



Improving Healthcare Together 2020 to 2030

What would planned care in our area look like in the future?

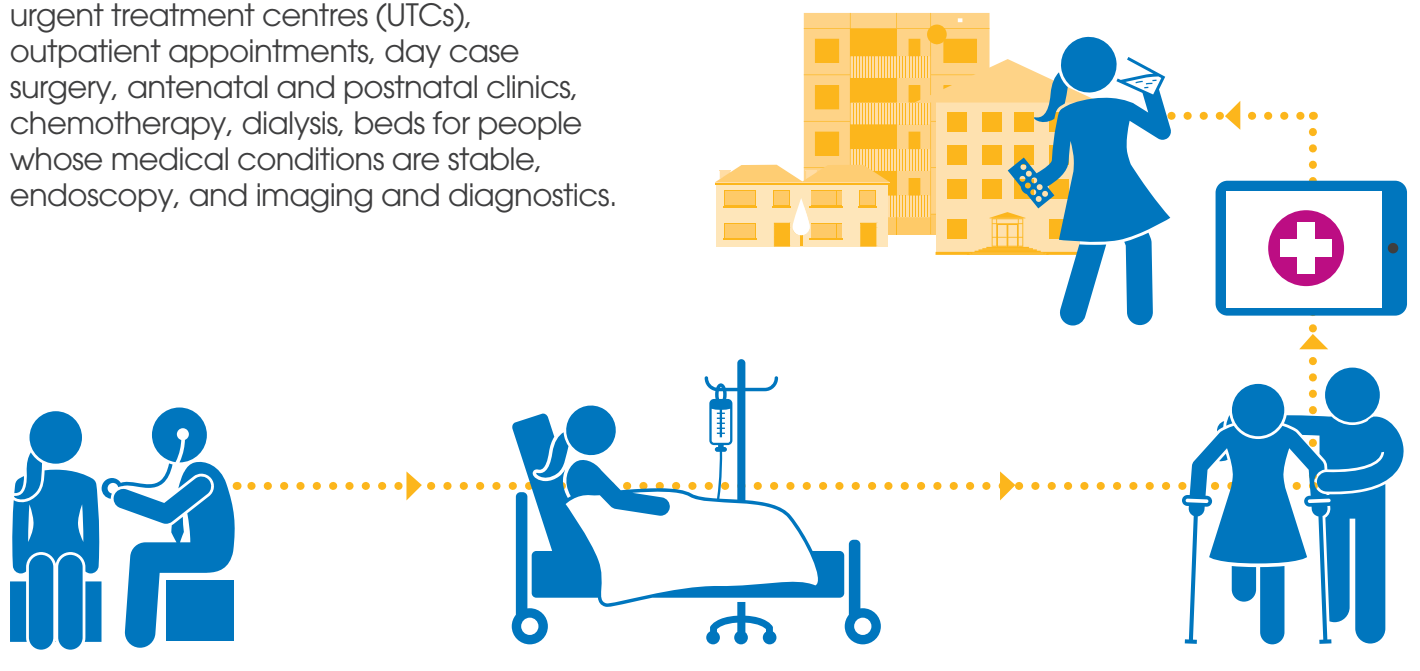
Under our proposals, planned care (routine services with planned appointments or treatment in hospital) would continue to be provided at both Epsom and St Helier hospitals.

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

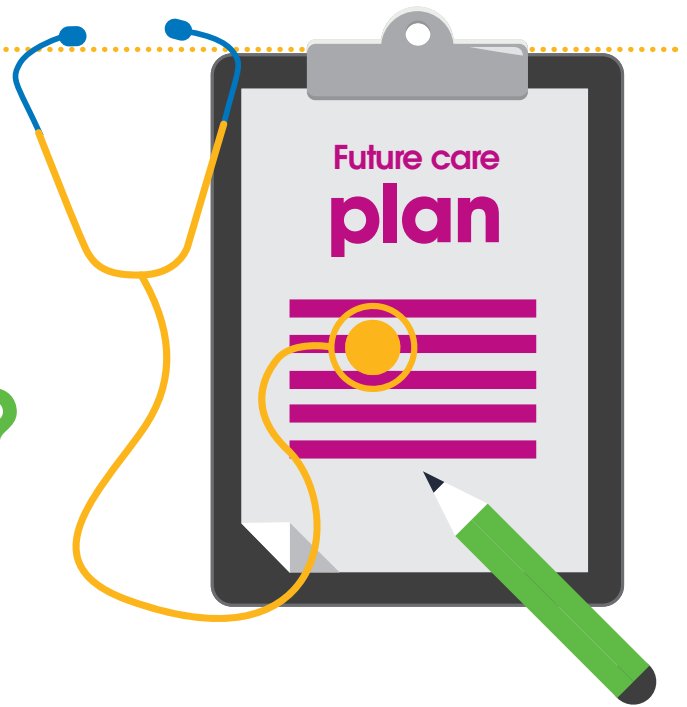
The services provided would include urgent treatment centres (UTCs), outpatient appointments, day case surgery, antenatal and postnatal clinics, chemotherapy, dialysis, beds for people whose medical conditions are stable, endoscopy, and imaging and diagnostics.

We would develop new models of 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).

There would be closer links between district hospital services and community and home services to make it easier for people to get the care they need both in hospital and in the community. This is consistent with our clinical commissioning groups' plans.



For planned care, in the future, what would happen?



If you needed routine, planned surgery that could be carried out during the day

If you needed routine surgery, such as a simple operation that did not involve an overnight stay, this would be carried out at Epsom Hospital or St Helier Hospital. This would be the same as it is now.

This type of surgery does not rely on the support of higher-intensity care units or critical care, so can be carried out at a district hospital closer to your home.

If you needed a complex but planned procedure that would involve an overnight stay

If you needed to have more complex treatment or surgery that would mean you had to stay in hospital overnight, you would be treated at the specialist emergency care hospital.

You would be in the same place as specialists and services such as critical care, if you needed these.

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

Epsom and St Helier hospitals would continue to provide district hospital services and a full range of tests, including scans.

You would be able to go to Epsom Hospital or St Helier Hospital (like you do now) for most types of test.

If you needed outpatient services

Outpatient appointments would continue to be provided from both Epsom Hospital and St Helier Hospital. This includes services such as chemotherapy and dialysis.

We would continue to develop outpatient services to provide one-stop clinics, and certain follow-up appointments could be carried out over the phone or online for appropriate patients. We are also developing plans for GP-led teams to manage outpatients in their primary care networks or areas, with specialist support, if this is appropriate.

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

You would only be treated at the district hospital if your medical condition were stable and you would be very unlikely to need complex care services.

If you were being treated at the district hospital you would be unlikely to need the services provided at the specialist emergency care hospital, but if you did, you would be transferred by ambulance.

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.

Staff at the district hospital would work with social and community care services to arrange for you to leave hospital.