



# Welcome

Improving Healthcare Together 2020 to 2030

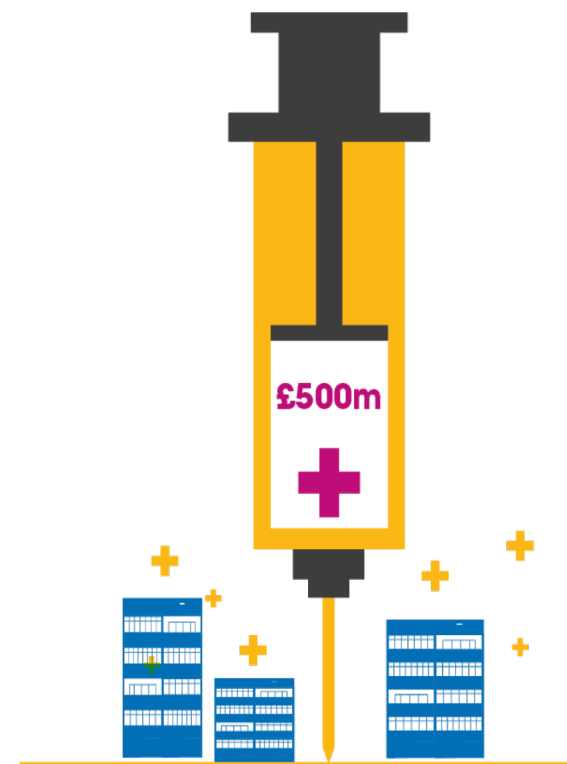
Public Presentation

[www.improvinghealthcaretogether.org.uk/consultation](http://www.improvinghealthcaretogether.org.uk/consultation)

# £500 million allocated to improve the current buildings at Epsom and St Helier hospitals and build a new specialist emergency care hospital

## Our proposals

- 85% of services will stay at Epsom and St Helier hospitals = care for over 700,000 patients a year
- Epsom and St Helier hospitals stay open 24/7 365 days a year under all options
- PLUS - a brand new specialist emergency hospital in new state-of-the-art buildings
- Minimum £80m investment in Epsom and St Helier hospital buildings
- New hospital could be built at Epsom or St Helier - but Sutton is our preferred option



# Case for change



# Quality

Patients at Epsom and St Helier hospitals do not always receive the level of care that they need and deserve

- Some key services do not meet agreed national clinical standards
- Shortage of doctors and specialist clinical staff
- The Care Quality Commission (CQC), rates both Epsom and St Helier hospitals as 'requires improvement' for emergency services.





# Buildings

The hospital buildings are very old and are not fit for delivering 21st century healthcare

- Not enough single rooms
- Hospital buildings are not all connected
- Lifts are old and too small; when they break, patients are moved around the hospitals in ambulances
- Old buildings are difficult to keep clean and work in safely - emergency repairs are needed just to keep patients dry and warm.



