Improving Healthcare Together **2020 to 2030**

We are consulting on our proposal to invest in both Epsom and St Helier hospitals and build a new specialist emergency care hospital which could be located at Epsom, St Helier or Sutton hospital.

Full public consultation document

The consultation is being led by NHS Surrey Downs Clinical Commissioning Group, NHS Sutton Clinical Commissioning Group and NHS Merton Clinical Commissioning Group. They are responsible for planning local healthcare services. The consultation is taking place over 12 weeks starting on 8 January 2020. It will finish on 1 April 2020.

Get in touch. We are listening.

This document is available on our website in an easy-read format, as a Word document for screen readers, and in large print. Visit **www.improvinghealthcaretogether.org.uk.**

If you would like this document in a different format or another language, call **(02038 800 271)** (24-hour answer machine) or email us at **hello@improvinghealthcaretogether.org.uk.**

You can also ask us for a copy of our summary consultation document, which gives you the main information provided in this document. You can contact us in the following ways.

Phone: 02038 800 271

Email: hello@improvinghealthcaretogether.org.uk

Send a text message on: 07500 063191

Write to: Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL

Twitter: @IHTogether

Facebook: @ImprovingHealthcareTogether

Website: www.improvinghealthcaretogether.org.uk

Your feedback on this consultation will help us provide safe, high-quality hospital services for our communities and for future generations across Surrey Downs, Sutton and Merton.

Please take the time to read this document. Send your filled-in questionnaire to **Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL.** You will not need a stamp. If you prefer, you can fill in the questionnaire on our website at www.improvinghealthcaretogether.org.uk.

We must receive your questionnaire by 12am (midnight) on 1 April 2020 for your opinions to be included in the consultation.

Data protection
We will protect the information we receive and store it securely in line with data-protection rules. We will keep your information confidential, and will not share any of your personal information when reporting statistics.

This document includes some medical and technical words. We define these words in the glossary at the end of this document (page 55).

Please contact us if you would like us to explain any part of this document.

Foreword

We are GPs and leaders of the local NHS in Surrey Downs, Sutton and Merton. Our NHS organisations, called clinical commissioning groups (CCGs), plan NHS services for local people.

As local GPs we want the best for our patients. We know that our local hospitals, Epsom and St Helier, are facing problems with quality of services, buildings and finance. Despite the hard work and commitment of staff, the hospitals are not able to meet all the necessary quality standards we would expect to see. We want to solve these problems and we believe that to do this we need to create a new 'clinical model of care' to change how hospital care is provided in the future.

Over the last two years we have worked with doctors, nurses, clinical staff and local people to develop a new way of working. We will base our proposals for change on this. We want our local hospitals to continue to be safe for local people, attract expert staff, and care for our patients in modern, state-of-the art buildings.

The Government has allocated £500 million to invest in improving the current buildings at Epsom and St Helier hospitals, and to build a new specialist emergency care hospital. This new hospital would be built at Epsom, St Helier or Sutton hospital.

We believe that we can make hospital services better for local people, better for NHS staff and better for the long-term future of the NHS in our area. As the organisations responsible for arranging healthcare across our combined areas, that is why we (the three CCGs) are leading this consultation process. Following the consultation, we will be making the joint decision about what happens in the future.

We will only make the final decision once we have considered all the feedback we have received from this public consultation, and other evidence we have gathered as part of this work.

Your views are really important to us.

Dr Russell Hills
Clinical Chair of NHS Surrey Downs Clinical Commissioning Group

Dr Jeffrey Croucher
Clinical Chair of NHS Sutton Clinical Commissioning Group

Dr Andrew Murray
Clinical Chair of NHS Merton Clinical Commissioning Group

Contents

What is this consultation about?

We (NHS Surrey Downs CCG, NHS Sutton CCG and NHS Merton CCG) are leading this public consultation to ask for your views on proposals to change hospital services. We want to hear from patients, carers, representatives from community and voluntary sector organisations, parents and guardians, children and young people, elderly people, health and social care professionals, regulators and the public in Sutton, Merton and Surrey Downs areas and the neighbouring CCG areas.

We are consulting on the options for local hospital services in the area, and will focus on the problems Epsom and St Helier hospitals are facing. This includes consulting on our proposals for how services may change, investing in our current buildings at Epsom Hospital and St Helier Hospital, and building a new specialist emergency care hospital. This consultation document sets out the changes we are proposing and explains the reasons for our proposals.

Under our proposals:

- the **majority of services would stay** at both Epsom and St Helier hospitals, in refurbished buildings, with both hospitals running 24 hours a day, 365 days a year, and an urgent treatment centre at each hospital, and
- we would bring together **six core (major) services,** which are the emergency department, acute medicine, emergency surgery, critical care and children's beds for the most unwell patients, those who need more specialist care, and women giving birth in hospital. These core services would be provided on one site, in a new specialist emergency care hospital which could be built at Epsom Hospital, St Helier Hospital or Sutton Hospital.

We have developed the proposals over the last two years, and have involved patients and stakeholders (those with an interest in our services). We will continue to respond to issues raised by the public through ongoing conversations around the future of local hospital services.

This document explains:

- why we need to make changes to the services provided at Epsom and St Helier hospitals
- our proposal for changing our hospital services and the three options we want your views on
- our preferred option
- what these changes would mean to you and your family, and
- how people and organisations across Surrey Downs, Sutton and Merton can get involved and what happens next.

We have also included a questionnaire in the middle of this document. **(Or you can fill in the questionnaire on our website at www.improvinghealthcare together.org.uk if you prefer.)**

It is important to emphasise that we will continue to need both Epsom and St Helier hospitals. We are not proposing to close either hospital. All options would see significant investment in both Epsom and St Helier hospitals.

Who we are

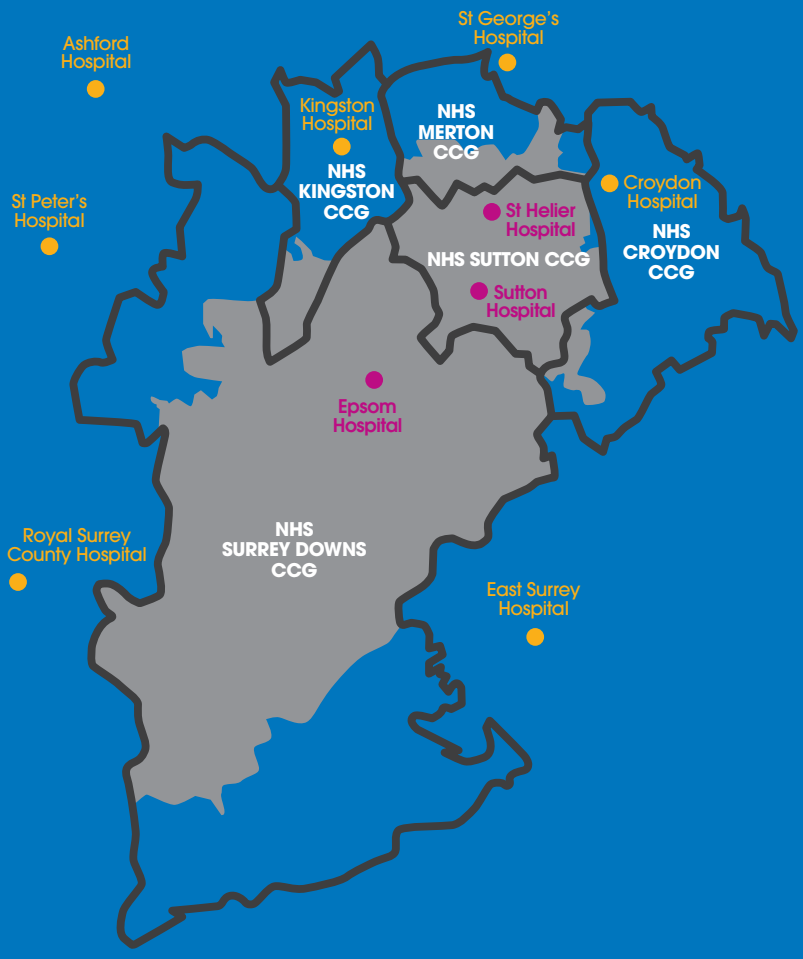
We are NHS Surrey Downs, NHS Sutton and NHS Merton CCGs. We are responsible for making sure that the services commissioned in our combined geographic area are high quality, safe and sustainable, and that budgets are managed efficiently and effectively. Our organisations are located across Surrey and South West London. Together, we plan services for a combined population of 720,000.

Epsom and St Helier University Hospitals NHS Trust is the main hospital provider within our combined geographical area. It provides hospital services to around 500,000 people from Epsom Hospital, St Helier Hospital and Sutton Hospital.

Today, the hospitals provide a wide range of hospital services for people who mostly live in the London Borough of Sutton, the south of the London Borough of Merton and, in Surrey, for the people of Epsom and Ewell, and parts of Mole Valley, Elmbridge, Reigate and Banstead.

Combined geography of the three CCGs

Catchment area for Epsom and St Helier University Hospitals NHS Trust



Key ● Trust catchment

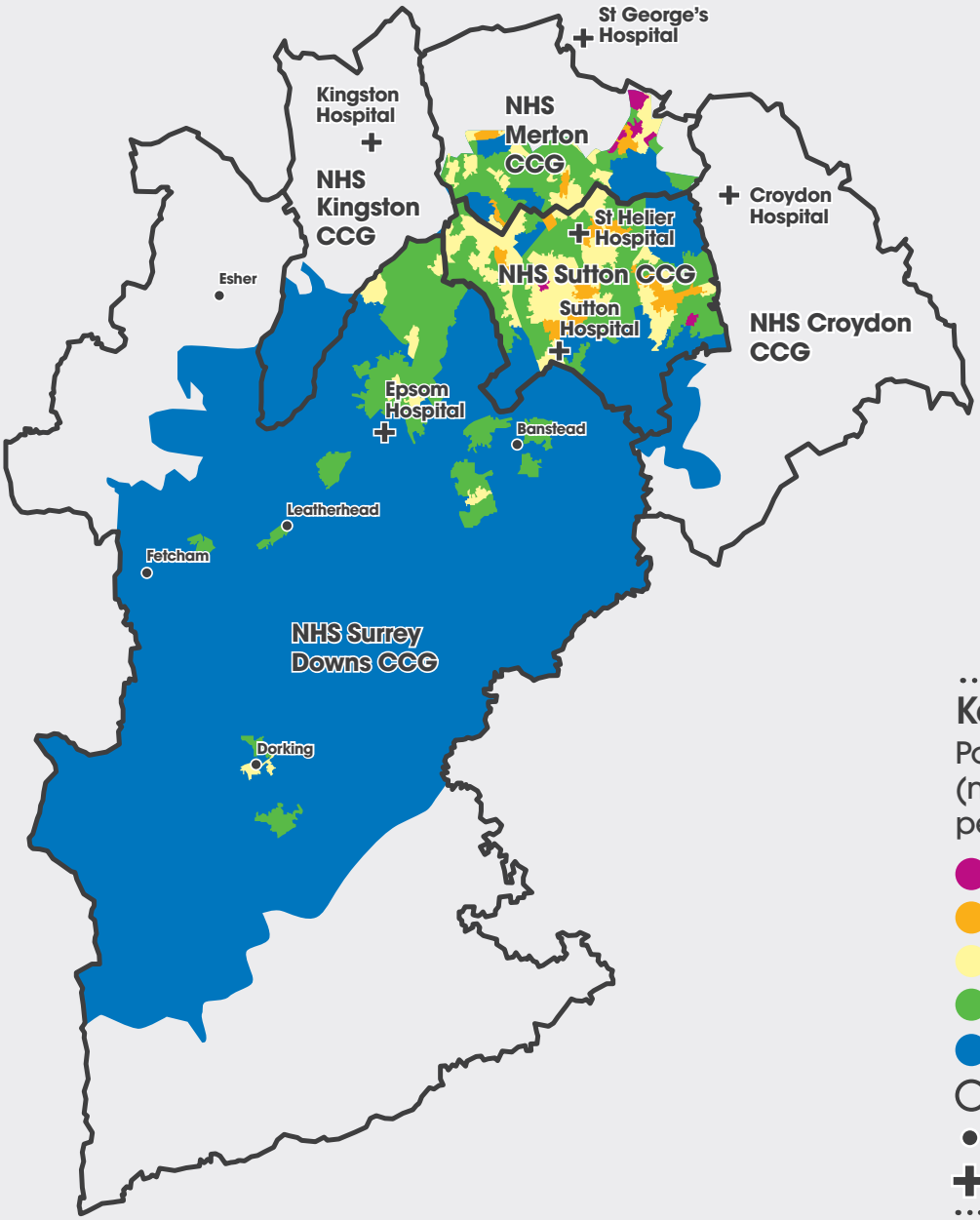
Most people living in Surrey Downs, Sutton and Merton are generally in good health and use hospital services less regularly than in other areas of England. (For example, if they have a common illness, or need a minor operation, they will visit their GP.)

