closure!!!!
It is a vital service which is accessible at St Helier to elderly , disabled and people with childcare responsibilities. Travel times and costs are vital to wellbeing of vulnerable people.
It is absurd to build a further place for these two depts when you have already got rid of the facility at Belmont and Carshalton just wasting more funds
It is always busy in A and E so we must keep emergency services. We need more capacity not less. Brilliant staff in A and Enthough overworked and always busy. Need more space and more beds not less!
It is always busy, always used it would be crazy to close. It would put so much more pressure on the other hospitals. Invest in it rather than scap it. I have had 3 children there and used the a&e department its brilliant having it a 15 minute drive away. A long journey in labour or in an emergency is not for anyone.
It is an absolute craziness just thinking of shutting down this hospital.
It is an amazing hospital and I have experienced it first hand, with an operation and stay and the Consultant and staff were lovely, I couldn’t praise them enough.
It is disgusting to even think about it.
It is essential that services are maintained at St Helier and all other hospital. There is no justification for cuts anywhere. Those people attempting to destroy and privatise the NHS should be ashamed. I don’t want to die in an ambulance just because some one wants to save a few bob! Tax the rich . Bring the money home from the Cayman Island
It is essential that we have a hospital that is easily accessible in an area which has the greatest population with excellent transport services.
It is essential to keep all services at St Helier for local people. St George's is already at breaking point for emergency and outpatients as is Mayday. both of my children were born at St Helier PLEASE MAKE SURE WE KEEP IT!
It is essential to keep the services as they are as moving the services to the other hospital will cause for an overcrowding/longer wait times at the very few hospitals available in the area. Ideally any money that would be spend on moving the services should be refunded to be used to update the St.Helier facilities instead
It is imperative for services to be in Merton for its residents.

It is important to keep key services local to the community who use them and can access them easily.
It is important to keep services local. The local people would have to travel further to visit relatives.
It is in a central position and is used by many local people, Belmont is not easy to get to from parts of Merton and At George's is a nightmare for getting to and parking
It is one of the biggest hospitals in this area and has served me well! All of the services are badly needed here!
It is quite obvious that this would cause a bigger strain on services, NHS staff and emergency services as well as people having further to travel. Those extra minutes travelling that much further could literally be the difference between life and death.
It is ridiculous with all the building of extra homes that have been allowed in Merton so expecting a higher volume of people in the area. That to think closing these very important services was a good idea is some how unbelievable.
It is very important to have as many local A&E services as possible because although there are other hospitals in serious cases travelling to them can create serious delays, potentially affecting the patient. Merging services/hospitals whilst securing savings creates significant delays for patients and unjustified pressure on staff and associated services such as beds within the hospital if the patient is admitted. In addition, at a time when nursing resources are actively increased, due to shortages surely less training centres such as active A&E departments has a negative impact on training. I worry that moving specific services/departments from St Helier will result in the basis for an argument to effectively close the hospital in the near future.
It is vital that these services remain at St. Helier.
It isn't a very nice hospital and it's not in a nice area, perhaps the site would suit industrial use and a nice new hospital be built not too far away.
It makes no sense that I can to move all this.st Helier is my nearest hospital and I don’t drive.
It must be said that the belt must be tightened even more but not at the expense of the poor patients the running costs of these hospitals and wages if these top people and pensions need to be looked and if we can believe what we read !! in the papers something done about them they get too wages but are not streamlining the services as they should in my opinion I have worked in the nhs for many years and have seen first hand the cuts all about the patients and equipment not ever about all the managers and staff

It needs to be a hospital accessible to the local people. Many that use it are unable to travel so far,those that can get elsewhere will go to St George's, putting more pressure on them.
It seems an absolute waste to close those facilities. Rather refurbish, sufficiently staff and support the current facilities with the money that has been set aside. Smarter investment.
It seems silly to close hospital departments when the population is growing, and the NHS is stretched to its linits
it seems to me that the emergency is indeed understaffed... been there 3 times and it takes hours to get through.
It should expand its devices not cut back
It should remain instead of money going on moving it to another site but should be put to good use to help St Helier remain where it is.
It should stay it’s a brilliant Fantastic hospital
It should stay put. It’s needed to cover this area it’s in a good position for most people why change it
It shouldn’t happen it’s a community hospital and a comfort to know it is there
It was bad enough moving the children's hospital from its previous beautiful site. Why do they need to move it again,?
It was built by the people for the people and should remain in the CENTRE of the people. Where it is needed and not outside of the area where the people are living.
It will put pressure on St George's hospital. Belmont is not in the Merton borough so residents will suffer. People's health and wellbeing should be paramount. The population is growing so it needs to remain. What about the elderly, those with a disability and vulnerable?
It works the way it is...why change it. Nice to know it close to where I live if needed and you can park there.
It would also cause more waiting lists,and people would have to travel to Epsom or st George's, it will cause chaos for the elderly and parents with young children.
It would be disastrous to the community if St Helier was down graded. Lives would be put at risk
It would leave 1000’s without a close hospital in an ageing community it is desperately needed
It would need to be completed rebuilt as the current building is not fit for purpose.
It’s a great hospital my looked after my dad very well and my mum is here now been looked after the same way

It's a lovely hospital. Had both my children there. It's provides all the local community without having to travel to far
It's a vital Hospital for all concerned in this area. Closing Hospitals is not what is needed surely every possible care should be there for all people of all ages. Good health is vital.
It's always busy the hub of community We need to keep together as much as possible Y spend all the money on rebuked unit and moving other facilities to accommodate the renal unit when what we have one move renal onto new site
It's an amazing hospital I had my 3 children there.
It's bad enough getting to St Helier on public transport for the elderly & those who have mobility issues, moving the hospital further away would make it near impossible for people to get to. Not everyone can drive, afford taxis or qualify for patient access
It's crazy to think that at a time when we need all hands on deck with the Coronavirus, they are thinking of closing down any hospital sections of St Helliers. I was a patient there at the A&E before being transferred and if they hadn't seen me and sent me off to the relevant dept for treatment, I would have died! The government has to assist to keep our NHS properly funded so that everyone receives the proper medical care they deserve! This is simply unacceptable.
It's critical to keep this facility open, especially the children's emergency services.
It's in the heart of the community. They saved my husbands life
It's nice to have a hospital very close but there are lots of other hospitals in the area and the government needs to make cuts as borrowing is still very high
It's ridiculous considering closing these services this is our local hospital. If you have to use public transport getting to St Georges or Croydon takes ages.
It's so hard to get a GP appointment and when asked the nature of the urgency, you explain your pain and / or other symptoms, only to be told to go in to A&E. if emergency services are taken from St Helier it will be even more difficult for local residents to access the urgent care they need.
It's the only hospital in the area
It's very good hospital with great service We are in need for hospitals with this quality not close then down
It's very helpful
Its a amazing hospital with very caring staff, i would hate to see it shut down.. to many people rely on it... if it wasn't for the quick thinking of the A&E staff both me & my daughter could be dead right now. they have helped us in so many ways

Its a good hospital people of all ages need and really on all Services. Other hospitals are to far for local people to get to. My own family 7 Grandchildren have been born at the maternity unit. Leave St Heiler alone.
its a great hospital the NHS is so stretched its not the dr or nurses causing this they still turn up and do long shifts its and old local hospital trying to come into the 20th century, I have seen small changes its getting better but the hospital needs funds from the goverment and the nurses and healthcare workers need to get a decent wage, we now need them with this virus so help them boris with out them we are fxxxxx l show them you care, parking should be free but you need a card or code to stop everyone else parking just to go shopping .
It's a service that we all required and still need
Its better to keep services here,otherwise i will like to move in the nearing council of hospital,no point of staying in Merton for shit
It's complicated. Public authorities have limited funds. But st helier is an important artery in the area. The reason its gone around in circles for so long is because it is so complicated!
It's easy to get to and is a good hospital.
It's essential that such a centrally located hospital should offer the widest range of services possible.
It's heavily residential around St Helier Hospital, why would you expect these people to have to travel when there are the right services providing for their needs on the doorstep all to save a couple of pounds. No doubt you'll sell off the excess land as seems the norm now and when a new mandate comes round to bring these services back to St Helier, you won't have any land to do so - usual short sightedness from the NHS big wigs!
It's one of the worst hospital in Surrey
It's serving the local people
Its should stay open as normal!
I've had first hand experience of the excellent A&E, Children's Unit and Maternity Wards at St Helier hospital. They are essential to our community and they provide a brilliant service. They should be retained so that they can continue to provide the essential service that they do.
Just don’t shut it down the other hospital are over loaded please think about the people
Just leave it alone we need these services at our local hospital. I have used all three of them and they Provide an outstanding service!

