

Improving Healthcare Together 2020 - 2030 Equalities report

1. Introduction

This report details the impact of options for future critical care at Epsom and St Helier on different equality groups gathered by the Improving Healthcare Together 2020 – 2030 programme team.

This evidence was gathered by working through local support groups across Sutton, Merton and Surrey Downs to reach potentially impacted equality communities.

An Easy Read version of the Issues Paper and animation video was used to engage service users in small group discussions plus one-to-one interviews. This generated detailed, in-depth feedback concerning the service proposals. This information was supplemented by invaluable feedback also provided by carers and group co-ordinators present during discussions. The appendices to this report capture the detailed feedback gathered by the programme team.

In addition to the engagement undertaken by the programme team, Healthwatch and an independent engagement consultancy (Traverse) were also commissioned to secure the views of equality groups and deprived communities.

2. Key themes

a) People with physical and sensory impairments:

- **Travel** – the new hospital should be local i.e. located nearby for quick treatment if you are seriously ill with a heart attack or stroke. There is traffic impact at all locations.
- **Transport** – is vital. Some people with physical and sensory impairments have to rely on patient transport, do not drive (licence taken away, frailty), do not have a driver and cannot use public transport. Others rely on family. Need to keep service local because the cost of transport is a key issue for people with physical impairments e.g. taxi fares. The new hospital needs to be easily accessible by local buses. Familiarity with the hospital and known transport routes are also key issues for people with physical and sensory impairments. The availability of parking cropped up time and time again.
- **Family and friends** – people who are critically ill are vulnerable and need help with making decisions. If friends and family cannot visit because of the distance this has a serious, isolating, significant impact on the patient. Social contact / network is vital to recovery and information-sharing. Visitors and carers also have needs of their own e.g. some are older or use a wheel-chair – cost of transport, distance and lack of available transport are key inhibitors.
- **Centre of excellence** – concentrating staff and services in one place is a good idea as need to be seen by expert – someone who knows what they are talking about. Patients should not be transferred from one hospital to another.

Mitigations:

- **Information** – should be provided in the proper format in compliance with the NHS Accessibility Information Standard – make pathway easy for everyone.
- **Disability-friendly** – the new hospital should have adaptable equipment, changing places, disabled toilets, step-free access, space for wheelchair transfer, hand-rails, proper signage (blue lines), ramps, disability parking bays, manual handling training, trained volunteers, staff awareness of impairment, good hoisting and free blue badge spaces.
- **Transport** – provide bus service, hospital transport, dedicated bus lane and wheelchair accessible taxis. Transport should stop outside the hospital. Buses are better for some than trains – stations do not have level platforms.
- **Join up care** – between A&E and specialist services eg stroke unit.
- **Tests** – review population density, accident-prone zones and incidence of illness present locally (breathing, blood, neurological).

b) Children and Young People [CYP]:

- **Travel** – the time and difficulty of getting to the hospital are key issues for CYP who may be less patient to travel far and wait to be seen. Familiarity with the hospital is a key issue. There are more buses around St Helier.
- **Transport** – the cost of transport is a key issue for CYP.
- **Population** – There are more schools and CYP in Carshalton and Rosehill so the new service should be located at St Helier.

Mitigations:

- **Transport** – introduce a shuttle service, increase the number of ambulances, introduce more transport links which are free – especially buses. Parents cannot always afford to pay parking and/or transport costs. Need to consider recipients of welfare benefits.
- **Visitors** – do not have set visiting hours for vulnerable people eg CYP who need parents to be around.
- **Accommodation** – have specific accommodation for young people who are placed on adult wards as soon as they turn 16 which is a shock to the system.
- **Respect** – CYP need to be taken seriously by nurses and doctors: in a dignified way. Ease fear of hospitals which are claustrophobic – receptionists can be intimidating.
- **Tests:** work out how many people could become seriously and where they live and use that as a measure – who uses what where? If the new hospital is placed in the middle will

there be an extra strain on ambulances? If ambulance has to travel further patients are more at risk.

- **Raise awareness:** there is a need to tell people about the Sutton Hospital site.

c) People with mental health needs:

- **Transport** – distance and proximity to the hospital is a key issue for people with mental health needs. Some struggle with anxiety and cannot get on a bus or train, drive (licence revoked, on medication) or travel alone. Some do not leave the house (agoraphobia), leave the house alone or travel if they do not know where they are going. Familiarity with the hospital and travel route plus access to transport links eg buses are also key issues.
- **Family and friends** – people who struggle with mental health rely on visitors and the extra cost of transport incurred because the hospital is further away is a barrier. Visits are curtailed if you have to travel after working hours.

Mitigations:

- **Visitors** – do not have set visiting hours for vulnerable people with mental health needs. Discharge begins on admission and family is an important part of recovery.
- **Raise awareness of mental health** – to reduce discrimination. Introduce staff training and police training.
- **Transport** – the new hospital should be accessible by public transport. There should be more car parking.
- **Join up care** – with mental health services and expertise on site eg psychiatric wards and mental health liaison nurse. Reduce waiting time to see a psychiatrist, offer single rooms and link up with GP to work out care plan.
- **Parking** – parking should be free and there should be long-term visiting concessions.

d) Adults, children and young people with learning impairments:

- **Distance** – the hospital should be local and not far away because the journey builds up anxiety. Lack of familiarity with the hospital and hospital staff induces panic and challenges sensory needs. Children with additional needs should not be shipped between hospitals – this is terrifying. Parents without a network or support also struggle eg managing the school run - leaving child alone in hospital and isolated.
- **Transport** – many people with learning impairments have a fixed income, do not drive, do not travel alone and/or are transported – this must be taken into account. People with learning impairments are trained to travel by bus not rail because buses are easier to understand and have a ramp – this must also be taken into account.

- **Specialist support** – there is a need for trained staff, individual support and joined up care on site eg hospital passport, CAMHS, learning disability nurse, mental health nurse and duty psychiatrist. Young people with learning impairments should be fast-tracked through the hospital to avoid distress and delay. There must be enough beds. There is a need to train the police around how to deal with young people with learning impairments.
- **Environment** – hospital should be user-friendly for people with learning impairments eg more and better signage, volunteers and ambassadors, reception desks which are staff, separate A&E for children.
- **Parking** – introduce concessions for parents and carers who struggle with long-term parking which is very expensive.
- **Transport** – make staff shuttle bus available and introduce a bus service

Please review the Surrey Healthwatch report attached to this Evidence Pack for the views of people with learning impairments in Surrey Downs.

e) Black and minority ethnic communities:

Please review the Sutton and Merton Healthwatch reports attached to this Evidence Pack for the views of members of black and minority ethnic communities in these localities.

f) Older people over the age of 65:

Please review the Surrey, Merton and Sutton Healthwatch reports for this cohort plus summary of key themes attached.

g) Carers:

Please review the Surrey, Merton and Sutton Healthwatch reports for carers attached.

h) Residents who experience deprivation and poor health outcomes:

Please review the Traverse reports attached to this Evidence Pack for the views of people who experience higher health inequalities and deprivation in Surrey Downs, Merton and Sutton.

Appendix A: Physical Impairments

CCG area:	Surrey Downs
Group:	Surrey Coalition for Disabled People – specially convened workshop
Date:	19.10.18
Profile:	Three participants attended: all female and of White-UK origin, one 65 plus. One used a wheel-chair, had a visual impairment and mental health needs. Another walked with a limp, used a crutch and had been critically ill (long term condition and visual impairment). The third participant was a carer (mother of attendee who used crutch).

Epsom Hospital:

- Not familiar with Epsom Hospital – can't you work with existing sites and facilities – see how they can change rather than spending a load of money? Cost comparison.
- Positive – nearby – on site – to be treated. If have heart attack odds on you will survive. Need quick treatment for stroke. Same with any hospital nearby.
- Lived next door to Queens Square – neurology. Very helpful to have one stop shop – most people have complex issues – see 10 different doctors. Seen as “illness” not a whole person. All providers of healthcare should see everyone on the same day.