Surrey Downs has an older and less ethnically diverse population, living in more rural areas, and is wealthier than the average for England as a whole. Outcomes for people living in this area who need to visit hospital are better than the England average.

- In Sutton, health outcomes are also better than the average for England, and the borough is wealthier than the England average. However, there are health inequalities and pockets of deprivation which result in differences in life expectancy for people living in this area.
- In Merton, the population is older and health outcomes are also better than the averages for London and England. However, there are social inequalities which mean that the life expectancy gap between people living in the most and least deprived areas is six years for men and four years for women.

There are also huge differences in where the people in our communities live, ranging from areas of densely populated housing to sparsely populated rural villages.

There are more details of the people living in our area in the pre-consultation business case **(visit our website www.improvinghealthcare together.org.uk and type 'pre-consultation business case' in the search box to get to the document).**



Key

Population density (number of people per hectare)

- More than120 people
- 91 to 120 people
- 61 to 90 people
- 31 to 60 people
- Fewer than 30 people
- CCG boundary
- Town
- Hospital

Why change is needed

There are three main reasons why we have to change the way we deliver local NHS services.

1. Quality

There are not enough specialist doctors, nurses and clinical staff for some of the most important emergency services. This is an issue facing many hospitals and especially those providing the same services on more than one site where they are located close together.

2. Buildings

Many of the hospital buildings are older than the NHS, and over half of the hospital space has been assessed as not suitable for treating patients to modern healthcare standards.

3. Finances

Not having enough staff and having to maintain old buildings contribute to a worsening financial position for the local NHS.

We want to deal with these challenges and we believe that the best way to do this is by looking at how best to provide care in the future. We are doing this with our partners from all health and social care providers in the area.

We are clear we want to do three things to improve healthcare locally.

- Make sure we can deliver high-quality hospital services by bringing together six core (major) services onto a new single site, at either Epsom Hospital, St Helier Hospital or Sutton Hospital.
- Deliver better joined-up services and improve continuity of care, patient experience and patient outcomes.
- Deliver district services locally and make sure patients have access to local urgent treatment 24 hours a day, 365 days of the year.

Meeting the quality challenges

Our role as commissioners is to set clinical standards for care, assess how these standards can best be met and then hold hospitals to account to provide services that meet the standards. In line with national best practice, in 2017 we defined clear clinical standards for six acute services.

These standards set out expected senior staffing levels. We asked local hospitals whether they believe they can meet these quality standards, and all except Epsom and St Helier hospitals said they could. This is why Epsom and St Helier hospitals are the focus of this public consultation.

Based on the agreed standards, there is a shortage of consultants (the most senior doctors) in emergency departments, acute medicine and intensive care. Epsom and St Helier hospitals are not meeting the Royal College of Emergency Medicine's guidance for consultant cover. This is something the Care Quality Commission (CQC), the independent regulator of services, identified recently when it inspected the hospitals. There is also a shortage of middle-grade doctors and nursing staff.

Nationally, there is a known shortage of clinical staff in many areas.

In November 2018, The Health Foundation, The King's Fund and the Nuffield Trust published a joint briefing, highlighting the scale of workforce challenges facing the health service and how these challenges threaten the delivery and quality of care over the next 10 years. The briefing showed that NHS hospitals and providers of mental health and community services are currently reporting a shortage of more than 100,000 full-time equivalent staff (representing one in 11 posts), severely affecting some key staff groups. One of the greatest challenges lies in nursing, with 41,000 vacant nursing posts (one in eight posts), but there are also problems in medicine, particularly in some specialties **(visit www.nuffieldtrust.org.uk and type 'The health care workforce in England: make or break?' into the the search box to get to the document).**

Epsom and St Helier hospitals:

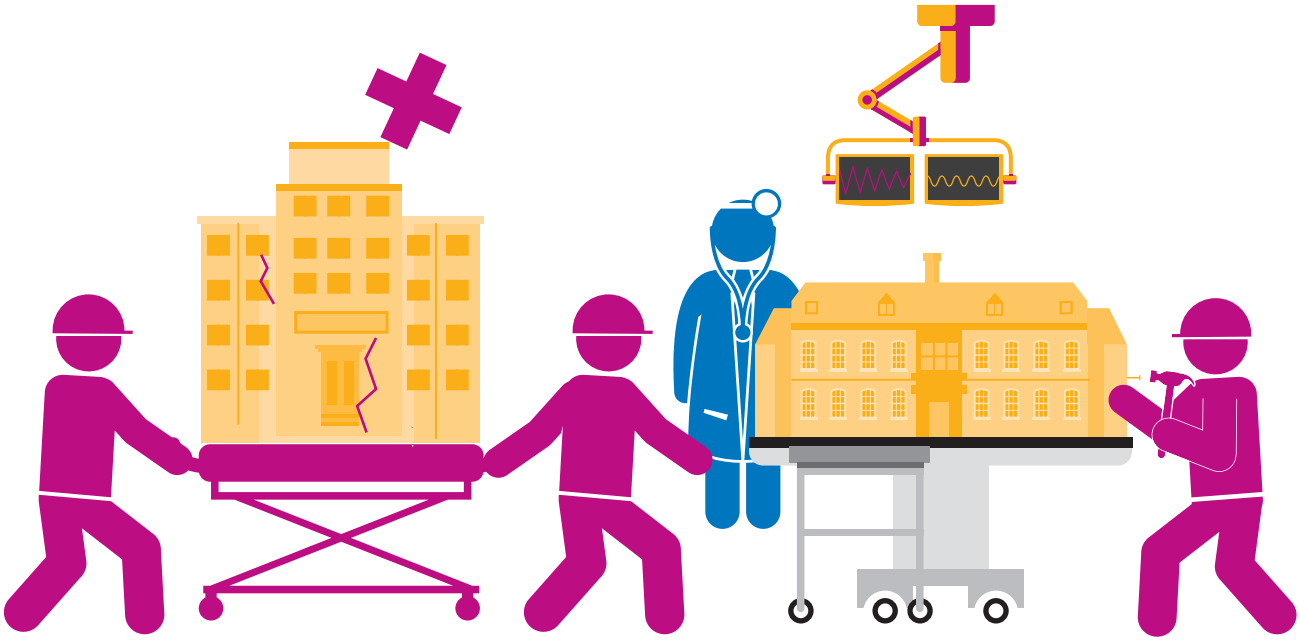
- cannot meet the consultant workforce standards set for major acute services across two sites
- have vacant consultant posts and gaps in the staff rota (reducing the quality of care and creating financial pressure)
- have shortages of junior doctors and middle-grade doctors (so the hospitals have to employ temporary staff to fill the gaps in the rotas), and
- have high vacancy rates for nursing and midwifery staff.

Details of the staffing problems facing Epsom and St Helier hospitals are on our website **(visit www.improvinghealthcare together.org.uk and type 'pre-consultation business case' in the search box to get to the document).**

The hospital buildings are not fit to deliver 21st century healthcare

Our local hospital buildings are old – 57% of the hospital buildings (91% of the St Helier Hospital buildings and 14% of the Epsom Hospital buildings) were built before 1948. This means that most of the buildings are older than the NHS itself. The buildings need significant and ongoing maintenance, and are not designed in a way that supports modern healthcare.

Significant investment is needed to make sure hospital buildings are safe.



"… in many areas the environment was not always appropriate for the services being delivered, due to the age and structure of the estate."

CQC report, September 2019.

The Care Quality Commission (CQC), the independent regulator of health and social care, has continued to rate both Epsom and St Helier hospitals as 'requires improvement' for emergency services, despite giving the Trust an overall rating of 'good'.

Achieving financial sustainability

Currently, Epsom and St Helier hospitals spend more than they receive in funding, and this is expected to continue unless we change the way care is provided. This is due to the increase in costs for temporary clinical staff to cover vacancies and gaps in staff rotas, the increasing costs of maintaining hospital buildings, and the reduction in opportunities to make savings.

We want our local NHS to be able to run our hospitals with the money they have available.

To meet expected increases in demand for hospital services from an ageing population, and other increases in costs, by 2025 to 2026 Epsom and St Helier hospitals may need around £23 million more funding each year than is likely to be available.

What we are proposing

We have a clear clinical vision – to make sure the very best quality of care is available to people living in Surrey Downs, Sutton and Merton. At the heart of our vision is keeping local people well, and providing as much care as possible close to people's homes.

We want to make sure the very best care is available to our patients and communities, and that this care can continue to be provided in buildings which are fit for purpose. We need to make sure that when you are seriously ill or at risk of becoming seriously ill, you have access to the highest-quality care locally, at any time of day, 365 days a year.

We are clear we want to do three things to improve healthcare locally.

- Deliver better joined-up services.
- Deliver district services locally in buildings that are fit for purpose and make sure that patients have access to local urgent treatment 24 hours a day, 365 days of the year.
- Make sure we can deliver high-quality key (major) acute services by bringing six services together on a single site in a new purpose-built specialist emergency care hospital, which could be at either Epsom, St Helier or Sutton hospital.

Surrey Downs **Sutton** **Merton**

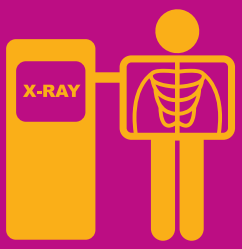
District hospital services

District hospital services include urgent treatment centres, outpatients, day case surgery, low-risk antenatal and postnatal care, imaging and diagnostics, and district beds (for patients who are no longer seriously ill). District hospital services are also supported by services in the community, such as GP appointments, social prescribing (where health professionals refer patients to support in the community, in order to improve their health and wellbeing) and mental health services.

District hospital services should be closer to patients' homes, as these are the services that people may need more often.

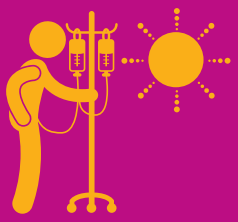
Under our proposals, both Epsom and St Helier hospitals would continue to provide district hospital services, with GPs, community health, public health, social care and mental health services coming together with hospital clinicians to support people in their communities. Both hospitals would have urgent treatment centres (UTCs) which would be open 24 hours a day, 365 days a year. The UTCs would be staffed by doctors and specialist nurses.

Outpatient services and treatment for follow-up or first appointments with hospital doctors, including antenatal and postnatal care, and kidney dialysis at St Helier Hospital

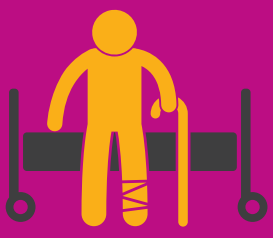


Diagnostic services, including X-ray, endoscopy, pathology, ultrasound, radiology and MRI scans

Urgent treatment centres open 24 hours a day, 365 days of the year for people with non-life-threatening conditions who can make their own way to hospital (which is around two thirds of the patients who currently use A&E)



Planned care procedures, for example day case operations, minor surgery, injections, radiotherapy and chemotherapy. The South West London Elective Orthopaedic Centre would remain at Epsom Hospital.



Hospital rehabilitation beds, particularly for older people who are recovering from illness or to prevent them from becoming more ill

Joining up services

We have been working to join up primary, community, social, mental health and hospital care.

Epsom and St Helier hospitals are already working in partnership with other health and social care services to provide care. This has resulted in fewer people needing to be admitted to hospital and a shorter stay for people who do need hospital care. The hospitals have received feedback from patients using these services (and their carers) which shows they feel more supported and able to manage their ongoing health issues.

Urgent treatment centres

In our proposals, the UTCs would be open 24 hours a day, 365 days a year, and would be staffed by doctors and emergency care nurses. This would mean that if you had an injury or health condition that was not life-threatening, you would continue to go to your own local hospital, just like you do now.

We are proposing that both Epsom and St Helier hospitals would have a UTC. If the new specialist emergency care hospital was built at Sutton, there would be an extra UTC based at Sutton Hospital.