Just Leave St Helier alone it's great as it is just needs a lick of Paint the Staff are Amazing ??
Just should never happen!! How can the largest Council estate in England, be better served by a hospital that is not central????!!!! Eg: where it is now!!!!!!! How are the poorest of people who work hard all their lives, just to make ends meet, be able to get to Belmont, which is the most awkward place to get to from the St. Helier estate and surrounding areas????!!!!! The infrastructure is not in place, and unlikely will ever be!!!!! If this is to happen, that must be in place first!!!!!!! St. Helier Hospital was put in the position it is now, solely to serve the people of St. Helier Estate, and surrounding areas, how will that even be fair to send it to Belmont???!!! & Why????!!!! St. Georges is over subscribed now, with patients in it's own area, imagine if St. Helier Hospital is moved!!!!!!!! Utter chaos it will be, and hundreds or even thousands of people dying unnecessarily, over the years, because of this idiotic decision/move!!!!!!! Oh and by the way, about this survey!! Terrible grammar!!!!!! The questions should read 'To' what, not 'Do' what!!!!!!!
Keep all services in Merton, I live in lower Morden and had to go to Kingston hospital and ended up giving birth in the car!!!!
Keep everything at St. Helier. It is too far to travel for most people to go to Belmont
Keep important service local
KEEP IT AS IT IS FOR THE LOVE OF GOD
Keep it there or will will be carousel for other hospitals it is all ready bad
Keep key services at st helier
Keep our hospital. Loved and trusted by all local people. We have fought so hard with our mp. Not all can travel more distances for treatment and visiting loved ones.
Keep services at St helier hospital. That's all I can say.
Keep services at St. Helier Hospital and dont move them to Sutton hospital causing people to travel further.
Keep services there the same
Keep st heiler
Keep St Helier as it is . It is needed. Dont change it.
Keep st Helier for all the local people who need the services locally
Keep St Helier Hospital up and running
Keep st helier hospital. Taking any service away will only put pressure on other hospitals and cause more deaths (which I am guessing the government want! considering the cut back they have made across the board)

Keep the 3 important services at St. Heliers Hospital
Keep the hospital and service’s where they are needed and wanted
Keep the services the way they are
Keep them as they are at St Helier Hospital
Labour lies.
Last year I went to casualty. I was seen and given a medication. FROM START TO FINISH ALL DONE WITHIN FORTY MINUTES PERFECT SERVICE.
Leave it alone
Leave it alone and plough funds into it to make it a super hospital. Residents want it to stay leave it alone why waste money moving it to another area just put money into improving what we already have.
Leave our hospital alone
Leave our hospital as it is we love it great care and the best nurses
Leave our local hospital for local people alone
Leave st helier as it is, if anything inject some money into improvements instead of looking at shutting it down.
Leave st heliers as it is update it ,its central for a lot of people and in my view does a good N H S service well done st helier?.
Leave the hospital where it is.. so many people need that place, why move it. If it wasn’t for st helier hospital being as close as it is I wouldn't have my son after a compilation in labour..
Leave the services as they are
Life is stressful enough without making health care even more difficult to access.
Local amenities for local people, and maybe some people are too ill To try and get to another hospital further away save our services keep local people safe
Local people don't all have cars and this site is necessary and convenient to travel to
Looking forward to seeing anew hospital that meets our needs
Lots mother’s live Carshalton need help by babies closer but I don’t accept about Belmont because nearly prisoners not safely nearly babies or kids around nearly shankin area not good.
Major hospital should be kept within Sutton. Should not be moved and should serve the local community.

Majority of my grandchildren were born here the care was excellent. A/E is needed the care is above and beyond.
Make sure they stay at St. Helier Hospital and use the money that has been invested and improve buildings at St. Helier do that old and poor people dont have to travel so far.
Makes sense to consolidate services across locations spreading employment and expertise to best effect
Many vulnerable peoples health and journeys will be severely impacted if these services are moved.
Maternity unit is lacking in capacity, cleanliness and aging facilities at st helier and there are a lot of infections post surgery. 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. My main concern is traffic if all three services relocated as Belmont is a nice area and roads are smaller with double parked cars and would also reduce house prices. The roads leading to st helier are more passable for ambulances. Alternative to travel by car to st George's is a nightmare and takes over an hour from wallington.
Maternity ward and services should be improved.
Money should be spent on improving facilities at St Helier rather than building an entirely new hospital.
More budgeting so the overall service can improve. The hospital is in very poor condition. Something must be done about professionals! Not enough workers to meet everyone's needs.
More funding to improve the maternity services and A&E
More funds should be allotted
More services will bring more income to the hospital and growth to the growing community around st Helier
Most ambulance admissions would be to a specialist hospital anyway, eg stroke or heart attack. The issue is whether the NHS will invest in St Helier to make it fit for the 21st Century of not
Most MERTON people use St. George’s or CROYDON or even Kingston. I don’t see the problem with the Nhs proposals
Most of my daughters care is at this hospital. I don’t know what I would do if this hospital closes down
Move to Belmont

Moving A&E from St Helier will only put more pressure on already stretched St George's & CUH
Moving any services away from St Helier Hospital will be detrimental to the vast number of local people who have to use this local hospital. Further to travel taking more time causing anguish and putting more traffic on the roads causing more congestion. The common sense approach is to keep things local.
Moving away from St Helier would increase pressure at St George's, itself already under pressure - often running at full capacity
Moving from the St Helier site will detrimental the poorer and elderly residents Also St Helier is in a central position for the residents of Sutton and Merton.
Moving services further out will surely have an adverse impact on hospitals such as St George's. What assessments have been made of the impact on people making decisions on where to go?
Moving services will cost lives
Moving these services away from at Helier will place increased pressure on Croydon hospital and at George's. I am too far away from the proposed Belmont location
Moving these services would increase pressure on St George's in Tooting, which is already at full capacity.
Moving those services way from St Helier would only increase risks to patients and traffic on the roads to wherever those patients are supposed to go
Much money has been spent on upgrading St. Helier to excellent effect. It shld be left as it is.
Must not change something that works well. Essential to the area only a bunch of idiots would dream of shutting it down. They are probably on private health care.
My concern is that it's a long way to Epsom or Tooting from this area so it's really important to me that we have local emergency services available
my daughter 2 years ago got hurt at the school near the hospital and was very well attended, by the way one of the best care she had here in the region
My daughter has had a baby in St Helier hospital, the care her and her son had was absolutely amazing. This hospital and the people that work in it are amazing.
My daughter was born at St Helier!
My husband been in st.Helier with X condition. Everyone is been amazing. Like to thank all the doctors and nurses .Your all amazing , he would not be here with out you all.We need this hospital open for all of us. Please please.
My last experience at St. Helier hospital was great, I really liked the service they gave.

My life was saved by the hospital. Also, it was the only one within reasonable distance for my daughter, her boys, and my boyfriend to get to me.
My mum and dad attend st Helier hospital regularly and it's just down the road from them, they would really struggle to get there otherwise and my dad would probably not even bother going if it was moved to Sutton. My grandson was also born at st Helier and we would have struggled to get all the way to Sutton to visit and help out. St Helier is in a great location and should be left as it is
My son is disabled and has X I need this hospital. I don't know what I would do if this hospital wasn't here. We need it and the lovely staff you have working there
My three children and three grandchildren were born in St Helier maternity ward. We received excellent care. Myself and my extended family have all used the A&E dept. on several occasions and again received excellent care. My children &grandchildren have all benefited from the excellent care of Queen Mary's Hosp. for Children - in fact when it was relocated from Sutton many years ago, it was highly welcomed because it was more central with better transport links. There is a necessary fundamental need for a hospital with these depts. to remain on the existing Carshalton site. It would not serve the vital & necessary needs of the local population to relocate these depts. to a location that is less central & further away. St Helier is already currently the overflow choice for St Georges Hosp. A&E dept. I exercise my right as a local resident & user of these services at St Helier Hosp. to encourage, insist, demand that these services remain at their current site.
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 it's 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 too.
Need a main centre for emergency and midwifery especially for non complicated delivery but main ones could be centralised. They need some form of urgent care accessible eg remaining at st H too but this could be minors if majors are centrally located and timespan for arrivals not increased as majors deal with life changing and life and death care
Need more doctors and shorter waiting time in a&e. Waiting room in a&e needs to be bigger and not people sitting on top each other
Need to have A + E and Maternity for the surrounding residents....that live local.... the children's Queen Mary's Hospital is really important to be local for us
Needed hospital nearby
Needs to be rebuilt
New acute hospital should be at Belmont. Al Borough residents will benefit

New refurb needs to be at St Helier, bus routes , parking etc are already in place.
NHS CCG rational approach makes sense.
NHS services are already strained. Closing services at St helier will have a big impact on St George's and Croydon university hospital
No hospital departments should be closed as it is the ones that are still open in neighbouring hospitals are always over worked and over crowded making people wait so much longer to be seen.
No hospitals should be losing facilities not fair to the people that live in the area and puts more strain on the hospitals in the area
Not really as I am happy and satisfied with St Heliers services.
Not to move any of acute services to a new site perhaps update the sites and build a New hospital as well
Now let’s say in two weeks time we end up like Italy are now with Covid 19, hospitals overwhelmed so for now or any further crisis we may face we should look at improving NHS services not reducing them. Thank you
One of the best hospital in London
One of the main reasons why I moved to Morden/St Helier area was because of the proximity to the hospital. I would be extremely upset if this was moved to Sutton as it provides services to a HUGE number of patients who are based in this area.
Only remove everything if the poor residents are thick enough to vote conservative
Other hospitals in the area are already struggling to cope. Journey to St George's is already difficult. We need more facilities, not less with all the planned developments going on in the surrounding areas.
Other surrounding hospitals are already struggling, so how are they going to cope with additional patients who use St Helier. There has also been a huge increase in New builds/accomodation especially in Sutton/Carshalton. Where are all these people going to go for their care? Surely we should be building additional facilities to cope with more people? Having to travel further for emergency and maternity care is going to put lives at risk.
Other surrounding hospitals are stretched enough keep St Heliers going!
Our roads are not getting less congested. Moving emergency services costs lives.
People in the north of the borough probably find it easier to go to Kingston or St George’s.
People need hospitals All over the age; growing population means more hospitals not less, more departments. epidemics crisis make strong pressure on gov to take care of people more serious.