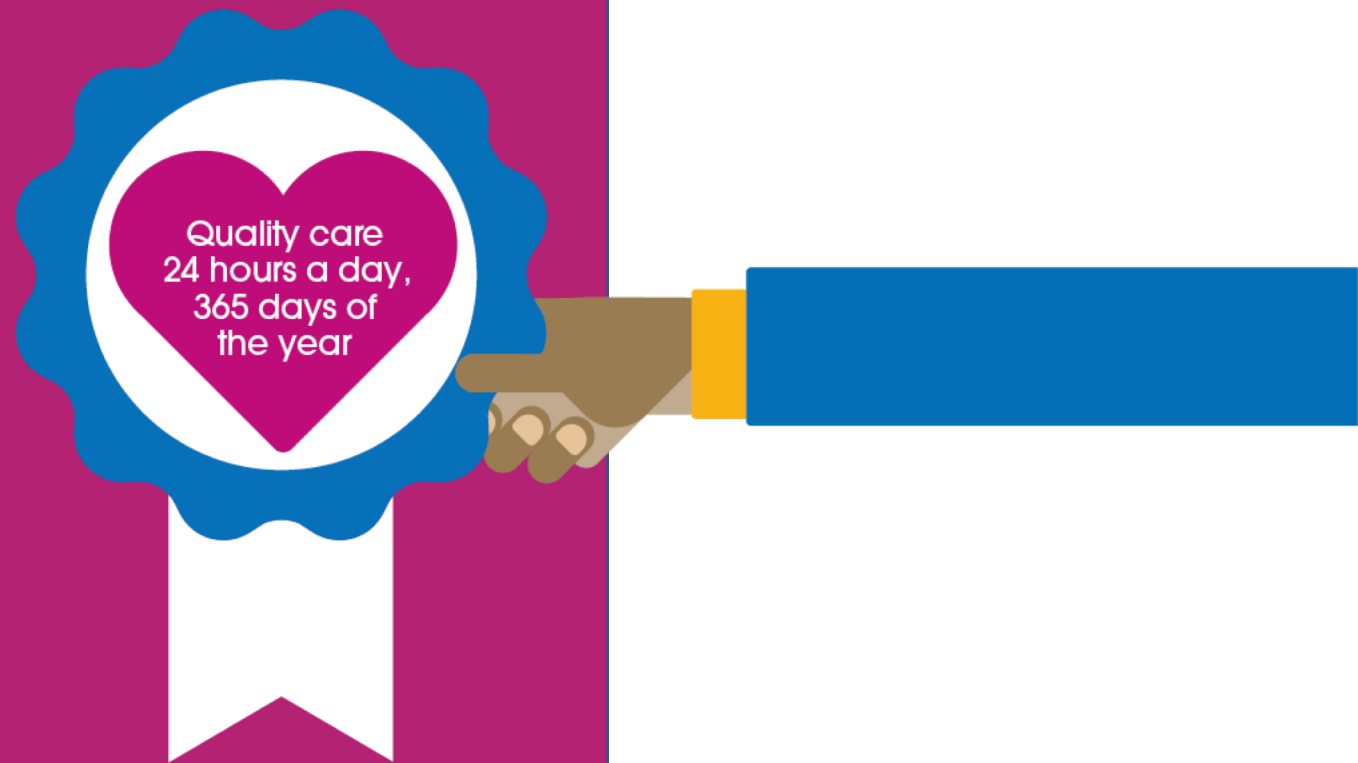
# Finances

The issues with quality and buildings mean we have major financial challenges

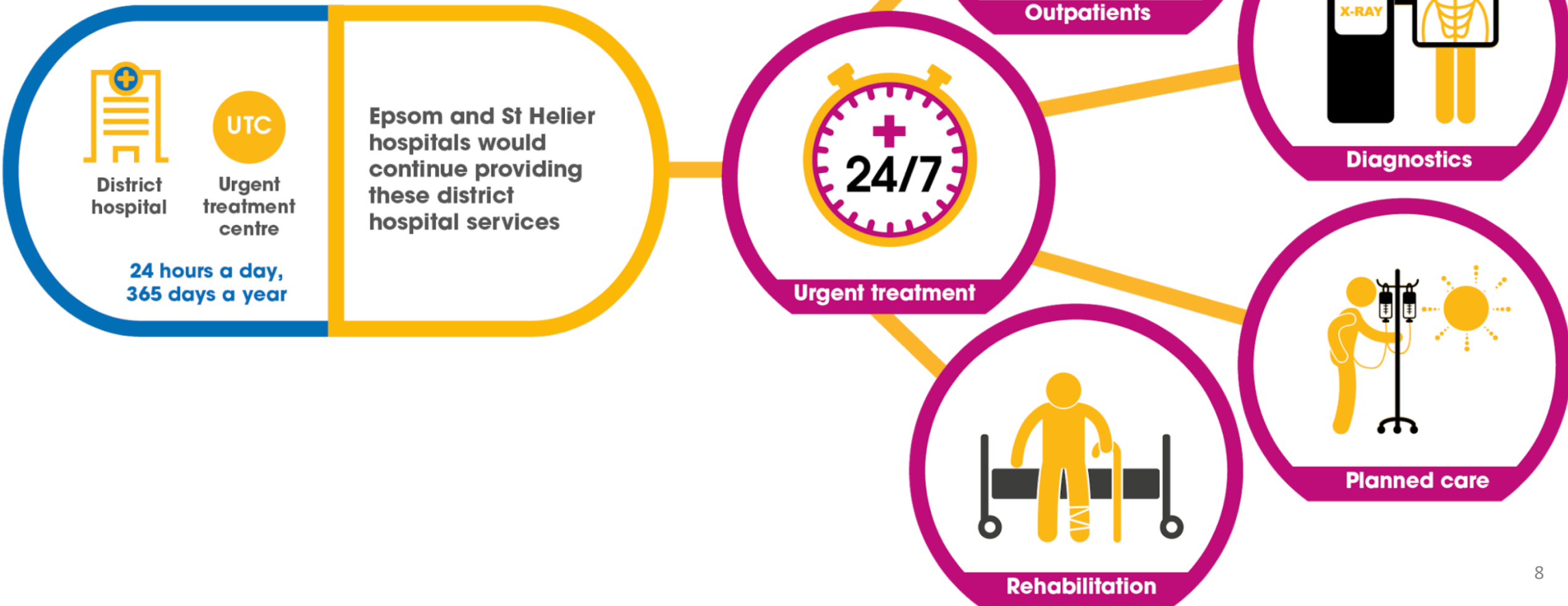
- Our hospitals are spending more than they can afford on temporary staff to protect quality
- Our hospitals are spending more than they can afford on upkeep of old buildings
- If these issues get worse it will get even more difficult to pay for new buildings and run our hospitals safely.



# Our proposed clinical model



# District hospital



# Urgent treatment centres

For everyone who needs immediate care, but not serious enough to need an ambulance

- Treat two out of three people who currently attend A&E
- Open 24 hours a day, every day of the week
- Staffed by doctors and emergency care nurses
- Provide urgent and emergency care for people who make their own way to hospital.



# Specialist care

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



# Examples of what changes would mean

Situation	District hospital	Specialist emergency care hospital
My 11-year-old son has fallen off his bike and has a swollen ankle	 	
My adult sister has an outpatient appointment	 	
My grandma has to have an X-ray	 	
My mum needs to have a day case surgery	 	
My great uncle is recovering from a heart attack and needs to stay in hospital but is now stable	 	
I have a scan booked in with my midwife	 	
My daughter has a leg injury and needs emergency surgery		 
My pregnant sister is having a hospital birth		 
My child is poorly and needs to stay in hospital overnight		 

# Daily planned and unplanned appointments and attendances

**1,965**

in district  
hospitals

**277**

in new specialist  
emergency care hospital



This shows predicted daily patient activity at district and new specialist emergency care hospitals. It does not show number of patients in beds or returning home. All numbers have been rounded up.



