



**Improving Healthcare  
Together 2020-2030**  
NHS Surrey Downs, Sutton and Merton CCGs

## July/August 2018 Discussion Events

Summary Report

21/08/2018



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t. 0207 239 7800 p. 252b Gray's Inn Road, London WC1X 8XG  
e. info@traverse.ltd w. [www.traverse.ltd](http://www.traverse.ltd)





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# 1. Introduction

## Background

The Improving Healthcare Together 2020-2030 programme, led by NHS Surrey Downs, Sutton and Merton clinical commissioning groups (CCGs), is working to improve healthcare sustainably into the future in our local areas. It is working to address three main challenges in the combined geography of the three CCG areas. These challenges are:

- Improving clinical quality
- Providing healthcare from modern buildings
- Achieving financial sustainability

As part of their work to tackle these challenges, Improving Healthcare Together 2020-2030 has now started a programme of public engagement.

Between 24th July and 2nd August 2018, the Improving Healthcare Together programme held 6 discussion events, 2 in each of the CCG areas it covers: Merton, Surrey Downs and Sutton. You can read more about the IHT programme here: <https://improvinghealthcaretogether.org.uk>

The events were independently facilitated by a team from Traverse, an employee-owned business that helps organisations like the CCGs listen. The events were a mix of table discussions and questions and answers. This independent report summarises what was said at these events. The photos of all notes captured by the Traverse team, or directly by attendees, at the events can also be accessed here:

<https://improvinghealthcaretogether.org.uk>

Date	Location	CCG
23 <sup>rd</sup> July 2018, 1PM	Epsom Methodist Church	Surrey Downs
24 <sup>th</sup> July 2018, 1.30PM	Trinity Church	Sutton
25 <sup>th</sup> July 2018, 6PM	Trinity Church	Sutton
26 <sup>th</sup> July 2018, 2PM	Chaucer Centre	Merton
26 <sup>th</sup> July 2018, 6PM	Epsom Methodist Church	Surrey Downs
2 <sup>nd</sup> August 2018, 6.30PM	Tooting & Mitcham Community Football Club	Merton

Figure 1 List of discussion events



## Reading the report

At the events, we asked attendees about the following topics referred to Improving Healthcare Together [issues paper](#):

- The case for change (p.4-6 of the [issues paper](#))
- The clinical model (p.6-10 of the [issues paper](#))
- The evaluation criteria (p.11-16 of the [issues paper](#))
- The potential solutions (p.11-16 of the [issues paper](#))
- The process of developing a solution (p.16-17 of the [issues paper](#))

Attendee comments and discussions are summarised the subsequent chapters. We also captured demographic information to see how representative our attendees were of the local area, and asked for feedback on the events to improve our engagement activities going forward.

It is important to note that this is a summary what attendees said at the events, not how many people said these things; no attempt has been made to quantify or compare the frequency of different opinions. This stage of the engagement programme was designed to hear as many views as possible and so we report all views expressed. Where possible, we distinguish differences between issues raised in the different CCG areas: Merton, Surrey Downs and Sutton.



## 2. The case for change

Attendees were asked the following questions about the case for change (p.4-6 of the [issues paper](#)):

- To what extent do you agree/disagree with the case?
- Are there other challenges in the health and care system locally?
- Do these challenges reflect what you see happening locally?

### ***Arguments for the case for change***

Attendees at the Sutton and Surrey Downs events agreed that the current buildings were too old and needed replacing to meet today's care standards.

At the Sutton events, attendees agreed that the current issues around staffing needed to be addressed. Similarly, attendees at Merton highlighted the potential benefit of staff not having to move between different sites.

### ***Arguments against the case for change***

Attendees from events in all three CCGs questioned whether the project had financial backing or argued that it did not. These comments often referred to the Epsom and St. Helier Trust's financial position in addition to national government spending priorities.

Sutton and Merton event attendees argued that a single site would be too busy. More detail on this, including transport and accessibility concerns, can be found below at '5. Potential Solutions'.

Attendees from Merton and Surrey Downs expressed the concern that removing major acute services from Epsom or St Helier hospitals could lead to the entire hospital closing at a later date. Another concern from these events was that patients' lack of access to major acute services could push them into using private healthcare.

Surrey Downs attendees suggested that the existing facilities should be refurbished and improved before any demolition or new builds are considered.





### 3. The clinical model

Attendees were asked the following questions about the clinical model (p.6-10 of the [issues paper](#)):

- What would your own vision for the future of acute services in the area be?
- What does a successful healthcare system look like for you?

*N.B. As attendees primarily focused on the potential solutions and the process of developing a solution, the clinical model was not discussed at great length.*

Attendees from events in all three CCGs argued that a successful healthcare system would focus on preventing people going to A&E rather than trying to fix potential issues with A&E itself. Similarly, Merton attendees suggested that money should be spent more effectively in other areas before cutting major acute services.

Another concern raised by attendees from events in all three CCGs was that a reduced number of doctors would amount to a reduced level of care.

Sutton and Surrey Downs attendees suggested including a helipad within the potential solution to address and potential transport or accessibility issues.

At the Sutton events, attendees were positive about the proposal to retain district services at Epsom and St. Helier hospitals, though they questioned how liaison between the hospitals would work. Sutton attendees also suggested improving acute care by developing a major trauma centre, rather than simply relocating the existing level of care.

