



## Improving Healthcare Together 2020 to 2030

# What would district hospital services in our area look like in the future?

**We are proposing that district hospital services would continue to be provided at both Epsom and St Helier hospitals.**

Both Epsom Hospital and St Helier Hospital would continue to run district hospital services from both sites, regardless of any other changes.

**District hospital services include:**

- urgent treatment centres (UTCs), open 24 hours a day, 365 days of the year
- outpatients
- day case surgery
- antenatal and postnatal clinics
- chemotherapy
- dialysis
- beds for people whose medical condition is stable
- endoscopy, and
- imaging and diagnostics.

They are services that do not rely on critical care.

By providing these services locally we would be able to continue to build on the work we are doing to keep people well, keep them out of hospital and improve the links our hospitals have with community and home services. This supports our clinical commissioning groups' plans.

There would be a focus on active rehabilitation to make sure patients recover as quickly as possible, so they can return home as soon as possible.

District hospital services would be at the centre of the network of joined-up care within the area, and would have links to other services in the area, including primary care, social care, community care and the voluntary sector.

We would develop new ways of working and delivering care for outpatients and day case surgery, including one-stop clinics (where all the necessary tests and consultations can be carried out in one place).



# What would happen in the future?

## **If you needed urgent care**

Urgent treatment centres (UTCs) would be open 24 hours a day, 365 days of the year to provide urgent care. If you had a minor injury or illness and needed to be seen immediately, you would go to your nearest UTC at either Epsom Hospital or St Helier Hospital (and also at Sutton if this is chosen as the location for the specialist emergency care hospital).

If you were not sure about the care you needed, you would ring NHS 111 for advice, and they would tell you the best place to go for assessment and treatment. This could be a pharmacy for advice on caring for yourself at home, your own GP practice, a UTC or the specialist emergency care hospital. If NHS 111 advised you to go to a UTC, they would make you an appointment at the one nearest to your home.

If you were very sick or at risk of becoming very ill, you would dial 999 to call for an ambulance or go to your nearest emergency department (which would be the specialist emergency care hospital).

## **If you needed a test such as an X-ray, blood test or scan**

The district hospital would provide a full range of diagnostics, including X-rays, blood tests, CT scans and MRI scans.

## **If you needed an outpatient, antenatal or postnatal care appointment**

Outpatient appointments would continue to be provided as they are now from both Epsom Hospital and St Helier Hospital.

## **If you needed to be admitted to a district hospital**

If your medical condition were stable, you would be admitted to a district hospital and treated by our experienced doctors. You would be carefully monitored by doctors and therapy staff to make sure you could go home as soon as appropriate. Our priority would be for your hospital stay to be as short as possible and for you to receive care in the best place for you. More of your care would be provided in the community or a different care setting as close to your home as possible.

## **Being transferred from a primary or community care setting to the district hospital**

You would be transferred from a primary or community care setting to the district hospital (either Epsom or St Helier) if this were the most appropriate place for you to receive care.

## **If there were an emergency at the district hospital and you needed treatment at the specialist emergency care hospital**

There would be skilled nurses and doctors at the district hospital, 24 hours a day, 365 days a year.

If you had an urgent condition that could only be treated at the specialist emergency care hospital, you would be taken by ambulance with the staff and equipment needed to transfer you safely. This is unlikely to happen as you would only be treated at the district hospital if doctors had assessed your condition as being stable.

## **Being transferred between the specialist emergency care hospital and the district hospital**

If you had a non-urgent condition and needed to be transferred to the specialist emergency care hospital, for example for further tests, the in-house patient transfer service's trained staff would take you.

If you needed to be transferred from the specialist emergency care hospital to the district hospital, the in-house patient transfer service's trained staff would take you.

## **When you would be discharged**

You would be discharged from the district hospital when you were ready to go home or there was care available in a different setting that was more appropriate to your needs. The district hospital would work with you, your carers and social and community care services to arrange for you to leave hospital.