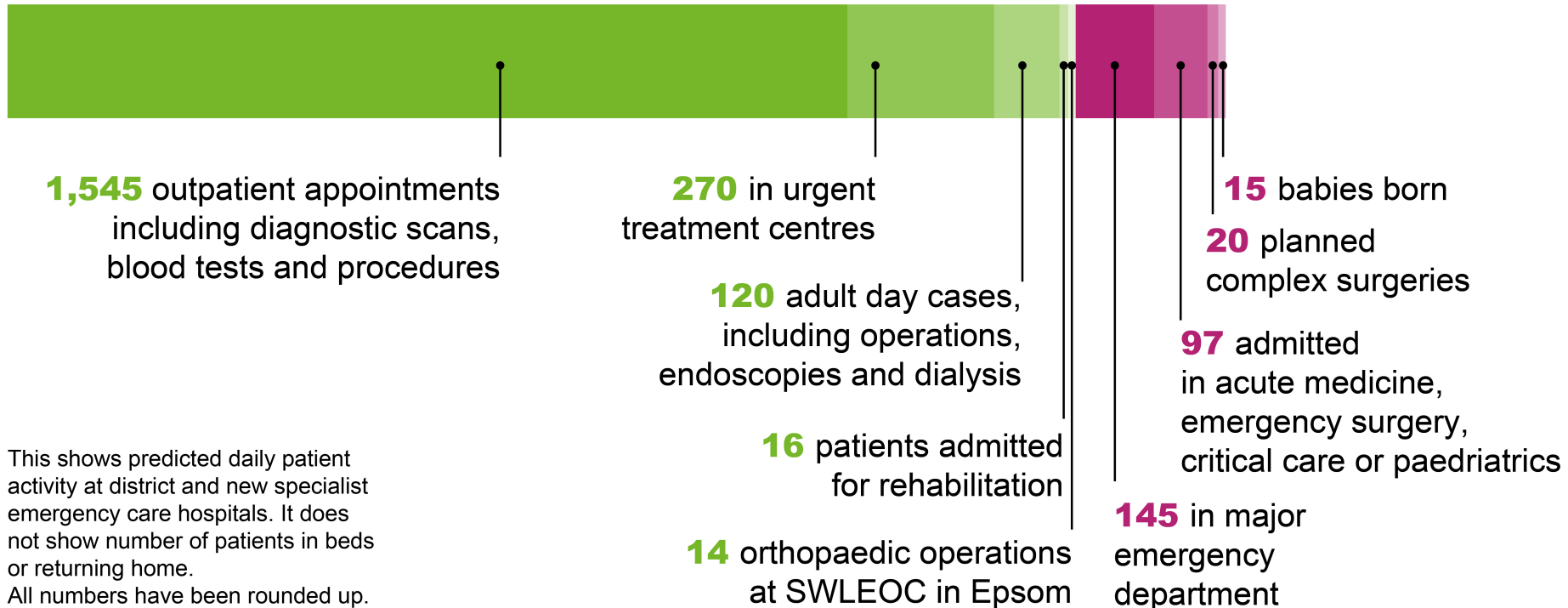
# Daily planned and unplanned appointments and attendances

**1,965**

in district  
hospitals

**277**

in new specialist  
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# Site options



# Our proposed options

We concluded that there are three possible options

**1** Epsom as the site of the specialist emergency care hospital

Epsom Hospital



St Helier Hospital



Sutton Hospital

**2** St Helier as the site of the specialist emergency care hospital



**3** Sutton as the site of the specialist emergency care hospital



# Criteria for assessing the options



## **Quality of care**

Would it improve safety and quality



## **Access, including travel**

What would the effect be on travel and accessibility?



## **Long-term clinical sustainability**

Does it improve access to urgent and emergency care?



## **How easy it is to deliver**

How complex would it be to build and how long would it take?



## **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?



## **Finance**

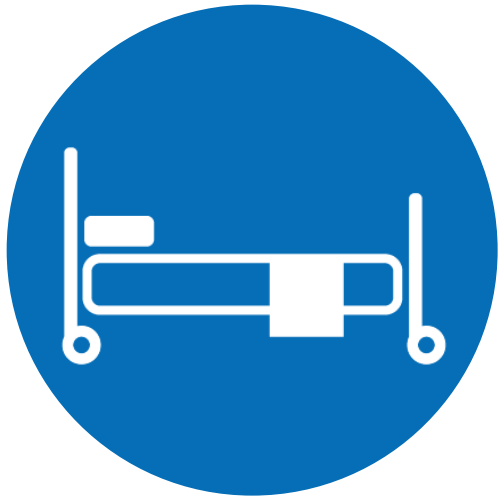
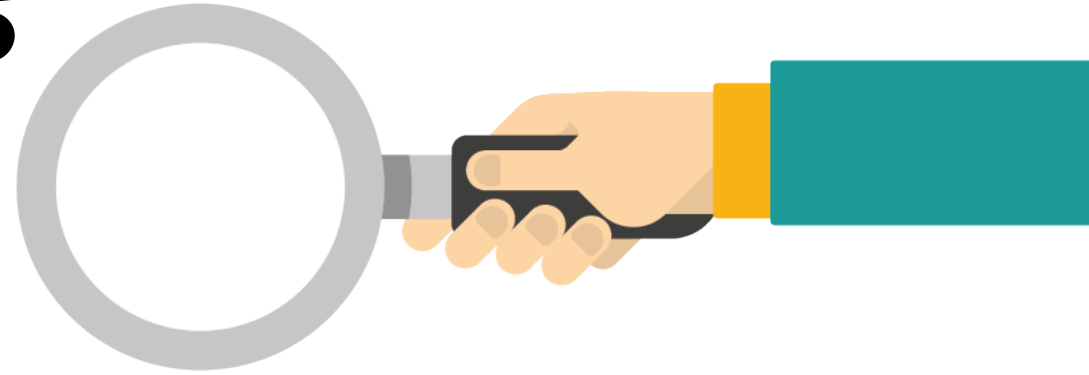
What is the cost to build and the long-term financial benefit to the NHS over 50 years, which is the planned lifetime of hospital buildings?