St Helier Hospital:

- If you have a road traffic accident or heart attack you need to get there quickly but there is a one way system and traffic. No helicopters to treat us.
- Impact of traffic – transport for people is vital – getting there – many do not have people who can drive us – can't use public transport – or fit around the constraints of patient transport. If working and need to get to hospital in middle of the day quickest to take taxi as allows me to work full time and attend hospital appointments. If wait for patient transport does not work.
- Taxi cost to my hospital - £25 each way. To another hospital it is £30 each way. A lot of my own expenditure – if reduce this by keeping it local – great.
- Not been
- If you are in dire straits and you have a heart attack expect local hospital – to be seen as quickly as possible. If Wales – go to hospital in Wales to get attention – prevent you from having further problems. Discharge must be in one place – a mess – stuff that goes around medical treatment.

- When I was critically ill I was away from home – went to nearest hospital that was best place for me. Impact on family significant because it was more than a month before I could be transferred home for rehab care. Could not release me. Mum had to give up work and move to be my side – significant impact.
- System failing big time due to cuts. People becoming more and more reliant on friends and family for support – they are getting older and can't do it themselves. My mother is not well – sees I do not have support because of budget cuts – strain on her health after having a serious operation in the summer to make sure I'm OK – not fair – system aware I am unwell. Other family is abroad.
- When you are critically ill you are very vulnerable – nursing staff not the same as family – cannot help with decisions about your care – operations but no sounding board – pushed in one direction – isolating experience if no one to talk to.

Sutton Hospital:

- Not happy if live in Epsom and have to go to Sutton. Brother took me to see ? in hospital because too much of a cost.
- Sutton hospital is very old – layout terrible at the moment higgledy-piggledy – developed over time.
- Road to Marsden – A217 – really busy dual carriageway with lots of crashes – 'mad mile'. Too much traffic – at peak times this is fairly constant – very, very busy route.
- Easier than St Helier if you have a car [but congestion is issue] but not by public transport [three buses to St Helier, two buses to Sutton]
- Stations – old – not accessible by wheelchair – no bus to connect.

Other:

- Need to match with need in community where accidents happen – critical car crash, high density, where illnesses live – match against proposal.
- If acute want it in three places – baby in Epsom – not transported to hub.
- All three sites will have noise problems, problems with bad smells, impact on environment.
- Less concerned about cost of traffic and more concerned about specialist – have someone who knows what they're talking about. Great if local – no hesitation in going if London.
- Had to go to Cranleigh – why could they not come to me – specialist travel down from London?

- Feel very alone even though I am not. When I am critically ill I am not thinking straight – can't read leaflet – need guidance to break it down into small chunks – to climb obstacle. Many cannot process information quickly.
- St Helier and Sutton are considered 'dirty' hospitals – have this reputation - come out ill afterwards. Hard to shift. Both known for MRSA infections. If you have a visual impairment you will be touching everything to get from one place to another including signage so have higher rate of catching something.
- Ambulance staff – poor service – impacts on how treated and long-term health. Reassuring to know if call 999 someone will help but if wait for four hours on floor degrading as well as risk to health.
- Look at who is more likely to have breathing, blood or neurological problem: ABC: airway, breathing Triage stuff. Most have heart and blood problem so put effort there – save most people in quickest time. Is it a time-dependent problem? Eg bleeding on brain, stroke, asthma or heart attack – road traffic accident too but not in same way.
- Very concerned about people who can't get to [] Do not go to hospital because generational

Mitigations:

- Ensure compliance with NHS Accessibility Information Standard – vital – law – still not happening – surprised as legislation – over-sight. Have information in proper format that people need – make pathway easy for everyone.
- Cut down on admin – too much – not enough money for care and provision.
- Make sure all equipment needed is provided eg for scan – adapt for wheelchair user because not all wheelchair users have someone with them constantly (cuts).
- Need space for wheelchair user to transfer safely – have things to hold on to – MRI – assistant puts leg on to MRI machine.
- Manual handling training for staff – can scanner be lowered. We do not all have good sitting balance – need chair with arms. Eye clinic stressful – equipment not at my level and cannot transfer onto office chair.
- Larger person cannot fit into chairs. Equipment must be versatile – more early obesity.
- Changing places and toilets
- Bank of wheelchairs and scooters for people to use
- Transport - provide bus from Epsom for visitors
- Need proper signage people can read – so confusing. Blue lines are best. Some hospitals have separated spaces and signage suddenly disappears.

- Dedicated bus lane so get there quickly because of gridlock from Epsom to Sutton. If you have a heart attack you do not want to be in ambulance waiting – roads quite narrow – cars stacked both directions – verge not big enough for ambulance – need to re-design geography which is a greater cost.
- Need wheelchair accessible taxi to take electrical wheelchair
- Parking at all three sites
- Need to consider safety of site and safety of people travelling at night

CCG area:	Sutton
Group:	Oaks Way Centre – service users
Date:	19.10.18
Profile:	Six participants: all 65 plus, four of White-UK origin, one user of East Asian origin. One user had polio and one user had advanced Parkinson and scoliosis – this service user was wheel-chair bound with no movement from the neck down. Other users relied on crutch, wheelchairs and a modified shopping trolley.

Epsom Hospital:

- Too far
- When my husband was alive had to go to GP to arrange ambulance to pick him up by wheelchair – when the ambulance arrived the wheel-chair was in the ambulance. When my husband was alive he was well-treated at St Helier – could not fault them. Had blood test at St Helier. Depends on where you live.
- Getting there – have to get two buses or paying money – inconvenient. If husband still alive.
- Too far away – should be St Helier because large number of people live in the area.
- Can get bus / public transport to St Helier.
- Sutton would be a disaster because of transport – there is a main road plus two – three side roads – not enough room for ambulance.
- Depends on area – away away if no transport. I still drive – could drive but would not like to. Just drive locally. Cost of parking.
- I would need ambulance – do not drive – drove until broke hip.
- Need more staff
- You will have more staff if two hospitals come together

- Not enough beds in big hospitals – left in corridors – no space.
- Should not be transferred from one hospital to another – not good for patient.
- No poor areas in Sutton compared to inner London – not rich.
- Could do with it – have St Helier
- Going anywhere on my own is a problem – only go if my daughter takes me. Could not come here today if did not have club bus. All difficult – St Helier and Epsom. If I could walk St Helier would be 15 minutes. When I have to go somewhere my daughter takes me. Knees replaced in Epsom – very good to me.
- How long will it take to build? Then have to refurbish it.

1:2:1 interview with service user with advanced Parkinson's disease:

- Access into the hospital is key – is there parking available? Is it exorbitant? Should have profit-making facilities
- Prefer St Helier because there is big ground - near to where I live – very familiar with hospital. Children born there – wife a nurse there for donkey years – good care.
- With Epsom Hospital transport is the problem. DVLA has taken my licence away – can still drive. Now, if I go to St George's – my consultant is there – was at St Helier. In St George's – when I make an appointment – they organise transport for me – usually an ambulance – feels like a waste of resources.
- When you are that ill you will go anywhere.
- Must be wheel-chair friendly inside the hospital.
- Sutton is quite good – live near there.
- When you are seriously ill you need to get there as quickly as possible so transport system is key.
- With paramedic services and hospital if you are well and you live in Mitcham you are taken to St George's.
- Consultant staff are critical – if you go to A&E you end up waiting for doctors.
- Important to be seen by the right person at the right time. I used to be an oil engineer. Colleague had heart attack – took him to hospital and triage nurse said “wait” – angry – wasting a man's life. It was a mistake for me to have taken him – should have gone by ambulance as would have been seen quicker.
- Distance to hospital and specialist skills are equally important – should get there quickly.