Surrey downs attendees suggested an alternative approach, polyclinics, in which both general and specialist examinations and treatments to outpatients are provided.



## 4. The evaluation criteria

Attendees were asked the following questions about the evaluation criteria (p.11-16 of the [issues paper](#)):

- What do you think of these criteria?
- Are there additional criteria you would use?
- Which are the most important criteria to consider?
- What analysis is needed to feel confident in the assessment?

### Evaluation criteria

*More detail on how these criteria could be applied against the potential solutions is provided below at '5. The potential solutions'.*

The following evaluation criteria were suggested or supported by attendees from events in all three CCGs:

- Transport and accessibility to the site for patients
- Levels of deprivation in the area local to the site (both the sites services are relocated to and the sites they are relocated from)
- The desirability of the site and the local area to staff
- Future population growth of the catchment population, and the demographic change this might bring
- The health needs of the local population (including the age profile)
- The impact on hospitals in neighbouring CCGs if patients chose to go elsewhere
- The impact on other health and social care providers in the three CCGs
- The cost of building and demolition
- The community value of the site to the local population

Merton and Surrey Downs attendees suggested the following evaluation criterion:

- The ability to maintain or increase the number of hospital beds

Surrey Downs attendees suggested the following criteria:

- 'Blue light times' across the area
- The care quality of the existing hospitals, as measured by regulators

Merton attendees suggested that the following criteria **should not be used**:

- The desirability of the site and the local area to staff
- The cost of building and demolition



## 5. The potential solutions

Attendees were asked the following questions about the potential solutions (p.11-16 of the [issues paper](#)):

- What is good and bad about each potential solution?
- What differentiates the potential solutions?
- What would be needed to make this potential solution work?

### 5.1. Epsom

#### **Arguments for Epsom**

Sutton and Surrey Downs attendees believed that a benefit of this potential solution was that there is already a hospital at the location, along with land available for expansion. They argued that this would reduce set-up costs and disruption.

Epsom Hospital's close proximity to the M25 motorway was highlighted as another potential benefit for this solution by Sutton and Surrey Down attendees.

Sutton attendees expressed the concern that Epsom losing its major acute services could create greater pressure on hospitals in neighbouring areas such as Kingston.

For Surrey Downs attendees, another potential benefit of this solution was that Epsom hospital covers a larger geographic area than the other potential solutions. They also highlighted that Epsom Hospital is close to some of Surrey Downs CCG's most deprived neighbourhoods.

#### **Arguments against Epsom**

Attendees from events in all three CCGs highlighted the potential challenge of transport and accessibility to major acute services at Epsom Hospital. These comments often focused on Epsom's location outside of Transport for London's Oyster Zone and the distance away from deprived communities in Merton.

Sutton and Merton attendees argued that Epsom Hospital was located in the least deprived area of the three potential solutions. Similarly, Sutton attendees commented on the smaller and more sparse population surrounding Epsom.

In terms of estates, Sutton and Surrey Downs attendees expressed concern that some land for potential expansion had already been sold off. Sutton attendees also highlighted concerns around the condition of the Epsom Hospital buildings, the cost of land in the area and the cost of living for staff.

#### **Other considerations for Epsom**

Surrey Downs attendees queried what Epsom Hospital would specialise in if it were chosen to host major acute services. They also queried whether the services would be in a new or reconfigured building.



## **5.2. St. Helier**

### ***Arguments for St. Helier***

Attendees from events in all three CCGs argued that St. Helier Hospital was closest to the most deprived communities in the area. They felt this meant there were higher numbers of people with long-term conditions and older people who live nearby to the hospital. Sutton attendees also highlighted the high numbers of ex-military personnel and non-English speakers in the local area.

Merton and Sutton attendees commented that St. Helier had better transport links and accessibility, both in terms of the road network and public transport.

Attendees at Merton and Sutton events also raised a concern around the potential impact on neighbouring hospitals if St. Helier were to lose its major acute services, particularly on St. George's Hospital in Tooting.

Merton and Sutton attendees believed that a benefit of this potential solution was that there is already a hospital at the location. They argued that this would reduce set-up costs and disruption. Merton attendees also argued that living costs for staff would be lower around St. Helier compared to other areas.

On estates, Merton attendees argued that the buildings were not in as poor condition as the Trust suggested. Other Merton attendees alleged that the hospital buildings had intentionally been left to dilapidate.

### ***Arguments against St. Helier***

Attendees from events in all three CCGs highlighted concerns around transport and accessibility to St. Helier Hospital. These comments often focused on traffic congestion, parking provision or the lack of Tramlink extension. Attendees in Merton accused the Epsom and St. Helier Trust of rejecting a proposed Tramlink extension to the hospital.

Sutton and Surrey Downs attendees commented that there are other hospitals nearby that could provide major acute services if St. Helier hospital was downgraded.

In terms of estates, Sutton and Surrey Downs attendees expressed concerns around the poor quality of St. Helier Hospital's buildings and the existing refurbishment costs. They also questioned how much space would be available to expand the site.

Sutton attendees argued that the area around St. Helier was not currently attractive to staff.

### ***Other considerations for St. Helier***

Attendees from Sutton events queried what would happen if buildings were demolished and land at St. Helier hospital was sold.

## **5.3. Sutton**



### ***Arguments for Sutton***

Sutton and Surrey Downs attendees argued that Sutton had better transport links and accessibility, in particular the quality of local bus routes and road infrastructure. Sutton attendees also commented that the area had high levels of both deprivation and older people who may have more healthcare needs.

