

Improving Healthcare Together 2020 - 2030 Impact on other providers – a summary assessment

1. Introduction

Merton, Sutton and Surrey Downs CCGs are responsible for planning and buying health services in the combined geography of the three CCGs. We want to make sure local people have the best quality health services for generations to come, in modern, safe buildings with the majority of services provided on both hospital sites and in the community, close to people's homes.

We are proposing bringing treatment for emergencies, maternity and the seriously ill into one new facility in the area. This could be at either Epsom, St Helier or Sutton hospital site. This new facility would run: A&E, acute medicine, critical care, emergency surgery, maternity and paediatrics.

Epsom hospital and St Helier hospital will continue to run the majority of services regardless of any other changes. These hospitals would include: urgent treatment centers, outpatients, day case surgery, antenatal and postnatal clinics, chemotherapy, dialysis, beds for people who are medically stable, endoscopy, imaging and diagnostics.

It is important part of any proposals to change services that all potential impacts on other nearby hospitals are assessed. Service changes can only be made if they are sustainable across a whole healthcare system.

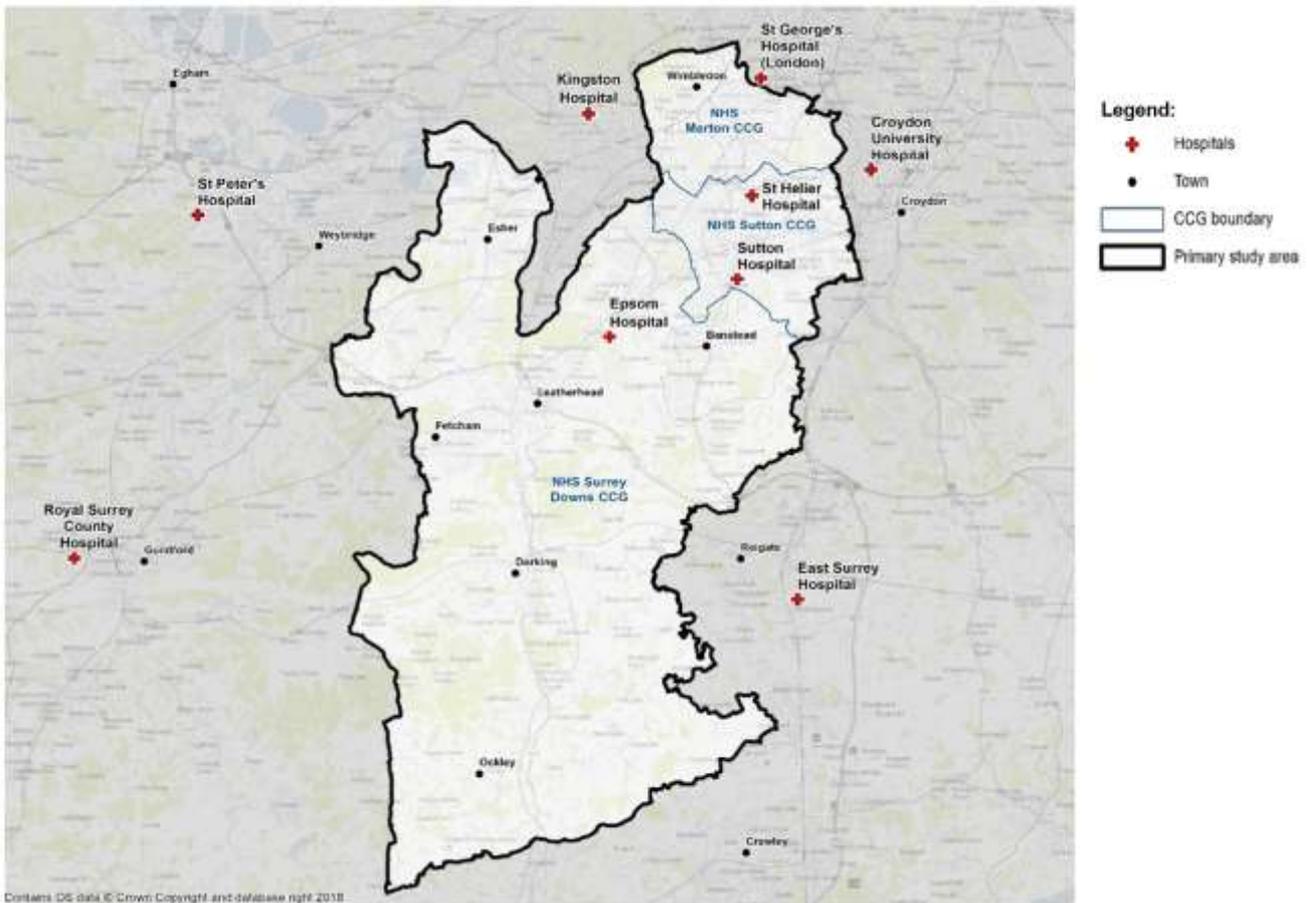
2. Methodology

There are a number of nearby hospitals that could be affected if services are changed at Epsom and St Helier hospitals. In addition, local ambulance services would need to travel to different hospitals if services are changed. This work sought to understand the impacts on these providers of the three options.