- Specialist staff should be separated from medical staff. Roehampton and Queen Mary have different wards – very open format – like it.
- Hospital transport is important – very important – St George’s do this but quite a high cost. I get taken by ambulance because of my wheelchair. When study economics of NHS ambulance is very high cost.
- Must be quick and efficient transport. Go to St George’s and St Helier quite often – Epsom not so often. Every time go to St George’s for consultant appointment at 12 they pick me up at 9.00am so I get there for 9.30am / 9.45am and wait until 12am for a 15 minute consultation – then wait for transport to go back which takes six hours – 10 hours for the day. Fantastic waiting lounge – like an airport – have food – M&S inside, Tesco, Sainsbury’s – can buy lunch.

CCG area:	Sutton
Group:	Sutton Lodge – Day Centre
Date:	30.10.18
Profile:	Eight participants: all female of White-UK origin. Over 60, one 95 year old, some over 80. Wheelchair user, crutches and sticks.

- Parking – major issue at any hospital with cost – very, very prohibitive. Have hospital half-way. If two people are arguing meet in the middle.
- As you get older it is more difficult to get to hospitals

Epsom Hospital:

- Too far
- Too far – nearly dying!
- Quite a way to go, can’t walk properly, hard work
- Can’t get there, too difficult

St Helier Hospital:

- Nearer than St George’s
- Doing up St Helier
- Better bus service to St Helier
- Know St Helier
- S4 goes right outside Helier
- Outside my house bus goes to St Helier
- Easier to get to – not such a long walk

- Always been there
- Well known – as long as lifts work

Sutton Hospital:

- Big area – near the Marsden

Mitigations:

- Have ambulance to pick you up
- Fell and broke pelvis – placed on dementia ward because over 75 but had all my faculties – no one to talk to all day until husband visited. Could be improved.
- Supply transport
- Transport key – how you get there
- Visitors are important – makes you think of someone else other than yourself, stops negative thoughts

CCG area:	Merton
Group:	Merton Vision
Date:	09.10.18
Profile:	Eight participants: five female, two male, two of BAME origin, two with hearing impairments, all with visual impairments, all 60 plus.

Epsom Hospital:

- Epsom Hospital is way too far for me – live five minutes’ drive from St George’s in Merton.
- Too far – my sister was there for three weeks – too far away. Had to pay £50 in cab-fare to go and see her.
- I go to St George’s
- Little bit far
- I am happy at St Thomas Hospital – do not want to change – had my babies there.
- At our age and given our disability transport is a problem. Taxis are expensive – difficulty getting on and off buses, from practical view no-go area. Can’t always get hospital treatment.
- By the time you get there what will you be like!!

- In my experience – when you ring for an ambulance, no matter how urgent it is, there is too much demand. Had an occasion one week ago – last Friday – taken to A&E at St George’s: very difficult conditions, I was there from 7.30pm – 2.00am – staff are overworked – abused. Won’t solve problem unless persuade people to be less selfish. Worked in the health service for 10 years.
- Epsom has a very good reputation for joint replacement. Must factor in especially at our age that people have difficulty getting there. You are isolated in terms of visitors and this is very important. When you turn on the TV the greatest threat to health is loneliness – either for young people or people our age.

St Helier Hospital:

- Good because it’s close – can get transport.
- Depends on where people live
- Would have an impact on me if taken away – a bus ride (94). My nearest hospital we are fighting to keep it open – Siobhan [MP] doing enough
- Under St Helier for my eyes – fine because I have a taxi-card, can get there. It’s a good hospital – taken there when fell and cut head open – looked after me well.
- St Helier’s is central – want something in the middle – Epsom is too far – OK if you live there.
- My views are complex. Had appointment at St George’s two – three weeks ago but did not send transport. No one called me. Bringing together services in one place is a very good idea – concentrate staff in one place. If you have a heart attack it does not matter where you go to as long as you are seen to – prefer to be looked at by expert. Want to be rushed to hospital and seen quickly. Seen people wait a long time.

Sutton Hospital:

- Can the transport take you there quickly?
- Depends on traffic
- Wouldn’t matter really – difficult to say – only used it as eye hospital
- Sutton is OK but a little far away

Other:

- Look at how many people live in each catchment area – would have thought fairest to assess where densest population is to uses services – should put it in the centre there irrespective of location. Doesn’t apply to me – I go to St George’s – they have an encyclopaedia on me and my husband.

Mitigations:

- If you have a visual impairment volunteers should be aware you may need help moving about – even while waiting.
- Most manage despite visual impairment
- When I want to contact someone at St Helier Hospital it's automated – there is no one there – tell you to come back 24 hours later. So waiting for phone call – happened to me when I needed hearing aid checked. Need someone to answer the phone – once had answer – leave them alone.
- Transport is especially important if you are visually impaired.
- For people who are seriously ill try and solve contact with people they know – in terms of someone going with them if need in-patient treatment. If you are from St Helier but have to go to Epsom friends and neighbours cannot visit – so totally isolated. People recover best when they have social contact, do not feel isolated and are kept informed of what is going on. Treated me like an adult with a brain at St George's – important – “does she take sugar?” does not work with me.

Service Manager at Merton Vision (also with a visual impairment):

- If you have a stroke there is an 80% chance of visual loss – important staff are aware they are dealing with a patient who cannot see someone standing to their left or right – they will hear people talking and then the person suddenly appears.
- Any patient attending A&E has the potential to have a visual impairment – can't do anything if you don't know – once identified through a family member or friend need to be aware you are dealing with a patient with a visual impairment - staff should be trained to deal with this – must be 'whole awareness'.
- Visual impairment and poverty goes together – large number of unemployed visually impaired – benefits related. Especially in older age – has impact on life – costs more to do things. If don't know route confident only way is taxi which costs more money. Can't just jump on a bus. Getting from A to B involves combination of finance and independent travel: will not go unless of paramount importance – impacts on decision.
- Visually impaired with significant sight loss will be concerned about what is going on when they are ill and so feel less confident.
- Need large sign-posting, colour co-ordination in building – not white seats on white floor – very difficult for people to see and contrast – door frames.

Not knowing where you are and not knowing how to get to where you are going to key for visually impaired. Receptionist saying “down the left past yellow statue” is no good to visually impaired. Need awareness all the way through – very important otherwise you will have difficulty accessing

anything. Tactile identification is also helpful eg signage – some could be in Braille. Flooring can be used as a guide – if flooring is tactile visually impaired person will know they are approaching at T-junction eg bottom and top of steps and tactile paving can help them to identify this hazard – include identifying fact where possible eg audible clues.

CCG area:	Surrey Downs
Group:	Swail House [supported housing for blind and partially sighted people in Epsom run by RNIB]
Date:	15.10.18
Profile:	15 residents all with varying degrees of visual impairments – six female. One resident was accompanied by a guide dog. One carer.

Epsom Hospital:

- Prefer Epsom Hospital geographically – far easier to get visits and local means local - St Helier is far – both good hospitals.
- Use hospital transport to get to either
- Epsom on doorstep – if elsewhere difficult if do not have hospital transport: bus / train – have to work out how to get from A to B. Know Epsom to Swail House.
- Better care at St Helier when had kidney stones – on intensive care – HDU in Epsom. Care better at St Helier (specialist).
- Standard deteriorated over 50 years – shocking. Went to A&E four times before admitted.
- Geographically amazing but need standard of care with access to right specialist quickly – hard on tap.
- If have acute in Epsom right staff there. If seriously ill get there as quickly as possible.
- Outside Epsom: too expensive.
- If you are involved in a road traffic accident you need a quick MRI – have machine at Epsom – so do not have to travel to another hospital for MRI – on tap at Epsom.

St Helier Hospital:

- Prefer St Helier – my view
- For kidney problem have to go to St Helier – do not stay in one place. Big problem for visually impaired.
- Better experience, staff. More outstanding, disability awareness. Better treated – disability transport lounge.