People need these services near home it’s unfair to ask the parents of a sick child to go along way from home or a pregnant woman to travel (maybe with small children) on public transport for their checkups and as a parent of an emergency admission to St Helier Hospital I was in no fit state to drive to another location! Please leave our hospital where it is we need it. Thankyou
Please do whatever it makes to keep all the services as it is at the st Helier hospital. I have been there on several occasions and had the best service and care. Please don’t close anything, all services there are just perfect.
Please don’t close it . We all benefit from that hospital Thank you
Please don’t close the emergency services You can build new but not close the current ones as the population has increased and nhs A&E not coping with current patient numbers, so it’s good to make more hospitals but can’t close the existing ones due to dire need. Please put more money in the NHS it’s crippling at the moment with 12 hours A&E times! Thanks.
please don't change, because I had my son. in that hospital. my son does all the treatment and I am very happy with the service
Please dont let this hospital close, I have yet to hear a positive on this
Please don’t remove, just improve!
Please don't take valuable services away from the local community

Please just walk around St. Helier Hospital. The buildings are just way too old to offer modern, safe and excellent healthcare. The Hospital was built in 1935 before the NHS. The government is investing £500,000,000 for a new health care facility. 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 2-4 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 possible 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 ob
please keep all Service at St.Helier Hospital, we very very need help.
Please keep all the paediatric services in place at st Helier hospital. It’s a great benefit for all of us part of the local community. Thank you. Nathalie
Please keep hospital fully open and running
Please keep it open
Please keep our local hospital open it’s vital to the community young and old
Please keep st Helier open, it would be nightmare to go in Belmont or Epsom, around st Helier hospital lives a lot people who needs it
Please keep St Helier’s running the way it is! Invest more at this hospital where possible to keep it going! An efficient clean and important hospital loved by its community and those of neighbouring boroughs.
Please leave all those 3 units at st Heliers hospital!
Please make services staying in St Helier hospital. They are great for people who are living in Merton.

Please please keep St Helier Hospital with all facilities, as it is important to us people who use it on a regular basis.
Please please save all our St Helier hospital
Please Please stay!!!
Please reduce waiting time at the A&E
Please save St Helier Hospital. We need it very much and it would be a shame to let it go.
Please save st heliers hospital
Please St Helier Hospital is very important for the community.
Please you can renovate the some area which is not good for operating, but not closing for good, it Will affect some of the patients. For me In person i like st Heliers hospital soo much,they are very good and the staff are superb. Not only that is near and not too much traffic to go there.
Poorly run compared to St. George's and Kingston. It's better to have fewer NHS trusts that are better staffed with better facilities then to have more with ones that are not providing the same level of service
Proposals to Sutton include more travel time and in effect cost for Merton residents. Invest more in St Helier and maximise the strength of familiarity to the surrounding community.
Proposed changes are not good for the community
Proposed changes would be detrimental to the local and surrounding communities
Public transport is great with St Helier hospital, with growing number of cases, extending services is always welcomed but we don't want to lose existing services
Put more doctors and
Queen Mary's at st Helier has been a literal life saver for my child when she was young. Quickly assessed and diagnosed with leukaemia so treatments could start quickly. Regular monitoring of her health issues through childhood having special needs. Such good care!
Really kind and professional people work there. I only go to St Helier, despite St Georges is the closest hospital, but their staff are extredly rude.
Removing services from this hospital is madness and the authorities know it. Just fund the NHS properly!
Removing these services from this area will simply put a greater load onto St. George's hospital which is already struggling and quite rundown

Renovate the present site, all will be good. Keep close to St. George's for back up services. Belmont would add to transfer time xx
Residents will not travel to Belmont as many rely on public transport. St. George's and Croydon University are already running at full capacity so will not be able to cope with the extra number of patients. Ambulance handover times will also increase and therefore start costing the CCG's more money in fines.
Ridiculous- all of the local hospitals are under so much pressure as it is so it will only get worse
Sad to see Labour and Siobhain exploit the elderly with scare stories. This is an old failing hospital. Better services at St George's especially for disabled, single mothers like me.
Seems utter madness to close / move these services. Families like ours completely need them.
Services should be moved from St Helier to St George's, a far superior hospital.
Should keep the department at St Helier as it is convenient for most of the population living in the local areas. If it can be maintained would be appreciated. Really appreciate the care provided by the staffs at the moment.
Should stay at at belief hospital and Belmont or build the other side of the road
Shutting down the services in st Helier would mean people having to travel a lot further away in an area where public transports are limited. It would also put an incredible amount of pressure on all the other hospitals who would have to take on lots more people. They are already full up!
So much money wasted on all these consultations. Big population in area who deserve the best of service. Not everyone has a car to travel for health care
Something needs to change it's to over crowded at st helier i think change is good
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 a outdated crumbling hospital.
Sort out the parking so staff, visitors and patients stop taking up our car parking spaces. Living on Wrythe Lane and surrounding roads is a nightmare with staff parking outside our homes. Sometimes I have to park two streets away from my own home.
Spend any new money on improving St helier and Epsom.

Spend the money hiring more staff and renovation the much needed areas.
St George hospital do not care about pregnant women or their babies. St George's hospital should close.
St George’s is already under huge pressure with 4-5 hour wait times in A&E If St Helliers A&E & maternity close it will break! Thank lease keep St Helier emergency, maternity & children’s open for the wider community and colleagues at St George’s. Thank you! ??
St George’s is only 15 mins away and only 20% of Merton patient go to St Helier. Get real St Helier is old outdated build a new hospital
St George’s will have an influx of patients from the MORDEN area as traveling to new site south of Sutton will take longer and public transport links rely on buses
St Healier should be upgraded to enable it to cover needs of its residents
St Helier is vital for local people and should be protected at all costs
St Helier must stay
St Helier , already has buses from various arts of the borough allow people to access the hospital, making it easier for the elderly , disabled and families with children to get there for treatment
St Helier covers a vast area and is local to the local community. These services need to be kept and supported and investment in to them to ensure they provide the high standards of care St Heliers is known for.
St helier covers a very large area that is densely populated, it's part of our community and is needed and loved by many people. Other hospitals are also running at full capacity and cannot cope with extra patients. St helier must retain all its major services otherwise local people will suffer.
St helier has been a life safer hospital for me and my family and if you took away the A@E this would mean that we would have to travel further afield putting our lives at risk. How would hospitals cope it's outrageous now as waiting times are over 5 hours.
St helier has been a life saver for me. I have had my daughters born there and one was an emergency in which we could of died if not for the wonderful doctors and nurses. I have used the emergency many times for my children and my parents.and myself. If you take this away from us how many peoples lives are you going to put at risk because we have to travel further!
St Helier has been slowly having funds invested in it for a long time so why waste all that time and investment now? It makes no sense. St Helier is a very convenient location for everyone. Sutton Hospital location is very tucked away and not convenient. The Sutton site would take years to get to any kind of serviceable hospital. This change would make no sense.

St Helier has good transport connections. The Sutton site is more difficult to get to and if needed to get a cab there it would cost a lot more.
St Helier has served the local area well for many yeasts It is Accessible moving services to Sutton would be to long a journey for people in St Helier catchment.It has been and still is a lifeline to 4 generations of my family
St helier have best doctors and are best hospital overall compare with croydon or st thomas.
St Helier hosp has had enough money given to it poor management too many junior doctors not enough consultants on duty,crumbling building lack of staff altogether very poor service,merton patients can use St Goerges hosp for their needs much better service i would choose to St Goerges and i live on St Heliers doorstep.
St Helier Hospital building is not fit for purpose and needs to be raised to the ground. A new state of the art building should be built on the same spot. I wish.
St helier hospital caters to a large amount of surrounding areas. It should continue with all the facilities of the hospital.
St Helier hospital covers a large area of the St Helier estate and to move the A&E further afield would put strain on other resources and could also endanger live in taking extra time for emergency services to be able to respond
St Helier hospital covers a large heavily populated area of south London and any down grading of NHS services would be detrimental.
St Helier hospital is a fantastic hospital used by many thousands of people every year. Instead of closing departments and putting even more pressure on the already overloaded understaffed elsewhere. Why not just put the funds needed into rejuvenation of this hospital. Surely it would make more sense.
St Helier Hospital is a vital service for homes withing that area.
St Helier hospital is an important part of our community. Hundreds of thousands of people rely on the services of this hospital. To move all these departments would be detrimental to people’s health.
St Helier Hospital is much needed to stay where it is with all the departments left as they are. It covers a large area with many depends on
St Helier hospital is needed closing the hospital will make a big negative affect on other hospitals

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 no longer fit for purpose and costing the public ridiculous amounts of money in trying to keep a crumbling building running
St Helier Hospital is one of the best hospitals around the care that they give in both A&E maternity the childrens hospital - it would be criminal for this great hospital to go.
St Helier Hospital is pretty strategically situated which would be easy for both Sutton, Epsom and Merton residents to access. The services in question should be retained at St Helier.
St Helier Hospital is the best location for these services and is central to a very large catchment area
St Helier hospital is the only hospital in a very dense populated area, we need all departments of this hospital to stay where it is...
St helier hospital is tired and run down, the buildings themselves are appalling. Resources and or funding would be better placed at Epsom Hospital which has the existing infrastructure to support the proposals.
St Helier hospital is vital to the people in the area especially not everyone has a car some of us use a bus on s good day I can walk to the hospital also at this critical time we need St Helier hospital
St Helier Hospital operation should be maintained and further investments made to improve and redecorate the hospital
St helier hospital saved my dad's life and 4 af my children was born at the hospital as well as treating me and my grandkids it is vital this hospital stays open
St Helier hospital serves a huge area. The hospital is always busy, for local people it is a life saver. To get to other hospitals would be difficult for lot of people.
St Helier hospital serves a large community and it’s very much needed.
St Helier hospital serves this community very well and needs to continue to do so. Moving these services to other areas would be a disaster. I don't believe transport links to others would be as good and this would only serve to distress people at a time when they are already under pressure. Staff at St Helier are amazing and the services would be severely harmed if they are pushed around to other areas
St Helier hospital should be kept and maintained where it is.
St Helier Hospital should not loose any of its vital NHS services.

