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----- Original Message -----

From: hello@improvinghealthcaretogether.org.uk

To: "REED, Steve" <

Date: 01 April 2020 at 11:24

Subject: Re: Steve Reed MP consultation response - Improving Healthcare Together 2020-2030 programme.

Dear Steve Reed,

Thank you for your response to the Improving Healthcare Together 2020 to 2030 consultation. This email confirms it receipt.

Kind regards,

The Improving Healthcare Together Programme Team
On 30 March 2020 at 09:23 "REED, Steve" <> wrote:

Dear sir or madam,

Please find below my response to the Improving Healthcare Together 2020-2030 programme consultation.

Sincerely,

Steve Reed OBE MP

Member of Parliament for Croydon North

Steve Reed MP consultation response - Improving Healthcare Together 2020-2030 programme.

I understand that the proposals would include the downgrade St Helier Hospital with all acute services including major A&E, consultant led maternity, acute medicine, critical care, emergency surgery, in-patient paediatrics and children's beds moved to Belmont.

My constituency of Croydon North sits just to the east of St Helier and the loss of 62% of beds is likely to have a high impact on my constituents both through the loss of crucial services there and the increased strain on Croydon University Hospital in my constituency.

No matter what site is chosen, this programme proposes to reduce the Trust's two A&Es to one. Now more than ever we can see that we are in no position to be shrinking our acute health services.

Croydon Residents and Impact on Croydon University Hospital

In the last 3 years, over 12,500 attendances at Epsom and St Helier NHS Trusts's A&Es have been from residents already living in Croydon, including almost 6,000 attendances from Croydon North and Croydon Central who would likely turn to Croydon University Hospital rather than Belmont. Furthermore, residents in the East of Merton, particularly around Pollards Hill and Longthornton, are likely to turn to Croydon University Hospital rather than travel South to Belmont.

The programme's draft Integrated Impact Assessment suggests that there will be a fall in demand at Croydon University Hospital and a lower number of beds required. But with population size

increasing and clear evidence of acute service use by Croydon residents at St Helier Hospital, I believe that the demand at Croydon University Hospital will increase. The hospital is already under immense pressure. Additional pressures could be devastating.

It is vital that the impact that this programme could have on Croydon residents is thoroughly considered so that any decision does not have a detrimental impact on Croydon residents and on Croydon University Hospital.

Health Inequalities

The recently published Marmot review showed that people in poorer areas spend more of their lives in ill health than those in affluent areas and that the more deprived the area, the shorter the life expectancy. However, of the 51 most deprived parts of the Trust's catchment, just 1 is nearest to the Belmont site. Meanwhile, 42 out of the 51 are nearest to St Helier Hospital.

It is vital that these funds address, and do not exacerbate, health inequalities in South London.

Finances

As ever, I fully welcome any new funding for our vital NHS, but these funds must be spend wisely. The capital requirement for the Belmont site is 20% higher than improving St Helier Hospital on its current site.

In fact, the analysis by the programme itself details that the St Helier option has a better return on investment than a new acute site in Belmont.

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Kind regards
Improving Healthcare Together - Programme Team

Kind regards
Improving Healthcare Together - Programme Team

Dear NHS Surrey Downs, Sutton and Merton CCGs,

I am writing to formally respond to the Improving Healthcare Together 2020-2030 consultation in my capacity as local councillor, representing **Figges Marsh** ward in Merton, and to place on the record my objection to your proposal to move all acute services to Belmont.

I warmly welcome the £500m of funding which the Government has allocated to the Epsom & St Helier Hospital Trust, however I am strongly of the view that this money should be spent where it is most needed - at St Helier Hospital on its current site.

Your preferred option, of moving all acute services and the A&E to Belmont and downgrading both St Helier and Epsom hospitals, would have a profoundly negative impact on our local population.

Health inequalities

During the period this consultation has been open, the high-profile Marmot review laid bare the growing health inequalities in this country. It found that life expectancy has flattened for the first time in 100 years. In the most deprived compared to the least deprived areas, men can expect to live 9 years fewer and women 7 years fewer. Data from Epsom and St Helier's A&E attendance proves that the more deprived an area, the higher the reliance on acute hospital services. In short, it is more important than at any time in the past century that health services are located in sites of greatest need.

Of the 51 most deprived Lower Super Output Areas in the trust's catchment, just one is nearest to your chosen site. Meanwhile, 42 out of the 51 are nearest to St Helier Hospital.

Furthermore, rather than comparing deprivation by proximity to each of the three possible sites, the pre-consultation document has compared CCG area, disguising the 76.5 year life expectancy of men in parts of Mitcham compared with the 84.4 year average in Wimbledon Park. Comparing deprivation by CCG area means that areas outside of the catchment of Merton, Sutton and Surrey Downs are not analysed as thoroughly. For example, Epsom and St Helier A&E attendances from Croydon are outside the catchment, and yet larger in number than those from Wimbledon, which is included in the catchment.

Any decision to downgrade St Helier would exacerbate existing health inequalities. Your preferred option will mean moving health services further away from those who need it most - the implications of which will be devastating. In light of this, these funds must be used to address, rather than exacerbate, health inequalities in South West London.

Impact on St Helier

By centralising all acute services in Belmont, St Helier would lose its major A&E, acute medicine, critical care, emergency surgery, maternity services, in-patient paediatrics and children's beds - becoming nothing more than a glorified walk-in centre. It would also lose 62 per cent of beds.

Having spoken to my residents, they reminded me of how much they have relied on St Helier Hospital, particularly for services such as the maternity unit. If these services are removed, the same residents will turn to St George's which has been forced to close a few times due to being at maximum capacity. As well as this, I have residents who attend St Helier Hospital for the kidney unit, which they praise highly for its services.

Impact on nearby providers

Having spoken to constituents and GPs in my local area, I am deeply concerned about the impact that our proposal will have on other nearby providers. Before moving services, it is vital that we recognise who accesses those services and where.

What worries me is your failure to fully consider what centralising all acute services in Belmont will mean for St George's and Croydon University Hospital. Rather than travelling to Belmont, residents tell me they will instead go to St George's or Croydon University Hospitals. St George's A&E is already in the bottom quartile for space standards, and bed occupancy at Croydon University Hospital is already at 99 percent. Imagine the pressure they would be under with even more patients.

When considering the financial implications, the consultation identifies the Net Present Value as the core metric for the evaluation. But this disguises the fact that the Belmont option requires significantly more capital than the St Helier site. In fact, even taking into the estimated impact on other providers, the Belmont site would require 19% more capital, making it a riskier option. What's more, the St Helier option gives a better return on investment at 7.4%.

Money spent on consultations

This consultation was supposed to be a consultation where the panel should have listened to the constituents. It seemed they were more interested in telling constituents what would be done instead of implementing what we wanted.

This has wasted an estimated £50m of taxpayers' money. Of course we don't know the full extent of the cost, because you have deemed it not to be in the public interest, so I can only presume that the sum is far higher. This is indicative of a process which has the outward appearance of openness and transparency but in fact has been nothing but opaque and proved time and again completely unwilling to accept the flaws in its preferred option.