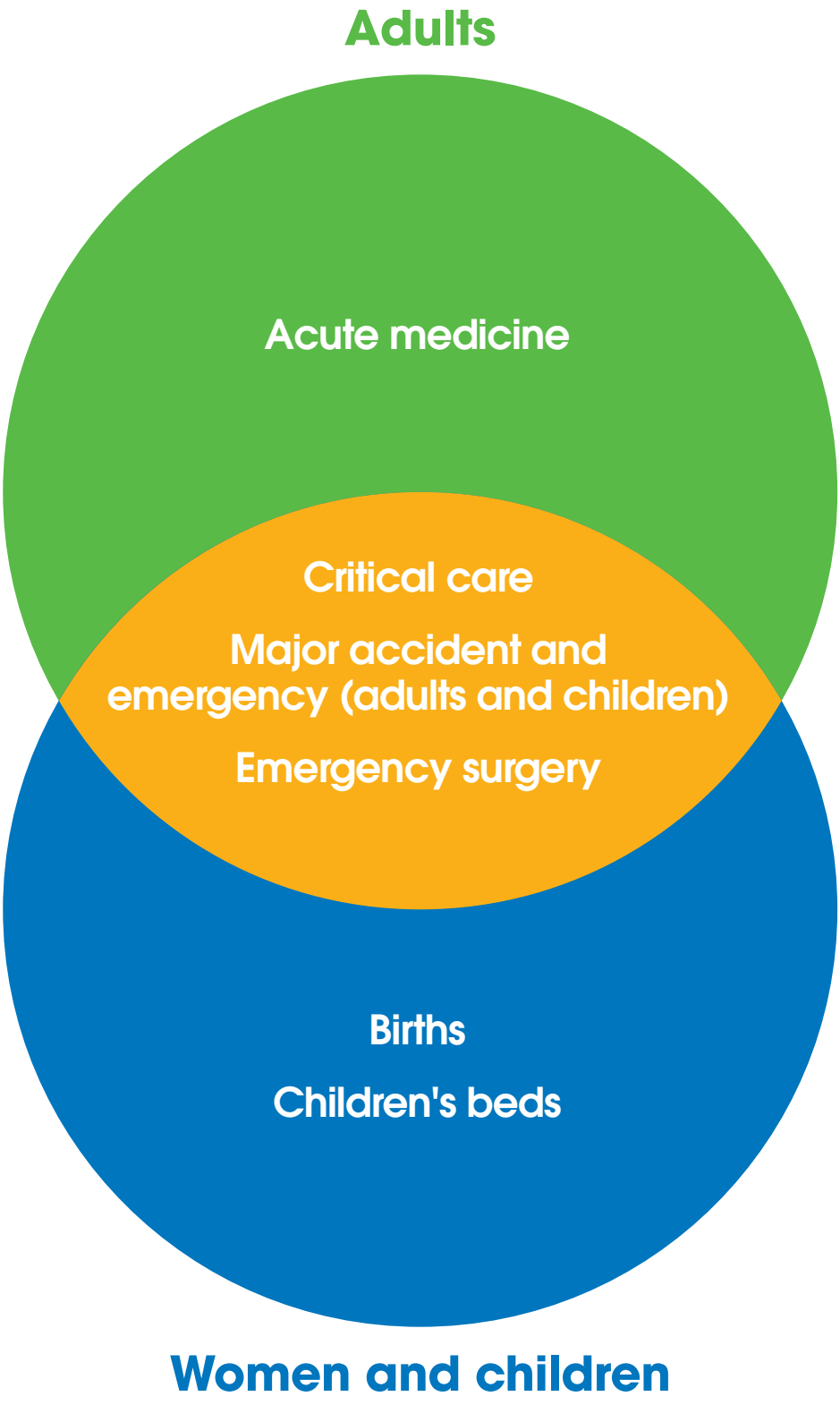
Merton GP and Clinical Chair of NHS Merton, Dr Andrew Murray, said:
"If we don't change how we provide our hospital services, the quality and safety of care for people is going to get worse – we already face a shortage of doctors, and never-ending repair costs for very old buildings."

Surrey GP and Clinical Chair of NHS Surrey Downs, Dr Russell Hills, said:
"It's important to stress that under all the proposals and options, the vast majority of the current services would continue at refurbished Epsom and St Helier Hospitals. Both hospitals would continue to provide care for people with injuries like broken bones, for day surgery, beds for older people recovering from illness and outpatient services – with urgent treatment available for local people day and night."

Sutton GP and Clinical Chair of NHS Sutton, Dr Jeff Croucher, said:
"It's not acceptable that we don't have enough single rooms at our hospitals for patients who are at the end of their lives or for patients who need better privacy and dignity. We must make sure this investment comes into the Epsom and St Helier Trust, for the sake of all our local patients, their children and grandchildren."

Major acute hospital services

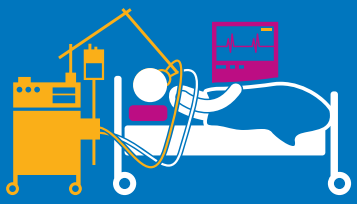
Major acute hospital services are the services you may need if you are very unwell. They include emergency departments, acute medicine, critical care, emergency surgery, obstetrician-led births, and paediatrics. Major acute hospital services all use intensive care services, and specialists need to be involved in caring for high-risk patients who need hospital care. These services are 'co-dependent', which means that they need to be close together.



We believe that six core services should be brought together in a new specialist emergency care hospital so that the most unwell patients, those who need more specialist care, and women giving birth in hospital get the right support straight away from senior specialist staff.

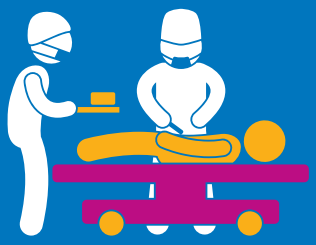
We want to bring together at one site (Epsom, St Helier or Sutton) six core (major) services for the most unwell patients and those who need more specialist care

A major emergency department
for the sickest patients with life-threatening conditions, including a specialist children's A&E



Critical care
for the specialist care of patients whose conditions are life-threatening and need constant monitoring, usually in an intensive care unit

Acute medicine
for patients with the most urgent medical needs, for example, severe pneumonia



Emergency surgery
for patients who need emergency surgical assessment, treatment and operations for conditions such as appendicitis

Specialist emergency care hospital

Inpatient paediatrics or children's beds
for children who need to stay overnight in hospital for treatment or observation

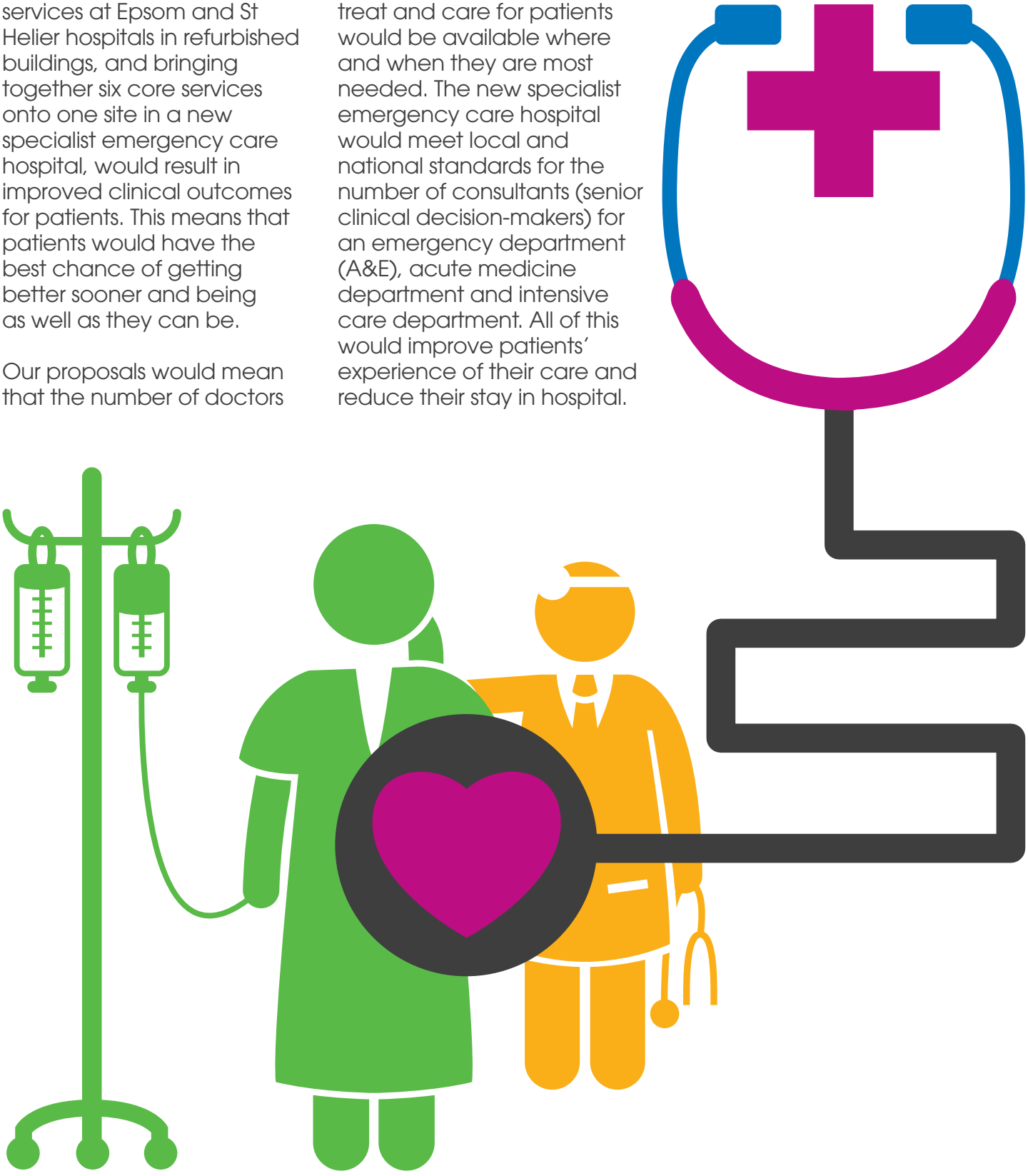
Births
bringing together current birth services in one place, creating a midwife-led unit and a consultant-delivered unit for more complicated births, and also supporting women giving birth at home if they choose to do so

Of these six services, emergency surgery and intensive care are currently only provided at St Helier Hospital.

What these changes would mean

Keeping the majority of services at Epsom and St Helier hospitals in refurbished buildings, and bringing together six core services onto one site in a new specialist emergency care hospital, would result in improved clinical outcomes for patients. This means that patients would have the best chance of getting better sooner and being as well as they can be.

Our proposals would mean that the number of doctors and nurses needed to treat and care for patients would be available where and when they are most needed. The new specialist emergency care hospital would meet local and national standards for the number of consultants (senior clinical decision-makers) for an emergency department (A&E), acute medicine department and intensive care department. All of this would improve patients' experience of their care and reduce their stay in hospital.



What the proposed changes mean.

Our proposed changes would have potential benefits.

- More consultants would be on duty in hospital to care for patients who are very sick or who are at risk of becoming seriously ill. This means we would be meeting the standards for the number of consultants on-site, which we know improves care, quality and outcomes and helps make sure patients receive specialist care and assessments without delay.
- The quality and outcome of care would improve. Reducing differences in care by providing services seven days a week has been shown to improve clinical outcomes and patient experience, reducing the risk of further illness and death which could be avoided.
- Patients would have access to more specialist doctors and nurses. Bringing six services together onto one site means that more patients would be seen by the clinical team. This would help staff maintain and improve their skills and expertise.
- Patients would have access to 'co-dependent services' when needed as the core services would be provided on one site. This would improve outcomes for patients.
- Patients' experience of hospital would improve as a result of being treated in modern buildings that are fit for purpose, and in the most appropriate care settings, closer to home where possible.
- Mental-health services would improve, as psychiatry services would be introduced.
- Workforce challenges would improve as staff would be working in better buildings and meeting minimum standards, and would have more time to provide care direct to patients, and junior staff would receive better training and supervision with an improved approach to multi-disciplinary care (care involving several different departments and specialists).

Our proposed changes would have potential negative effects.