# Sutton is our preferred option as the site of the specialist emergency care hospital

- **Smallest increase in average travel time.** Fewer local people would have to travel further.
- **Easiest to build.** Would take four years to build.
- **Best value to the taxpayer.** It is the most expensive to build because it has the most new buildings but it keeps the most patients in the area and there are extra benefits of being co-located with the Royal Marsden.
- **All three options can be delivered by the NHS.**



# What does this mean for...



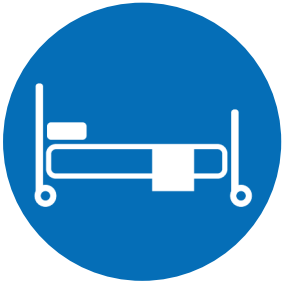
**Bed analysis**



**Travel times**



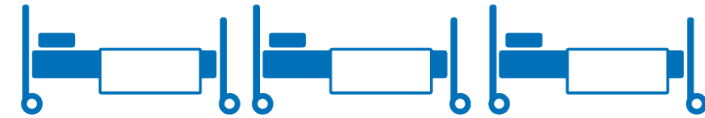
**Other local  
hospitals**



# Bed analysis

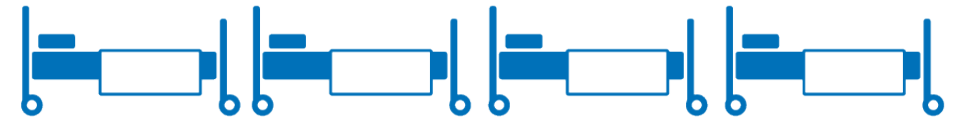
A small increase in the number of beds we have now

- This is based on what we need for our communities and changes in treatment and technology
- The number of beds needed at each hospital will change depending on which option is chosen
- There is much more detail on page 45 of our consultation document.



Epsom and St Helier hospitals have

**1,048 beds**



In the future we have worked out that we will need













**1,052 beds**



# Travel times

Travel times are relatively low and only small differences between options

- 99.7% of patients within Surrey Downs, Sutton and Merton area will be able to access major acute services within 30 minutes by either car or blue light ambulance (based on morning weekday rush hour)
- As all options involve moving major services from two sites to one, some patients will have longer journeys.

	Before any change	If specialist emergency care hospital is located at Epsom	If specialist emergency care hospital is located at St Helier	If specialist emergency care hospital is located at Sutton
Car	 99.7%	 99.7%	 99.2%	 99.7%
Ambulance	 99.7%	 99.7%	 99.7%	 99.7%
Public transport	 68.9%	 49.1%	 53.0%	 58.7%





# Impact on other local hospitals

**We worked closely with five NHS hospital trusts (Kingston, Croydon, St George's, Guildford, and Redhill) and Ambulance Services**

- All indicated that with the right additional support in place, all options are possible for the new specialist emergency care hospital.
- Epsom option has the greatest impact on other local hospitals
- St Helier Hospital option has the second greatest impact on local hospitals
- The Sutton option would have the lowest effect on local hospitals
- There is much more detail on page 41 of our consultation document.





**We want to know what you think**

# Tell us what you think?

**Q1** Our model of care

**Q2** The locations of the specialist emergency care hospital

**Q3** Travel and transport

**Q4** Impact on you and your family

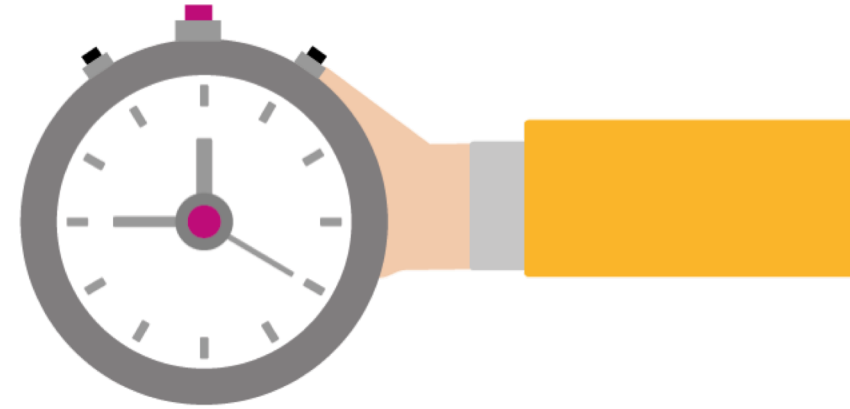
**Q5** Impact on you and your family

**Q6** Other solutions we should consider

# Have your say

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

<b>Email</b>	hello@improvinghealthcaretogether.org.uk
<b>Twitter</b>	@IHTogether
<b>Facebook</b>	@ImprovingHealthcareTogether
<b>Call</b>	02038 800 271
<b>Text</b>	07500 063191
<b>Write to us</b>	Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL



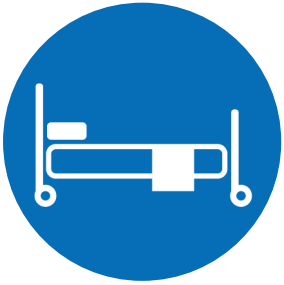
**Consultation  
closes  
1 April 2020**

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**For all the consultation and event information and to fill in the questionnaire:**  
**[www.improvinghealthcaretogether.org.uk/consultation](http://www.improvinghealthcaretogether.org.uk/consultation)**