St Helier Hospital to stay where it is it would be a disaster to be moved to Sutton - please keep it where it is .thank you
St Helier Hospital was built where it is for a purpose its near to the people that use it also it has the best transport , so it doesn't need people to drive, Also if the tram was extended not many people would drive.
St Helier is a much needed local hospital and needs to have all facilities left there
St Helier is a must for the community and extremely important. It is easily accessible to all that need it. Very good transport links and excellent staff. Why take away something that works? Plus there has been huge input of taxpayers money to improve the hospital already i.e the A&E dept. If the ordinary person was to think about wasting money this way they would be accused of mismanaging their income! Use our money wisely please. Ideas like this is why there is never enough money in the budget for services because projects are not seen through and managed properly.
St Helier is a precious resourse for all the residents in Merton/Sutton area, and very much needed.
St Helier is a wonderful community hospital with hardworking nurses and doctors. Merton and Sutton needs it badly.
St helier is an amazing hospital the staff is excellent the placement of the hospital is on a perfect location for many to reach. Keep it together it's been successful for yrs and yrs why change something that's working good.
St Helier is an excellent hospital which provides core health services to the very large population which reside near this hospital, its provision Of NHS Services, these services I feel are underrated as the local community depend and rely on especially Maternity and Paediatrics both services which received an awful excellent rating in The most recent CQC Report and indeed St Helier as a whole did really well. To contemplate the closure of this hospital would be sheer madness and detrimental to the local community it serves.
St Helier is an old dilapidated hospital. I would much rather a new building and combined, efficient service at St George's or Epsom.
St Helier is central to Merton and should be kept enlarged and improved
St Helier is in a bad state. Patients need a new hospital and if it’s a little further away it will still be best
St Helier is in a key area of the borough, servicing many many low income families and elderly people. To position those services elsewhere will cause delay and have a severe impact on those needing help.
St Helier is needed in our community

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 mins travelling time for some will make no difference to outcomes.
St Helier is on a number a major bus routes allow access for all. The alternative do not seem to take this into account and effect those who do not have or cannot afford a car most.
St Helier is over stretched. Keeping community services there is a good idea to serve the local population and as a preventative measure. However 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. The way this survey has been worded only gives one view so people will respond the way you want in general. Why not have the informed debate?
St Helier is perfectly located. The fact that's it's run down and in need of substantial repair does not change that. The money must be spent to keep the hospital in Rose Hill
St Helier is really needed, there is insufficient capacity at other hospitals. people are unique, each a person with needs many cant travel long distances due to infirmity or personal circumstances. How will they cope? We are not financial data, we are all unique with valuable to society. PLEASE don't close St Helier whoever who is in charge should be ashamed of doing this, any award MBE will be with blood money tainted for life.
St Helier is the best location for A&E as it served the large St Helier Estate and is close the ever expanding developments in Hackbridge/Wallington
St Helier is very easy to reach on public transport which is plentiful and stops right outside. Belmont is more tucked away and will make journeys longer and more difficult for people.
St Helier is very good service and don't move this hospital .
St Helier is vital for all local people. Travelling to Belmont or Tooting is not feasible, especially in an emergency. We need this hospital to remain in situation.
st helier is vital to the people of the locale. It is well located for easy access for the larget number of people.Why move its services miles away to Epsom??
St Helier is well placed for the local ever growing population but needs investment to modernise. It also needs more free blue badge parking spaces.
St Helier is well placed for the local population and it must make sense to spend money bringing it up to standard rather than to embark on building a new hospital further away,which will also take a v long time to complete
St Helier is well served by public transport.

St Helier needs to stop making changes that aren't good and acceptable only changes should be to improve NOT hinder the local residents
St Helier saved my life
St Helier saved my life when I was born and if it wasn't as local then I don't think I would be here
St Helier serves a community with huge social needs.
St Helier serves a lot of people and is a brilliant hospital. We are really lucky to have such a hospital. Our Emergency dept is really good and has helped diagnose many peoples illnesses (heart etc) At stressful times why should people travel further. Leave our hospital alone and invest the money in improvements to the site.
St Helier serves a wide, densely populated area. The government has just declared an emergency and stated that they will do whatever is needed to keep their citizens safe. St Helier is needed to keep us safe.
St helier services are needed
St Helier should not close as it provides excellent care for the community.. it is accessible for people in the surrounding areas and to close this hospital and relocate further away will cause a burden on the other hospitals namely St George's which is over worked already
St Helier should stay as it is. Instead of spending money on things that aren't important and railways nobody is really bothered about spend it on the NHS and environmental issues
St Helier should stay where it is where it is where all the boroughs residence can easerly reach it by public transport
St helier was built for the welfare of those who live on the st helier estate and surrounding areas nothing has changed it is still needed if not more so. So why change it get rid of the running track and skateboard park and put a new hospital on that ground .put the running track and skateboard park in rose hill park .
St helier was built to sustain a large social housing community. The community is still there to move services to Belmont which is less densely populated goes against planning specs to support infrastructure to new build. So why decrease support when the demand is already there and the build is in place. Just doesn't make sense to reduce services when the demand is for increase services. Also it is more cost effective to add build on than to demolish or new build both initially and long term financial. It's a one horse race decision... Isn't it? PS, your survey should have been spell checked before going live....
St heliers has to stay as it is very accessible to transport and health service is good
St heliers has to stay as it is very accessible when it comes to transport and the health servicd is perfect

St Heliers hospital emergency services should stay at Rose Hill. Sutton hospital is at least another 3 to 4 miles away. Why not improve the service , which will help the patients and the community. At the end of the day patient lives matter and the elder will have to travel further or change to the already overcrowded St George's hospital.
St Heliers Hospital is a vital resource for people living in morden and sutton areas, and if it closes it will make people attend at George's hospital that is already working at maximum capacity! I know it because I work there!
St heliers hospital is amazing wonderful nhs workers
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
St Heliers hospital is in a great location and is a lot easier to get to than a lot of hospitals and serves an area that includes a lot of disadvantaged people
St Heliers is in a position to help the residents of this area and we appreciate it as it is.
St Heliers is our local hospital, I have my child there my grandchildren were born there, our neighbourgds grandchildren and children, My daughter's friends. WHy move it? it is for us here in our area, WHy move it. Same with everything. They already closed wilson and st marys in carshaltonon the hill. Centralising everything in St Heliers. Pls not more practicing and changes ... we cannot go to casualties chasing the nearest hospitalmiles away .. pls listen to us ....
St Heller is serving a big community don't move any departments
St helier has played a great role in my life from the birth of my children to the death of my mother and then the birth of my grandchildren, please think before you shut down such a wonderful hospital
St Heiler's is a main hospital or Merton residents and professional services that support these service users. Having services further apart create a gap in relationships with service users and professionals which has long term implications. It is a human right that all children should have access to facilities far closer than the proposed plans. It ay save the HS money in one way but what are the costs that may arise due to a lack of services supporting Merton residents
St.George's is the next nearest and whilst it runs a professional, caring service It serves a large catchment area and is not as convenient, small and personal as the service that St Heliers offers.
St. Helier hospital was built to serve our local community and it needs to be conserved and updated To continue to do so.
st. helier hospital should stay where it's currently; No changes please

St. Helier Hospital, and children's hospital has always been well used for all its services. Taking it away will or changing its services will add more pressure on the community and other hospitals in the area.
St. Helier is a great hospital that should be left alone. Why do the powers that be seem to want to pick on it all the time.
St. Helier is conveniently situated with good transport facilities it's easily accessible, why fix if it's not broken St. Helier is working just fine just needs improving
St. helier is the hospital people want, needs updating
St. Helier is the perfect location for a Merton based hospital. Invest and improve in what's there rather than go to the huge expense of moving into a new building with all the implications and complications that would cause.
St. Heliers should not be closed. There will be terrible crisis
ST.HELIER HOSPITAL IS AMAZING ONE! I GAVE BIRTH TO TWO KIDS THERE. STAFF WAS INCREDIBLE. I HAD TO GO TO ST. MARY'S TOO TWICE. EXCELLENT CARE! YOU ARE DOING A GREAT JOB!
St.Helier Hospital should stay at it's current location and be updated gradually. Mortality and morbidity rates of the population will increase if the population have to travel to St.Georges.
STH needs to remain on its current site in the area of most need which is the St Helier estate. Distance to drive to Belmont or St George's will cost lives. CEO says that Urgent Care Centre will be 24/7 availability but there is not one UCC in the country that is open 24/7. If new build is located at Belmont STH will become a rehab hospital for St G's and major outpatient dept in the main hospital. Other buildings D block, G block, F block will all be sold off for development. Services such as cardiac, stroke, thoracic and plastics have all have been quietly downgraded through the back door to St G's over the last 20 years. It will also be easier for them to close it completely within the next 20 years as they can say it doesn't offer any 'life saving' services and they will move more day to day services such as outpatients into community settings.
StHelier Hospital has for many local and SouthWest London based residents been a shining beacon almost a lighthouse of medical care for many generations. I myself was an In-Patient at StHelier and I am extremely happy and pleased that I was. LONG LIVE StHELIER HOSPITAL.
Stop threatening to close this very vital service and put some money towards maintaining it instead!
Stop trying to close our hospitals by the back door, and give NHS the money it needs and give us the services we're paying for.