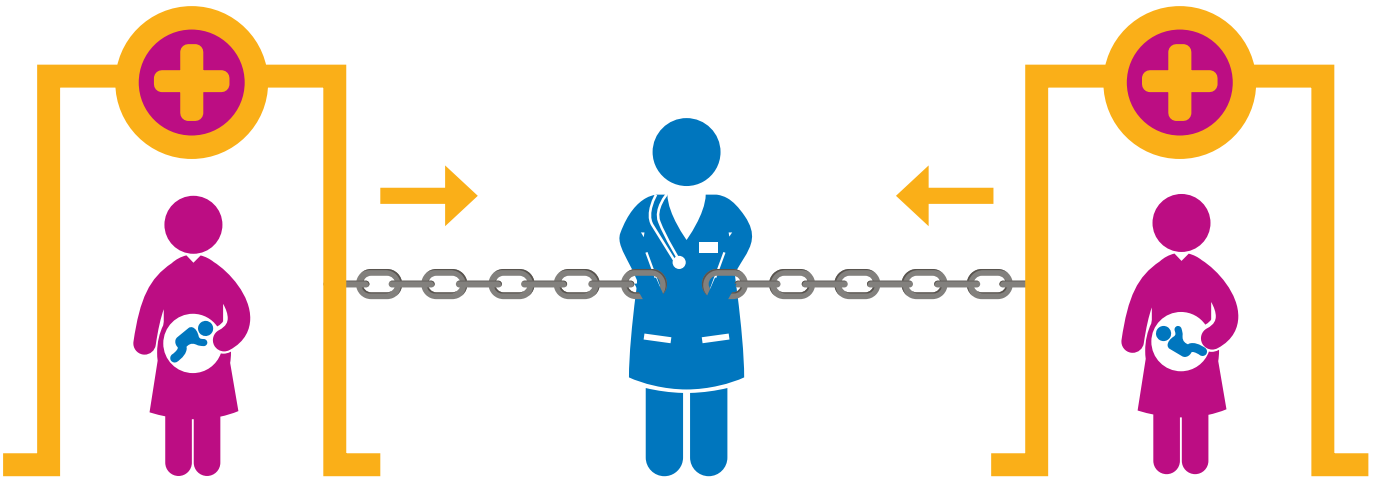
- The proposed changes would mean that hospital births would no longer be available at both Epsom and St Helier hospitals. Also, five other services would only be available on one site (the specialist emergency care hospital). This would mean that patients needing a major accident and emergency department, critical care, emergency surgery, acute medicine and children's hospital beds would have these provided on one site, instead of two.
- Under the proposed changes, moving the six services onto a new single site would result in some patients having to travel further to the new specialist emergency hospital.
- Moving the six services from two sites onto a new single site could be seen as limiting choice and making services less accessible.
- Some people may have to travel further and experience longer journey times when visiting someone in the specialist emergency care hospital.
- For some people, journeys to the specialist emergency care hospital could become more expensive and more complicated. This could mean using several methods of transport (for example, buses and trains). If this becomes the case, it is likely to affect older people, disabled people, people from ethnic-minority groups, pregnant women and people living in deprived areas.

Dr Amir Hassan, Clinical Director of Emergency Medicine at Epsom and St Helier hospitals, said:

"By focussing the more unwell patients on a single site, we will be able to consolidate our junior and senior workforce, providing better quality care, more consistent consultant presence in the emergency department later into the evening and greater depth of staffing to provide more timely care to our patients."

Marion Louki, Director of Midwifery and Gynaecology Nursing at Epsom and St Helier hospitals, said:

"Bringing the two maternity units together onto one site, would mean we can ensure a greater number of hours of consultant presence in the hospital. It would mean we would have the specialist medical and midwifery to support women, families and staff when it is needed, providing the very best care to women and babies."



The following case studies describe our vision for local healthcare under these proposals.

Kushi's story – having a baby

Kushi is very excited as she has found out she is pregnant. After telling her partner and her mum, she makes an appointment to see her GP. Her GP talks to her about the choices for having her baby. She lives near to one of the district hospitals and chooses to have her appointments here instead of with the midwife in a community clinic. She also sees her GP regularly.

After discussing it with her partner and her mum, Kushi decides she wants to have her baby in hospital. This means she would be having her baby in the specialist emergency care hospital rather than at home. Her sister had a difficult birth with her first child, so Kushi wants to make sure there is an expert doctor available at any time of the day or night to help if needed.

When the time comes for Kushi to have her baby, her partner drives her to the specialist emergency care hospital. Everything goes well and the midwife delivers the baby. Kushi is relaxed as she knows that a consultant is on the labour ward 24 hours a day, seven days a week, so help will be available if she or the baby needs it.

Kushi goes home the next day and her midwife visits her to make sure she is settled and has everything she needs, including a number to call if she or her baby needs help. Kushi and her baby have routine baby checks at the local community clinic and GP practice.

Mary's story – being unwell and recovering

Mary is 85 and has lived alone since her husband died a year ago. She is well-supported by her daughter, who lives locally, but is still getting used to life alone. Mary is proud of her independence and until recently has managed her type 2 diabetes well. Mary's health needs are complicated because she also has lung problems which cause breathing difficulties.

When Mary's husband died her GP arranged for her to be looked after by a team of health and care professionals with different skills. This included a doctor, physiotherapist, social worker and pharmacist. They assessed Mary's physical needs, as well as her mental wellbeing, and agreed a plan for the best way to care for her and help her to live independently.

With Mary's agreement, this care plan can be seen by all the health and care professionals involved in her care. Her daughter can also read it on an app on her mobile phone. The actions on the care plan include checking Mary's blood to monitor her diabetes, regular medication reviews, an invitation to a wellbeing class and an introduction to a local book club, as she is a keen reader. All the professionals in Mary's health and care team work together and are closely linked to the district hospital. One member of the team is her key contact, and they keep in touch regularly.

Unexpectedly, at 8pm on a Friday night, Mary develops bad tummy pains. She calls her daughter, who immediately calls 999. The ambulance crew can see Mary's care plan, including what tablets she takes and what her health issues are. The ambulance takes her straight to the specialist emergency care hospital.

Mary needs emergency surgery and she is looked after in the intensive care unit before and after her operation.

Mary's operation goes well and she feels much better and is out of intensive care in a couple of days. However, the treatment has left her feeling weak and has made her diabetes a bit harder to manage. Her daughter is worried about her going home.

Mary is transferred to her local district hospital, where a team focuses on getting her fit, strong and ready to go home. Mary's care is led by a new type of health professional, who is a specialist in looking after people who are getting ready to go home and who has expert knowledge of both community and hospital services.

Mary's care plan is strengthened with more care and support. This includes a mental wellbeing assessment and a visit by her key contact from the team who support her at home. The hospital team agree she can go home, but will receive extra support and care until she regains her confidence. Over the next few weeks Mary gets back into her usual routine, including catching up on her reading for her book club.

Thomas's story – a severe accident

Thomas buys his first car at the weekend. On Saturday evening he loses control on a wet road near the specialist emergency care hospital and suffers severe brain injuries.

Even though the specialist emergency care hospital is very close, the ambulance crew drive him with blue lights straight to St George's Hospital, which is the nearest 'major trauma' (severe accident response) centre.

It is very important that Thomas receives specialist and expert care from the experienced doctors, nurses and other specialists in the trauma team. There are four of these teams at four NHS trusts in London, including St George's Hospital in South West London. Because the ambulance bypasses his local A&E and takes Thomas straight to the nearest trauma centre, he has the best chance of survival and the smallest risk of permanent disability.

Thanks to the specialist trauma team at St George's Hospital, Thomas is able to walk, talk and play football again only 10 months after the accident. This system of bypassing local A&Es and taking patients to specialist trauma centres (if this means they will receive the most appropriate care) has been in place in London since 2009 and has saved many lives. The same system is used for patients who have had a heart attack or stroke. This system would continue under these new proposals.

Farrah's story – a young person with diabetes

Farrah is 15 years old and lives with her family near a district hospital. Farrah has type 1 diabetes, which develops early in life, and she needs daily insulin injections. Farrah's parents help her control her diabetes (manage her blood-sugar levels), making sure she takes the right amount of insulin at the right times, that her school has up-to-date knowledge of her care, and that she has regular follow-up appointments with the paediatric diabetic specialist team (a diabetes team that deals with children and young people).

The team runs regular outpatient clinics at both district hospital sites. Farrah or her parents can also contact the diabetes specialist nurse, 24 hours a day, every day of the week, if they have any concerns.

If Farrah has any kind of diabetes-related emergency, an ambulance will take her to the paediatric emergency centre at the specialist emergency care hospital.

There is little change to the day-to-day clinical care of Farrah's diabetes. Almost all children's diabetes care can be managed in outpatient departments, with very few children ever needing to be admitted to hospital. However, if Farrah did need specialist inpatient care, under the proposals a team of specialist clinical staff could give her round-the-clock specialist care at the specialist emergency care hospital.

There would also be dedicated children's high-dependency beds at the specialist emergency care hospital (currently not available at Epsom and St Helier hospitals) so that children could receive the very highest level of care if they ever needed it.

Frank's story – severe chest infection and recovering

Frank is 72 years old. He lives alone at home and has family and friends close by. Frank has been unwell with a cough and a temperature for a week or so. He becomes severely short of breath and unable to talk easily. On Friday evening his friend calls the ambulance and tells the paramedics that Frank is struggling to breathe and talk. When the paramedics arrive, they carry out continuous observations on Frank, closely monitoring him and giving him oxygen treatment in the ambulance on the way to the specialist emergency care hospital. The consultant in the emergency department assesses Frank's condition and diagnoses him with pneumonia (a severe chest infection). She immediately refers him to the intensive care unit (ICU). Frank is reviewed by the ICU consultant and team, who very quickly put a clear treatment plan in place.

By Sunday evening, Frank is well enough to be moved out of ICU to a medical ward at the specialist emergency care hospital. He still needs antibiotic injections and a daily medical review, as well as treatment from the chest physiotherapist on the ward. He is gradually getting better but is not yet well enough to go home. After five days in hospital, Frank can breathe more easily and is taking antibiotic tablets rather than having antibiotic injections. He is keen to go home, but his time in hospital has left him feeling weak and unable to walk very far.

The team at the specialist emergency care hospital recommend that Frank has some focused rehabilitation in a district hospital to help speed up his recovery. He can continue the treatment for his pneumonia and focus more on getting his strength and his confidence back. Frank is reassured to see the district hospital team are involved in seeing him each day on the ward even before he leaves the specialist emergency care hospital.

Frank is transferred to the district hospital for another five days, before going home feeling stronger and more confident. His family and friends are confident they can help him to manage at home because he is back on his feet before he leaves hospital.

What people have told us

Over the past two years we have been gathering local people's views on hospital services. This has included involving groups who are most likely to be affected by our proposal to bring the six hospital services onto one new site, including people who use children's, maternity and emergency services. We used different methods to involve as many residents as possible across the Surrey Downs, Sutton and Merton area.

From the responses we received, we learnt that:

- people agree that things must change to make sure there is high-quality hospital care for future generations
- people recognise that workforce challenges and problems with current buildings need creative solutions, but there is no clear agreement about the type of change needed
- people value their local health services and, on the whole, are in favour of keeping services closer to home
- some people are willing to travel further and some would prefer to be cared for at home or closer to home, and
- people are concerned about how long it takes to travel to hospital, the cost of transport, parking and other access issues, especially for older people, people living with long-term illnesses and those who live on a low income or have trouble getting out and about.

We have published this feedback on our website **(visit www.improvinghealthcaretogether.org.uk and type 'independent analysis on feedback' in the search box to get to the document).**

How local people have influenced our proposals

We have used the feedback we have received from residents, patients and carers at each stage of developing our proposals to:

- help shape a new clinical model, including extending the opening hours of the proposed UTCs from 8am to 8pm to 24 hours a day, 365 days of the year
- design the criteria we used to assess the options and discuss what is important to local people by looking at the advantages and disadvantages of each option, and
- highlight the effects the proposals could have on different communities (for example, residents on a low income and those living with long-term illnesses) so we can strengthen the proposals.

We have also used feedback from patients and the public to assess how the proposals might affect different groups, including older people and people from an ethnic minority. We are continuing to do this through our integrated impact assessment, which is described on page 36.

What do doctors, nurses and other NHS staff say?

There have been many discussions involving GPs, hospital doctors, nurses and healthcare professionals about the need for change and what that means for local hospital services. These local discussions have shown there is a lot of support for bringing six hospital services together onto one new hospital site.

The Clinical Senates of London and the South East have also provided independent advice. The senates are made up of highly experienced senior doctors, nurses and other clinicians who are experts in their own fields. They have studied the proposed changes and have stated that there are significant benefits to bringing together the six core services at a new purpose-built specialist emergency care hospital. The senates' report is available on our website **(visit www.improving healthcaretogether.org.uk and type 'clinical senates report' in the search box to get to the document).**

We also have a Clinical Advisory Group, made up of local clinicians from across primary and hospital care, including hospital doctors and GPs, nurses and other clinical leaders from across Surrey Downs, Sutton and Merton. This group has led the development of the proposed changes.

We have also included other local hospitals and ambulance services in the proposals, to look in detail at how possible changes might affect the services they provide (see page 41).

How we developed our options

To identify the different potential solutions to the problems our hospitals are facing and deliver our clinical model, we have considered four ways that services can be organised. This is intended to provide as many potential solutions as possible to create a long list. We have considered:

- the number of major acute hospitals in our combined areas
- the services offered by these major acute hospitals
- ways that more staff from outside the area can support ourservices, and
- the sites that can be used to deliver major acute services.

At this stage, we are focused on the widest range of potential solutions and this is described in our pre-consultation business case **(visit www.improvinghealth caretogether.org.uk and type 'pre-consultation business case' in the search box to get to the document).**

We want to maintain both Epsom and St Helier hospitals as thriving district hospitals, and make sure hospital services remain within the Surrey Downs, Sutton and Merton area.

Understanding all the possible solutions

We followed a best-practice approach to understand all the possible solutions to the challenges facing Epsom and St Helier hospitals. We narrowed these down to a shortlist which would provide the best care and outcomes to the people of Surrey Downs, Sutton and Merton.

This involved six main steps.