On estates, Sutton and Surrey Downs attendees highlighted the potential benefit of Sutton that land is available, and the site is already empty. Sutton attendees elaborated on this to comment that a new building would cause less disruption and be cheaper than a demolition and new build.

Sutton attendees also highlighted the potential benefit of linking a new site with the existing Royal Marsden Hospital and the Institute of Cancer Research.

### ***Arguments against Sutton***

Attendees from events in all three CCGs highlighted concerns around transport and accessibility to a new hospital in Sutton. These comments often focused on the lack of appropriate bus routes, heavy traffic and the need to extend the Tramlink. Attendees also expressed the concern that new infrastructure and route changes can take a long time to implement.

Sutton and Merton attendees commented that, as Sutton was less deprived and more affluent, the local population may not have as many health needs as other areas. In relation to this, Merton attendees argued that Sutton residents are close enough to St. Helier Hospital to use that site rather than a new hospital in Sutton. However other Sutton attendees believed that a new hospital in the area could reduce pressure on other hospitals such as St. George's in Tooting.

Attendees at Sutton and Merton events argued that the lack of an existing hospital would increase the set-up costs in comparison to sites with buildings, systems and staff already in place. On a similar note, Sutton attendees thought that the site could be sold instead. Sutton attendees also believed that a new hospital could feel impersonal in comparison to older hospitals which communities feel close to.

### ***Other considerations for Sutton***

Sutton and Surrey Downs attendees questioned how a new hospital in Sutton would be coordinated with the Royal Marsden Hospital. Sutton attendees also questioned whether a new school in the area would have an impact on a new hospital.

## ***5.4. 'Do minimum'/status quo***

### ***Arguments for 'do minimum'/status quo***

Attendees from events in all three CCGs supported the status quo or 'do minimum' potential solution; St. Helier and Epsom both maintain their major



acute services. These comments often focused on the large size of each catchment population and the importance of keeping healthcare as close as possible to this population.

Sutton and Surrey Downs attendees believed that staff would be more attracted to established hospitals due to the good reputations that have been built up and the wide variety of specialities one can work in.

Surrey Downs attendees believed that the money already spent on refurbishment was a good reason to keep major acute services at Epsom Hospital.

### ***Arguments against 'do minimum'/status quo***

No attendees explicitly made critical comments about the 'do minimum'/status quo potential solution. However, as seen above, attendees did make comments in support of other potential solutions.

### ***5.5. Other potential solutions***

Attendees in Surrey Downs events suggested an alternative potential solution, a 'cottage hospital' between Epsom and Ewell to serve the local community.



## 6. The process of developing a solution

Attendees were asked the following questions about the process of developing a solution (p.16-17 of the [issues paper](#)):

- Who do we need to hear from?
- What are the best methods to reach them?
- How do we make sure people know about the programme?
- How do you want to hear back from the programme about how your feedback has been considered?

This chapter summarises points raised at table discussions along with the 75 responses to the open question of the optional event feedback form:

- What do you think is the best way to involve patients/members of the public?

### ***Criticism of previous rounds of engagement***

Attendees were critical of the length of time and number of previous consultations the Epsom and St. Helier Trust have carried out in this topic, with some commenting that the process has been going on for 25-30 years.

Attendees expressed concern that the consultations were being repeated, with the same questions, until the public support the Trust's preferred option. Attendees also expressed concern with how much money has been spent on consultation activities to date.

Another criticism of the previous rounds of engagement focused on their lack of reach and inclusivity. Attendees commented that some of the most deprived communities affected by potential changes had not been informed about engagement events.

### ***Honesty, transparency and clarity***

As a result of the criticism of the previous rounds of engagement, attendees suggested that process moves forward and that future engagement is honest and clear about the scope and purpose of the process. There were concerns around decisions having already been made or that the Trust, rather than the three CCGs, were in control of this engagement process. Attendees also expressed confusion around the differences between this phase of early engagement and the later formal consultation.

### ***Event promotion***

Attendees criticised the promotion of the early engagement events and suggested improvements. These suggestions included offline methods such as large-scale mailouts to all those affected, door-knocking, posters and flyers in areas with high footfall (GP surgeries, libraries, shopping centres, schools, faith centres).



### ***Documentation***

Attendees criticized the use of jargon/technical language and suggested Plain English is used throughout to make the engagement open and accessible. They also requested that the questions being asked are presented more visibly and that the CCG's response is tangible.

### ***Working with local representatives and organizations***

As an extension of promoting the events, attendees believed that one of the most effective ways to engage local people was to use existing channels, whether these are local representatives (councillors, MPs etc.) or groups (faith groups, patient groups, day care etc.). With groups/organisations, attendees also suggested that events could be hosted at their own venues to ensure a good turnout.

### ***Accessibility and representation***

Attendees raised concerns around whether everyone affected was able or encouraged to attend events. Some suggestions were having a phonenumber for bedbound people to contribute or an app for younger people to engage with. In terms of practicalities around the events themselves, attendees thought that day and times should be varied, including later evenings/weekends, so that people who work could engage. Attendees also thought there should simply be more events in many different areas of the CCG's catchment.