£500,000,000 is what it being offered to build the hospital and to improve the others. What is so alarming is that you only get 4 extra beds for this money.

The hospital should be about supporting the community and the ones who need it the most. This consultation was not thought through - for example, BAME groups were not even specifically consulted and the worst deprived areas were excluded from the analysis.

I hope you will agree that the evidence above strongly suggests that services should be retained at St Helier Hospital, and any available funding used to improve the hospital on its current site. However, given this consultation is being repeated despite the public objection to it on so many previous occasions, I fear the evidence will not be justly taken into account. I hope that I am proved wrong, and that the fairest option for our residents is chosen: that of retaining services at St Helier Hospital.

Yours sincerely

Cllr Agatha Akyigyina OBE

NHS SURREY DOWNS

Dear Sutton and Surrey Sutton and Merton CCGs

I am writing to formally respond to the improving health care to gather 2020/2030. In my capacity of local councillor representing Lower Morden Ward in Merton a place on the record my objection to your proposal to move all acute services to Belmont. I believe that St Helier should retain all those services, because even in your report if you look you can see that St Helier and the area around have the greater demands. I welcome the £500 million of funding from the government. Your preferred option of moving all acute services and the A&E to Belmont, I am of the belief that the money should be spent where it is most needed which I believe is St Helier.

St Helier hospital was built after the development of the St Helier estate for the residents of the estate and neighbouring area so called as you know (St Helier hospital). I was local Councillor for St Helier ward and being there I heard and saw the praise that the residents have for St Helier hospital and the staff that work in it. The population have grown up there and the hospital have been their rescue when their health seemed ready to give up. I have had an operation and St Helier and Epsom got me back to health in good time and one of the reason was that St Helier was within easy reach by public transport, because my wife don't drive but she was able to come and see me every day and that put my mind at rest and I could concentrate on getting better rather than worrying about how she was as I was able to see her.

I hope that you will take the things I have mentioned on board in making your decision and select St Helier and invest the money in it and make it stay where it is.

Thank you

Councillor Stan Anderson

On 01 April 2020 at 14:45 Councillor Laxmi Attawar wrote:

Dear NHS Surrey Downs, Sutton and Merton CCGs,

Re: Consultation to Improving Healthcare together 2020 – 30

I am a ward councillor for Colliers Wood in Merton. I am writing to register my objection to your proposed plans for Epsom and St Helier Hospital Trust. I am very worried the impact your proposals will have for the services my constituents will receive from St Georges Hospital Trust as a result. As there will definitely be adverse consequences!

It is for the reasons below that I feel that your proposals have not been properly considered:

Adverse impact on St Georges Health Trust:

What is alarming to me is your apparent lack of understanding what centralising all acute services in Belmont will mean for neighbouring hospitals like St George's and Croydon University Hospital. Rather than travel to Belmont, I know residents will instead go to St George's or Croydon University Hospitals depending where they live. St George's A&E is already in the bottom quartile for space standards, and bed occupancy at Croydon University Hospital is already at 99 percent. Imagine the pressure they would be under if A&E and acute services etc were taken away from St Helier Hospital. It is therefore imperative that before moving services, one establishes who accesses those services and where. Constituents and GPs in my local area are very worried about the impact the proposals will have on St Georges.

Why justification for downgrading of St Helier Hospital is wrong:

Downgrading St Helier Hospital to no more than a glorified walk-in centre by closing its major A&E, acute services, emergency surgery, maternity services, in-patient paediatrics and children's beds and expected loss of 62% will detrimentally adversely impact the lives of the most deprived part of the constituency who are so dependent on these vital services.

The high-profile Marmot review found in the most deprived compared to the least deprived areas, men can expect to live 9 years fewer and women 7 years fewer. Data from Epsom and St Helier's A&E attendance proves that the more deprived an area, the higher the reliance on acute hospital services. In short, it is more important than at any time in the past century that health services are located in sites of greatest need.

Of the 51 most deprived Lower Super Output Areas in the trust's catchment, just one is nearest to your chosen site. Meanwhile, 42 out of the 51 are nearest to St Helier Hospital.

It is important therefore to compare the deprivation of the areas closest to the three proposed sites as these will be the residents most affected by this decision if NHS is genuinely looking to improve the provision for the most deprived.

Why Public Transport Links is so important:

Both, St Helier Hospital and St George's hospital are well served with good transport links whereas Belmont is not. As the residents of Mitcham and Morden nearest to St Helier are elderly, poorer, less likely to have a car, are heavily reliant on public transport it is paramount that they have a hospital that has good transport links for them to access the medical services they will need. This further demonstrates that not only will it be more difficult for the residents in the more deprived part of Mitcham to access transport to Belmont but will also incur increased travel expenses which they can ill afford. As St George's has better transport links this inevitably will mean that these residents will turn to St George's rather than go to Belmont which will be more difficult to get to - further exacerbating the problems at St Georges.

Financial justification for best site for new hospital - St Helier's Vs Belmont:

When considering the financial implications, the consultation identifies the Net Present Value as the core metric for the evaluation. This ignores the fact that the Belmont option requires significantly more capital than the St Helier site. In fact, even taking into account the estimated impact on other providers, the Belmont site would require 19% more capital, making it a riskier option. What's more, the St Helier option gives a better return on investment at 7.4%.

Belmont requires capital investment of £511m as opposed to £430m for St Helier (or £472m vs £386m if you exclude other providers). So the capital requirements for Belmont are 20% higher!

Finally....

So, rather than wasting tax payers money on endless consultations that go nowhere I urge you not to downgrade St Helier.

It seems that the obvious choice is St Helier on all counts – its cost, its accessibility and will be best placed to serve the people who will need it most.

If anything, the current crisis demonstrates it is vitally important that St Helier Hospital is down-graded is there providing the critical care for the people who need it most and have nowhere to go.

Yours faithfully

Laxmi Attawar

**Laxmi Attawar
Cabinet Members for Women & Equalities
& Councillor for Colliers Wood Ward**

Dear NHS Surrey Downs, Sutton and Merton CCGs,

I am writing to formally respond to the Improving Healthcare Together 2020-2030 consultation in my capacity as local councillor, representing St Helier ward in Merton, and to place on the record my objection to your proposal to move all acute services to Belmont.

I warmly welcome the £500m of funding which the Government has allocated to the Epsom & St Helier Hospital Trust, however I am strongly of the view that this money should be spent where it is most needed - at St Helier Hospital on its current site.

Your preferred option, of moving all acute services and the A&E to Belmont and downgrading both St Helier and Epsom hospitals, would have a profoundly negative impact on our local population.

During the period this consultation has been open, the high-profile Marmot review laid bare the growing health inequalities in this country. Data from Epsom and St Helier's A&E attendance proves that the more deprived an area, the higher the reliance on acute hospital services.

The area around St Helier is poorer, less healthy, has more young families and more elderly people than the area around Belmont or Epsom. In the most deprived areas, children are more likely to face a serious illness during childhood and to have a long-term disability, and men can expect to live 9 years fewer and women 7 years fewer than those in the least deprived areas. In short, it is more important than at any time in the past century that health services are located in sites of greatest need.