# Additional slides



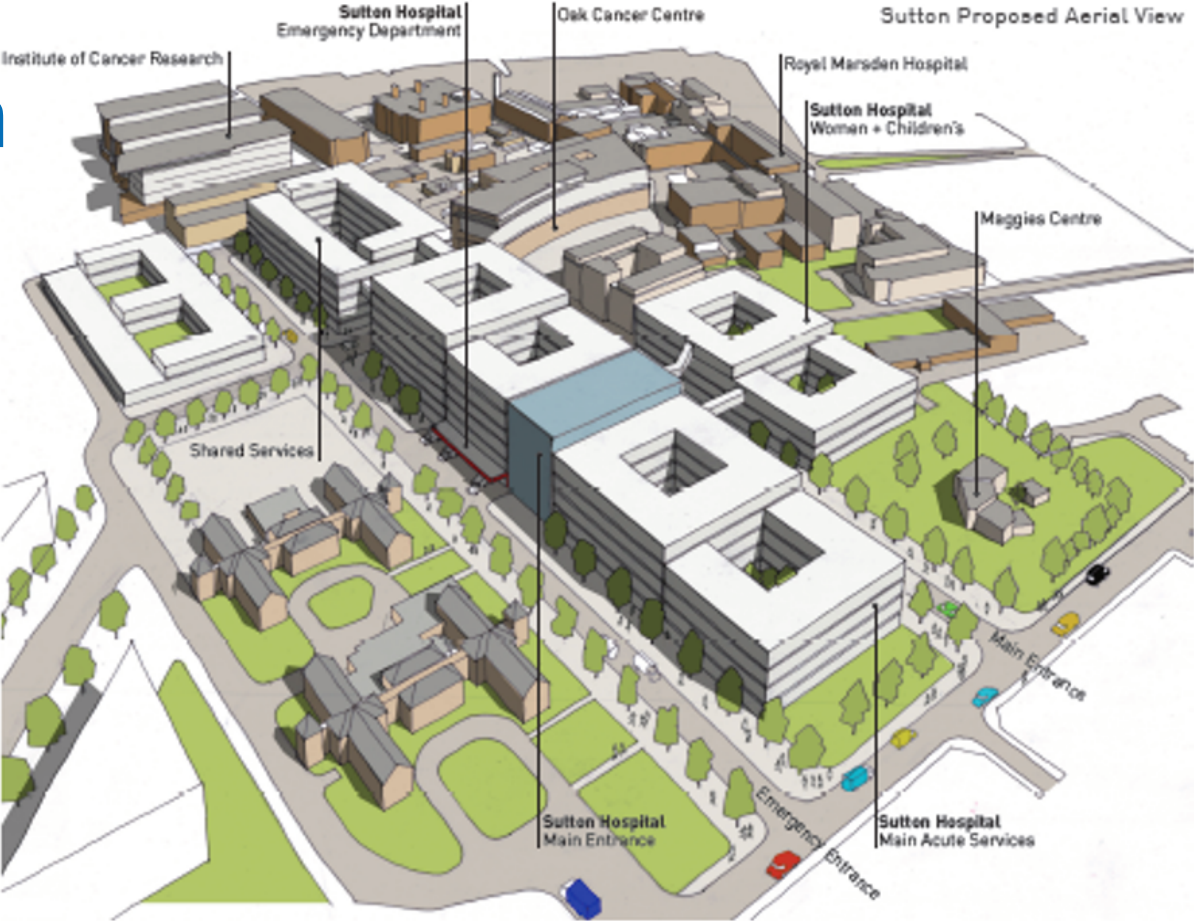
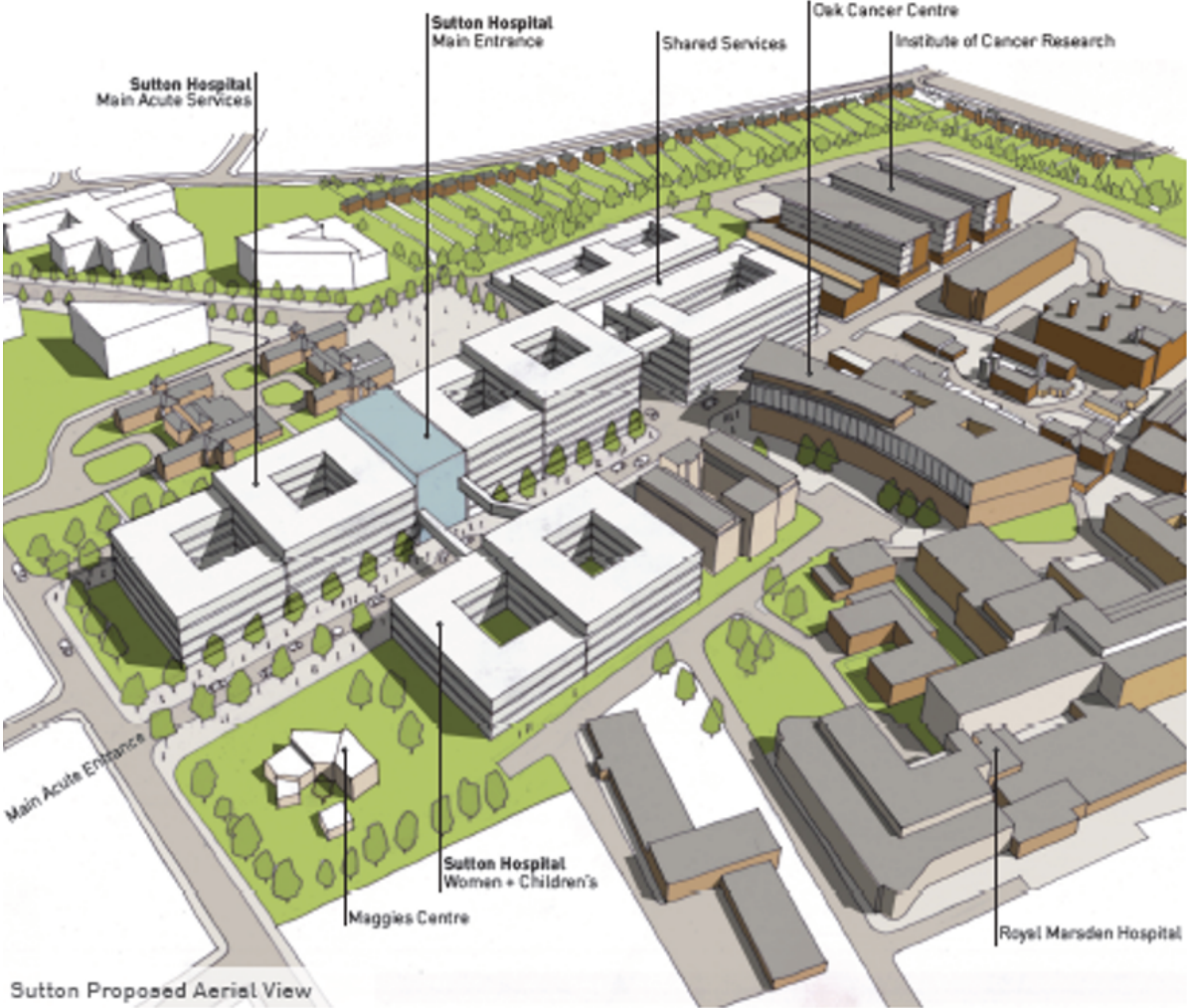