## 7. Other issues raised

Attendees across all three CCGs raised the following issues that do not fit into any of the preceding chapters:

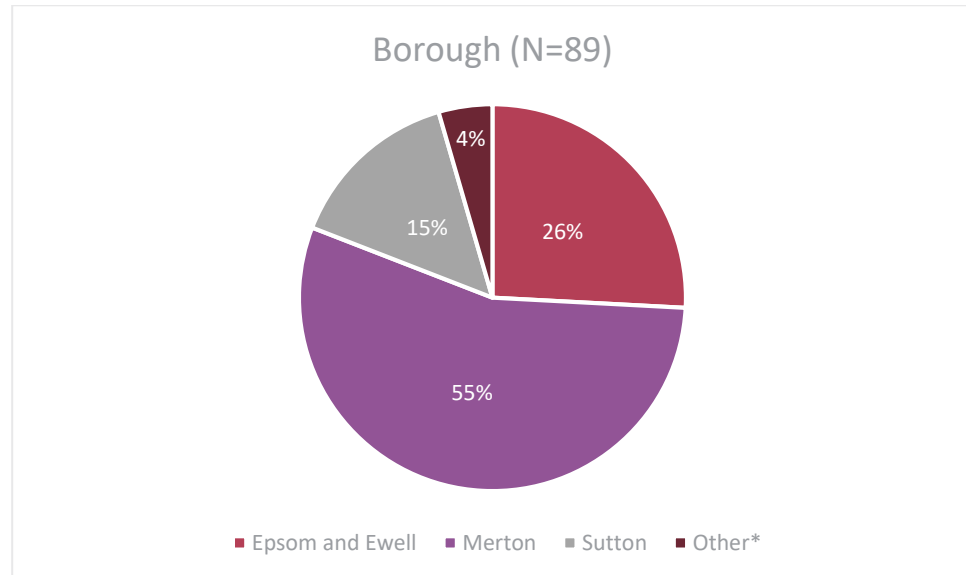
- Attendees criticised the deterioration of existing hospital buildings and questioned why more had not been done to maintain these buildings.
- Attendees highlighted wider/national issues around funding and staffing for the NHS.
- Attendees expressed concern that the UK's departure from the European Union (Brexit) may have an adverse impact on the NHS.