Of the 51 most deprived Lower Super Output Areas in the trust's catchment, just one is nearest to your chosen site. Meanwhile, 42 out of the 51 are nearest to St Helier Hospital.

If acute services at St Helier were moved to Belmont or Epsom, you would literally be taking these services from an area of bad health where the services are needed most, to an area of better health where they are needed least, and any decision to downgrade St Helier would exacerbate existing health inequalities. In light of this, these funds must be used to address, rather than exacerbate, health inequalities in South West London.

By centralising all acute services in Belmont, St Helier would lose its major A&E, acute medicine, critical care, emergency surgery, maternity services, in-patient paediatrics and children's beds - becoming nothing more than a glorified walk-in centre. It would also lose 62 per cent of beds.

I am also deeply concerned about the impact that our proposal will have on other nearby providers. Before moving services, it is vital that we recognise who accesses those services and where.

What worries me is your failure to fully consider what centralising all acute services in Belmont will mean for St George's and Croydon University Hospital. Rather than travelling to Belmont, residents tell me they will instead go to St George's or Croydon University Hospitals. St George's A&E is already in the bottom quartile for space standards, and bed

occupancy at Croydon University Hospital is already at 99 percent. Imagine the pressure they would be under with even more patients.

When considering the financial implications, the consultation identifies the Net Present Value as the core metric for the evaluation. But this disguises the fact that the Belmont option requires significantly more capital than the St Helier site. In fact, even taking into the estimated impact on other providers, the Belmont site would require 19% more capital, making it a riskier option. What's more, the St Helier option gives a better return on investment at 7.4%.

Given the discrepancy in wealth when comparing residents of St Helier ward to those near the Sutton Hospital site, it is unsurprising that those using St Helier Hospital are much less likely to own a car. This means that they rely heavily on public transport - and it is far easier to access St Helier Hospital than the proposed Belmont site by public transport.

It is therefore clear that not only are services being moved away from those who are more deprived, and therefore need them the most, but this is doubly damaging given those residents will find it harder to travel to the new site.

I hope you will agree that the evidence above strongly suggests that services should be retained at St Helier Hospital, and any available funding used to improve the hospital on its current site. However, given this consultation is being repeated despite the public objection to it on so many previous occasions, I fear the evidence will not be justly taken into account. I hope that I am proved wrong, and that the fairest option for our residents is chosen: that of retaining services at St Helier Hospital.

Yours sincerely

Councillor Kelly Braund
Labour, St Helier Ward.

On 30 March 2020 at 15:45 Councillor Billy Christie wrote:

Dear NHS Surrey Downs, Sutton and Merton CCGs,

I am writing to formally respond to the Improving Healthcare Together 2020-2030 consultation in my capacity as local councillor, representing **Lavender Fields** ward in the London Borough of Merton, and to place on the record my strong objection to your proposal to move all acute services to Belmont.

I warmly welcome the £500m of funding which the Government has allocated to the Epsom & St Helier Hospital Trust, however I am strongly of the view that this money should be spent where it is most needed - at St Helier Hospital on its current site.

Your preferred option, of moving all acute services and the A&E to Belmont and downgrading both St Helier and Epsom hospitals, would have a profoundly negative impact on our local population.

Health inequalities

During the period this consultation has been open, the high-profile Marmot review has laid bare the growing health inequalities in this country. It found that life expectancy has flattened for the first time in 100 years. In the most deprived areas compared to the least deprived areas, men can expect to live 9 years fewer and women 7 years fewer. Data from Epsom and St Helier's A&E attendance proves that the more deprived an area, the higher the reliance on acute hospital services. In short, it is more important than at any time in the past century that health services are located in sites of greatest need.

Of the 51 most deprived Lower Super Output Areas in the trust's catchment, just one is nearest to your chosen site. Meanwhile, 42 out of the 51 are nearest to St Helier Hospital – including in my own ward of Lavender Fields in Mitcham.

Furthermore, rather than comparing deprivation by proximity to each of the three possible sites, the pre-consultation document has compared CCG area, disguising the 76.5 year life expectancy of men in parts of Mitcham compared with the 84.4 year average in Wimbledon Park. Comparing deprivation by CCG area means that areas outside of the catchment of Merton, Sutton and Surrey Downs are not analysed as thoroughly. For example, Epsom and St Helier A&E attendances from Croydon are outside the catchment, and yet larger in number than those from Wimbledon, which is included in the catchment.

Any decision to downgrade St Helier would exacerbate existing health inequalities. Your preferred option will mean moving health services further away from those who need it most - the implications of which will be devastating. In light of this, these funds must be used to address, rather than exacerbate, health inequalities in South West London.

Impact on St Helier Hospital

By centralising all acute services in Belmont, St Helier would lose its major A&E, acute medicine, critical care, emergency surgery, maternity services, in-patient paediatrics and children's beds - becoming nothing more than a glorified walk-in centre. It would also lose 62 per cent of beds.

It cannot be right that my constituents in Lavender Fields ward, Mitcham – a very deprived area – will see services moved away from them and instead given to the much more affluent communities around Belmont. I understand that health service provision is a zero-sum game, and that one community's gain is another community's loss. But the IHT proposed option would again demonstrate that those with much always get more, whilst those who are in the greatest need lose out.

Impact on nearby providers

Having spoken to constituents and GPs in my local area, I am deeply concerned about the impact that our proposal will have on other nearby providers. Before moving services, it is vital that we recognise who accesses those services and where.

What worries me is your failure to fully consider what centralising all acute services in Belmont will mean for St George's and Croydon University Hospital. Rather than travelling to Belmont, residents tell me they will instead go to St George's or Croydon University Hospitals. St George's A&E is already in the bottom quartile for space standards, and bed occupancy at Croydon University Hospital is already at 99 percent. Imagine the pressure they would be under with even more patients.

When considering the financial implications, the consultation identifies the Net Present Value as the core metric for the evaluation. But this disguises the fact that the Belmont option requires significantly more capital than the St Helier site. In fact, even taking into the estimated impact on other providers, the Belmont site would require 19% more capital, making it a riskier option. What's more, the St Helier option gives a better return on investment at 7.4%.

Finally, I think it is important to mention transport access to the proposed site.

Transport access

Given the discrepancy in wealth when comparing residents of Lavender Fields ward to those near the Sutton Hospital (Belmont) site, it is unsurprising that those using St Helier Hospital are much less likely to own a car. This means that they rely heavily on public transport - and it is far easier to access St Helier Hospital than the proposed Belmont site by public transport. For example, it currently takes up to 30 mins for a resident in Lavender Fields to get to St. Helier Hospital by public transport – but this would rise to 54 mins to get to the Belmont site. This is compared to a 26 minute journey to St. George's, and a 40 minute journey to Croydon University Hospital – once again demonstrating the increased pressure that your plans would put on to those two hospitals by shutting down services at St. Helier.

It is therefore clear that not only are services being moved away from those who are more deprived, and therefore need them the most, but this is doubly damaging given those residents will find it harder to travel to the new site.

I hope you will agree that the evidence above strongly suggests that services should be retained at St Helier Hospital, and any available funding used to improve the hospital on its current site. However, given this consultation is being repeated despite the public objection to it on so many previous occasions, I fear the evidence will not be justly taken into account.