While the total number of beds are expected to be the same across all options, the hospitals where these beds are needed is different by option.

Major acute site	Epsom	St Helier	Sutton	Other providers	Total beds needed for the population
Current beds	454	594	-	-	1,048
Epsom (25/26)	634	213	-	205	1,052
St Helier (25/26)	277	694	-	81	1,052
Sutton (25/26)	285	221	496	50	1,052

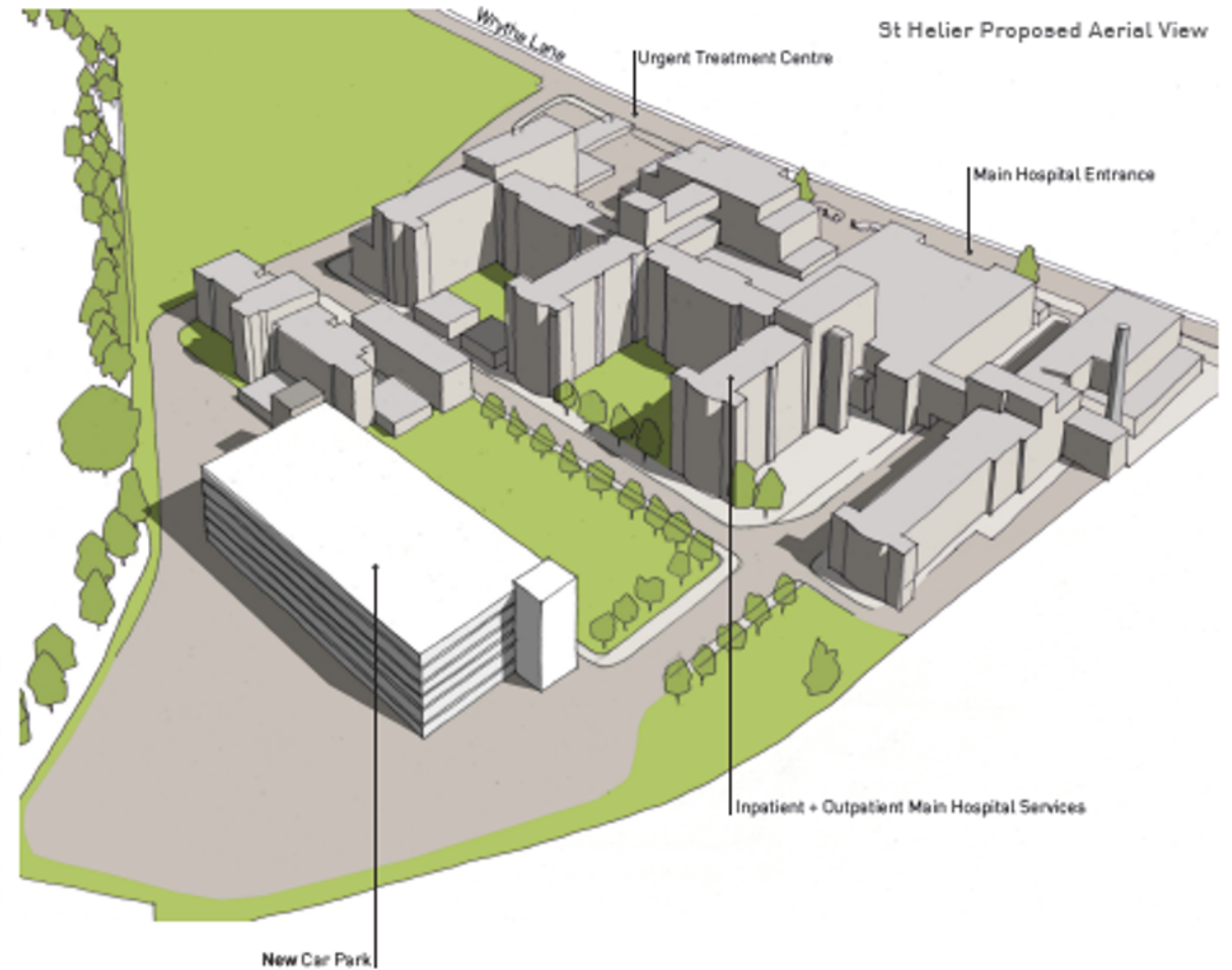
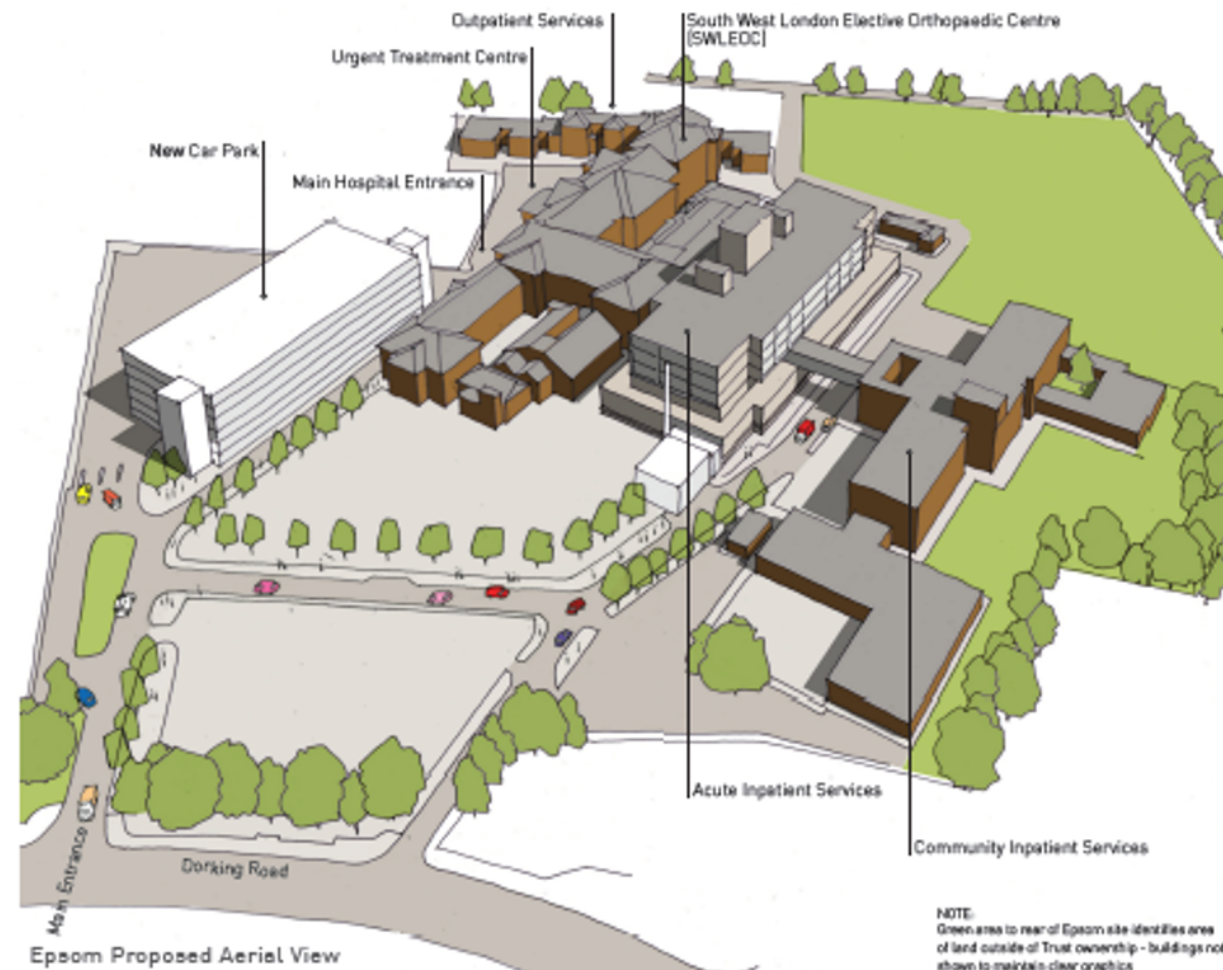