- Replace or add on to? St Helier is ancient. Major problems – long corridors, lost – cold – Victorian – very bad experience. Needs to be completely replaced.
- A long way to see me – could not get parking near entrance.
- Parking appalling – not enough disabled parking – and charge.
- Too far away – not visited so easily. Two weeks in St Helier hospital – skint. Wife a wheel-chair user – has to have a carer and take taxi to see me.
- Had good experience at St Helier hospital – if seriously ill doesn't matter where. Prefer Epsom but Epsom more convenient for family.

Sutton Hospital:

- In middle so probably best
- Easy to get to for visitors – two buses – not as easy as others as have to change transport
- In favour of Sutton because of size of site – do not infringe on other buildings. Good site. As patient having heart attack do not care if get correct care quickly enough so Epsom because of traffic. If had to be Sutton – as long as get there quickly enough – golden hour for heart attacks – visiting: more difficult.
- Never been there.

Mitigations:

- More training / awareness – staff awareness of visual impairment – have anxieties.
- Disabled-friendly, step-free, have to use wheelchair, bigger signs. At Epsom lift out of action – had to be carried. Hand rails, ramps, signage.
- Friend in Epsom – blind person on ward – no sign above bed to say blind – given food – did not even know.
- Had same experience – asked them to put sign above bed – good for all – so visitors and carers know.
- When my husband was in hospital if he was not treated correctly we would contact PALS [Patient Advice and Liaison Service] – very good.
- Need disabled toilets on ground floor accessible by wheel-chair with door which can shut.
- Raise awareness of hospital transport available for use – must be reliable, available. Volunteer drivers are in short supply. Waited all day to go home when booked in – all down to communication – so busy do not tell you what is going on – infuriating.
- In and around hospital should be accessible from street to building with no obstacles.
- Holes in ground in Epsom – nearly went down a hole – has to be addressed.

- Building – do not make it like a maze.
- Look at accessibility of sites especially for wheelchairs.
- Please take peoples' relatives into account especially if patient has visual impairments because of their needs – went to hospital when husband was very unwell – extremely isolated. Brilliant at other times. Could not go unless have carer and safe to go there [carer and wheelchair user].
- When I was in hospital – on the ward – my wife was treated disgustingly
- More well-trained volunteers made huge difference – gave my dog water, connections. When you can't see and do not know – feel even more isolated
- Make staff hopper bus available to public – really useful to get on bus if have to go without carer – feel safe on bus with nurses and GPs – seats available.

CCG area	Merton
Group:	All Saints Community Resource Centre
Date:	09.10.18
Profile:	Nine participants: seven wheel-chair users, three female, one user of BAME origin. Group also included two carers, stroke survivors and service user with a learning impairment.

Epsom Hospital:

- A long way – if I had a heart attack – called 999 - middle of rush hour. How long does it take to get to Epsom? Dead by the time I got there.
- Had bad experience there
- Depends on how long it takes to get there. Would go to Kingston Hospital really. Used to have free blue badge and parking – not now. Even if have blue badge have to pay for parking.
- A&E is not joined up with stroke – spent five hours in A&E and was then discharged – told to go to GP for referral to be examined at hospital! A&E doctors send you home without examining you. Good if works right from A&E upwards.
- Need learning / physical disability support in hospital.
- Not been to Epsom: need good hoisting, people who understand my needs, free parking.
- Carer: parking is key – distance is too great. Roads to Epsom from here are not major roads but A-roads which are choc-a-bloc. One hour to Epsom. Epsom fine for people over in Epsom.

- By time get to Epsom dead.
- Epsom needs new building.
- Needs to be local hospital.
- Population density is a problem – one unit cannot deal – too many people – very dense here – St Helier estate for a start. Epsom has single households next to one another. Here there are flats – lots of people in one place.
- Work out where middle is between three sites and build new hospital there.

St Helier Hospital:

- At St Helier three year ago – nearly died – have to go if ill. Distance and right staff equally important. Need enough staff. No point in having nice big hospital if not enough staff to run it – had to wait 5-6 hours in A&E – then in stroke department. Good once get past A&E on to ward – not so bad.
- Is St Helier closing?
- Needs to be local hospital
- Ambulance will ask you “which hospital?” – give choice – say St George’s or St Helier – St George’s best because biggest and best – no hesitation about saying St George’s – no way go to St Helier – run down for years. With St Helier – if you have a stroke – no facilities – taken straight to St George’s. St Helier OK if has good department for stroke – if expertise there no problem.

Sutton Hospital:

- Never been to Sutton – could not say
- Hard to get to
- Sutton nearer to me
- Would never touch Sutton
- Never been there – people go for eyes, can’t imagine using it as local hospital.

Other:

- Should be local hospitals everywhere
- Do not mind St Helier or Epsom
- As wheelchair user if seriously ill get ambulance

Mitigations:

- When had anaesthetic could not press button so need to have someone to sit with me

- Carer: need nice new building with huge underground car park. No good saying come by bus – if go by bus would never get there – would have to lift my wife in wheelchair. I can't walk so use a scooter – cannot get myself and my wife (wheelchair-user) on the bus as bus does not allow scooters. My wife (wheel-chair user) could never go on her own.
- Knowing about people's disabilities – no good going in and have extra needs too
- Hoisting – learning important
- Parking – need free blue badge space

Co-ordinator:

- Travel by train difficult – only possible if platforms are at the same level.

Appendix B: Children and Young People:

CCG area:	Merton
Group:	Hearts and Minds
Date:	16.10.18
Profile:	Young people with mental health needs: Five participants aged 16 – 24: one used a mobility scooter. Co-ordinator in attendance with mental health needs also attended.

Epsom Hospital:

- What is Surrey Downs?
- Live in Merton – far
- My nearest hospital is St George's
- Mine is St Helier
- If you struggle with mental health you are reliant on people visiting – add extra barrier cost-wise – especially if you can't drive [co-ordinator]
- 293 from Morden
- Nuisance of getting there
- The time
- Easy for me because I live in north Cheam – but if live in Sutton – more difficult
- Wimbledon to Morden is 30 minutes – further hour to Epsom – finish work at 6.00pm – visit up to 8.00pm – only half an hour – wasted trip.
- If child goes to paediatrics – as young adults still need a lot of support from family – friends can't drive – end up on adult wards.
- Some struggle with travel anxiety – some struggle to get to Hearts and Minds – if have to visit family at Epsom – a struggle.
- When first came to Hearts and Minds could not get on bus – OK now because know route. Do not know route to Epsom – so someone needs to drive me there.

- Don't travel by myself – get quite nervous – work here – going to Epsom – will not go myself – feel bad asking someone to take me every week.
- Comfortable going to St George's because bus goes inside hospital – 493. Difficult to get bus into St Helier.

St Helier Hospital:

- Not much space on site – built double car park for staff.
- Don't know where it is –
- Still far
- From here easier to get to than Epsom
- Two people there in main corridor – accessibility people
- Hear St Helier has bad reputation – if new building reassuring – not forgotten hospital with bad reputation.
- If you struggle with anxiety – mental health – struggle to use trains – so buses are important.
- Really cramped, very industrial, people rushing around

Sutton Hospital:

- Don't know where it is
- No objections as don't know site. If in Belmont – in the middle
- Only heard of Tooting and Kingston
- Merton – less keen on locations – if new transport links made – easier
- Transport is problem rather than location
- Big hill – Sutton hospital

Mitigations:

- Shuttle service a good idea
- Extension of 293
- In St Helier there are two people who help people with additional needs – visit if know about this
- Specific accommodation for young people – as soon as you turn 16 you go straight to adults – scary – should move you in slowly – just get chucked in.
- CAMHS takes you up to 18 – adult wards start at 16. Once hit 16 on adult wards – shock to system.

- Look at which service is used the most currently – more people can get there than one used the least
- Basic accessibility – if lots of hills more difficult for disabled people
- Not have set time for visiting – stay overnight – helpful for me.
- Should be special measure for vulnerable people – eg mental health needs or young adults – for example – make exception for relatives.
- Make it colourful and light – St Helier is white – if new building like Nelson – colourful - makes feel when go in.
- Enough space – St George’s A&E: no space for visitors. Not ideal – especially if serious.