I hope that I am proved wrong, and that the fairest option for our residents is chosen: that of retaining services at St Helier Hospital.

Yours sincerely

Councillor Billy Christie

Labour councillor for Lavender Fields Ward,
London Borough of Merton

On 01 April 2020 at 22:42 Councillor David Chung wrote:

Dear NHS Surrey Downs, Sutton and Merton CCGs,

I am formally respond to the Improving Healthcare Together 2020-2030 consultation in my capacity as local councillor representing Longthornton ward in Merton. I wish to place on the record my objection to your proposal to move all acute services to Belmont.

While I warmly welcome the £500m of funding which the Government has allocated to the Epsom & St Helier Hospital Trust, I am strongly of the view that this money should be spent where it is most needed - at St Helier Hospital on its current site.

Your preferred option, of moving all acute services and the A&E to Belmont and downgrading both St Helier and Epsom hospitals, would have a profoundly negative impact on the local population of Longthornton.

Two things in particular mitigate against the current proposal. Firstly the current proposal would strongly disadvantage the residents of Longthornton in terms of their health, as the high-profile Marmot review confirms. We should be closing the health inequality gap now making it wider. Secondly, given the discrepancy in wealth when comparing residents of Longthornton ward to those near the Sutton Hospital site, it is unsurprising that those using St Helier Hospital are much less likely to own a car. This means that they rely heavily on **public transport** - and it is far easier to access St Helier Hospital than the proposed Belmont site by public transport. Both of these factors are borne out by endless case studies.

It is therefore clear that not only are services being moved away from those who are more deprived, and therefore need them the most, but this is doubly damaging given those residents will find it harder to travel to the new site.

I sincerely hope you will agree that the services should be retained at St Helier Hospital, and any available funding used to improve the hospital on its current site. However, given this consultation is being repeated despite the public objection to it on so many previous occasions, I fear the evidence will not be justly taken into account. I hope that I am proved wrong, and that the fairest option for our residents is chosen: that of retaining services at St Helier Hospital.

Kind regards

Councillor David Chung

Longthornton Ward

On 01 April 2020 at 00:04 Councillor Caroline Cooper-Marbiah wrote:

Dear NHS Surrey Downs, Sutton and Merton CCGs,

I am writing to formally respond to the Improving Healthcare Together 2020-2030 consultation in my capacity as local Councillor, representing Colliers Wood ward in Merton, and to place on the record my objection to your proposal to move all acute services to Belmont.

I warmly welcome the £500m of funding which the Government has allocated to the Epsom & St Helier Hospital Trust, however I am strongly of the view that this money should be spent where it is most needed - at St Helier Hospital on its current site.

Your preferred option, of moving all acute services and the A&E to Belmont and downgrading both St Helier and Epsom hospitals, would have a profoundly negative impact on our local population.

Health inequalities

During the period this consultation has been opened, the high-profile Marmot review laid bare the growing health inequalities in this country. It found that life expectancy has flattened for the first time in 100 years. In the most deprived compared to the least deprived areas, men can expect to live 9 years fewer and women 7 years fewer. Data from Epsom and St Helier's A&E attendance proves that the more deprived an area, the higher the reliance on acute hospital services. In short, it is more important than at any time in the past century that health services are located in sites of greatest need.

Of the 51 most deprived Lower Super Output Areas in the trust's catchment, just one is nearest to your chosen site. Meanwhile, 42 out of the 51 are nearest to St Helier Hospital.

Furthermore, rather than comparing deprivation by proximity to each of the three possible sites, the pre-consultation document has compared CCG area, disguising the 76.5 year life expectancy of men in parts of Mitcham compared with the 84.4 year average in Wimbledon Park. Comparing deprivation by CCG area means that areas outside of the catchment of Merton, Sutton and Surrey Downs are not analysed as thoroughly. For example, Epsom and St Helier A&E attendances from Croydon are outside the catchment, and yet larger in number than those from Wimbledon, which is included in the catchment.

Any decision to downgrade St Helier would exacerbate existing health inequalities. Your preferred option will mean moving health services further away from those who need it most - the implications of which will be devastating. In light of this, these funds must be used to address, rather than exacerbate, health inequalities in South West London.

Financial analysis

When considering the financial implications, the consultation identifies the Net Present Value as the core metric for the evaluation. But this disguises the fact that the Belmont option requires significantly more capital than the St Helier site. In fact, even taking into the estimated impact on other providers, the Belmont site would require 19% more capital,

making it a riskier option. What's more, the St Helier option gives a better return on investment at 7.4%.

Finally, I think it is important to mention that this is not the first time that I have written a response to a consultation about our health services in Epsom & St Helier. Over the years consultation after consultation has been launched, closed then reviewed, only for the decision to be put back again and again.

This has wasted an estimated £50m of taxpayers' money. Of course, we don't know the full extent of the cost, because you have deemed it not to be in the public interest, so I can only presume that the sum is far higher. This is indicative of a process which has the outward appearance of openness and transparency but in fact has been nothing but opaque and proved time and again completely unwilling to accept the flaws in its preferred option.

Yours sincerely

Caroline Cooper-Marbiah
Labour Councillor for Colliers Wood Ward
Cabinet Member for Commerce, Leisure and Culture
Merton Council

Dear NHS Surrey Downs, Sutton and Merton CCGs,

I am writing to formally respond to the Improving Healthcare Together 2020-2030 consultation in my capacity as Local Councillor, representing Graveney Ward in Merton, and to place on the record my objection to your proposal to move all acute services to Belmont.

I warmly welcome the £500m of funding which the Government has allocated to the Epsom & St Helier Hospital Trust, however I am strongly of the view that this money should be spent where it is most needed - at St Helier Hospital on its current site.

Your preferred option, of moving all acute services and the A&E to Belmont and downgrading both St Helier and Epsom hospitals, would have a profoundly negative impact on our local population.

Health inequalities

During the period this consultation has been open, the high-profile Marmot review laid bare the growing health inequalities in this country. It found that life expectancy has flattened for the first time in 100 years. In the most deprived compared to the least deprived areas, men can expect to live 9 years fewer and women 7 years fewer. Data from Epsom and St Helier's A&E attendance proves that the more deprived an area, the higher the reliance on acute hospital services. In short, it is more important than at any time in the past century that health services are located in sites of greatest need.

Of the 51 most deprived Lower Super Output Areas in the trust's catchment, just one is nearest to your chosen site. Meanwhile, 42 out of the 51 are nearest to St Helier Hospital.

Furthermore, rather than comparing deprivation by proximity to each of the three possible sites, the pre-consultation document has compared CCG area, disguising the 76.5 year life expectancy of men in parts of Mitcham compared with the 84.4 year average in Wimbledon Park. Comparing deprivation by CCG area means that areas outside of the catchment of Merton, Sutton and Surrey Downs are not analysed as thoroughly. For example, Epsom and St Helier A&E attendances from Croydon are outside the catchment, and yet larger in number than those from Wimbledon, which is included in the catchment.

It is therefore clear that not only are services being moved away from those who are more deprived, and therefore need them the most, but this is doubly damaging given those residents will find it harder to travel to the new site.