1 Developing all the potential solutions to the challenges facing Epsom and St Helier hospitals and applying initial tests to reach a shortlist of options that would provide the best outcomes and benefits to patients.

2 Developing and evaluating the shortlist of options using specific criteria which were important to patients and the public.

3 Developing further evidence to understand the benefits of each of the options.

4 Carrying out a financial analysis for each option.

5 Having the evaluation of the options considered by NHS England and NHS Improvement, the Clinical Senates and the Improving Healthcare Together Programme Board.

6 Setting up a committee of the three clinical commissioning groups to consider all the evidence for the shortlist.

The process to get to the shortlist was tested with the public before a final shortlist was agreed.

Developing all the possible solutions to our challenges

We began our work by setting out the clinical standards we need to achieve, based on regional, national and Royal College guidance, to provide the best outcomes and benefits to patients. We worked with clinicians from the hospitals and local GPs to consider this when developing the new clinical model. To make sure that the possible solutions would work, we looked at three main tests.

1 Would the potential solution keep major services within Surrey Downs, Sutton and Merton? All the solutions need to keep all major acute services within the Surrey Downs, Sutton and Merton area. We ruled out all options that would mean moving any services out of this area.

2 Would the potential solution reduce staff shortages and challenges the hospitals are facing? The only options which would solve staff shortages were those that would bring the six services together onto one of the three hospital sites – Epsom, St Helier or Sutton.

3 Where would it be possible to build a new specialist emergency care hospital? We considered if it would be possible to build a new specialist emergency care hospital on each of the current Epsom, St Helier and Sutton hospital sites, and any other sites that are not already part of the NHS. We found there is no affordable, appropriate land available in the Surrey Downs, Sutton or Merton areas, other than on Epsom, St Helier and Sutton hospital sites.

Details of the workforce solutions are on our website **(visit www.improvinghealthcaretogether.org.uk and type 'pre-consultation business case' in the search box to get to the document).**

Applying these three tests resulted in a shortlist of three options.

We concluded that there are three possible options.

	Epsom Hospital	St Helier Hospital	Sutton Hospital
1 Epsom as the site of the specialist emergency care hospital This would include UTCs at both Epsom and St Helier hospitals, open 24 hours a day, 365 days a year.	SECH + DH UTC	DH UTC	
2 St Helier as the site of the specialist emergency care hospital This would include UTCs at both Epsom and St Helier hospitals, open 24 hours a day, 365 days a year.	DH UTC	SECH + DH UTC	
3 Sutton as the site of the specialist emergency care hospital This would include UTCs at Epsom, St Helier and Sutton hospitals, open 24 hours a day, 365 days of a year.	DH UTC	DH UTC	SECH UTC

SECH **Specialist emergency care hospital (SECH) services,** including major emergencies, acute medicine, inpatient surgery, paediatrics, births and critical care

DH **District hospital (DH) services,** including inpatient beds, urgent treatment centres (UTC), outpatients, day case surgery, dialysis and chemotherapy

UTC **Urgent treatment centre**

Assessing the shortlist of options

We used specific criteria to develop and assess the shortlist of options. These criteria were developed by members of the public, clinicians and healthcare professionals from across the local area.

There is an independent report of this process on our website **(visit www.improvinghealthcare together.org.uk and type 'options report' in the search box to get to the document).**

The public identified 16 non-financial criteria, reflecting what was important to patients and the public. These non-financial criteria were grouped into six categories.

Non-financial criteria

Quality of care

Long-term clinical sustainability

Meeting the health needs of local people

Fit with the NHS Long Term Plan

Access, including travel

How easy it is to deliver

a Clinical quality
b Patient experience
c Safety

a Availability of beds
b Delivering urgent and emergency care
c Staff availability
d Workforce safety, recruiting and keeping staff

a Deprivation
b Health inequalities
c Older people

a Aligned with wider health plans
b Joining up care

a Accessibility

a Complexity of build
b Effect on other providers
c Time to build

Sutton Hospital received the highest score by the public and clinicians as the proposed site for the new specialist emergency care hospital. This was followed by St Helier and then Epsom.

The non-financial evaluation criteria that were developed by the public reflect local priorities and were used to score each of the options on the shortlist.

Further evidence

After developing the criteria and scoring the options, we looked at further evidence to understand the advantages of each of the shortlisted options. This included understanding the benefits of the clinical model, the effect on other local hospitals, and the effects on deprived communities, older people and health inequalities for each of the options. We assessed further evidence to understand any effects on the shortlist of options and the advantages of each of them. We then carried out financial analysis of the options.

Deprivation impact analysis

We have commissioned an independent report into how the proposed changes might affect deprived communities. The full report is on our website **(visit www.improvinghealthcaretogether.org.uk and type 'deprivation impact assessment' in the search box to get to the document).**

Deprivation is a key factor linked to health inequalities, and any changes to the health outcomes for those from deprived areas could be affected by our proposals.

Health inequalities may be made worse by longer journey times, particularly if these journey times affect deprived communities. However, the planned changes to district services may reduce health inequalities. District hospital services could reduce health inequalities for deprived communities by, for example, focusing on wellbeing and preventing people becoming very ill.

This study found that:

- there is evidence that health outcomes are worse in deprived communities
- there is less evidence linking deprivation with the need to use major acute services
- people living in our areas currently have relatively easy access to major acute services
- proposals for changing the location of major acute services are likely to have little effect on access to these services, and
- improving the health and care services that people may use before they need major acute services is likely to have a bigger effect on improving health outcomes for deprived communities within our combined area.

Integrated impact assessment

It is best practice for decision-makers to carry out an integrated impact assessment to assess the likely effects of any proposed changes to services for local communities.

We have carried out an integrated impact assessment which provides evidence and recommendations for each of our proposed options across four different assessment areas – equality, health, travel and access, and sustainability.

The integrated impact assessment looks at the possible effects of our proposals on the whole population, as well as highlighting certain groups of people (sometimes referred to as equalities groups or protected characteristic groups) who may be affected differently by our proposals.

The integrated impact assessment is available on our website **(visit www.improvinghealthcaretogether.org.uk and type 'integrated impact assessment' in the search box to get to the document).**

Following our public consultation, we will review the integrated impact assessment against the findings of the consultation, and update the assessment to include any further effects and recommendations.

Patient outcomes

Across all three options, patients are likely to experience improved outcomes as a result of:

- hospitals achieving workforce standards which promote care being provided by consultants
- differences in the quality of services being reduced as services are provided seven days a week
- the services being provided on one site, meaing more patients can be treated by specialist staff, and
- having access to co-dependent services because they would be provided on one site in buildings that are fit for purpose.

This is likely to have a particularly positive effect on people in the protected characteristics groups which have been identified as having a greater need for acute services than most people.

Health equalities

Health outcomes across the Merton, Sutton and Surrey Downs areas are generally in line with or better than those in London or the rest of England. However, there are health inequalities in certain areas. Deprivation is a key factor that is linked to health inequalities. Any changes to the health outcomes for people from deprived areas, as a result of the proposed options, are likely to affect health inequalities.

Deprived communities in our combined area are likely to be only slightly affected by longer journey times under the St Helier and Sutton hospital options. The option for building the new specialist emergency care hospital at Epsom Hospital would have a bigger effect on deprived communities when looking at how people would need to travel to hospital (by car, blue light ambulance or public transport). For example, for people travelling to hospital by blue light ambulance, some people from deprived communities may experience increases in journey times of between 15 and 30 minutes under the Epsom option. However, for ambulance journey times, older people are expected to be affected more if the new specialist emergency care hospital is built at St Helier Hospital when compared with the other options. This is because many of the older people in our area live in the more rural south of Surrey Downs.

The planned changes to district services may lead to improved health outcomes for people from deprived areas and bring about changes which would help to reduce health inequalities. The district services would play an important role in creating a focus on wellbeing and preventing people from becoming very ill, and would help us target our efforts on helping patients make changes to their behaviour that is linked to poor health outcomes.

Accessibility of district hospital services

The proposed options for change may improve patient access for some services as there would be different defined points where people could access urgent care services.

All communities are likely to use and need district hospital services more often than acute emergency services. Keeping district hospital services as local as possible, and transforming the way they work, may help reduce any potential negative effect caused by deprived communities having to travel further to access acute services.

Patient choice for 24-hour urgent care will be reduced as two major accident and emergency departments come together on one site. However, there will be either two or three urgent treatment centres at the district hospitals (three for the Sutton option) which would be open 24 hours a day, 365 days of the year.

Patient experience

It is likely that patients' experience of hospital services will improve as a result of the care they receive being more consistent and joined up, improved care being provided by consultants (which will reduce differences in the quality of care), and services being provided in buildings that are fit for purpose.

Workforce

Hospital staff are likely to see longer-term positive effects as a result of rotas which are filled with the right number of experienced staff, new job roles, training opportunities, and through working as part of larger clinical teams. This may help the hospitals to keep the staff they have and recruit new staff.

The proposed changes may personally affect some staff as they become used to a change in their workplace and possible changes to the work patterns, their position and the teams they work in.

Accessibility of hospital services

Across the options for change, hospital buildings that are fit for purpose would benefit those protected characteristic groups who face challenges with the accessibility of the current hospital buildings, such as older people and those with a disability or mobility issues. The full report provides details of the effect on each protected characteristic group.

(Visit www.improvinghealthcaretogether.org.uk and type 'first draft interim IIA report' in the search box to get to the document.)

Patient choice

The proposed changes would mean that five services would no longer be available at both Epsom and St Helier hospitals. This means that patients who need major accident and emergency, critical care, emergency surgery, acute medicine, and children's hospital beds, and women giving birth in hospital, would have these services provided on one site, instead of two.

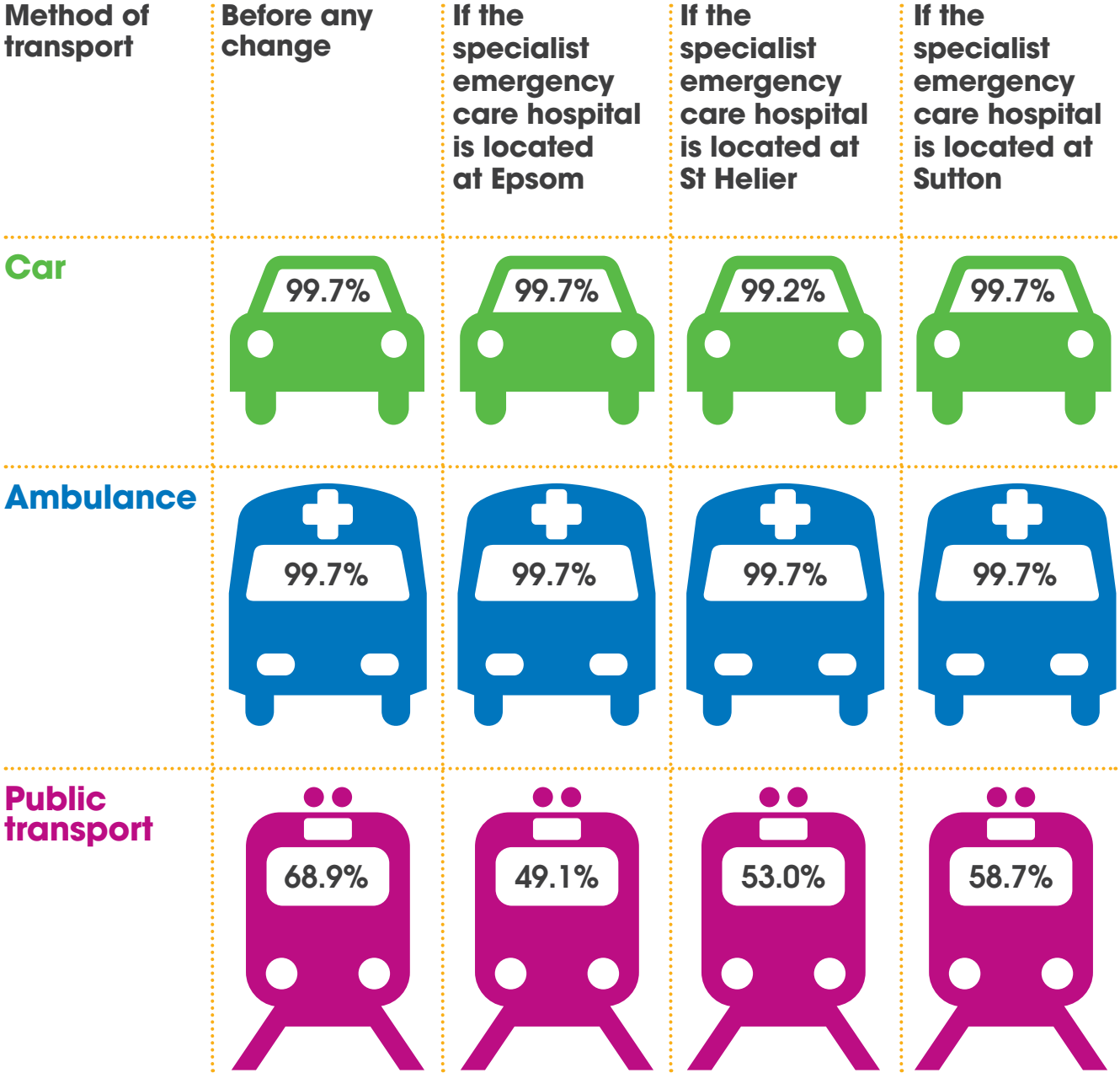
Travel times for patients

As all three options involve moving acute services from two sites to one, they are all likely to result in longer journey times for some patients.