CCG area:	Surrey Downs
Group:	Bfree – North Leatherhead Youth Council
Date:	27 th September 2018
Profile:	Eight children aged 12 – 17

- Surprised it was a personalised study to the local area.

Epsom Hospital:

- Epsom is quite a bit older than other options. Would be a disadvantage if you put the critical services there. A lot of people that use Epsom. Epsom is a well-known hospital so good for people to go to.
- Hard to get to Epsom hospital. Open up a smaller place closer to home for people that find it hard to get to Epsom.
- Could be too crowded if people go to Epsom. Could be a surge of people coming to a new service.
- Would need more workers if critical services are at Epsom – Epsom already struggling with staff.
- An area that helps 16 – 24 year old young people

St Helier Hospital:

- Quite far to get to from Leatherhead. Young people would be less patient to travel that far and wait around to be seen.

- Some people might not have money to get on a bus/train. If someone was hurt then would be uncomfortable getting into a random hospital drivers' car. Increase amount of ambulances to help people get there. Would be good to have a direct route for people on bus. Getting the right care quickly. Difficult to think of a solution because the problem needs everything to be working in order first. Making sure everyone has the care for basics things is a good start.

Sutton Hospital:

- Better than St Helier as it's closer. Don't really know the area well or know of the Sutton hospital.

Anything else?

- Important to be taken seriously by nurses/doctors.

What else should we think about to try and reach the right decision?

- Economics – depends on what people can afford to get to these services.
- Someone who doesn't care about the way they live – if they needed surgery and someone else needed surgery who actually cared about how they lived then would find it hard to think how fair it is for those to get treatment - someone who is incapable of the repercussions that they put their health through. Healthy people should have more priority over people who don't look after themselves. Need more beds and space for hospitals.

CCG area:	Sutton
Group:	Children in Care Council
Date:	25 th September 2018
Profile:	Two participants – both female – one aged 21 with a young son

St Helier:

What is your experience of care in St Helier?

- Some staff rude
- Service good
- Reception and A&E services are not well placed
- Son had accident on bus, when waiting on line, people cut in front
- Distance is OK - good public links, buses that stop right outside

What does good care look like for you?

- Experience of scolding hand service was excellent in A&E
- Staff were compassionate

- Waiting times in A&E too long, need to be kept informed
- Frequent updates
- Good vision
- Possible changes:

Epsom Hospital:

- Getting there will be an issue
- Distance is an issue
- St Helier closer, but if it is a better service
- Cost to travel travelling to and back from home

How can we make it easier?

- More local transport links, not just trains but buses
- Better transport link that is for no charge
- Epsom now more accessible, more parking easy for visitors

St Helier Hospital:

- Very local
- More young people in Carshalton, especially children and young people in care
- Also high schools primary and secondary are in this area
- Lots of buses around this area
- Hospital big

Disadvantages:

- Can't think of disadvantage
- See people who may know you

Sutton Hospital:

- Closer than Epsom
- Not as well-known as St Helier and Epsom good as a new venture
- More nervous if not well or have an emergency not knowing where it is
- Seems isolated due to location
- Only one bus goes there S4-long bus ride
- Train stations too far from hospital
- Costs of public transport going up affects young people

What can we do to make it ok and easy for you to use this service at Sutton Hospital - to overcome barriers?

- Able to get a shuttle bus from St Helier or Epsom Hospital to go to Sutton Hospital as well as awareness where Sutton Hospital is located

Are there other tests or criteria (apart from location) we should be thinking about to show we are being fair and respectful of everyone?

- Work out how many people might need treatment for their eyes, for example and in Epsom might be higher and use that as measure - ie serious illnesses, work out who could be seriously ill or affected ie Hackbridge building new homes affecting people with asthma
- In which area who uses what service and which area has the highest % of usage? lehave a heart attack, extra strain on ambulances if services are placed in the middle? Ambulances will have to travel further, patients more at risk till they get to hospital
- Getting the right treatment is important

What would tell you whether the solution is working or not?

- Consultation- send out surveys to all asking people to rate and monitor response
- Once service is up and running, run the surveys frequently to see if responses have changed
- How people have shared their experience- do they feel their experience is ok

CCG area	Sutton
Group:	Sutton Young Commissioners
Date:	19.10.18
Profile:	Five participants aged 16 – 20: co-ordinator also in attendance.

Epsom Hospital:

- Depends on where you are in Sutton
- Transport not best in Sutton
- OK if ambulance
- St Helier is closer than Epsom
- Went to St Helier for blood test
- In emergency time is key: crucial minutes – early intervention – heart attack – chance of surviving is greater – also need CPR at scene.
- Don't know Epsom – not knowing is hard.

- My school is in Banstead – fear knocked down
- Not in London travel zone – can't use Oyster card – parents – strikes.
- Easier to get to London than other places
- Time is key – have to wait – a long time for anything
- If live in north Sutton getting to Epsom can be difficult

St Helier Hospital:

- Got lost in hospital – really hard
- Parking is bad
- Mum has blue badge – would have to have a lot of disabled bays
- Biased – yes – easy to get to – more convenient for us
- St Helier estate nearby – big community around there – born there – average income is low so need more.
- Big fight to save it
- Comfort an issue – small corridors – sitting on floor – not a very good experience
- Is it disabled-friendly?

Sutton Hospital:

- Building school – is there space?
- One bus – so, compared to other two – not so accessible
- Only one bus to Royal Marsden – un-reliable
- If you are from Epsom or Leatherhead – how will you get to the site easily? Quite difficult.

Mitigations:

- Must be treated in dignified way
- Children's Unit – take you up to 18
- In CAMHS there is a sudden transition – straight from child and adolescent service to adult service. Hard transition from child to adult unit.
- In Somerset there is an intermediate stage in CAMHS [cousin works there]
- Getting to right department – lost for 15 minutes in St Helier – not many signs – no direction.
- Should be a question about whether the system is smooth [efficient] enough in the first place.
- Travel time vs right care depends on circumstances. If have heart attack need to get there as soon as possible. Other cases – can delay. Specialist definitely important.
- Would expect doctors to do basics – stabilise.

- When call ambulance if can describe symptoms and inform which hospital you want to go to beforehand.
- How many people does Epsom serve already? Divert people.
- Young people want parents around – can't afford to pay parking / transport. Need to solve cost of transport – funding. Transport should not cost money if you are saving lives.
- Solve accessibility issue
- How will you decide where hospitals are placed? Make it equi - distant?
- Think about people on benefits – quality of care, specialists, facilities
- Ease fear of hospital – very claustrophobic. Receptionists should not be so intimidating – patients in agony interrogated at A&E.
- Mental being of patient not well cared for
- Build from scratch so not lost

CCG area:	Sutton
Group:	'Street Doctors': community and victim reparation scheme run by YOT
Date:	25.10.18
Profile:	12 year old service user: female

Epsom Hospital:

- No – St Helier because most accidents happen around here – don't hear about it in Epsom. Other day – heard about man driving into tree – mate's dad – died.
- High Street's on main road
- Don't know about Epsom that much – not too keen on Epsom
- Old people walking around – not as busy as Rosehill

St Helier Hospital:

- Born in St Helier – went back when I broke my leg a couple of weeks ago – had cast and boot
- A lot of kids around Rosehill – young boys on motorbikes think they're big. Also, school nearby.

- In Rosehill – so many fights – stabbings. Stabbings in Mitcham – closers. Everyone meets at Rosehill.
- With St Helier – always packed
- When people think of Rosehill – they think of St Helier

Sutton Hospital:

- Cars can't go up high street – have to go round
- Hidden away – not a lot of people know where it is. No point being near Royal Marsden – never even mentioned

Appendix C: Mental Health

CCG area:	Merton
Group:	Imagine Independence
Date:	03.10.18
Profile:	Three participants – all female with mental health needs, two of White-UK origin, one of BAME origin. Eight participants were invited but did not attend so a further session was arranged.