I hope you will agree that the evidence above strongly suggests that services should be retained at St Helier Hospital, and any available funding used to improve the hospital on its current site. However, given this consultation is being repeated despite the public objection to it on so many previous occasions, I fear the evidence will not be justly taken into account. I hope that I am proved wrong, and that the fairest option for our residents is chosen: that of retaining services at St Helier Hospital.

Yours sincerely

Any decision to downgrade St Helier would exacerbate existing health inequalities. Your preferred option will mean moving health services further away from those who need it most - the implications of which will be devastating. In light of this, these funds must be used to address, rather than exacerbate, health inequalities in South West London.

Impact on St Helier

By centralising all acute services in Belmont, St Helier would lose its major A&E, acute medicine, critical care, emergency surgery, maternity services, in-patient paediatrics and children's beds - becoming nothing more than a glorified walk-in centre. It would also lose 62 per cent of b

Residents requiring maternity services would find it very difficult to travel to Belmont when as we are fully aware St Georges and Croydon Hospitals are already overcrowded.

Having spoken to constituents and GPs in my local area, I am deeply concerned about the impact that our proposal will have on other nearby providers. Before moving services, it is vital that we recognise who accesses those services and where.

What worries me is your failure to fully consider what centralising all acute services in Belmont will mean for St George's and Croydon University Hospital. Rather than travelling to Belmont, residents tell me they will instead go to St George's or Croydon University Hospitals. St George's A&E is already in the bottom quartile for space standards, and bed occupancy at Croydon University Hospital is already at 99 percent. Imagine the pressure they would be under with even more patients.

When considering the financial implications, the consultation identifies the Net Present Value as the core metric for the evaluation. But this disguises the fact that the Belmont option requires significantly more capital than the St Helier site. In fact, even taking into the estimated impact on other providers, the Belmont site would require 19% more capital, making it a riskier option. What's more, the St Helier option gives a better return on investment at 7.4%.

It is therefore clear that not only are services being moved away from those who are more deprived, and therefore need them the most, but this is doubly damaging given those residents will find it harder to travel to the new site.

I hope you will agree that the evidence above strongly suggests that services should be retained at St Helier Hospital, and any available funding used to improve the hospital on its current site. However, given this consultation is being repeated despite the public objection to it on so many previous occasions, I fear the evidence will not be justly taken into account. I hope that I am proved wrong, and that the fairest option for our residents is chosen: that of retaining services at St Helier Hospital.

Yours sincerely

**Councillor John DeHaney
Graveney Ward Councillor
London Borough of Merton**

Dear NHS Surrey Downs, Sutton and Merton CCGs,

I am writing to formally respond to the Improving Healthcare Together 2020-2030 consultation in my capacity as Local Councilor, representing **Longthornton** Ward in Merton, and to place on the record my objection to your proposal to move all acute services to Belmont.

I warmly welcome the £500m of funding which the Government has allocated to the Epsom & St Helier Hospital Trust; however I am strongly of the view that this money should be spent where it is most needed - at St Helier Hospital on its current site. There are many factors which I do not believe have been given enough consideration.

Your preferred option, of moving all acute services and the A&E to Belmont and downgrading both St Helier and Epsom hospitals, would have a profoundly negative impact on our local population. If you were to carry out your proposal as above this would destroy the fabric of the areas and in particular St Helier Hospital. I am a qualified nurse who has witnessed and lived through the same proposal in another borough during the mid seventies. The Hospitals no longer exist except for the history books. I can see no practical reason for downgrading St Helier Hospital in order to build a new hospital in Belmont. Downgrading in its true sense really mean demolishing the services at ST Helier Hospital. This is actually your way of ensuring the people of St Helier do not get the service they deserve. As it is now, I and my constituents need to take at least two buses from our Ward to get to St Helier Hospital. Surly you can see the logistics of going to Belmont should you get to apply your plans.

Impact on St Helier

By centralising all acute services in Belmont, St Helier would lose its major A&E, acute medicine, critical care, emergency surgery, maternity services, in-patient paediatrics and children's beds; it would also lose 62 per cent of beds.

Therefore becoming nothing more than a glorified walk-in centre, in other words a district hospital which eventually becomes totally eradicated.

Health inequalities

During the period of this consultation, the high-profile Marmot review laid bare the growing health inequalities in this country. It found that life expectancy has flattened for the first time in 100 years. In the most deprived compared to the least deprived areas, men can expect to live 9 years fewer and women 7 years fewer. Data from Epsom and St Helier's A&E attendance proves that the more deprived an area, the higher the reliance on acute hospital services. In short, it is more important than at any time in the past century that health services are located in sites of greatest need. It is pertinent that we are all going through this Caronavirus and the shortness of beds and facilities which have become paramount. I deplore you to think of the most vulnerable in our borough and act in the interest of the needed, financially and demographically.

Of the 51 most deprived Lower Super Output Areas in the trust's catchment, just one is nearest to your chosen site. Meanwhile, 42 out of the 51 are nearest to St Helier Hospital. Surely the figures speak for themselves.

Furthermore, rather than comparing deprivation by proximity to each of the three possible sites, the pre-consultation document has compared CCG area, disguising the 76.5 year life expectancy of men in parts of Mitcham compared with the 84.4 year average in Wimbledon Park. Comparing deprivation by CCG area means that areas outside of the catchment of Merton, Sutton and Surrey Downs are not analysed as thoroughly. For example, Epsom and St Helier A&E attendances from Croydon are outside the catchment, and yet larger in number than those from Wimbledon, which is included in the catchment. Surely this is an anomaly.

Any decision to downgrade St Helier would exacerbate existing health inequalities. Your preferred option will mean moving health services further away from those who need it most - the implications of which will be devastating. In light of this, these funds must be used to address, rather than exacerbate, health inequalities in South West London.

Personally I had some treatment at Epsom Hospital recently and whilst I would not fault the treatment my journey to and fro was over two hours each way. This is definitely no place for emergency treatment or any life threatening situation.

Impact on nearby providers

Having spoken to constituents and GPs in my local area, I am deeply concerned about the impact that your proposal will have on other nearby providers. Before moving services, it is vital that we recognise who will be accessing these services and from where.

What worries me is your failure to fully consider what centralising all acute services in Belmont will mean for St George's and Croydon University Hospital. Rather than travelling to Belmont, residents tell me they will instead go to St George's or Croydon University Hospitals. St George's A&E is already in the bottom quartile for space standards, and bed occupancy at Croydon University Hospital is already at 99 percent. Imagine the pressure they would be under with even more patients.

When considering the financial implications, the consultation identifies the Net Present Value as the core metric for the evaluation. But this disguises the fact, that the Belmont option requires significantly more capital than the Helier site. In fact, even taking into account the estimated impact on other providers, the Belmont site would require 19% more capital, making it a riskier option. What's more the St Helier option gives a better return on investment at 7.4%.

Finally, we must take into account the monies spent and yet to be spent on consultations.

Money spent on consultations

This is not the first time that I have written a response to a consultation about our health services in Epsom & St Helier. Over the years consultation after consultation has been

launched, closed then reviewed, only for the decision to be put back again and again. Let's stop wasting tax payer's money and be effective.