The majority of patients (99.7%) within the Surrey Downs, Sutton and Merton area will be able to travel to an acute service within 30 minutes by either car or blue light ambulance. (The acute service they travel to may not be at Epsom, St Helier or Sutton hospitals, but at another hospital.)

There are more details on travel times on our website **(visit www.improvinghealthcaretogether.org.uk and type 'baseline travel analysis' in the search box to get to the information).**

As an example, the proportion of people in the Surrey Downs, Sutton and Merton area who can access the new specialist emergency care hospital within 30 minutes on a Tuesday morning (peak time 7am to 9am).



Summary of travel times for each option

Epsom as the site of the specialist emergency care hospital: People would need to travel to the specialist emergency care hospital at Epsom Hospital or a hospital out of our area.

We predict that this option would have the biggest effect on accessibility for all residents in our combined area, with the journey to hospital taking less than 30 minutes for people travelling by car or ambulance.

- People living in the Merton or Sutton areas would be particularly affected, with people in Sutton likely to experience the biggest increase in travel times. For these residents, St Helier Hospital is currently the closest hospital, so they would have a longer journey to hospital if the core services moved to Epsom Hospital. However, even for these people, we do not expect that anyone would have to travel for longer than 30 minutes to hospital for specialist emergency care.
- People living in deprived areas are expected to be affected more than others in this option by increased journey times as more people from deprived areas live in Sutton or Merton.

St Helier as the site of the specialist emergency care hospital: People would need to travel to the specialist emergency care hospital at St Helier Hospital or a hospital out of our area.

We believe this is the second best option in terms of people having to travel less than 30 minutes to access services at the specialist emergency care hospital.

- People living in Surrey Downs would experience the most significant changes to journey times, as they would have to travel either to St Helier Hospital or to a hospital outside our combined area, such as East Surrey or Royal Surrey hospital.
- For ambulance journey times, older people are expected to be affected more than others by this option. This is because many of the older people in our area live in the more rural south of Surrey Downs.

Sutton as the site of the specialist emergency care hospital: People would need to travel to the specialist emergency care hospital at Sutton Hospital or a hospital out of our area.

- If the specialist emergency care hospital is built at Sutton Hospital, this is likely to be the best option in terms of accessibility for the local community.
- In the more densely populated areas of Merton and Sutton, many people would be likely to be able to travel to Sutton Hospital or a hospital outside our combined area within 15 minutes.

Transport costs and accessibility

The majority of patients would continue to use the district services available at both Epsom and St Helier hospitals. In most cases, travel times for patients and visitors would not change. For some people who need to use the services provided at the specialist emergency care hospital, journey times by public transport may increase. This could result in their journey becoming more complicated and more expensive, and may mean using several methods of transport (for example, bus and train). If this becomes the case, it is likely to affect older people, disabled people, people from ethnic-minority groups, pregnant women and people living in deprived areas.

Effect on other local hospitals

We have looked at the possible effect of the proposals on other local hospitals. This has included working with the following organisations.

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

For each option, we have worked with providers to estimate the possible effect on neighbouring hospitals. For example, changing where services are provided at Epsom and St Helier hospitals may mean that more beds and capital investment would be needed in other hospitals. We included the possible extra costs to other hospitals when considering the financial cost of each of the options.

With the right support, all the organisations listed have indicated that the options would be possible sites for building the new specialist emergency care hospital.

The Epsom option would have the biggest effect on other local hospitals. Building the specialist emergency care hospital at Epsom would mean that some patients who live in the north of Sutton and Merton and currently use St Helier Hospital would need to go to other hospitals, outside our area, for these services.

Financial analysis for each shortlisted option

As well as providing better care outcomes for patients, bringing together the six core services onto one site in one new building is expected to reduce the financial challenges the hospitals are facing. The financial analysis looked at the following five areas.

1

Activity and beds

Understand how many hospital beds will be needed in the future, according to our local population and how this is expected to change in the next 10 years.

2

Size of hospital needed

For each option, estimate how big each hospital site needs to be, based on the services provided, and how patients are expected to access services.

3

Capital investment

For each option, estimate the upfront investment that would be needed to carry out the work on the sites – for example, refurbishing existing buildings or developing new sites.

4

Costs

For each option, estimate the costs of running services. (The new model is expected to use doctors' and nurses' time more effectively.)

5

Effect on other hospitals

For each option, estimate the effect on neighbouring healthcare providers. For example, changes to Epsom and St Helier hospitals may mean that more beds are needed in other hospitals.


Financial analysis
793
Evidence
Options

We used the measures below to assess the financial effect of the shortlisted options, then considered the overall financial value of each one.

Our analysis suggests that all the options are affordable and would considerably reduce the financial difficulties the hospitals are facing. Overall, Sutton offers the greatest financial value. (This is based on the net present value, which combines all costs and benefits over time to measure overall value for money – a high net present value means better value for money.)

Summary of key financial measures

Category	Measure	No service change	Epsom	St Helier	Sutton
Epsom and St Helier hospitals key financial measures	Total capital investment (£ million)	225	466	430	511
	Epsom and St Helier hospitals' in-year surplus for 2025 to 2026 (£ million). This includes paying more interest and depreciation (reduction in value over time) on the refurbished and new hospital buildings.		6.5	5.2	12.7
System key financial measures	Return on investment for 2025 to 2026 (£ million)		5.3%	7.4%	7.3%
	Net present value (£ million over 50 years)	50	354	487	584

Details on the financial measures are available on our website in the pre-consultation business case **(visit www.improvinghealthcaretogether.org.uk and type 'pre-consultation business case' in the search box to get to the document)**.

Confirming our assessment of the options

To make sure we had considered all of the options on the shortlist thoroughly, we brought together all the evidence and asked the Clinical Senates of London and the South, and NHS England and Improvement to test our clinical model and the options.

These organisations carried out their own assessment of all the evidence. In particular, for each option they looked at the number of beds that would be provided, whether people would still have a choice of services in the local area, and the evidence we based our assessment on. They also checked that we had considered all the feedback we received from the public.

Number of beds

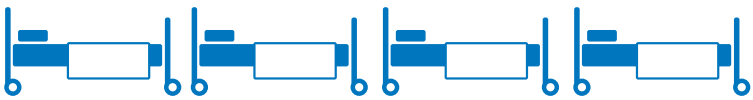
We have looked at how many beds we need in the future, based on people in our area getting older and our population getting bigger. This means we need more beds.

We then looked at how medicine is changing and how technology is being used to shorten the length of time people need to spend in hospital, and also considered the move to treat people in their own homes. This means we will need fewer beds.

A few years ago people undergoing a knee replacement would stay in hospital for between three and five days after their operation. Now, increasing numbers of patients go home on the same day as their operation.

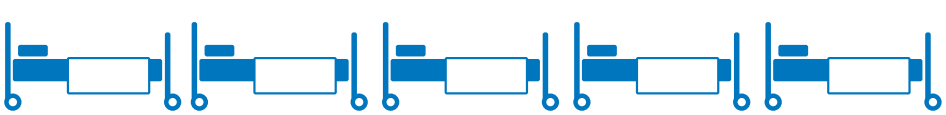
When we put together the changes in people's needs and the changes in technologies, treatments and the way services are delivered, we have calculated that we will need a similar number of beds in the future as we do now. While the total number of beds is expected to be the same across all options (a slight increase on what is available now), where these beds are needed depends on the option. This means the capital investment for each option is different.

There is more information about this on our website **(visit www.improvinghealthcaretogether.org.uk and type 'pre-consultation business case' in the search box to get to the document).**



Epsom and St Helier hospitals have

1,048 beds



In the future we have worked out that we will need

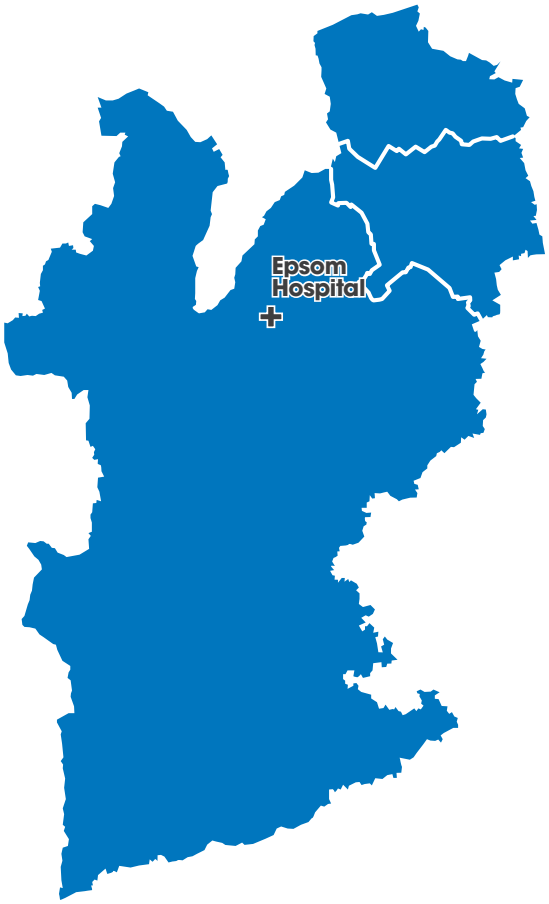
1,052 beds

Summary of options

For all three options, we have looked at both the financial and non-financial measures, as well as the possible effects on people who currently use hospital services.

The Epsom option

	Epsom
Quality of care: Would it improve safety and quality of clinical care?	The proposed changes would deliver improved quality of care in all options. In all options, how we deliver care would be the same. There would be the same number of beds and the workforce issues would be solved.
Long-term clinical sustainability: Does it improve access to urgent and emergency care and are there other clinical benefits for patients?	Two urgent treatment centres (one at Epsom Hospital and one at St Helier Hospital) that would be open 24 hours a day, 365 days of the year.
Meeting the health needs of local people: What would the effect be on older people and people from deprived communities?	Least effect on travel for older people and greatest effect on travel for people from deprived communities.
Fit with the NHS Long Term Plan: Would this fit with the Long Term Plan and support bringing services together?	All options would be similar to how the NHS Long Term Plan sees healthcare delivered in the future.
Access, including travel: What would the effect be on travel and accessibility?	Greatest increase in average travel time. A large number of local people would have to travel further, with more complicated journeys.
How easy is it to deliver? How complex would it be to build and how long would it take? What would be the effect on neighbouring hospitals?	More complicated to build – would take six years. Greatest effect on neighbouring hospitals – 205 beds would move to other hosptials.
Finance: What is the cost to build and the long-term financial benefit to the NHS over 50 years, which is the planned lifetime of hospital buildings?	The cost for building the emergency care hospital at Epsom is lower than at Sutton. However, this option also has the largest investment needed for neighbouring hospitals due to patients being moved to their hospitals. Over time, there are fewer financial benefits with this option than with St Helier and Sutton, so it is the least value for the taxpayer.



The proportion of people in the Surrey Downs, Sutton and Merton area who can access the new specialist emergency care hospital within 30 minutes on a Tuesday morning (peak time 7am to 9am).