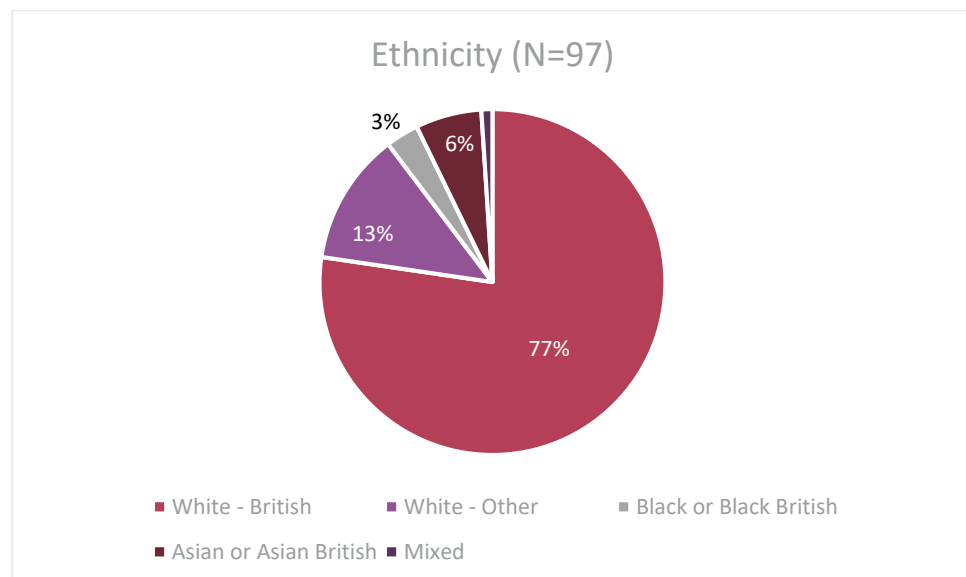


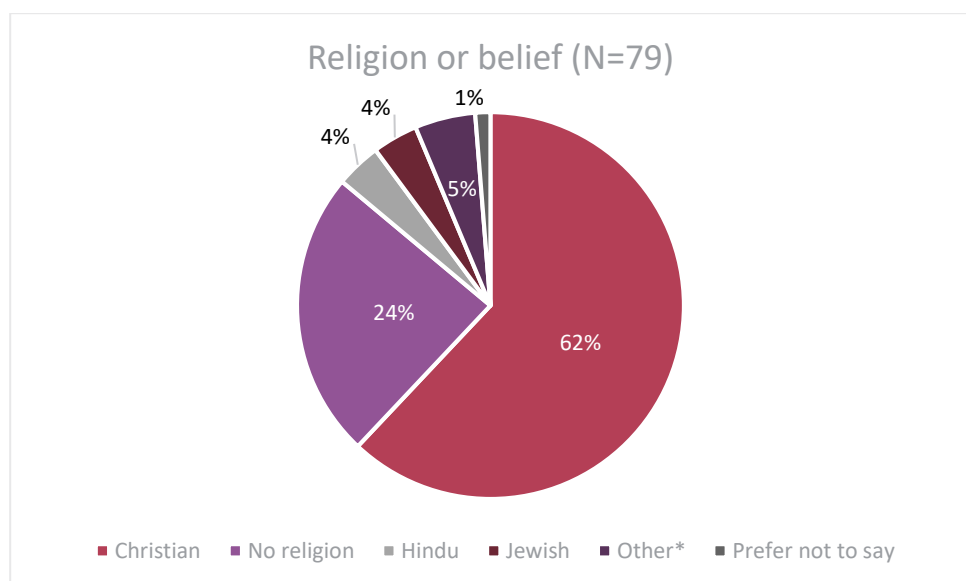
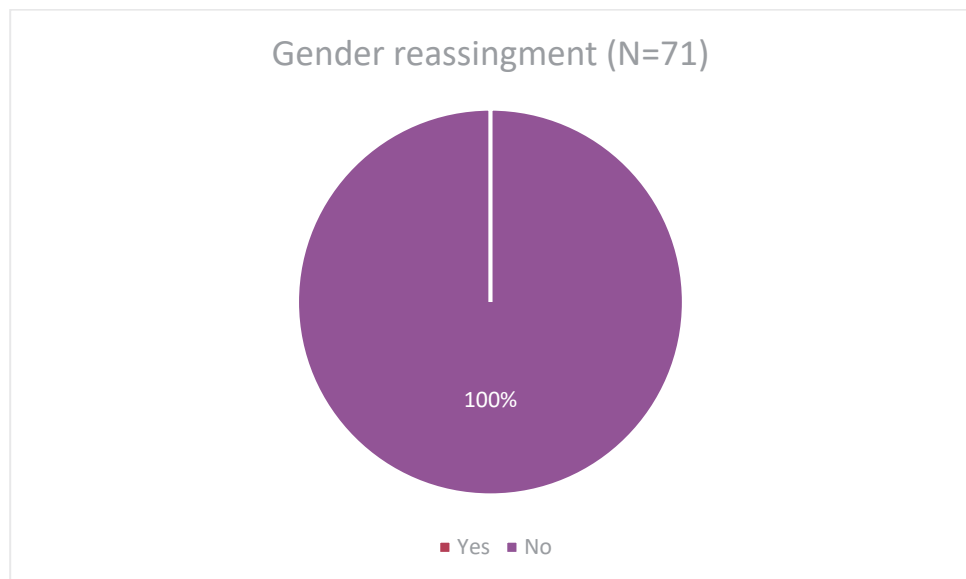
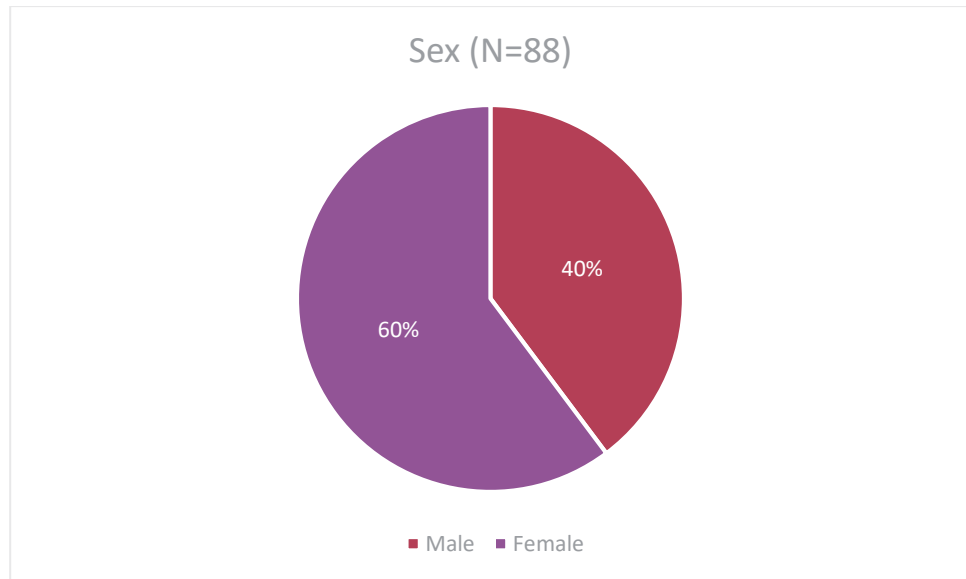
## 8. Attendee demographics

Out of approximately 185 attendees, 102 attendees completed equalities and diversity monitoring forms. These forms were optional to complete. The data below will be used to inform future engagement activities and ensure that all affected communities are reached.