This has wasted an estimated £50m of taxpayers' money. Of course we don't know the full extent of the cost, because you have deemed it not to be in the public interest, so I can only presume that the sum is far higher. This is indicative of a process which has the outward appearance of openness and transparency but in fact has been nothing but opaque and proved time and again completely unwilling to accept the flaws in its preferred option.

Transport access

Given the discrepancy in wealth when comparing residents of **Longthornton Ward** to those near the Sutton Hospital site, it is unsurprising that those using St Helier Hospital are much less likely to own a car. This means that they rely heavily on public transport - and it is far easier to access St Helier Hospital than the proposed Belmont site by public transport. For example, It is therefore clear that not only are services being moved away from those who are more deprived, and therefore need them the most, but this is doubly damaging given those residents will find it harder to travel to the new site.

I hope you will agree that the evidence above strongly suggests that services should be retained at St Helier Hospital, and any available funding used to improve the hospital on its current site. However, given this consultation is being repeated despite the public objection to it on so many previous occasions, I fear the evidence will not be justly taken into account. I hope that I am proved wrong, and that the fairest option for our residents is chosen: that of retaining services at St Helier Hospital.

Yours sincerely,

Councillor Brenda Fraser
London Borough of Merton
Merton Civic Centre
London Road
Morden SM4 5DX

Sent: Wed, Apr 1, 2020 06:33 PM

Dear NHS Surrey Downs, Sutton and Merton CCGs,

I am writing in my position as a local councillor of Pollards Hill ward in Merton to formally place on the record my objection to the proposals set out in the Improving Healthcare Together consultation. I believe that moving all acute services to a new site in Belmont would be devastating for the residents of my ward, and the local population as a whole.

While I warmly welcome the investment of £500 million in the Epsom and St Helier Trust, your proposals for how this money should be spent would have devastating consequences for our local community. Removing acute services from St Helier and Epsom Hospitals, and moving them to Belmont, would mean taking vital healthcare away from deprived areas which need it the most. It would have a devastating impact on the pressure that local St George's and Croydon University Hospitals are under - the latter of which the residents of my ward particularly rely upon. I firmly believe that this money should be spent where it is most needed: at St Helier Hospital on its current site.

Firstly, St Helier Hospital serves a significantly more deprived population than the area surrounding the proposed site in Belmont - and the more disadvantaged people are, the more they are likely to be in worse health and be more reliant on hospital services. Even when considering the consultation's own analysis and catchment, which excludes many deprived areas that rely on St Helier Hospital, it is clear that the area near St Helier is more deprived than the area near Belmont. Of the 51 Lower Super Output Areas in the Trust's catchment which are classed as most deprived, only one of these is nearest to the Belmont site - in contrast, 42 are nearest to St Helier Hospital. The recent Marmot Review demonstrated that health inequalities over the last ten years have worsened, with those in the most deprived areas expected to live significantly shorter lives (life expectancy is nine years fewer for men and seven years fewer for women) than those in least deprived areas. In light of this, how is it justified to move services away from those who are most deprived and into an area of privilege and wealth? Children in deprived areas are more likely to suffer from a serious disease during childhood, and have a long-term disability, and yet this consultation is proposing removing the in-patient paediatrics and children's beds from our much-needed St Helier Hospital. On top of this, data from Epsom and St Helier Hospital A&E attendance shows that the more deprived an area is, the higher the reliance on A&E services. In the last three years, the 20% of least deprived areas in the catchment had almost half the A&E attendances when compared to the 20% of most deprived areas (819 compared to 1481 attendances). Despite all of this, the consultation is still considering removing the Accident & Emergency departments from the most deprived areas and relocating it to the affluent area of Belmont. Surely, now more than ever, it is vital that we spend what available funding there is on addressing and reducing these inequalities, rather than exacerbating them?

Secondly, the loss of services from St Helier won't just affect patients of St Helier - it will also have a significant knock-on effect on the provision of services at St George's and Croydon University Hospitals. This particularly concerns me as a councillor of Pollards Hill ward: many of my residents currently attend Croydon Hospital, and those who are patients of St Helier have assured me that they will not travel all the way down to the Belmont site, but will instead attend St George's or Croydon. However, St George's A&E is already in the bottom quartile for space standards, and the Care Quality Commission demanded that no other patients be taken on at the hospital. Croydon University has a bed occupancy of 99%, which is far above accepted safety levels. The pressure that these hospitals would be under with even more patients is unimaginable.

Furthermore, the Belmont option is not even the safest financial option. The consultation identifies the Net Present Value as the core metric for the evaluation. However, this disguises the fact that the Belmont option requires significantly more capital than the St Helier site. In fact, even taking into the estimated impact on other providers, the Belmont site would require 19% more capital, making it a riskier option. What's more, the St Helier option gives a better return on investment at 7.4%.

Finally, it is baffling that the consultation is still going ahead given the current crisis caused by the outbreak of COVID-19. Now, more than ever, it is vital that we have as many hospitals and as many beds as possible - not fewer. While your proposals suggest that there will be an increase of four beds compared to the present number - £500 million seems like a high price to pay for four beds - even this is misleading, as it fails to factor the increase in beds that would already result under the current plans for the hospitals. The emergency that the NHS is currently facing has clearly demonstrated the need for more beds, more A&Es, and more intensive care units - and, inevitably, these services will be in even greater demand in more deprived areas, where people are more likely to have underlying conditions and shorter life expectancies.

Surely, given all of the above evidence, the only logical option is to retain services at St Helier Hospital and invest any available funding on its current site. Given £50 million has already been wasted on similar consultations in the past, despite the strong public objection to it, I fear these arguments will not be justly taken into account. However, I hope I am proved wrong, and that the fairest option for our residents is chosen: that of retaining services at St Helier Hospital.

Yours sincerely,

Joan Henry

Councillor in Pollards Hill ward of Merton

Dear NHS Surrey Downs, Sutton and Merton CCGs,

I am writing to formally respond to the Improving Healthcare Together 2020-2030 consultation in my capacity as local councillor, representing Ravensbury ward in Merton, and to place on the record my objection to your proposal to move all acute services to Belmont.

I warmly welcome the £500m of funding which the Government has allocated to the Epsom & St Helier Hospital Trust, however I am strongly of the view that this money should be spent where it is most needed - at St Helier Hospital on its current site.

Your preferred option, of moving all acute services and the A&E to Belmont and downgrading both St Helier and Epsom hospitals, would have a profoundly negative impact on our residents in Ravensbury ward.

Health inequalities

During the period this consultation has been open, the high-profile Marmot review laid bare the growing health inequalities in this country. It found that life expectancy has flattened for the first time in 100 years. In the most deprived compared to the least deprived areas, men can expect to live 9 years fewer and women 7 years fewer. Data from Epsom and St Helier's A&E attendance proves that the more deprived an area, the higher the reliance on acute hospital services. In short, it is more important than at any time in the past century that health services are located in sites of greatest need.

Of the 51 most deprived Lower Super Output Areas in the trust's catchment, just one is nearest to your chosen site. Meanwhile, 42 out of the 51 are nearest to St Helier Hospital.