The potentially affected providers are:

- Ashford and St Peter's Hospitals NHS Foundation Trust (St Peter's Hospital)
- Croydon Health Services NHS Trust (Croydon University Hospital)
- Kingston Hospital NHS Foundation Trust (Kingston Hospital)
- Royal Surrey County NHS Foundation Trust (Royal Surrey County Hospital)
- St George's University Hospitals NHS Foundation Trust (St George's Hospital)
- Surrey and Sussex Healthcare NHS Trust (East Surrey Hospital)
- London Ambulance Service
- South East Coast Ambulance Service

Map 1: Improving Healthcare Together programme primary study area and nearby providers



Since July 2018 the CCGs have worked with these local providers through a dedicated NHS Provider Technical Group to assessing the impacts of any possible changes at Epsom and St Helier hospitals on nearby NHS providers. The group included Directors of Strategy from each of the relevant organisations.

The work has been supported with clinical input from medical and nursing directors both through the IHT Clinical Advisory Group and through dedicated working sessions with the Trust medical and nursing directors.

The group agreed a series of principles and a consistent approach to understanding how changes at Epsom and St Helier hospitals could affect them.

Based on this, each provider has considered possible impacts at their Trusts on A&E, bed, theatre and diagnostic capacity, and the resulting requirements for estates, finances and workforce. This has been assessed based on expected changes in patient flow in different options. This is based on travel time (taking into account different forms of travel and access, including blue light ambulances, car and public transport), with a range of sensitivities to capture potential patient behaviour.

Individual trusts' boards have approved their analysis of the impacts.

A provisional analysis of the early provider impact work has been referenced in the interim phase two Integrated Impact Assessment (IIA) report. The full provider analysis will be incorporated into the final IIA assessment, which is published before any decision making happens, after a public consultation.

3. Overarching findings

All providers have stated that all three proposed options (Sutton, St Helier and Epsom) would be deliverable. However, impacts on neighbouring Trusts are greater for the Epsom option and lower for the Sutton and St Helier options. This is because there are currently more patients living in the north of the area and using St Helier Hospital, meaning a larger number of patients would need to use nearby London hospitals if major acute services were consolidated at Epsom Hospital.

Under the Epsom option:

London providers are expected to be impacted more significantly – particularly St George's and Croydon hospitals. A high level of capital investment is likely to be needed and additional workforce will also be needed. Surrey providers are materially not impacted in this option, given services at Epsom would remain largely unchanged (emergency surgery and Level 3 critical care would move from St Helier to Epsom Hospital under this option, but this is not expected to have a material impact on nearby providers).

Under the St Helier option:

Surrey providers – particularly Ashford and St Peter's and East Surrey hospitals – will be impacted. This includes additional capacity and associated capital investment needed to accommodate the demand. The overall impacts on these hospitals is smaller than the impact on St George's and Croydon for the Epsom option. With the exception of Kingston, London providers are not impacted in this option, given services at St Helier would remain unchanged.

Under the Sutton option:

Impacts are distributed more evenly across providers in both London and Surrey. This is driven by the location of the Sutton site, in between the Epsom and St Helier sites. There is also some additional activity currently at Croydon Hospital that would use the new Sutton Hospital as its nearest site. A small amount of additional capacity and associated capital investment is needed for each provider to accommodate additional demand.

4. Key impacts by NHS hospital provider

Each provider has stated that all options would be deliverable with the right level of investment and improvements for their Trusts.

Ashford and St Peter's

The Board believes all options are deliverable, although there is a high risk around available workforce under the St Helier or Sutton options, which is exacerbated by adherence to current care models.

St George's

The Board believes all options are deliverable and identified that providing major acute services at Epsom would have a high impact, Sutton a high to medium impact and St Helier a low impact. The impact included a significant capital investment requirement for the Epsom option.

Kingston

The Board expects broadly consistent medium to low impacts across the three options, with limited differentiation between them.

Croydon

The Board identified a low impact for the St Helier option, medium for the Sutton option and a high impact for the Epsom option. It stated that while all three options are deliverable, there are particular challenges with the Epsom option, which would require significant capital investment.

Surrey and Sussex

The Board expect overall impacts to be low for the Epsom option, medium for the St Helier option (due to additional emergency demand) and medium for the Sutton option (due to additional emergency demand). Both the St Helier and Sutton options require capital investment to support additional capacity.

Royal Surrey

The Board believes all options are deliverable with medium to low impacts across the three options.

5. Next steps

The CCGs are reviewing this information as part of the ongoing review of evidence to understand the impacts for each option. In addition, the financial impacts of any potential changes are included in the full financial analysis being completed to inform CCG deliberations.

The impact on providers is a key strand of additional evidence that the CCGs will consider prior to any consultation and will be included in the Pre-Consultation Business Case.

The full provider impact analysis will also be incorporated into the final Integrated Impact Assessment.