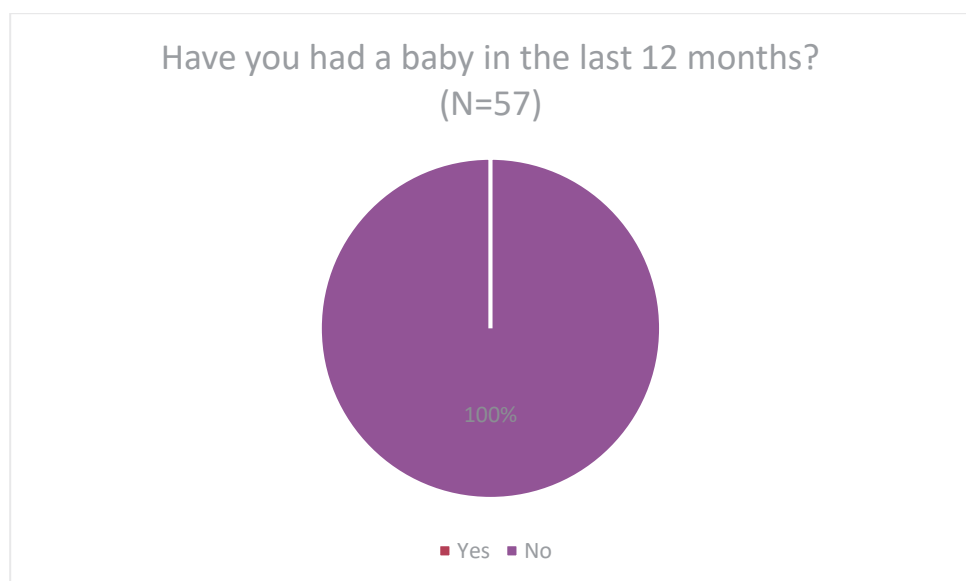
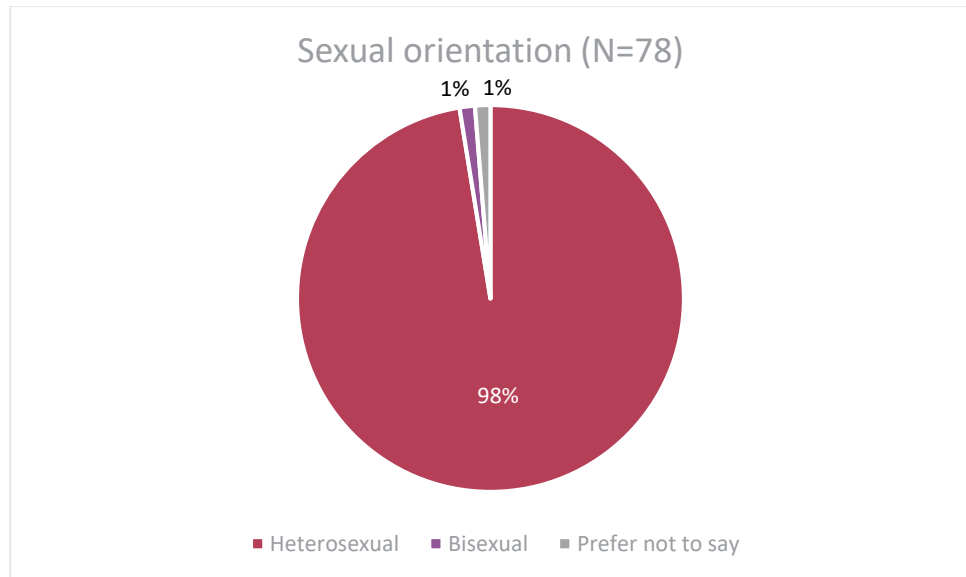


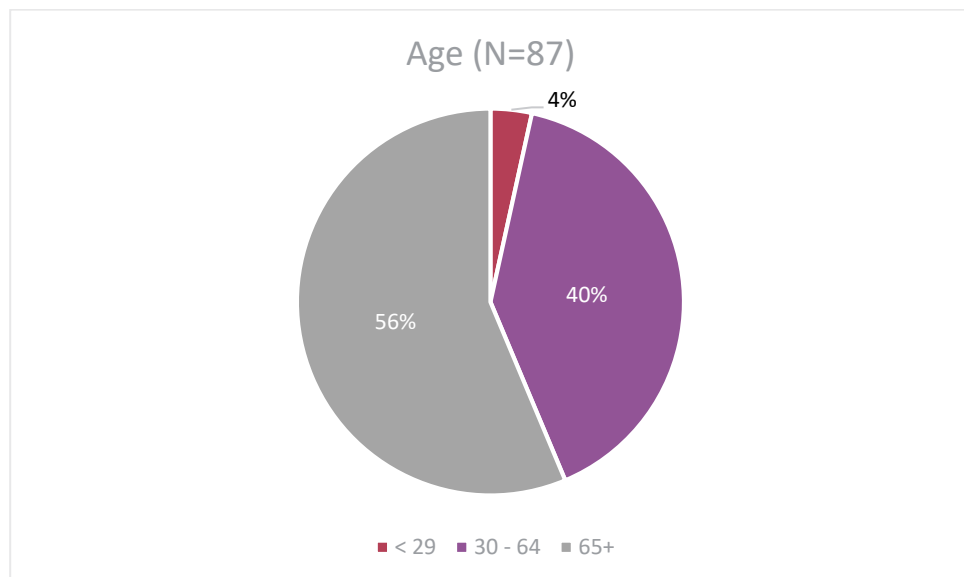
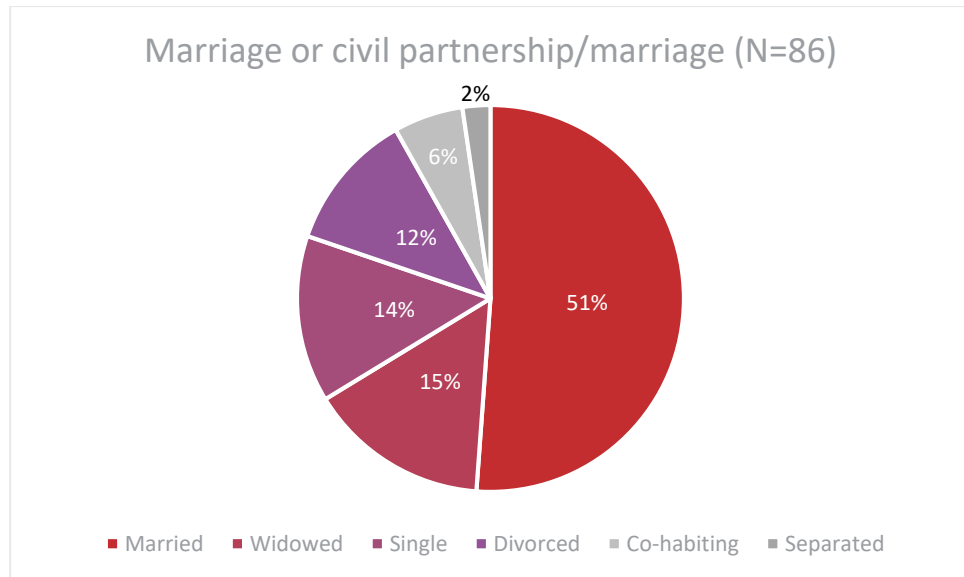
\*Other includes: Mole Valley, Reigate and Banstead and Wandsworth