Furthermore, rather than comparing deprivation by proximity to each of the three possible sites, the pre-consultation document has compared CCG area, disguising the 76.5 year life expectancy of men in parts of Mitcham compared with the 84.4 year average in Wimbledon Park. Comparing deprivation by CCG area means that areas outside of the catchment of Merton, Sutton and Surrey Downs are not analysed as thoroughly. For example, Epsom and St Helier A&E attendances from Croydon are outside the catchment, and yet larger in number than those from Wimbledon, which is included in the catchment.

Any decision to downgrade St Helier would exacerbate existing health inequalities. Your preferred option will mean moving health services further away from those who need it most - the implications of which will be devastating. In light of this, these funds must be used to address, rather than exacerbate, health inequalities in South West London.

Impact on St Helier

By centralising all acute services in Belmont, St Helier would lose its major A&E, acute medicine, critical care, emergency surgery, maternity services, in-patient paediatrics and children's beds - becoming nothing more than a glorified walk-in centre. It would also lose 62 per cent of beds.

Impact on nearby providers

Having spoken to constituents and GPs in my local area, I am deeply concerned about the impact that our proposal will have on other nearby providers. Before moving services, it is vital that we recognise who accesses those services and where.

What worries me is your failure to fully consider what centralising all acute services in Belmont will mean for St George's and Croydon University Hospital. Many of our residents rely on public transport and rather than travel to Belmont, they tell me they will instead go to St George's or Croydon University Hospitals. St George's A&E is already in the bottom quartile for space standards, and bed occupancy at Croydon University Hospital is already at 99 percent. Imagine the pressure they would be under with even more patients.

When considering the financial implications, the consultation identifies the Net Present Value as the core metric for the evaluation. But this disguises the fact that the Belmont option requires significantly more capital than the St Helier site. In fact, even taking into the estimated impact on other providers, the Belmont site would require 19% more capital, making it a riskier option. What's more, the St Helier option gives a better return on investment at 7.4%.

Finally, I think it is important to mention, this is not the first time that I have written a response to a consultation about our health services in Epsom & St Helier. Over the years consultation after consultation has been launched, closed then reviewed, only for the decision to be put back again and again.

This has wasted an estimated £50m of taxpayers' money. Of course we don't know the full extent of the cost, because you have deemed it not to be in the public interest, so I can only presume that the sum is far higher. This is indicative of a process which has the outward appearance of openness and transparency but in fact has been nothing but opaque and proved time and again completely unwilling to accept the flaws in its preferred option.

It is therefore clear that not only are services being moved away from those who are more deprived, and therefore need them the most, but this is doubly damaging given those residents will find it harder to travel to the new site.

I hope you will agree that the evidence above strongly suggests that services should be retained at St Helier Hospital, and any available funding used to improve the hospital on its current site. However, given this consultation is being repeated despite the public objection to it on so many previous occasions, I fear the evidence will not be justly taken into account. I hope that I am proved wrong, and that the fairest option for our residents is chosen: that of retaining services at St Helier Hospital.

Yours sincerely

Councillor Natasha Irons
Ravensbury Ward

From: "King, Stuart"
Subject: St Helier consultation response

Dear Sir/Madam,

The Improving Healthcare Together 2020-2030 programme proposes to downgrade St Helier Hospital by moving all acute services including major A&E, consultant led maternity, acute medicine, critical care, emergency surgery, in-patient paediatrics and children's beds South to Belmont.

That means that St Helier Hospital would lose 62% of beds, which could have a huge impact on residents in nearby Croydon, the borough in which I live and am an elected representative (West Thornton ward). St Helier must remain fully operational and not lose any acute services.

No matter what site is chosen, this programme proposes to reduce the Trust's two A&Es to one. Now more than ever we can see that we are in no position to be shrinking our acute health services.

Croydon Residents and Impact on Croydon University Hospital

In the last 3 years, over 12,500 attendances at Epsom and St Helier NHS Trusts's A&Es have been from residents already living in Croydon, including almost 6,000 attendances from Croydon North and Croydon Central who would likely turn to Croydon University Hospital rather than Belmont. Furthermore, residents in the East of Merton, particularly around Pollards Hill and Longthornton, are likely to turn to Croydon University Hospital rather than travel South to Belmont.

The programme's draft Integrated Impact Assessment suggests that there will be a fall in demand at Croydon University Hospital and a lower number of beds required. But with population size increasing and clear evidence of acute service use by Croydon residents at St Helier Hospital, I believe that the demand at Croydon University Hospital will increase. The hospital is already under immense pressure. Additional pressures could be devastating.

It is vital that the impact that this programme could have on Croydon residents is thoroughly considered so that any decision does not have a detrimental impact on Croydon residents and on Croydon University Hospital. As CUH is located within the ward I represent I feel I have a special interest and additional responsibility to protect the hospital and its interests, which are not served by your proposals.

Health Inequalities

The recently published Marmot review showed that people in poorer areas spend more of their lives in ill health than those in affluent areas and that the more deprived the area, the shorter the life expectancy. However, of the 51 most deprived parts of the Trust's catchment, just 1 is nearest to the Belmont site. Meanwhile, 42 out of the 51 are nearest to St Helier Hospital.

It is vital that these funds address, and do not exacerbate, health inequalities in South London.

Finances

As ever, I wholeheartedly welcome any funding for our treasured NHS. But these funds must be spent wisely. The capital requirement for the Belmont site is 20% higher than improving St Helier Hospital on its current site.

In fact, the analysis by the programme itself details that the St Helier option has a better return on investment than a new acute site in Belmont.

Yours sincerely

Councillor Stuart King

Councillor for West Thornton ward

London Borough of Croydon

From: Councillor Linda Kirby
Date: 28 March 2020 at 17:18
Subject: Response to consultation

Dear NHS Surrey Downs, Sutton and Merton CCGs,

I am responding to your consultation as a local councillor from Graveney Ward in Merton and want to register my opposition to the suggestion to move all acute services & A&E to Belmont.

My local hospital is St George's, which, prior to Coronavirus, was struggling to maintain services and is probably now at breaking point. The loss of St Helier would have enormous impact.

It would also have a huge impact on those they live within St Helier's catchment area and make a nonsense of striving to address health inequality. It can't be right for an area as deprived as St Helier to lose this vital facility to an area where the deprivation score is practically nil.

Many people in the lower income bracket without their own transport, will be relying on public transport, when, currently, they have relatively easy access.

So much money has been wasted on consultations that could have been invested in St Helier.

My preference is that the £500 million should be spent on investing in St Helier, where the need and deprivation are highest.

It's reminiscent of the Mitcham Health Centre debacle, a facility we're still waiting for in an area of high deprivation. Please recognise this needy catchment area and don't let its residents down.

Yours sincerely,

Linda Kirby

Graveney Ward Councillor.

From: Councillor Edith Macauley

Date: 30 March 2020 at 16:21

Subject: RE;- IMPROVING HEALTHCARE TOGETHER 2020-2030 - NHS SURREY DOWNS, SUTTON AND MERTON CCGs

Dear Sir/Madam,

I am writing to you in my capacity as Ward Councillor for Lavender Fields Ward in Mitcham, elected in May, 1998 to serve my community as their Ward Councillor.