Stop using Council resources for a politically motivated Labour party campaign. St Helier is falling apart. It needs modernising. Local residents deserve better.
Stop wasting money on so-called consultations!! Get on with improving the hospital departments which are suffering the effects of the delays. I would like to know how many medically qualified staff from the hospital are on the committees involved in these decisions compared to the number of "money men". The hospital is situated in a densely populated area with good transport connections available for most people. The alternatives are not!!! Finally, another question. It is time that we, the patients and residents of the area covered, were given a breakdown of the TOTAL COST of all of the previous " consultations" -where are those details?
Stop with your yes minister style leading questions. Try offering facts and letting people weigh them up fairly. I trust the NHS more than labour run council
Surely crises like the current one just how important it is to have more local accessible health services, not less!
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!
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.
taking A&E away from St Helier makes it harder for locals to get access as unless taken by ambulance, other A&E departments are to far by public transport, as we don't all have access to cars.
Taking away services at St Heliers will force people to St George hospital in Tooting- already struggling. This is a terrible idea
Taking away services will put lives at risk
taking such vital services away from us would put the wellbeing and in some cases life of vulnerable Merton and Sutton residents in a terrible disadvantage. St George's hospital is not coping with the growing demand - I had to wait 8 hours!!!! in A&E with an elderly friend last year and I thought that was a disgrace
The A and E needs to stay open at St Helier site George's is so over run and I live 10mins from St helier hospital and having a A and E up the road helps with my XX if this was to change I would move. We need our hospitals.

The A&E and Maternity departments should remain open at St Helier Hospital as they provide a vital service to members of the public. To close the departments down would be catastrophic as it would inconvenienced some members of the public especially pregnant women, OAPs, vulnerable adults, etc. to look for (urgent and non-urgent) medical help somewhere else and it would also increase the Mayday Hospital workload.
The A&E at St Helier must stay
The above services at St Helier hospital have been very much valuable and beneficial to the local people and they are the most needed services and relocation of these services will badly affect wellbeing of the wider population of local residents.
The area needs a hospital. The other hospitals are too far away
The building is a run down mess and maintenance is far more costly than other buildings.
The care and nurses and doctors are vital my daughter could have died if it were not for quick thing hospital doctors and nurses at queen marys please please keep our services here at at Helier x
The care I received at St Heliers when I had my baby there was exemplary, but clearly a major lack of investment to date in the structure and fabric of the buildings will impact on quality of care over time. This hospital needs investment for the local population, and those most at need in this area.
The CCGs, Trust and Councils should be lobbying the Government for most investment in both St Helier and Epsom existing sites. The Council should also say a reduction of services at Epsom Hospital would also not be a good thing. The Council should strongly oppose any land sales for housing on the St Helier site as all of it should be kept for health purposes
The change to the maternity services needs to be revisited. It's not working the way it is at the moment. The maternity app hardly works. Appointments are not being kept to due to Admin error. Midwives not knowing if they are coming or going.
The changes that doctors are suggesting seem very sensible to me. You seemed to have made up your minds before listening to the arguments.
The changes will cost lives and we all know this.
The constant construction work is very disruptive and detrimental to patient care.
The current Adult services should remain at the current St Helier site. Not affected by the Children's services. These were of course provided my the St Mary's site at Carshalton and probably be improved by being moved to Sutton thereby freeing up the St Helier site

The current site needs redevelopment, I do not however believe that moving to another site location is needed.
The current situation will hopefully lead to everybody in our society overthinking their priorities. Away from a few people getting richer by the minute and towards a more even distribution and a well looked after (and better funded) NHS. What are you going to do with all your money if you end up dying due to a lack of health care?
The decision about the location of services needs to consider the health inequalities and deprivation of local communities and the impact on other local hospitals such as St George's.
The decision to move st helier's A&E is appalling, even more so to move one away from an area of deprivation to a more affluent area is disgusting.
The Dr at St Helier saves my husband life, all the need is some money that Government put in to improve and modernized equipment, I'm sure da we have excellent medical staff already, so please do not close any department at St Helier hospital please,
The estate St Helier is on is huge. Sending all those people elsewhere would cause chaos. St Heliers is the backbone of the area. Saved my life a couple of times and I've had all my children there and my daughter has had her kids there also. Brilliant hospital with such an amazing maternity and A&E departments. PLEASE DONT CLOSE ANY PART OF ST HELIER.
The existing hospitals in the area cant cope. Moving services further away is not the answer.
The further people have to travel for these services, the more people are likely to die - which may not carry much weight in statistics but it's the whole world to the people concerned and their families!
The green open space opposite the hospital must be excluded from any proposals relating to the hospital.
The high cost of building a new hospital against the cost of updating St Helier must be a reason to keep the services at St \Helier also how is St George's going to cope with the extra that will attend there as it would be nearer than Belmont, it is at breaking point now.
The hospital has run smoothly for so long my daughter was born there 40 years ago. Why change things now.
The hospital is a resource we shouldn't loose

The hospital is disorganised, so much so I planned all of my pregnancy at another hospital instead which was a success compared to all the mothers in my antenatal group who had a very bad experience at st Helier. A 5th corona virus patient also died here. A&E waiting hours have been over 5 hours each time I have gone over the last 10 years and so recently I've travelled slightly further and actually been given more support. Staff need to be given people skills here, they treat patients as walking diseases, rushed. Currently there is a big gap between this hospital and e.g. comparing to Kingston hospital.
The hospital is doing well. I get my appointments and treatments very quickly. The staff are very competent. There has been significant Improvements over the past few years.
The hospital is in a central location and easily accessible by public transport. It has been serving the surrounding community on that site for many years - moving its services to a more remote location will result in worse healthcare provision for residents in Merton and Sutton and potentially more deaths.
The hospital is in a central location, easily accessible by public transport. Why close down services that are widely used? and then cause even more queueing and waiting times at hospitals further away.
The hospital is in an excellent location therefore is easily accessible so services should continue.
The hospital is in dire need of funding
The hospital is in the heart of the St. Helier estate how will all those people be able to get to Belmont
The hospital is needed for local people. Other local hospitals are already at capacity so this will only exacerbate the problem of waiting times and endangering people's lives.
The hospital is unfit for purpose. We deserve a state of art hospital with world beating facilities that world class doctors want to be at
The Hospital is very good. People need it because other hospitals are far from the area.this is local one.please don't close all services people need them.I really appreciate it(:
The hospital needs a face lift
The hospital needs more staff. A&E and AMU are amazing despite being rushed off their feet but other areas especially elderly care and the Dementia unit leave much to be concerned about.
The hospital plays a key role in the local community and services.

The hospital plays a vital roll for the community and workers, without such departments the local area will be in disarray. The hospitals adjacent to St Helier will fall heavier on waiting times and referrals and such like. St Helier is an amazing and necessity and should stay.
The hospital serves a highly populated area and should be given priority funding to keep all services. We've already had the childrens hospital shut down that was once in Carshalton Beeches.
the hospital serves a large population and with to days transport situations it is hard work getting from a to be on time
The hospital serves a wide community and if it was moved it would mean people travelling without a car would have to take two buses to reach it. Emergencies would take longer to be seen therefore meaning lives could be lost
The hospital serves the community well and is a good hospital. Why take it away and make people travel further and have to battle through the traffic when I'll.
The hospital should stay at st Helier site because it is near the biggest residential estate, and would not put extra pressure on St. George's or Croydon hospital.
The hospital should stay in the same area as it travel time from carshalton and Merton would be too long
The impact it will have on St Georges Hospital and nearby hospitals will be absolute chaos. In which patients will receive worse care at other hospitals in the area if st helier A&E closes. Do crowdfunding for St Helier Hospital online if you havent got the funds, as many people will give money including me, or do a charity sale or something on the green opposite to raise funds for the priority units! I will help! its all about putting everyones ideas together. Social media is key & crowdfunding.
The impact to move these services would be devastating to thousands
The loss of these services will be bad for Mitcham residents. The next nearest hospital is St George's which is already very busy.
The maternity and emergency services are vital for the safety of women in the area.
The maternity and home birth team at St Helier were absolutely fantastic. Don't move this away from local women.
The maternity unit at St Helier has saved both of my babies' lives in emergency deliveries. I couldn't thank them enough. The staff are second to none, especially when it comes to breastfeeding support. Why close this unit? It makes no sense to me at all.
The Merton area is vast and moving those facilities further away will make life very difficult for those living in the area..