St Helier Hospital:

- Used St Helier before but not recently. Also used St George's. Had good and bad care there. Depends on treatment. When we had mixed wards it was awful. Went from emergency to being kept in to having an operation – surgeon did an amazing job. However, didn't like being in mixed wards. Challenge seems to be, feel, that more admin is going on and ticking boxes rather than investment in medical staff. They are not getting the wages they deserve, astronomical if kick football around but not nurses who work socks off. Other countries work in our NHS industry – those from here go to work privately because they are paid a lot more than in the NHS. Sister-in-law in nursing – went agency while children were small – private nursing homes and hospitals.

There are more mental health issues than ever these days: stress, expectations, perfection and dump-down. Now have five methods of communication, 140 emails before lunchtime – can't ask someone to change a light-bulb without having to find a manager, send an email. How we function these days.

Not very pleasant in St Helier – casualty heaving. Don't know. Chelsea & Westminster Hospital amazing. St Helier Mental Health team is scary I can tell you. If emergency just carted off – no discussion – that's it. Treatment at Royal Marsden amazing, phenomenal, wonderful service.

- St Helier is OK – not too bad, not too good. If St Helier is struggling as it is not a good idea to put serious care there. Good because closer to home but probably wouldn't use it because know other hospitals are better eg Kingston.

- Good because I can get there easily from Mitcham and direct bus routes from Sutton – don't know about train.
- Good because seems to be community hospital used by community
- Should have more parking

Epsom Hospital:

- Would not travel there – logistically, parking – have problems getting anywhere I am not familiar with – been to St George's for bits and pieces on the train.
- Too far – hospitals which are closer to me eg Kingston, St Helier, St George's. Some people with mental health problems do not leave the house, will not leave the house alone or if they do not know where they are going.
- Yes – I was supposed to go to a meeting yesterday but did not know the venue – different venue – so did not go. If you have a heart attack you do not have a say! If patient is a young child it is important to have a facility for the parent to stay with the child. My mother left me when I was 3 ½ in hospital – still remember this. When my daughter was 18 months I was allowed to stay with her – rushed to hospital – better experience for her because her mother was there all the time. Do not need whole family at bedside. In old days hygiene was better – matron fierce -did not allow anyone to sit on the bed in outdoor clothes. You do not want to be ill in this country.
- Don't know Epsom or Sutton – had scan at St Helier on second floor
- Initial impact on mental health: if I have to find somewhere new I get scared – anxious – have to take taxi – need repeated instructions.
- Transportation – I don't drive so must be accessible from transport point of view and I don't have a freedom pass
- Difficult to understand but if you panic you think about how you are going to get there – what directions I have to take
- Worry about distance from Mitcham. Always on news – not enough ambulances and technical staff – have to wait for emergency vehicles – shortage of medics.

Sutton Hospital:

- Never been to Sutton – never felt a part of Sutton. Funny – where you start your life is where you feel you fit in.

- Definitely don't know Sutton Hospital – have to look it up on the map
- Will the natives become restless? Accept ambulances? Transport issue.

Other:

- If you have sufficient nursing staff in pristine building that is what counts – all gone so horribly wrong. With diversity of people communicating on different levels with different forms of communication – impacts on what works and does not work for the individual. Brought up to appreciate, please, say thank you – lacking today.
- Problem starts way back at GP because hospitals do not share information well. Scan in one place – when go for follow-up / exploration not furnished with information so whole package is there. Someone told me it took 20 years for their family member to get a diagnosis. Do not feel listened to, no continuity because of overload of people on books for doctors surgeries and hospital. Outside agencies do CT scans. Marched out and marched out.

Mitigations:

- Could advertise – send letters out with maps – explain how to get there
- Won't know whether the solution is working until seen on the ward
- Yes – needs to be tried and tested – may look good on paper
- Depends on what's on the site – if get there and throw a wobbly – how will they look after you? Not that I would do that – some people would.
- Been to hospital and patients are shouting – can staff cope with people with mental health issues? Will there be training?
- Have staff awareness of certain mental health issues
- Discrimination – do not want to discriminate just because you have mental health need – should be accessible to all – staff aware how to cope with anyone with overt reaction.
- In acute trauma situation – person in life or death situation – concern is about physical health.
- If staff know you have a mental health issue they make you wait until you are the last person to be seen – won't happen if trauma situation. Happens at GP and hospital – my family had to speak to people about this – still there at for 11.00am appointment at 6.00pm.

- Wherever you put it you need staff awareness / training – not call security as soon as something happens but being aware of the person and dealing with them as humans
- How does the community interact with the hospital? Hospitals have community awareness teams – is it a community hospital?
- Think about transport

CCG area:	Sutton
Group	Sutton Mental Health Foundation
Date:	12.10.18
Profile:	Five participants – two female – all of White-UK origin. Some also had a long term condition and / or physical impairment. Co-ordinator also participated.

Epsom Hospital:

- Too far.
- Transport not so good as St Helier and Sutton
- Can't walk far – took one hour to walk from car park to hospital.
- Difference between Epsom and Springfield? Is bus from Sutton to Epsom – do not know area.
- Don't know it
- If have breakdown – very ill – no say where you go – no choice.
- Visiting – next of kin – family – kept in – rather than travelling to west country for 100 miles
- No psychiatric ward at St Helier
- Relationship between GP and hospital – know something is being done rather than dishing out tablets – did scan.

St Helier:

- Rather keep St Helier because nearer
- My family is in south London – St Helier is the limit rather than Epsom
- £12 for parking at St George's – disgrace any hospital should charge
- So if transport not good to Epsom pay parking.
- More buses to St Helier

- Easy access, transport, know people in area
- St Helier: so much transport, different buses, not far. Nice to know transport system close by.
- Good because of travel not just for patient but visitors – more accessible. Can't fault care – excellent.
- Parking too expensive – a problem.

Sutton Hospital:

- Love it – St Helier best option all round – more accessible. Here – schools – not all transport comes up here. Number 80 comes up here from St Helier – more transport and more buses.
- Good for people nearby but traffic – new school, Royal Marsden – big impact.
- Had eye hospital – developed. Sutton Hospital – 1275 pupils – plus hospital – plus cancer hub – residential parking – narrow road, small roads here. Banstead – South Road – numbers of people – commute to school – afternoon – dangerous for children. Narrow paths – infrastructure barriers – two steps into the road.

Other:

- What are the other nearest major acute hospitals in relation to St Helier and St George? Had difficulty last year – assessed me if I could walk – could not – in pain. Double questionnaire – 999 – asked if acute – say no – referred to clinician – asked same questions – then told me no ambulances available. Had to get cab – went to Farnborough from Mottingham – someone said do not go to Lewisham. So, serious acute accident – heart attack – travelling long distances – some have helicopters – can't have next acute 50 miles away – proportionate to number of population.

Mitigations:

- Have hospital buses going there – told what buses go there – none go at the moment. St George's have 1 -2 buses go to front.
- How does ambulance service work? Longer journey for them. Have more ambulance / depots around – coming a long way to collect you. More ambulance units get you quickly to that site.
- Use feedback to measure whether solution works – audit / impact on statistics now – usage – what facilities used in other hospitals – same number of beds and wards? What happens in other hospitals? Have all specialists in one area is good – but impact – independent assessment on impact on catchment areas of Sutton, St Helier and Sutton.