Other includes: Buddhist and not specified.

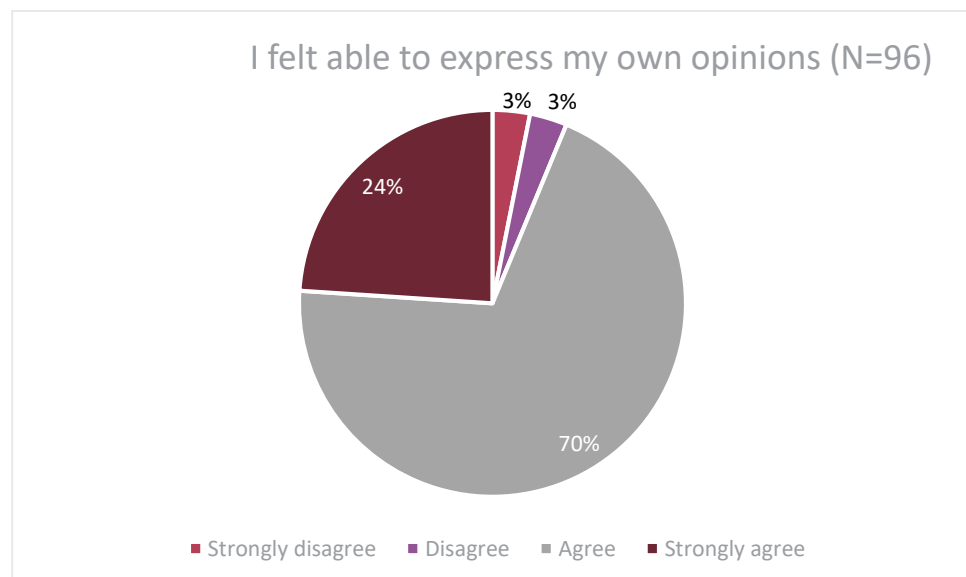
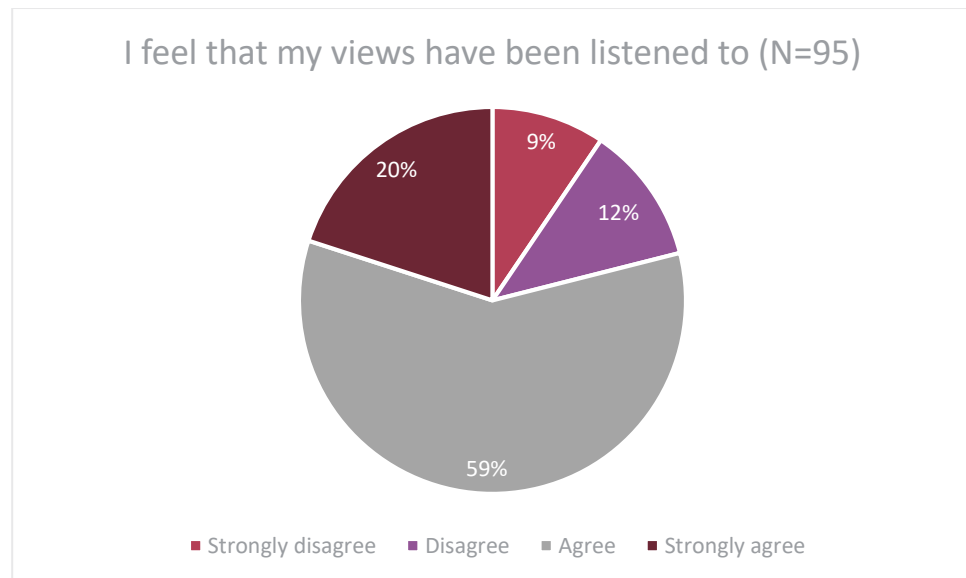