The Merton Sutton and Wandsworth Health Authority, and all its previous and subsequent morphisms and mutations, since I can remember have ignored the Requirements and needs and wishes of the residents of the London Borough of Merton. After spending untold millions on the Wilson Hospital to provide first class orthopaedic surgery and after care, the authority closed the unit after 2 or 3years in operation, why? Now the authority want to continue to mess with the facilities at St. Helier Hospital. If they close the existing services at St. Helier, the Hospital may effectively cease to function as a primary care unit. The services already in existence at St. Helier can be improved simply and efficiently for less than the proposed New Build Hospital in Belmont. Need I remind the Authority that the St. Helier Hospital was founded and built as a "Public Hospital" for the residents and work force of the housing estate of the same name; at that time the largest housing development in pre-war Europe, pre-dating the National Health proposed formation by more than 10 years. The hospital was not built to be part of an economic jig-saw puzzle for future management committees. We love our hospital, I have not heard or seen any words or phrases similarly applied to the Health Authority.
The nearest hospital closest to me and my family
The new hospital should be at Sutton
The new location in Belmont does not have proper transport links so will shut poorer people out. Rose Hill is a deprived area and has a higher need.
The new proposals look good - 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! 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. The way this council has gone completely against £500 million to be spent on local health services is shameful.
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 its in a different borough- we are very lucky in London to have so many hospitals close by.
The people of Merton rely on St. Helier for their emergency services. On many occasions it is down to the brilliant staff and facilities there that I'm lucky enough to still have family members alive today. The hospital serves as the closest emergency medical care for so many across Morden, Mitcham, Wimbledon and we cannot afford to lose the help that so many out there need or may need in the future. The extra time it takes to make the journey to Belmont for emergency services could literally cost lives. We citizens don't deserve that and nor do the staff on these current wards. Please reconsider

The population is growing not declining and A&E's targets have got worse. St Helier is ideally situated in the heart of St Helier Estste with a multitude of major roads leading to so many communities (Morden, Mitcham, Sutton, Cheam, Pollards Hill, Carshalton and Wallington). In comparison the Sutton site has very poor access - most importantly in an emergency. Turning St Helier into a district Hospital will remove highly trained staff, equipment and emergency theatres leaving patients vulnerable. As a nurse I know that a number of patients don't tend to remain stable and there will be no facilities or trained staff within the hospital to cater for a multitude of outcomes.
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?
The proposals are a disgrace. They will make St Helier hospital nothing more than a glorified walk-in centre. All these important services should be kept at St Helier, and not moved to leafy Belmont.
The proposals for a new state of the art hospital and a refurbished St Helier are excellent!!! Your survey is loaded and written but the Labour Party who are clueless!!!
The proposals of the services that will be closed or moved will be detrimental to many of the people that use St Helier for these services and which include a wide area of vulnerable residents.
The proposals set out that a new hospital at sutton would be built seems to me to be the sensible option
The proposals will put further strain on St George's and Mayday hospitals if they go ahead as they are closer than Belmont. The proposals are a vanity project by the CCG and the CEO of St Helier hospital.
The proposed location is at least 3 miles away from my current residence. This would be very inconvenient if these services were to move to Belmont. I've got two young children and they need looking after as soon as possible rather than a further delay on route.
The proposed plans would have a hugely adverse impact on Merton residents, from the most deprived parts of the borough, during some of the most traumatic times in their lives. If they need to be rushed to A&E, or have a child who is very ill and needs to stay in hospital, residents will have to travel further away from Merton for emergency care and vital health services. Pregnant women, who will have had their antenatal checks at St Helier Hospital would be faced with the stress of having to travel further away from Merton when they go into labour to an unfamiliar hospital in Belmont to give birth. It would be much better value for public money to make St Helier Hospital the location for the new specialist emergency care hospital and improve and refurbish the existing buildings on the site, rather than build a new hospital in Belmont.

The questions you ask are not the same as the questions linked to the proposals which are asked by the NHS. Why? There will still be all maternity services at St Helier only births moved to the new unit. Is an emergency = urgent care?
The services are clearly in need. Improvements are needed and have going on. A lot of money has and is being spent which is good. This proposal does not make any sense at all. The staff are amazing and the services are greatly in demand in that immediate area.
The services are heavily used which proves the need for them to stay.
The services are vital to a large residential area , many of them older and have needs that need to be local and accessible is very important. Health and needs of people are paramount and the facilities are more important than ever with increasing needs of patients, services providers need to be close and retained locally.
The services at St Helier are vital and I strongly believe it is in the best interests of some of the most vulnerable in our community
The services at St Helier are vital to the community and must stay.
The services at St. Helier are vital to a very busy and heavily populated area.
The Sutton site isn’t local to the people of Merton. Having the main services moved to the Sutton site will downgrade St Helier and my fear is that in time it will be closed making Sutton another St George’s, an oversubscribed hospital.
The time you get to the nearest emergency centre you could be dead. Politicians/councils don’t worry about that is the money that counts to them. They most probably have private health care.
The waiting time in emergency is too long .emergency should be taken as emergency
The waiting times in A and E is very long as it is, what is the point of making it worse by closing down and then putting the stress on another hospital whose waiting times are just as bad or can even be worse.
The wording of the questions here is confusing to your mission!
There are too many residents locally to shut such services. The hospitals it would move to are already struggling
There have been years of debate, wasted funds setting up proposals that then get abandoned. It's time to consider the impact of loss of services to the community being considered due to moving or streamlining them. I can get to Belmont easily because I gave a car, but lots of people rely on public transport and there will be people whose journeys will become even harder if services are moved. Focus on what's best for the users of the services, then plough the money into that to make it workable. Simple.

There is a higher population near St Helier site, therefore the services need to remain there. Also traffic would increase in the sutton hospital area, and dont think the local roads would cope which could seriously delay urgent arrivals
There is a substantial distance between epsom and st helier some thing especially emergency services need to remain at st helier. We also need drop in centres back. It is so hard to get a doctors appointment
There is a whole community that rely on this hospital.
There is no need to move those services away. They serve a very large community and had always been extremely efficient . If capacity is a problem build the suggested hospital as back up but hands off St Helier !
There is no room at other hospitals for the any extra people if St Helier looses it's essential , vital services.
There is not enough beds at the moment this will just cause more problems
There isn't enough hospital bed as it is woman will be giving birth in the street we pay for our nhs its disgusting
There needs to be better use of resource at st helier with better patient outcomes. At the moment services are very poor quality for the level of investment being made.
There’s no need to change what’s not broken, put money into l dating the already existing wards
There's a going to be a surge in health care issues as the population ages, and closing down facilities in the near future will only lead to a unimaginable crisis in the long term.
These changes must be stoped
These facilities are a central part of medical care in this area and, as such, are essential.
These vital services will always be needed at St Helier Hospital
They are building a state of the art hospital to cover all these services, why would we not want that for the future of our children
They are just ridiculous. Also putting lives at risk.
They saved my life
They should build the new hospital with emergency/maternity etc opposite where St Helier is now - then return the land back to green spaces. The children's hospital should be built at Belmont as it should never have been moved in the 1st place!

They should have emergency departments at all the Hospitals, longer journey times will cost lives!
They should leave the services open! A&e is congested enough. The maternity unit is exceptional.
They should not change at all, it would not make any sense to move what we already have to Sutton that I assume would be moved to Sutton hospital when they have closed it all down. it would just be a long and unnecessary process, that has no benefit.
They should think of the people who would have to travel, ie: elderly, young mums etc
They shouldn’t close As This is the nearest hospital for. A lot af areas
They were very helpful when my son was diagnosed with diabetes and we got a lot of support and care and we would be very upset if these departments closed
Think the funds it has needs to be allocated better.
Thinking of all the people around the area. And the elderly .tom brake worked hard on trying to get this though parliament.
This Hospital is vital to our community. It is the goto hospital because of its locality and its long history if association to the general public. Its reputation of care and reliability to accept all who have their need goes without saying. To lose this Hospital would be catastrophic in every sense of the word.
This community needs and loves St Helier Hospital please don’t let them take it away. At George’s Hospital is already under huge pressure it can’t take any more patients.
This "consultation" radically misrepresents the proposals for hospital redevelopment. Medical professionals recommend that the Sutton site be used and I trust them more than a council which produces bias surveys to engineer the result they want during a time of national crisis.
This current pandemic shows the vital need for all hospitals to be able to offer all services. St Georges and certainly not Croydon can cope with the influx of patients in our region.
This hospital and its services are desperately needed here. We have an eternal job keeping them open. Leave our hospital where it is intact please.
This hospital has saved lives of people in my family. It is a part of our community and it hugely important that it remains. To slash services would be criminal and result in hundreds of deaths. Do not ruin our hospital.
This hospital has saved my life on 2 occasions. I pray we can keep it open.