- Merging two hospitals together – impact on amount of staff? Working long hours, no facilities or accommodation. Allow for build-up of extra patients.
- Does Espom cater for mental health – now you can walk into St Helier and see a psychiatrist.
- Wherever it goes must have enough staff to cope with number of patients.
- At weekend cost of bed £1,000 – all wrong. 18 wards – manager for each ward.
- Speed up time it takes for psychiatrist to see you wherever you are – make you wait and wait. With friend who self-harmed – in end walked out. Really bad, patient causes disturbance because having to wait.
- Put new hospital in middle - central to all three sites.
- Impact already there. Loneliness causes premature deaths, cost of housing means more flatshare, we have the longest working hours in Europe, more people work from home so do not meet other people, on-going austerity means there is no money for mental health “cinderella” services – murders, violence and suicides up. Politicians are only concerned about the economy [Sunday Politics: 14.10.18].

CCG area:	Surrey Downs
Group:	The Old Moat Garden Centre [support for people with mental health needs sponsored by The Richmond Fellowship]
Date:	15.10.18
Profile:	Six participants – three service users, one volunteer with two children [twins] with mental health needs and two co-ordinators.

Epsom Hospital:

- Time is crucial – life and death – get to what you need quickly – how go to St Helier’s through traffic in Epsom?
- I would go to closest A&E
- Three sites – ambulance service under-funded. If brilliant does not matter where acute it – pump money in, possibly airlift. Transportation – most reassuring.
- Good because easy to get to – St Helier is a terrible journey – traffic is ridiculous.
- On door-step – ideal
- It put it around back of Epsom OK to get to. If in front of hospital – more traffic.

- Need car parking – just adequate. Taking this away? Not enough car parking: park on estate.
- Not everyone has a car – public transport important. Visitors important to recovery. Belmont a nightmare.
- I was told to wait in a room with someone vomiting – already distressed
- Mental health patients do not have transport – not organised – lost licence and on medication – benefits – when have appointment need to arrange transport – harder if mind is not functioning.
- If building is near public transport – more buses to Epsom.
- Epsom central to train station – can walk

St Helier Hospital:

- Too far away – traffic ridiculous. Public transport very difficult – is there a station?
- Very, very hard to get there – especially if head is messed – won't look at timetable. Need to look at three timetables.
- Big site – need to find out where to get to
- A lot of effort to get there. Pain in a*r*e if physically disabled.
- If you are in a blurry state – unable to make decisions – make journey – anxious – distressed – no support – live on own – no friend to come with you – won't get there. Some unable to leave house – would not go to that hospital.
- If live in Epsom – know area – familiar – feel more comfortable – know it.
- Different area – s*i*
- Epsom: better train links than bus services?

Sutton Hospital:

- Better than St Helier – can walk up from station
- Sutton Hospital is way out
- Rose Hill is weird – Belmont is calmer
- Transport slightly harder

Other:

- Go in middle – everyone happy
- Do not build if no staff
- Need to be holistic – can't separate mental health and physical health
- What are back up services?
- Look at radius, how long it takes to get through traffic, is it easy to get to?
- Comes down to cost of three sites, some win, some lose, never win re: access.
- Let public know actual figures – save money, how? Employed staff – change contract – still need huge amount of doctors.
- Need enough beds – right number? Make sure enough beds.
- Identify mental health need at A&E – liaise with GP – work out care plan
- Have centre of excellence linked to university so inspire – accommodation for doctors and nurses – London weighting guaranteed.
- Many would travel further if know good quality – save life – want to know it's there – ready, waiting for you – right quality of care.

Mitigations:

- Knowing whether, at acute service, there is a mental health liaison nurse qualified to give clinical advice and support – need to be receptive to mental health problems. Panic attack is serious – when you are very unwell you will go to A&E.
- Treated like a dog [by the police?] – need proper mental health nurse there all the time. Do not say you will offer a service and then do not offer it. If you say “we will see you in two hours” stick to it. Mental health liaison nurse – only role is to liaise between patient and clinicians – mental health training. Some will not tolerate wait – kill themselves or not come.
- Need staff, training – do it
- If you are in rehab daily visitors are important – funded transport to get people to hospital.
- Bus route – guaranteed, easy access
- Cannot rehab without family – discharge begins on admission. Accessibility of family to visit important part of recovery.
- Need car parking – accessibility
- In 2012 I cut myself – big crisis – bled – no rapport with police – agitated, distressed. Cut myself at 1.30 – did not get ambulance until 3.50 – had heart attack because lost so much blood – taken to Southend – transferred to Basildon – prevented if more ambulances. Did not want blood on uniform.

- If there is a crisis GP calls the police out but they are not trained.
- No mixed wards – difficult.
- When you are very ill – unfamiliar – do not know – has an impact. To be aware. Better in single ward.
- Single sex – very small dorms – single rooms – if you have been a recluse for five years you will not tolerate hospital environment for very long
- Mental health expertise in all three sites
- 111 Service, Epsom mental health line and drop-in centre: should use these services more, advertise, promote.
- People know where to go
- Very important to educate so people understand

CCG area:	Surrey Downs
Group:	Mary Frances Trust [charity which supports people with mental health needs in Epsom, Ewell and Mole Valley]
Date:	18.10.18
Profile:	Six participants – three female. Some with physical impairments and long term conditions.

Epsom Hospital:

- Why was Leatherhead Hospital not considered?
- Doesn't have A&E – small cottage hospital.
- Considerable advantages – here, on fringe of your area, area you impact on spreads out to Sussex border. If St Helier – Sutton not quite as bad because accessible by train. St Helier not very accessible. Transport – get acute patient there but also needs visitors.
- Length of time to hospital for acute case crucial – too far – how long it takes you to get there – lose lives.
- Do not allow enough time to get to St Helier – longer than you think.
- Equally covered by Epsom and East Surrey – are you looking at services provided by adjoining authorities? If move acute to St Helier and leave East Surrey / Redhill – long distance between them.

- If suffer anxiety journey out of the question – daunting. Must plan how to get there. If have to go to St Helier by public transport never get there. Transport not reliable – being treated for agrophobia – do not want to go out never mind St Helier – if have to rely on transport do not turn up.
- Treatment at Epsom better than St Helier
- Broke ankle – elected Epsom – looking at fully comprehensive service. Needs to cover everything.
- Need to reach it easily – not much problem – more countrified – out of the way – do not like busy – too much traffic.
- What is happening to the rest of the site?
- Ideally, provide more money for what is there, get / pay permanent staff.
- In construction terms – more cost effective to build
- Plenty of room at back to re-build – better use of facilities you have – take a long time

St Helier Hospital:

- Very big – stressful when go there because it takes awhile to get there – stressed out anyway – get there – can't find your way around. Went to pain clinic for back – told it had been moved – if had not told me would have wasted time walking there and back – not very well organised like Epsom.
- Difficult for family to get there once acute dealt with – most important is visiting if suffering.
- Angina and asthma can be acute – must get there quick – not dragged all the way to St Helier.
- Not easy to get to – OK if drive
- Even then – anxiety provoking – anxious anyway
- If very ill do not want to be taken a long way – when going through it – do not want to feel dragged miles away when nearest down the road – very difficult if in strange place never been to before.

Sutton Hospital:

- Difficult – bus from Sutton Railway station to Royal Marsden – spend small fortune on bus-fare visiting person – can't afford his – can only use pass at certain time – visiting every evening.
- Better than St Helier

- Not that far from St Helier
- Don't know Sutton
- Do not know where located

Mitigations:

- More funds – not everyone has to have a mobile
- If want family to visit acute - go to hospital car park – charge a lot - £9 – cannot afford this prices – especially us on benefits – can't work.
- Long-term visiting concession
- Reasonable amount of family accommodation for visitors – children as well as adults.
- Transport scheme similar to dial-a-ride locally organised by surgeries who know us
- Look at positioning of acute trusts in adjoining areas
- Look at Surrey map – densities of population and major roads
- If big area and there is only one hospital how cope with numbers coming in?
- If St Helier will be channelled to Brighton! Right on Surrey / Sussex border
- Need to look at critical pathways for ambulance transport
- Need more ambulances
- On the news you hear that ambulances are not getting there – another anxiety – will they turn up?