# Specialist emergency care hospital – Sutton site option



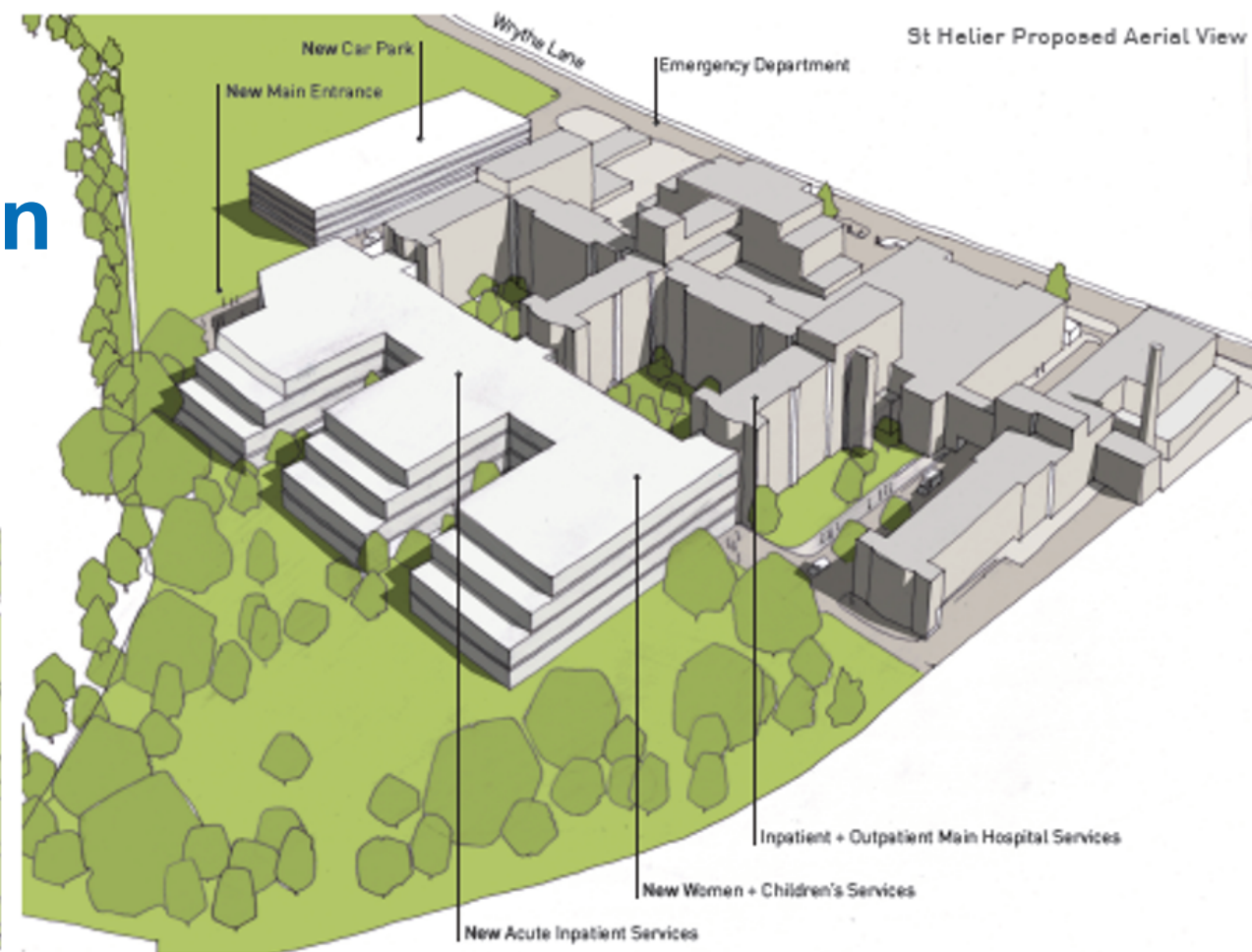
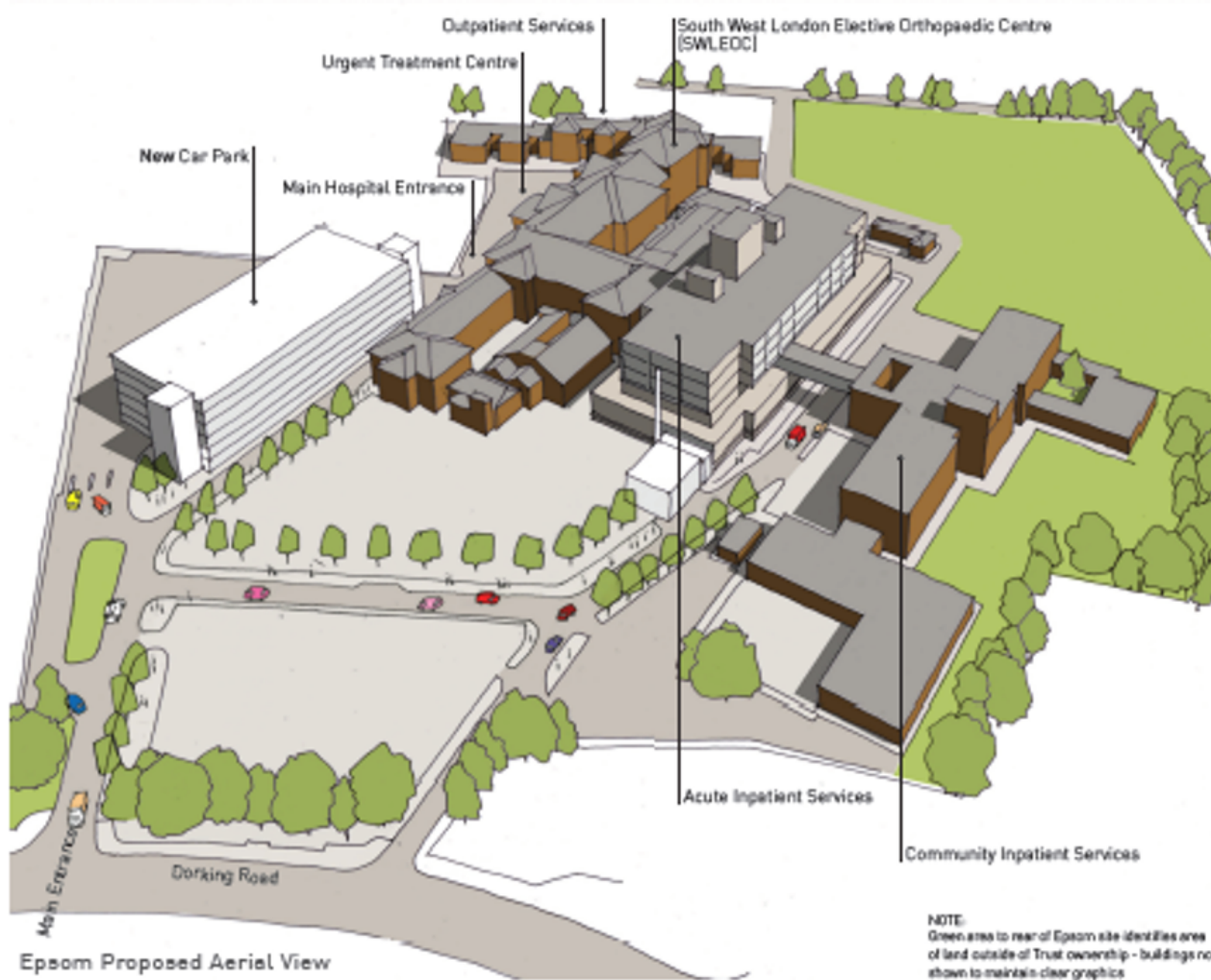


# Epsom and St Helier Hospitals – Sutton site option





# Specialist emergency care hospital – St Helier site option



# Specialist emergency care hospital – Epsom site option