This hospital is easily accessible to the greater community.
This hospital is easy to get to via public transport from either side of the borough. Yes it needs to be updated and investment on the building but still a critical service to the local area
This hospital is much needed in this area
This hospital is much needed, wanted, and used by many people... it should remain open for all ... it is a part of our community.
This hospital is needed for the area.
This hospital is vital to the residents. The ever increasing population using the services would be sent far and wide and cause unnecessary distress to many. From the expectant parents through to the elderly. Please don't close this hospital.
This Hospital needs to stay where it is & needs to be bought up to date, Not Moved!! It would be Ridiculous to close it when it is Obvious that it is so needed !! People would not Travel Sutton just to St Georges & over load them which would cause more *Strain On Them* Which we all know they could mot cope with as struggling now!!
This hospital serves a huge population of people who would struggle to travel to Belmont. St Helier needs the investment.
This is a fantastic local resource and if it moved its services it could end up endangering lives due to the extra distance needed to travel from Merton.
this is a good hospital have had all my children there St Georges is already bursting at the seams they cannot do this to a good hospital we need St Heliers to improve and carry on where it is .
This is a large area and St Georges will be unable to cope.
This is a large council estate we need the hospital services to stay!!!
This is a local hospital, where generations of local people have seemed medical attention and even been born. 4 generations of my family have been born there. The other hospitals are already overcrowded by closing at Helier this will only make the matter worse and stretch the NHS thinker than it already is.
This is a vital service for the area and nearby area's and if moved it would put a lot of stress on the people who need to use the service. A&E is a important part of the community service which is used greatly.
This is clearly a fixed consultation questionnaire to suit Merton Labour's scare tactics - I'm not impressed. Investment are being spent to improve the services at St Helier Hospital and why won't Merton Labour grasp this opportunity for future generations? Please stop scaring us and we aren't that stupid.

This is not the time to start taking things away. Invest in the NHS don’t shut things down!!!!!
This is ridiculous to even think about closing A&E, Maternity and children's hospital. There is a massive number of people who use all three of these services in Sutton and surrounding areas. Where all these people have to go? To other hospitals that already struggling enough with the demand? This decision is going against the people who live in Merton and sutton and who ever thinks it is the right decision should be ashamed of yourselves
This is shocking. How much further will people have to go to access the services which you are trying to take away and how much more stretched will those services be in other areas which are already hugely over-stretched. Untenable.
This is such an important asset to its locality and the people who it serves. The closest A&E may be considered too far for some residents in urgent need of care. As for the Children's Hospital. I think it would be a huge mistake to eradicate this amazing unit. It has such an amazing feel, unlike other children's units and, again, the locality is of utmost importance.
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. If services are closed and moved, I like many other residents will go to St George’s, not to Belmont. When I had my child, I only barely made it to St Helier and would certainly have had serious problems if I had needed to go to a hospital further away. Please keep vital services open at St Helier!
This will move the services geographically further away from those who need it most, as the St Helier Estate is an area of financial deprivation. In addition, the Estate has a greater number of people per square mile, so surely being closer to a greater number of potential service users makes better logical sense. It is hard to understand that there are any benefits for service users to this move
This would be catastrophic to remove these services from St Heliers Hospital.
Those services are critical to the local area and should not be moved it will have a bad effect on everyone who relies on them. I am a community career and all my ladies and gents need st Helier to remain.
Thro staff at St Helier’s action I had immediate response in dealing with a heart attack.
Thus has been on going for years now. The never ending story. What would be Good is to remodernise et updated the sites brung them up to standard a good standard they are in conveniently placed already.

Time to have a brand new up to date hospital. If we get on with it then monies to update St Heliers can be released. Perhaps we can then sort out The Wilson Hospital a similar Centre as before, it was very good. It is hard to get an appointment at my Doctors and in the near future a proposed development close to the Doctors will have 850 homes.
tis easy acess to for appointments when i i take my grandchildren or my own children or myself . thank you.
To close Epsom an St Heliers hospital and build one in Sutton
To close St Heliers hospital an Epsom
To close St Heliers would be a big catastrophic mistake
To close these departments down will only create longer waiting times at other hospitals.....
To do away with theses services from this hospital will put more life's at risk this hospital is in a good situation for the surrounding area for Sutton cheam Morden Wallington banstead as most buses go to this hospital or near by
To move these services away from St Helier hospital would be a disaster for Merton residents. These services are needed, not just wanted and are a vital part of our community. The Covid-19 pandemic has shown us exactly how important our local hospitals are to us. The population of Merton is increasing also. We cannot afford to loose these departments. These services/departments need to stay at St Helier hospital.
To move these vital services further out will be detrimental to the people that need it most!!
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.
To remove these vital services would be disastrous for local residents, put further pressure on St George's Hospital in particular & forcing people to travel further away for emergency treatment/maternity needs would put lives at risk
Travel to St George's is always difficult and lengthy. Travel to Belmont by public transport would be much harder than St Helier which is in a far more accessible area.
Travelling can cause stress to pregnant mothers, hospitals are already over crowded and mothers in labour are asked to stay at home later and later due to lack of beds. We need more beds not less.
Travelling further for important medical services will put health and lives at risk. A sixth consultation on this is a staggering waste of money. Improve what we already have.

Unfortunately I have to use Queen Mary's so the placement of Queen Mary's is right it's not to far as most people do not just have 1 child to consider when travelling to hospitals I've also used the children A&E for my children so for them to be moved to Belmont would put longer travel times and people's life's at risk!! Both hospital have always been good the staff at Queen Mary's and st Helier are fantastic the hospital has already had a lot of work done and it a great place to travel for all residents! Belmont is a nightmare and just to far for Morden Sutton and Mitcham Wimbledon residents! So bot Queen Mary's and st Helier need to stay exactly where they are! And stop wasting money on this consultant to move it when no residents want it moved it is ridiculous 50mil could of been spent on the hospital instead of unnecessary meetings! No matter how many meetings take place these meeting will not break our residents views that the hospital is already in a good place to meet demand from surrounding areas it supports!! For years our MP has worked hard to keep it and most I talk to and fact she won elections not long ago prove!! We are with her and st Helier and Queen Mary's need to stay! They need to leave the hospital placement alone and just got on with fixing the building and employing more staff!!
Update st Helier!!
Update the facility's
Valuable service that is much needed. Do we really need to tell you this?
Very good hospital!
Vital service
Waiting times at St George's too long as it is, we need more hospitals not less
We all need this services to stay open other hospitals are too far
We are happy to the services at St Helier and wouldn't like anything to change in any way.
We are local and we need our hospital to stay open and NOT close, we always have very good help and do it want to do without it!
We desperately need this hospital it is located in a very populated area. Thousands of people will be affected. For children and the elderly we must keep the hospital.
We do not want the St Helier hospital to close down, It should stay open.
We have been fighting for St Heliers hospital to remain open as it is imperative this hospital must remain open. For the community and surrounding areas to have access to medical care as the demand is rising all the time.
We have had fantastic experiences with all of the named services. St helier is our closest so is a big help

We have used at Helier on countless occasions and would hate to see those services removed
We hear about the management salaries being top heavy compared with the actual nursing staff, is this correct?
We like it the way it is, those services are of a great help to us. My daughter suffers from X and being able to rush her in when she's having a crisis is such a big help to us. Having to travel farther is putting her at risk during such times. Her consultant is in St Helier and she's familiar with the nurses in the children's ward. Please don't close these services.
We live in Merton. I have had both my children at At Helier. We do not drive. Getting to Sutton hospital whilst heavily pregnant or in Labour would have been very difficult. As it is there is no hospital in Merton. Please do not move hospital services further away.
We need a new build hospital where accident and emergency, operating theatres. Intensive Care Unit, radiology, MRI Scan,General Assessment unit in the same floor adjacent together. There are lots of planning for a good practical hospital. Hospital that will last for the new generation. It is more costly repairing an old hospital. Year 2004 was the last time to build another hospital but nothing has been done since.Its already 2020.So much talk, nothing has been done until now.
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.
We need a choice of emergency access for the area otherwise it will all go to St George's which is already overburdened. Also need services for those less able or our elder community. Please don't strip it. Perhaps maternity and child services could be located separately at a specialist hospital?
We need a hospital in this area that provides a complete range of services. We shouldn't have to travel too far to receive any type of treatment.
We need a local A&E for local people and not to have to travel to Epsom or Tooting for these services
We need a local hospital for these services. How for instance are the elderly going to travel many more miles if they need to go to A&E.St Helier is such a big area it needs covering.
We need ALL hospitals to stay open for ALL services.

We need all our hospitals especially with this coronavirus break out we need help
We need all our services at St Helier . It’s very needed for all the people that live Locally.Some of us are getting older and we can’t go to far away hospitals .
We need all the emergency services to be kept, especially now and in the foreseeable future do not take away our needed local emergency services
We need blue light and emergency departments as close to population centres as possible - every minute costs lives
We need children seevices, we need this hospital!
We need local hospitals st Helier is good for that also on a frequent bus route which is also needed. Moving it further away could be responsible for better losing their lives .
We need local services for the local community. Driving to St. George's is a nightmare as traffic is generally bad with expensive parking if you can get it. Regular appointments are therefore expensive and time consuming. If you don't have a car even worse.
We need more hospital beds not less No no no to downgrading any of OUR hospitals They can’t wait to get their grubby hands On Our NHS we must not let this happen
We need more services and hospitals not less. Keep St Helier and ALL its current services open and build another hospital in Sutton.
We need more services full stop. It shouldn’t be one or the other. It should be both. St George’s is too far, Kingston is too far and Epsom is too far, two ‘hospitals’ in ‘Sutton’ would be serving a much larger area. Do both!
We need our local hospital
We need our local hospital and all it’s departments
We need our local hospital. By closing departments you are putting people lives at risk. There is not enough beds without closing department.
We need st Heliar to stay open
We need St Helier
We need St Helier to keep these vital services!
We need St Helier to stay, we need a good hospital in the Merton area
We need St Helier, St George’s is so overloaded and any hospital farther away is too far.
We need St Helier... end of