Appendix D: Learning Impairments

CCG area:	Merton
Group:	Merton Mencap
Date:	06.10.18
Profile:	17 participants – six female – primarily White-OK origin.

Feedback obtained from the group was limited by learning impairments. The group did not wish to complete the equality monitoring form. An Easy Read version of the Issues Paper was distributed.

The following feedback was provided:

- Will there be enough beds?
- I go to St George's
- Not heard of St Helier
- Make it bigger
- New doctors and nurses
- St Helier is good. Make signs bigger – need to know where it is
- Yes – St Helier – I live in Wimbledon
- Local – for me.
- Epsom OK if it will make me better. Mum had hip replacement.
- Epsom is too far out – St Helier very close.
- Too far – don't know where it is – need someone to come with me – what buses?
- They should look into your eyes
- Too many people at St George's

- Building important
- Don't leave old people waiting too long in beds in hallway
- Smoking is bad for you

Group Co-Ordinator:

- Some people like to be alone in a ward but many need individual care and support. Difficult for parents / carers who struggle with long-term parking at hospital which is very expensive
- Service users do not have an income – fixed every week. Most do not drive – they are taken or use public transport.
- Car / taxi would be nice - distance and time is important.
- We struggle to understand our service users as some can express themselves and some cannot. If that is so how can doctors cope? Need specialist trained support staff to ask right questions so get right result quickly.
- Adult over 18 without capacity still has to give consent to operation even when accompanied by parent or carer. Operation cancelled in one case because patient did not understand – this issue should be sorted out beforehand.

CCG area:	Sutton
Group:	Sutton Mencap
Date:	06.10.18
Profile:	11 participants – three female – one wheelchair user – one user of BAME origin.

Group discussion – learning impairments limited feedback obtained. An Easy Read version of the Issues Paper was distributed.

The following comments were provided:

- Signed petition to keep St Helier open – three times – both against it. Not a good idea – rather go to St Helier – signed petition. What will they use St Helier for? Don't want it smaller – keep the same.
- Medicine – injections – blood test.
- Travel to St Helier by taxi
- Epsom too far – have bus pass – do use it – have to travel with mum – get bus or taxi.

- Been to Epsom and Sutton Hospital – nice
- Ambulance – takes longer to get to further hospital.
- Will there be enough beds?
- No straightforward route to see mum and dad at Epsom Hospital
- Want friends and family to visit
- Sutton hospital – would go there
- Not allowed to travel on train by myself – mother would worry – get lost – could go further distance than bus – Victoria!

Co-ordinators feedback:

- Would patients be seen independently?
- Transport if further out?
- Like Sutton – more control, in-between, more inclusive, better to travel to Sutton – one straight bus from Epsom to Sutton and St Helier to Sutton.
- Service users are trained to travel by bus – easier to understand – stops are easy to access – longer distance between train stations so greater impact if get on wrong train. Always ramp on a bus.
- Trains – will not allow you to embark if you have not called beforehand for a ramp.

CCG area:	Sutton
Group:	Sutton Parents Forum
Date:	18.10.18
Profile:	Four female parent-carers of children with a range of complex learning, physical and mental health needs: autism, ADHD, global development delay, depression, anxiety, insomnia, Aspergers, hyper mobility syndrome, chronic fatigue, visual impairment, dyspraxia, OCD and Dyscalculia.

Epsom Hospital:

- Location – journey to get there – build up problems because half an hour – parking problems – build up anxiety, longer travel if further away. Some at St Helier – major – different building – if do not recognise staff makes son panic.

- Access – getting there – no train.
- What buses go there? Hospital is 15 minutes from town centre. If do not drive that is difficult especially if you do not have a car – some children do not like public transport – have school transport.
- Overcrowding and changing of route – challenges sensory needs.
- Young adults and children do not have attention span – St Helier on door step.
- Grand-daughter taken to St Helier – did not have bed to operate anywhere else – no bed in St George's – ended up in intensive care in St Helier – no staff – said St George's will do it.
- Son in accident taken to St Helier – then taken to St George's.
- Do not ship children between hospitals if have additional needs – parents upset, children with special needs in accident will be anxious, in pain, crumbling on floor – lack of familiarity.
- Most know children's hospital at St Helier and Queen Mary's - wonderful.
- St Helier's cannot plaster after 8.00pm – care fantastic but no funding.
- Epsom: slightly more modern than St Helier but still dated
- Get to Epsom a nightmare – two buses – 293 from north Cheam – fair walk to hospital or bus. If have physical impairment or autism very difficult.
- Difficult for parents with other children and no car – how would they manage the school run? Child in school and hospital – no network or support – stuck – child left alone or isolated because parent cannot be there. 45 minutes in rush hour. Carshalton to Epsom – double.

St Helier Hospital:

- Good transport links
- Serves huge area – St Helier estate – hundreds of families – biggest in Europe at one point – if thousands to go to Epsom – no money – on benefits – could not afford bus journey.
- Very central – in middle of areas – close to mental health and special units.
- Has children's hospital
- Have Queen Mary's
- Excellent staff
- But quality of equipment?
- Money wasted elsewhere
- Acute should have everything – ease of access, signage improved, footsteps.

Sutton Hospital:

- Not a bad idea – prefer St Helier. Geographically closer than Epsom – Number 80 bus, three buses go to Belmont. Least disruption – site already blocked off – building anyway.
- Where would you park cars? Residents complaining – yellow lines. Easier at St Helier to park.
- Carshalton to Sutton Hospital a longer distance – site is at top of Sutton and further on.
- St Helier in centre of Sutton borough

Mitigations:

- Police need training on autism and how to deal with young people with this condition in order to keep the situation under control and be flexible about the approach they take for someone with a learning disability.
- There needs to be a learning disability nurse in hospital, and duty psychiatrist needs to have a learning disability specialism.
- Young people with learning disabilities need to be fast tracked through hospital in order to avoid even more distress and delay.
- Should be easy route inside hospital – St Helier – not enough signage, should be user-friendly, some have hearing impairments, someone you can go to 24 24 hours a day, some reception desks not manned. At St Helier’s volunteers signpost – have ambassador to support parent or child.
- When arrive at A&E with child with ASD they are terrified – people everywhere – terrifying.
- Waiting room at A&E too busy so anxiety levels increase – need to walk child around outside – can exit double doors for fresh air – can’t sit son in waiting room.
- Lighting, smells and overcrowding – what child sees in A&E frightening.
- Separate children’s A&E very important. After initial event – follow up happens elsewhere.
- Hospital passport: has all information, what child likes, does not like – when son had operation in Epsom hospital consultant knew nothing. Doctors and staff to know about system. If parent is not with young person with additional needs staff should have this passport: “does not like to be touched at X”.
- No transport – consider staff shuttle bus which runs from Epsom to St Helier – parent on benefits, no car, could they use this? No extra cost.
- Have bus, mental health nurse, chaperone. Depends on child’s needs – make sure this is provided eg if have epilepsy. Daughter will bolt if does not like environment – terrified as parents – security issues.

- Familiarity important for children and children with special needs – know route – “am I going to the teddy bear hospital?” – got son to St Helier. Wouldn’t get him in the car if it was Sutton – no familiarity – does not know doctors.
- Is there space?
- Transfer from minor A&E to major A&E is terrifying – acute should have all facilities. If child is very ill taken to one hospital – if trauma go straight to St George’s.
- Bring CAMHS and Springfield under one unit – adults and children.
- Mum very, very poorly – taken to three different buildings – no notes – no idea in critical condition – notes in another hospital. If all under one roof – notes there, would know disabled, on crutches – under five hospital departments at the moment.
- One stop shop – everything in it.
- Son suicidal - told to go to A&E – St Helier referred me to CAMHS but I am already at CAMHS – waste of time.
- Look at data of children with needs at St Helier and compare with other locations – needs are higher at St Helier.
- Friend’s husband suicidal – told to go home – committed suicide.