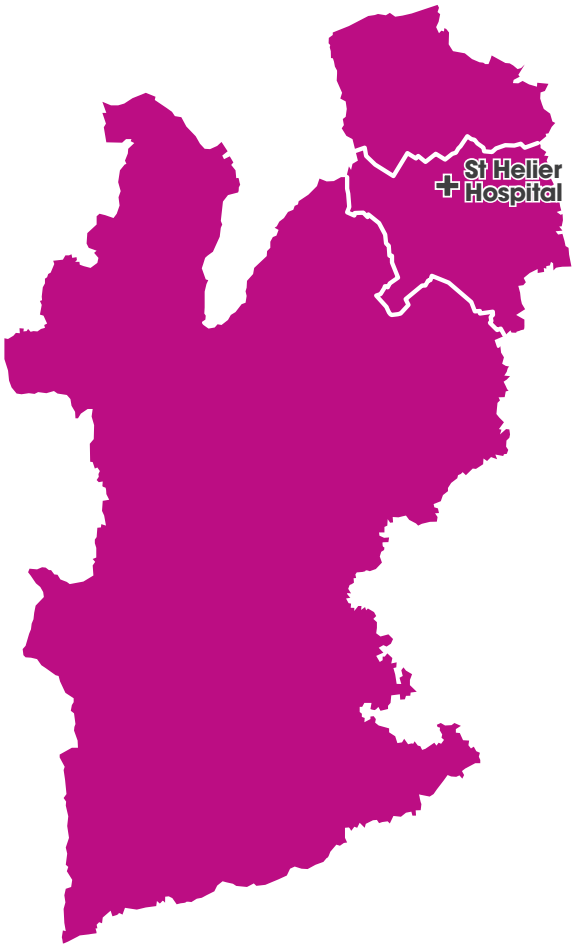
Method	Current average	Epsom
Car	99.7%	99.7%
Ambulance	99.7%	99.7%
Public transport	68.9%	49.1%

Financial measure	Epsom
Total capital investment (£ million)	466
Epsom and St Helier hospitals' in-year surplus for 2025 to 2026 (£ million)	6.5
Return on investment for 2025 to 2026 (£ million)	5.3%
Net present value (£ million over 50 years)	354

Category	Epsom
Advantages	• Delivers the clinical model and associated benefits • Less effect on older people (when compared with St Helier as the site for the specialist emergency care hospital)
Disadvantages	• Greatest increase in average travel time • Greatest effect on other hospitals • High effect on deprived communities • Greatest effect on deprived communities • Quite complicated to build – extensive refurbishment • Second shortest time to build • Lowest net present value of the options • Second highest total cost to build
Risks	• Problems recruiting and keeping staff and maintaining a level 2 neonatal unit • The greatest number of beds needed at other hospitals • Patients transferred to other hospitals

The St Helier option

	St Helier
Quality of care: Would it improve safety and quality of clinical care?	The proposed changes would deliver improved quality of care in all options. In all options, how we deliver care would be the same. There would be the same number of beds and the workforce issues would be solved.
Long-term clinical sustainability: Does it improve access to urgent and emergency care and are there other clinical benefits for patients?	Two urgent treatment centres (one at Epsom Hospital and one at St Helier Hospital) that would be open 24 hours a day, 365 days of the year.
Meeting the health needs of local people: What would the effect be on older people and people from deprived communities?	Greatest effect on travel for older people and least effect on travel for people from deprived communities.
Fit with the NHS Long Term Plan: Would this fit with the Long Term Plan and support bringing services together?	All options would be similar to how the NHS Long Term Plan sees healthcare delivered in the future.
Access, including travel: What would the effect be on travel and accessibility?	Second greatest increase in average travel time. More local people would have to travel further, with more complicated journeys.
How easy is it to deliver? How complex would it be to build and how long would it take? What would be the effect on neighbouring hospitals?	More complicated to build – would take seven years. Bigger effect on neighbouring hospitals – 81 beds would move to other hospitals.
Finance: What is the cost to build and the long-term financial benefit to the NHS over 50 years, which is the planned lifetime of hospital buildings?	The cost for building the emergency care hospital at St Helier is the lowest of the options. However, over time, there are fewer financial benefits for this option than Sutton, so it provides less value for the taxpayer.



The proportion of people in the Surrey Downs, Sutton and Merton area who can access the new specialist emergency care hospital within 30 minutes on a Tuesday morning (peak time 7am to 9am).

Method	Current average	St Helier
Car	99.7%	99.2%
Ambulance	99.7%	99.7%
Public transport	68.9%	53.0%

Financial measure	St Helier
Total capital investment (£ million)	430
Epsom and St Helier hospitals' in-year surplus for 2025 to 2026 (£ million)	5.2
Return on investment for 2025 to 2026 (£ million)	7.4%
Net present value (£ million over 50 years)	487

Category	St Helier
Advantages	• Delivers the clinical model and associated benefits • Less effect on deprived communities (when compared with Epsom as the site for the specialist emergency care hospital) • Least expensive of the options
Disadvantages	• Some effect on other hospitals • Second greatest increase in average travel time • Greatest effect on older people • Most complicated to build – extensive refurbishment • Longest time to build • Second highest net present value
Risks	• Patients transferred to other hospitals

The Sutton option

	Sutton
Quality of care: Would it improve safety and quality of clinical care?	The proposed changes would deliver improved quality of care in all options. In all options, how we deliver care would be the same. There would be the same number of beds and the workforce issues would be solved.
Long-term clinical sustainability: Does it improve access to urgent and emergency care and are there other clinical benefits for patients?	Three urgent treatment centres (one at Epsom Hospital, one at St Helier Hospital and one at Sutton Hospital) that would be open 24 hours a day, 365 days of the year. Located with the Royal Marsden, it would also improve care for Epsom and St Helier cancer patients.
Meeting the health needs of local people: What would the effect be on older people and people from deprived communities?	Least overall effect on travel for older people and people from deprived communities.
Fit with the NHS Long Term Plan: Would this fit with the Long Term Plan and support bringing services together?	All options would be similar to how the NHS Long Term Plan sees healthcare delivered in the future.
Access, including travel: What would the effect be on travel and accessibility?	Smallest increase in average travel time. Fewer local people would have to travel further, as Sutton is the most central to where people live in the area of Surrey Downs, Sutton and Merton.
How easy is it to deliver? How complex would it be to build and how long would it take? What would be the effect on neighbouring hospitals?	Easiest to build – would take four years. Least effect on neighbouring hospitals – 50 beds move to other hospitals.
Finance: What is the cost to build and the long-term financial benefit to the NHS over 50 years, which is the planned lifetime of hospital buildings?	The cost for building the specialist emergency care hospital at Sutton is the highest of the options. However, over time, it has the most financial benefits, so is the best value for the taxpayer.

The proportion of people in the Surrey Downs, Sutton and Merton area who can access the new specialist emergency care hospital within 30 minutes on a Tuesday morning (peak time 7am to 9am).

Method	Current average	Sutton
Car	99.7%	99.7%
Ambulance	99.7%	99.7%
Public transport	68.9%	58.7%

Financial measure	Sutton
Total capital investment (£ million)	511
Epsom and St Helier hospitals' in-year surplus for 2025 to 2026 (£ million)	12.7
Return on investment for 2025 to 2026 (£ million)	7.3%
Net present value (£ million over 50 years)	584

Category	Sutton
Advantages	• Delivers the clinical model and associated benefits • Joint working with the Royal Marsden Hospital • Provides an extra urgent treatment centre • Lowest increase in average travel time • Less effect on older people (when compared with St Helier as the site for the specialist emergency care hospital) and deprived communities (when compared with Epsom as the site for the specialist emergency care hospital) • Least complicated build – new build • Shortest time to build • Highest net present value of the options
Disadvantages	• Most expensive of the options • Some effect on neighbouring hospitals
Risks	• Any further changes may mean more effects on other hospitals in the future • Patients transferred to other hospitals

Our preferred option

After gathering all the evidence and assessing our options, we came together as CCGs to consider all the evidence that related to the three options on the shortlist.

Having considered all the evidence, we have identified Sutton as the site we prefer for the specialist emergency care hospital to be built. We believe this option would provide the most benefits for people living in our combined area, patients and staff. This option would:

- allow us to provide high-quality services for everyone living in our area
- make sure most people can use core services, as the new specialist emergency care hospital would be built at a central location
- allow us to offer a third urgent treatment centre alongside the emergency department, and
- have less of an effect on older people and deprived communities than the other options.

While Sutton is currently our preferred option for the location of the specialist emergency care hospital, we remain open-minded about all three options and any other solutions that the public might suggest.

Criteria

Quality of care

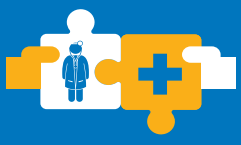
Would it improve safety and quality of clinical care, improve patient experience, provide the number of beds needed and solve the issues surrounding workforce, recruitment and keeping staff?

Long-term clinical sustainability

Does it improve access to urgent and emergency care and are there other clinical benefits for patients?

Meeting the health needs of local people

What would the effect be on older people and people from deprived communities?



Fit with the NHS Long Term Plan

Would it fit with the NHS Long Term Plan and support bringing health and care services together?

Access, including travel

What would the effect be on travel and accessibility?

How easy it is to deliver

How complex would it be to build and how long would it take? What would be the effect on neighbouring hospitals?

Finance

What is the cost to build and the long-term financial benefit to the NHS over 50 years, which is the planned lifetime of hospital buildings?

Preferred option

Sutton	St Helier	Epsom
The proposed changes would deliver improved quality of care in all options. In all options, how we deliver care would be the same. There would be the same number of beds (a slight increase on what is available now) and the workforce issues would be solved.		
Three urgent treatment centres that would be open 24 hours a day, 365 days of the year. Located with Royal Marsden, it would improve care for Epsom and St Helier cancer patients.	Two urgent treatment centres that would be open 24 hours a day, 365 days of the year.	Two urgent treatment centres that would be open 24 hours a day, 365 days of the year.
Least overall effect on travel for older people and people from deprived communities.	Greatest effect on travel for older people and least effect on travel for people from deprived communities.	Least effect on travel for older people and greatest effect on travel for people from deprived communities.
All options would be similar to how the NHS Long Term Plan sees healthcare delivered in the future.		
Smallest increase in average travel times. Fewer local people would have to travel further, as Sutton is the most central to where people live in the areas of Surrey Downs, Sutton and Merton.	Second greatest increase in average travel times. More local people would have to travel further, with more complicated journeys.	Greatest increase in average travel times. A larger number of local people would have to travel further, with more complicated journeys.
Easiest to build. Would take four years to build. Least effect on neighbouring hospitals – 50 beds move to other local hospitals.	**More complicated to build.** Would take seven years to build. Bigger effect on neighbouring hospitals – 81 beds move to other local hospitals.	**More complicated to build.** Would take six years to build. Greatest effect on neighbouring hospitals – 205 beds move to other local hospitals.
Most cost to build: £511 million. It has the most new buildings but because it keeps the most patients in the area it is the best value for the taxpayer. There are extra benefits of being located with the Royal Marsden.	Least cost to build: £430 million. It has the most refurbished buildings and keeps the majority of patients in the area, making it medium value for the taxpayer.	Medium cost to build: £466 million. The build size is smaller as it keeps the least number of patients in the area. It also has the largest investment needed at other hospitals and so is the least value for the taxpayer.

Timetable

We know it is important to keep you updated on our proposals, especially when you have taken the time to share your thoughts and views with us. When the consultation closes on 1 April 2020, an independent research organisation, Opinion Research Services Limited (ORS), will analyse all the feedback we received. ORS will manage the feedback from the consultation and will provide an independent consultation report which will make sure that the feedback we receive from individuals is anonymous. Views provided by organisations or people acting in an official capacity may be published in full. ORS will process any information you provide in response to this consultation in line with the latest data-protection regulations. ORS will only use your information for this consultation. They will not keep any personal information that could identify you for more than one year after any decisions have been finalised. For more information, **visit www.improvinghealthcaretogether.org.uk and type 'consultation privacy notice' in the search box or visit www.ors.org.uk/privacy.**

ORS will produce a consultation report, which we will consider fully. We will publish the report on our website, and we will let you know when it is available. We will share the report as widely as possible with people living in our areas, patients and stakeholders.

The report will cover the major themes from the consultation, a summary of the responses we received about the proposals, and a summary of the consultation process. We will share the report with stakeholders, including with the Joint Health Overview and Scrutiny Committee, so they can give their comments. We will consider this information, alongside all the other available evidence (including the final integrated impact assessment), before making any final decisions.

We will produce a decision-making business case,which brings together all the information our governing bodies need to make their decision on how to improve services.

None of the six services would be brought together until the new specialist emergency care hospital was built which, under our preferred option, would be 2025 at the earliest.

Our joint committee, known as the 'Improving Healthcare Together Committees in Common' is where our leaders come together to agree proposals and make decisions about how Epsom and St Helier hospital services might change in the future. The meeting to make any decisions will be held in public and will consider all of the evidence and the consultation report.

Our proposed decision-making timetable

Glossary

Acute care – care people need when they are very unwell and are admitted to hospital for tests and treatment.

CCGs – refers to NHS Surrey Downs Clinical Commissioning Group, NHS Sutton Clinical Commissioning Group and NHS Merton Clinical Commissioning Group. These organisations are led by GPs, supported by other healthcare professionals and people not involved in healthcare. Their role is to plan and commission (buy) the majority of hospital and community health services for people living in their areas.

Care Closer to Home – programmes that are running in Surrey Downs, Sutton and Merton to provide more care closer to where people live, to support them to stay well and independent, and reduce avoidable hospital admissions.

Centralised – this means bringing together services on one site (rather than them being provided on the two hospital sites).

Consultant-led maternity unit – this is where there are consultants (the most senior doctors) available to deal with any problems that arise during labour and childbirth.