We need st Heller hospital
We need that hospital there are thousands of people use it and it's our local why does it have to go it's ridiculous
We need the A and E at St Helier also the maternity, it would be disastrous to have to travel elsewhere in an emergency, just invest more money into St Helier we need the services St Helier provide!!!!!!!
We need the a and e service to remain...vital for the expanding community
we need the hospital with all its services its important to preserve the lives of the local residents
We need the hospital. We pay high taxes, and local council tax. We are a wealthy country. The government can afford to run an efficient health service for all. All they lack is the political will.
We need the services closer than St. George's and Kingston
We need the services to stay at st helier, too far to go elsewhere in an emergency, or when in late stages of labour, we need our hospital to stay as it is.
We need these services for local residents. Any changes will seriously disadvantage them.
We need these services for vastly growing communities
We need these services to continue to support the local community. Without them lives will be at risk. My late father passed away at St Helier A & E. The staff were amazing and did all they could to help my dad. They supported us through difficult decisions whilst rushing around after other emergencies. We as a community need them.
We need this hospital because it's a vital link for NHS services. Epsom is too far for us locals and St George's is already too busy to take on patients from St Heliers. It would be foolhardy to close A&E!
We need this hospital more then ever plough money into St Helier Hospital make it even better
We need this hospital now more than ever
We need this hospital to stay open
We need to add to what we already have not take away. When things are being used by many people it means it is needed
We need to keep our hospital
We need to keep this hospital open

We need to protect the NHS & it's services not strip them bare. The loss of these services will have detrimental effect on communities & will cost lives!
We should build even more hospitals not closing it down. This hospital serve too many local residents who very often will not be able to carry additional cost of travel to more remote places. As well as closing St Helier will make those others hospitals overcrowded. The average waiting time is already above the norm set up by NHS
We should keep all the hospitals we have. People should not have to travel miles to their 'local ' hospital. Both my children and my 3 grandchildren were born at St Helier. Restore the beautiful Art Deco building and keep that wonderful hospital please
We simply can't have all the A&E's on the outskirts of the Borough. We need a central one, too.
Well needed here wonderful hospital pls don't even think about shutting AE or maternity
Were meant to be building MORE hospitals not closing them! The que to A and E is unbelievable as it is! If you close St helier you'll be looking at double the que time at St George's. We need St Helier!!
What has happend to democracy in this area ? How many times do we have to keep winning battles to keep st Helier open for some bureaucrat appointee to take it all up again because he doesn't like what has been decided ! Why can't we sack him for not being fit for purpose How much more money will he waste trying to get his minority view through against the community's wishes ??
What is the point of closing down? We need a local hospital with maternity? At George's is forever over crowded! So what's the point?
What is the point of improving St. Helier Hospital (which should have been done years ago by the way) if it's gonna be reduced to a minor hospital. It's about time that the people in charge stop wasting money (which isn't theirs by the way) and spend it on things that they have promised. St. Helier is a brilliant Hospital, which would be even more so should the money promised be spent on it.
What needs changing is modernising a bit thee hospital as it looks so ugly but not to close any services!!
What the new hospital
What this area needs is more facilities for everyone, not fewer. It's not rocket science to work out that with the population in London increasing, more beds, staff, resources etc. are required. Successive governments have done nothing about this for years.
When is this going to stop, St Helier has been under threat for years, it can't be nice working in conditions of such uncertainty

When my mom in law came for a visit from overseas and was hospitalised, she was sent to A&E St Helier. She received top notch treatment and the fact that the hospital is close to our house helped massively. I do not know how we would have been able to manage if she was in a different hospital.
When they say they are going to build a new hospital they make it sound as if it will be better for everyone, but all they are doing is still closing the A & E, Maternity and the childrens hospital which is what we fought against doing and I was under the impression that we won that WAR
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 essily. Follow up appointments would be a problem
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 as provided an excellent and vital service to the community, lets just improve this and get on with the job in hand instead of building something else.
Why build new elsewhere? When all services are already at St Helier. Surely upgrade and/or extend.
Why has so much money been used to update only to discard these facilities.?
Why have they spent all the money on St Helier if they planned to move services all along? Our community is always held to ransom over St Helier and we need the services that it provides. It is easy to get to for all in the community and moving services would put a real hardship on the community. We need things to stay at St Helier.
Why is the Merton Council Labour Group, who run Merton Council, pursuing an ill-informed and partisan policy of underming all the detailed work being done by the management of our local NHS, who are predominatly 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 Siobhan McDonough and the cohrots 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.
Why keep moving services
Why not have emergency centres in both locations?

why was raynes park omitted from any meetings concerning the future of our hospitals? Mitcham and Morden had several consultation meetings and to get to these would have involved getting a few buses. There are people who do not drive. How could people get to a hospital in Sutton from Wimbledon or Raynes Park. They would need to get 3 different buses.
Why would you waste so much money on renewing the hospital facilities to improve things ,just to waste it by closing it. Once you close it all that will happen is you put more pressure on the other hospitals and increase waiting times even longer. Makes no sense
Will the changes mean a shorter wait at A&E Will it mean a shorter time to access these services via roads? If the answer is no then why are we even considering these changes/cuts. More and more flats going up in Merton what are these people on because it seems their brains are frazzled
With a new hospital built in Belmont ,most or all of the £500m will be used up- with St Helier turned into a glorified doctors surgery. Moving acute, childrens and maternity services from where its most needed to where well-off people live with a longer life expectancy. And in an emergencu what if St Georges cannot take patients, then what? You cant drive seriously ill or injured people round and round congested London in ambulances, they may die en route. You need to take patients somewhere quick. Both my wife and I have beem blue-lighted to St Helier A&E in the past 20 years, so we thank St Helier for being close by and getting seen promptly , without the extra long journey to North Surrey which is what it would become No-one in Merton benefits from this move
With all the housing developments across Surrey we need more infrastructure not less ....
With all the new dwellings being built in the area it is inconceivable that we would need less hospital services in the immediate area
With an ever growing Population we need MORE not less hospitals!!
With growing population of the surrounding area the idea of community hospital (larger more holistic GP surgeries) is a good one, however this should be in the development of our local general hospitals, to meet the needs of the local community. The length of time for Merton residents to travel to emergency provision such as A&E and Maternity would be greatly increased if the services where no longer supplied at St Helier.
With St Helier being the biggest housing estate in the area it is imperative that we keep our hospital and ALL of it's services that have serviced us so well for decades - the nearest otherwise if St Georges and as fabulous as it is if you have no car and you need to get there quickly not always possible!
With such a big area with families and aged population you're idea to take our hospital is obscene

Women should not have to suffer long journeys made worse by high traffic in our area when giving birth. There is already also a lack of parking at st George's they cannot handle any more people. I gave birth last year, I would never have made it to a hospital further away which would've risked my babies life
Would be stupid to move it st Helier is the best hospital in the local area and it would destroy so many lives
Wouldn’t it be better to invest in what is already in place?
Yes give the funding to St Helier hospital as this is the main hospital people with in Sutton and Merton use.
You can't leave an entire borough without a hospital
You have spent millions on consultations to try to move or close st Helier and this could of been spent on improving its buildings, services and doctors, nurses.
You have to consider where the concentration of people are, and where the other services are. In this case the boroughs of Sutton and Merton are densely populated. The surrounding hospitals are overstretched too. St George’s, Croydon University and Kingston. Putting a new hospital in Belmont would not make improvements to the services.
You should let clinicians make the decisions on what is best
You shouldn't be changing anything in St Heliers Hospital. If it wasn't for the amazing staff at Delivery unit I would have been dead together with my son. Amazing and knowledgeable staff who work there should keep their job at St Heliers. My husband had his operation there -again I can not be thankful enough that the surgery was succesfull. Do not dare close or change anything in this hospital !
Your disgusting, leave the hospital alone. How would it help in any way shape or form.

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Report to:	South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030	**Date:** 4 June 2020	
Report title:	Improving Healthcare Together Joint Health Scrutiny Committee (IHT JHSC) - NHS IHT programme consultation feedback framework		
Report from:	David Olney, Interim Statutory Scrutiny Officer		
Ward/Areas affected:	Borough Wide		
Chair of Committee/Lead Member:	Councillor Colin Stears		
Author(s)/Contact Number(s):	David Olney, Interim Statutory Scrutiny Officer, 020 8770 5207		
Corporate Plan Priorities:	• Being Active • Making Informed Choices • Living Well Independently • Keeping People Safe		
Open/Exempt:	Open		
Signed:	David Olney	**Date:**	13 May 2020

1. Summary

1.1 This item provides an opportunity for the three Clinical Commissioning Groups leading this project to use their consultation feedback framework to assist the Joint Health Scrutiny Committee (JHSC) in preparing its own response.

1.2 Comments made by the committee at the meeting can accompany the full written response.

1.3 The IHT JHSC can use this, alongside other relevant information, to inform its own consultation response.

1.4 The IHT JHSC has committed to provide its response by 19 June 2020.

2. Recommendations

2.1 To note the views and information provided.

3. Background

3.1 During the public consultation the NHS IHT programme used a standard feedback format, as well as accepting other free-form consultation responses, to help manage the information provided over the course of the consultation.

3.2 This item provides an opportunity for a similar structured discussion for the IHT JHSC.

3.3 Comments made and duly noted by the JHSC committee at this meeting can also be used along with the committee's written response.

3.4 The discussion and information available through this item will help inform the IHT JHSC's own consultation response .

3.5 **Appendices and Background Documents**

Appendix letter	**Title**
A	to follow

Audit Trail		
Version	Final	Date: 13 May 2020

Background documents
None