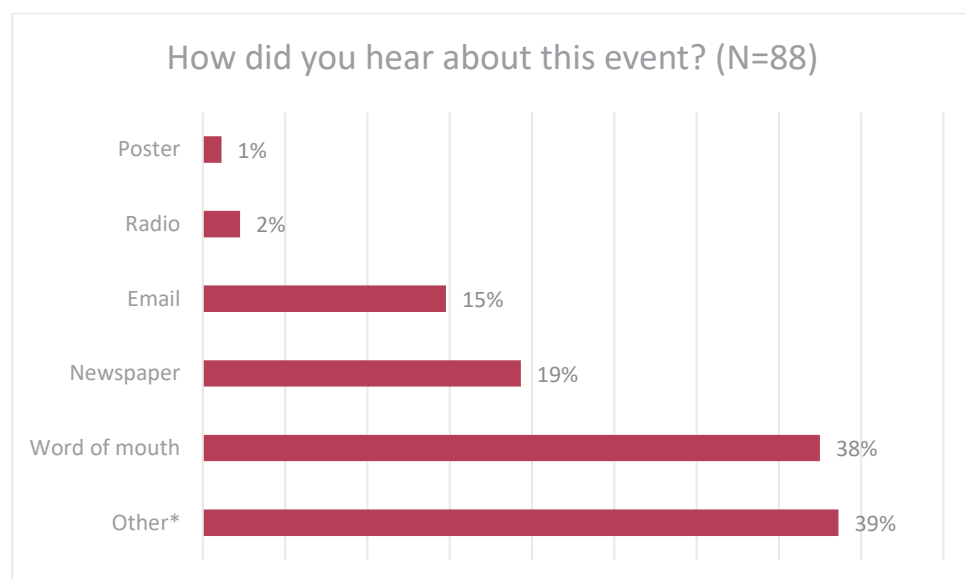
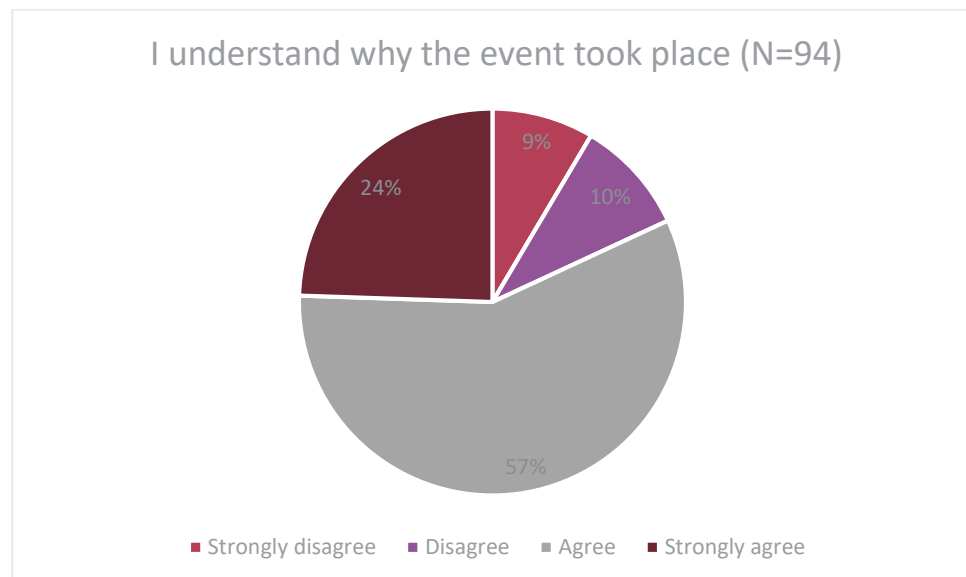
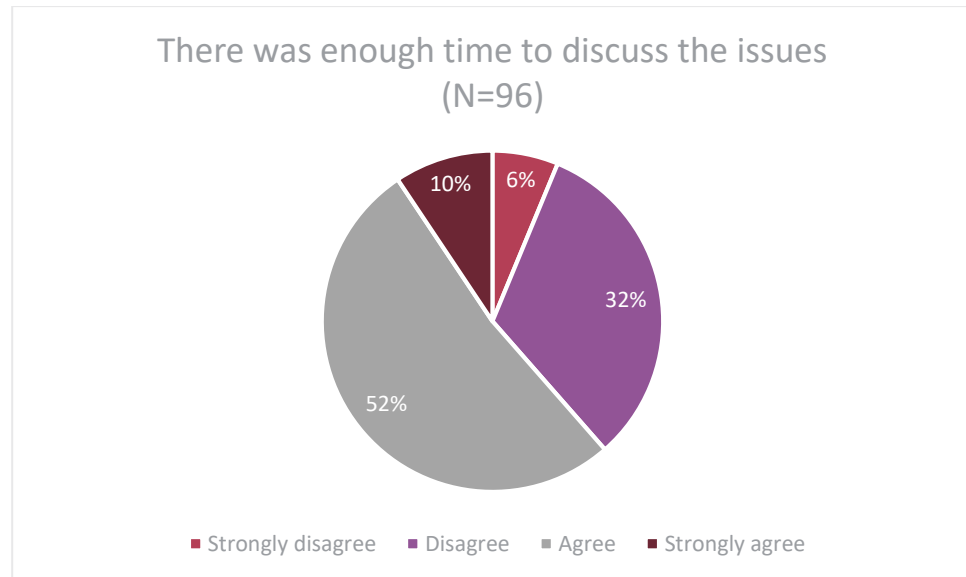




## 9. Feedback from the events

Out of approximately 185 attendees, 102 attendees feedback forms. These were optional to complete. The data shown below should be considered in the context that many of those who expressed dissatisfaction with the events in discussion chose not to complete feedback forms and so their negative views may not be fully represented. The data below will be used to inform future engagement activities.





\*Other included: local campaign group, council meetings and MPs.



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0207 239 7800

252b Gray's Inn Road, London WC1X 8XG

info@traverse.ltd

www.traverse.ltd