Elective care – care that is planned. It includes those routine procedures and operations that don't need to be done as emergencies but from the patient's point of view need to be done as quickly as possible.

Emergency care – specialised care people need when they are very ill or have a serious injury which can be life-threatening.

Integrated care – NHS organisations working together to meet the needs of local people.

Long-term conditions – conditions that cannot be cured but are managed through medication, therapy and supported self-management. Examples include diabetes, heart disease and chronic chest disease.

NHS 111 – a telephone service available around the clock to provide advice to people when they have an urgent health need and advice on where they can get the right care as soon as possible.

Neonatal – care relating to newborn babies.

NHS England – is the national body that leads the NHS in England. It sets priorities and direction for the NHS.

Paediatric care – healthcare services for babies, children and young people.

Sustainability and transformation partnerships (STPs) – partnerships covering all of England, where local NHS organisations and councils draw up shared proposals to improve health and care in the areas they serve.

Urgent care – care people need when they have a condition or injury that needs to be attended to urgently but is not life-threatening.

Trust – refers to Epsom and St Helier University Hospitals NHS Trust, the organisation that manages Epsom Hospital, St Helier Hospital and Sutton Hospital.

If you need more information to help you to respond to this consultation, or have any questions, email us at **hello@improvinghealthcaretogether.org.uk**, call us on 02038 800 271 or send us a text message to 07500 063191.

Please remember that if you do need help, calls will be strictly confidential, so you can be frank and feel free to make any comments you wish.

Data protection

We will not include any personal information when reporting statistics. Any personal information we receive will be protected and stored securely in line with data-protection rules. This information will be kept confidential. **There is more information about this on our website (visit www.improvinghealthcaretogether.org.uk and type 'consultation privacy notice' in the search box).**

If you or someone you know cannot read this document, please contact us by email at hello@improvinghealthcaretogether.org.uk or phone 02038 800 271 and we will do our best to provide the information in a suitable format or language.

Jeśli Ty lub Twój znajomy nie jest w stanie przeczytać tego dokumentu, prosimy o kontakt z nami pod adresem e-mail: hello@improvinghealthcaretogether.org.uk lub telefonicznie pod numerem 02038 800 271. Dołożymy wszelkich starań, by przekazać informacje w odpowiednim formacie lub języku.

நீங்களோ அல்லது உங்களுக்கு தெரிந்த மற்றொருவரோ இந்த ஆவணத்தைப் படித்தறிய இயவில்லை எனில், தயவுசெய்து hello@improvinghealthcaretogether.org.uk என்ற மின்னஞ்சல் அல்லது தொலைபேசி எண் 02038 800 271 மூலமாக தொடர்புகொண்டு எமக்கு தெரிவித்தால், தகுந்த மொழியிலோ அல்லது வடிவத்திலோ தகவலை உங்களுக்கு அறிவிக்க எம்மால் இயன்றவரையிலும் முயற்சி எடுப்போம்.

اگر آپ یا آپ کے کوئی جاننے والے اس دستاویز کو پڑھ نہیں سکتے ہیں تو برائے مہربانی اس ای میل پتہ کے ذریعہ ہم سے رابطہ کریں hello@improvinghealthcaretogether.org.uk یا اس نمبر پر فون کریں: 02038 800 271 اور ہم ان معلومات کو مناسب صورت یا زبان میں فراہم کرنے کی پوری کوشش کریں گے۔

Improving Healthcare Together **2020 to 2030**

Talk to us – we are listening

Consultation questionnaire

Our proposal to invest in both Epsom and St Helier hospitals and build a new specialist emergency care hospital which could be located at Epsom, St Helier or Sutton hospital.

This is a formal public consultation being led by NHS Surrey Downs Clinical Commissioning Group, NHS Sutton Clinical Commissioning Group and NHS Merton Clinical Commissioning Group. It takes place from 8 January to 1 April 2020.

Consultation questions

We have appointed Opinion Research Services (ORS), an independent research company, to manage the consultation questionnaire responses and other consultation feedback. ORS will provide an independent consultation report which will make sure that the feedback we receive from individuals is anonymous. Views provided by organisations or people acting in an official capacity may be published in full.

All of the questions in the questionnaire are optional. ORS will process any information you provide in response to this consultation in line with the latest data protection regulations. ORS will only use your information for this consultation. They will not keep any personal information that could identify you for more than one year after any decisions have been finalised.

For more information, go to **www.improvinghealthcaretogether.org.uk and type 'consultation privacy notice' in the search box** or **www.ors.org.uk/privacy.**

Q1
Our model of care (or new way of working)

Our proposal is to keep most services at their present hospitals in refurbished buildings, and bring together six core (main) services for the most unwell patients, those who need more specialist care, and births in hospital, onto one site in a state-of-the-art new specialist emergency care hospital.

In the table below, please tick a box to tell us how good or poor you think this proposal would be for people living in the Surrey Downs, Sutton and Merton area.

It is a very poor solution	It is a poor solution	It is neither a poor nor a good solution	It is a good solution	It is a very good solution

Please give the reasons for your answer in the space below.

Q2
The location of the specialist emergency care hospital

Q2a
Sutton Hospital as our preferred location

In the table below, please tick a box to tell us how good or poor you think building the new specialist emergency care hospital on the Sutton Hospital site would be for people living in the Surrey Downs, Sutton and Merton area.

It is a very poor solution	It is a poor solution	It is neither a poor nor a good solution	It is a good solution	It is a very good solution

Please give the reasons for your answer in the space below.

Q2b
St Helier Hospital as the location of the new specialist emergency care hospital

In the table below, please tick a box to tell us how good or poor you think building the new specialist emergency care hospital on the St Helier Hospital site would be for people living in the Surrey Downs, Sutton and Merton area.

It is a very poor solution	It is a poor solution	It is neither a poor nor a good solution	It is a good solution	It is a very good solution

Please give the reasons for your answer in the space below.

Q2c
Epsom Hospital as the location of the new specialist emergency care hospital

In the table below, please tick a box to tell us how good or poor you think building the new specialist emergency care hospital on the Epsom Hospital site would be for people living in the Surrey Downs, Sutton and Merton area.

It is a very poor solution	It is a poor solution	It is neither a poor nor a good solution	It is a good solution	It is a very good solution

Please give the reasons for your answer in the space below.

Q3
What would help improve transport and travel?

What would improve public transport and travel to the new specialist emergency care hospital for any of the three options?

If the location was **Epsom Hospital?**

If the location was **St Helier Hospital?**

If the location was **Sutton Hospital?**

Q4
How would our proposals affect you and your family?

If you think any of our proposals would affect you, your family or other people you know, either positively or negatively, please tell us why you think this using the space below.

Q5
What else should we consider?

Please use the space below to tell us about anything else you think we should consider when deciding the best option for specialist emergency care hospital for people living in the Surrey Downs, Sutton and Merton area.

Q6
Do you have any other solutions that we should consider?

Thank you

Thank you for taking the time to give us your views. The consultation runs from 8 January 2020 to 1 April 2020. Your views will be collected by Opinion Research Services (ORS), an independent research company, and presented to an NHS committee, who will make a final decision.

For more information about this process or to sign up to updates about this programme, please email us at hello@improvinghealthcaretogether.org.uk, call us on 02038 800 271 or send us a text message on 07500 063191.

Some more about you

We recognise and promote the benefits of diversity and we are committed to treating everyone with dignity and respect, whatever their age, disability, sex, gender, marriage and civil partnership status, pregnancy and maternity, race, religion or belief or sexuality. To make sure that our services are designed for the people we serve, we would like you to fill in the short monitoring section below. We and ORS will only use your information for this consultation. We will not keep any personal information that could identify you for more than one year after any decisions have been finalised. We keep to all data protection laws that apply within the UK, which includes the European General Data Protection Regulation (GDPR) and the UK's own laws.

1 Which of the following are you responding as
Please tick any that apply.

- ☐ An individual resident
- ☐ A carer
- ☐ A parent or guardian of a child under the age of 16
- ☐ A member of NHS staff
- ☐ A representative of an organisation – please provide the name of your organisation

and then go to question 12 .....

- ☐ Other – please specify .....

2 Which area do you live in?
Please choose one of the following options.

- ☐ Surrey Downs
- ☐ Sutton
- ☐ Merton
- ☐ Some other area
- ☐ Prefer not to say

3 How old are you?

☐ under 18 ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54
☐ 55-64 ☐ 65-74 ☐ 75 or older ☐ Prefer not to say

4 What is your gender?

☐ Male ☐ Female ☐ Other ☐ Prefer not to say

5 Is your gender shown above the same as when you were born?

☐ Yes ☐ No ☐ Prefer not to say

6 Are you currently pregnant or have you given birth within the last year?

☐ Yes ☐ No ☐ Does not apply ☐ Prefer not to say

7 Do you have a disability, long-term illness or health condition?

☐ Yes ☐ No ☐ Prefer not to say

8 If you answered yes to question 7, please tell us what your disability, long-term illness or health condition relates to.

☐ A long-standing illness or health condition (for example, cancer, HIV, diabetes, chronic heart disease or epilepsy)

☐ A mental health difficulty (for example, depression, schizophrenia or anxiety disorder)

☐ A physical difficulty or mobility issue (for example, difficulty using your arms or needing a wheelchair or crutches)

☐ A social or communication difficulty (for example, a speech and language issue, or Asperger's syndrome or other autistic spectrum disorder)

☐ A specific learning difficulty (for example, dyslexia, dyspraxia or ADHD)

☐ Being blind or partially sighted

☐ Being deaf or partially deaf

☐ A disability, health condition, learning disability or learning difference that is not listed above

☐ Prefer not to say

9 Which race or ethnic background best describes you?

☐ Arab

☐ Asian/British Asian: Bangladeshi ☐ Asian/British Asian: Chinese ☐ Asian/British Asian: Indian

☐ Asian/British Asian: Pakistani ☐ Asian/British Asian: other

☐ Black/British black: African ☐ Black/British black: Caribbean

☐ Black/ British black: other

☐ Mixed race: black and white ☐ Mixed race: Asian and white

☐ Mixed race: black and Asian ☐ Mixed race: other

☐ Traveller: Gypsy or Roma ☐ Traveller: Irish

☐ White: British ☐ White: Irish ☐ White: European

☐ Another race or ethnic background, please state ..... ☐ Prefer not to say

10 Which of the following terms best describes your sexuality?

☐ Asexual ☐ Bisexual ☐ Gay or lesbian ☐ Heterosexual or straight
☐ Other ☐ Prefer not to say

11 What do you consider your religion to be?

☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim
☐ Sikh ☐ Other religion ☐ No religion ☐ Prefer not to say

12 What is your full postcode?

You do not have to give us your postcode but if you do it will help us to make sure we reach people throughout Surrey Downs, Sutton and Merton. It will also help us understand any geographical differences of responses to this questionnaire.

There are many different ways to have your say.

Return this paper questionnaire to Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL.

Come to any of our local listening events to tell us your views.

Email us at hello@improvinghealthcaretogether.org.uk.

Message us on Twitter (@IHTogether) or visit our Facebook page (@ImprovingHealthcareTogether).

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Send us a text message on 07500 063191.

If you or someone you know cannot read this document, please contact us by email at hello@improvinghealthcaretogether.org.uk or phone 02038 800 271 and we will do our best to provide the information in a suitable format or language.

Jeśli Ty lub Twój znajomy nie jest w stanie przeczytać tego dokumentu, prosimy o kontakt z nami pod adresem e-mail: hello@improvinghealthcaretogether.org.uk lub telefonicznie pod numerem 02038 800 271. Dołożymy wszelkich starań, by przekazać informacje w odpowiednim formacie lub języku.

நீங்களோ அல்லது உங்களுக்கு தெரிந்த மற்றொருவரோ இந்த ஆவணத்தைப் படித்தறிய இயவில்லை எனில், தயவுசெய்து hello@improvinghealthcaretogether.org.uk என்ற மின்னஞ்சல் அல்லது தொலைபேசி எண் 02038 800 271 மூலமாக தொடர்புகொண்டு எமக்கு தெரிவித்தால், தகுந்த மொழியிலோ அல்லது வடிவத்திலோ தகவலை உங்களுக்கு அறிவிக்க எம்மால் இயன்றவரையிலும் முயற்சி எடுப்போம்.

اگر آپ یا آپ کے کوئی جاننے والے اس دستاویز کو پڑھ نہیں سکتے ہیں تو برائے مہربانی اس ای میل پتہ کے ذریعہ ہم سے رابطہ کریں hello@improvinghealthcaretogether.org.uk یا اس نمبر پر فون کریں: 02038 800 271 اور ہم ان معلومات کو مناسب صورت یا زبان میں فراہم کرنے کی پوری کوشش کریں گے۔

Improving Healthcare Together **2020 to 2030**

Please send your questionnaire to:

Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL.

The closing date for the consultation is Wednesday 1 April 2020.

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