I have attended several of your consultation briefings and would like to place on record my objections to your proposals to move all Acute Services to Belmont. I am pleased to hear that the Government has allocated £500 million to the Epsom & St Helier Hospital Trust, however, I do feel that this money should be spent where it is most needed and this should be at the current site St Helier Hospital. Your preferred choice of moving all acute services and the A&E to Belmont and downgrading both St Helier and Epsom Hospitals would no doubt have a negative impact on our local population.

Health Inequalities

A new report (The Marmot Review 10 years on) analysed health inequality, and compared the average health of people living in areas of deprivation, i.e. Lavender Fields Ward in Mitcham, showed clearly that there are vast discrepancies in life expectancy. Men can expect to live 9 years fewer and women 7 years fewer. Despite this, the NHS Improving Together consultation is proposing moving health services away from those in most deprived areas. Obviously any money that is invested in healthcare at this point in time in my opinion should prioritise reducing these inequalities rather than worsening them. Also in most deprived areas, children are more likely to face a serious illness during childhood and this may lead to them having a long term disability. Also in Mitcham, with Black & Ethnic Minority Communities, we are very much aware that majority of these people suffer from Diabetes, Heart Disease, Sickle Cell, Mental Illness and Strokes and this has a great impact on their everyday life. Any decision to downgrade St Helier would exacerbate existing health inequalities. Your preferred option will mean moving health services further away from those who need it most, and the implications would be devastating.

By centralising all acute services in Belmont, St Helier would lose its Major Accident & Emergency, Acute Medicine, Critical Care, Emergency surgery, Maternity services, in-patient paediatrics and children's beds becoming nothing more than a glorified walk-in centre. It would also lose 62 per cent of beds

Taking into account Residents who live in Lavender Fields Ward, this will have a great impact on them, they would instead go to St George's or Croydon, but these hospitals are already under immense pressure. St Georges Hospital already relies on St Helier as its safety valve. Bed occupancy at Croydon Hospital is already at 99 per cent full. Therefore the pressure they would be under with even more patients to deal with.

Having spoken to my Constituents and GPs in the Lavender Fields area, I am deeply concerned about the impact that your proposals will have on other nearby providers. I must state that before moving services, it is vital that we recognise who accesses those services and where.. I must also state that when considering the financial implications, the consultation identifies Net Present Value as the core metric for the evaluation. However, this disguise the fact that the Belmont option requires significantly more capital than the St Helier site.

I must say that this is the first time that I have sent a response to a consultation about our Health Services in Epsom & St Helier. Over the years consultation after consultation has been launched, closed then reviewed, only for the decision to be put back again and again. According to my figures, the consultation process has wasted and estimated £50 million of Taxpayers money over the years. Obviously, I don't know the full extent of the cost, and I can only assume the sum is far higher to the amount which I have quoted.

Finally, I now turn to the issue of one of the most important factors, i.e. transport access. Residents in Lavender Fields area, rely on public transport as most of the people I represent do not own a car. Public transport to St Helier Hospital & St George is much better than to Belmont. It would therefore be very difficult for them to access the new hospital. My estimation is that someone travelling from Lavender Fields, i.e. Bond Road in Mitcham, will take at least 45 minutes to 1 hour to get to the new hospital. If they have a chronic condition, this will have a devastating effect on their mental health and cause more stress and pressure on them before they are able to get to the new hospital.

It is therefore clear that not only re services being moved away from those who are more deprived, and therefore need them the most, but this is doubly damaging given those residents will find it harder to travel to the new site.

In the circumstances, I trust you will agree with me that the evidence which I have indicated above, strongly suggests that services should be retained at St Helier and any available funding used to improve the hospital on its current site.

My very best wishes and I hope you will consider all the points which I have made above.

Councillor Edith Macauley, MBE

LAVENDER FIELDS WARD

Cabinet Member for Voluntary Sector, Partnerships & Community Safety

Councillor Owen Pritchard
Labour Group,
Merton Civic Centre,
London Rd,
Morden.
SM4 5DX

To whomever it may concern,

I am writing this as a submission to the “Improving Healthcare Together” consultation. It relates to the proposed reduction in services at St Helier Hospital and the impact it would have on the residents of the ward, Cricket Green in the London Borough of Merton, that I represent as a Councillor.

Under current proposals, St Helier would lose a large number of clinical capabilities and 38% of its available beds. This would leave St Helier as no more than a shadow of the community hospital it currently is, and so irreparably damage a major part of Merton’s critical social infrastructure. This is not acceptable.

You are proposing moving health services away from our most deprived and poor areas - like the one I represent – despite the fact that the more deprived the area, the higher the reliance on acute hospital services. This seems perverse and is not just a methodological error in your consultation but a philosophical one. New investment should not just improve our critical social infrastructure holistically but prioritize reducing the health inequalities that the majority of my residents are on the wrong side of.

Furthermore, the majority of residents I represent – including the Phipps Bridge housing estate – are heavily reliant on public transport, and so have far better access to St Helier Hospital and St George’s than they do the proposed site in Belmont. A resident on the Phipps Bridge estate can travel on public transport to either St Helier Hospital or St George’s Hospital in 25 minutes, but would take twice as long to travel to the Belmont site. Because of this, they will – if your plans go ahead – instead turn to St George’s and place a further strain on an A&E department that is already in the bottom quartile for space standards. This will have a knock-on impact in terms of clinical service standards for both those who currently use St George’s and those who are currently using St Helier.

Finally, when the financial case you make is so finely balanced – with much evidence suggesting that a capital investment in St Helier would give a better return on investment – I cannot fathom why you are willfully disregarding the needs of the most vulnerable in our society in favor of a scheme that – after squandering £50M worth of money consulting about – you must know is wrong.

Please, do not go ahead with this folly.

Yours faithfully,



Cllr Owen Pritchard
Cricket Green Ward
London Borough Merton

Councillor Geraldine Stanford
134 Ashbourne Road
Mitcham CR4 2BB

Figges Marsh Ward

29th March 2020

Dear NHS Surrey Downs, Sutton and Merton CCGs,

I am writing to formally respond to the Improving Healthcare Together 2020-2030 consultation in my capacity as local councillor, representing Figges Marsh ward in Merton, and to place on the record my objection to your proposal to move all acute services to Belmont.

I welcome the £500m of funding which the Government has allocated to the Epsom & St Helier Hospital Trust, however I am strongly of the view that this money should be spent where it is most needed - at St Helier Hospital on its current site.

Your preferred option, of moving all acute services and the A&E to Belmont and downgrading both St Helier and Epsom hospitals, would have a profoundly negative impact on our local population.

During the period this consultation has been open, the high-profile Marmot review laid bare the growing health inequalities in this country. It found that life expectancy has flattened for the first time in 100 years. Data from Epsom and St Helier's A&E attendance proves that the more deprived an area, the higher the reliance on acute hospital services. In short, it is more important than at any time in the past century that health services are located in sites of greatest need.

Of the 51 most deprived Lower Super Output Areas in the trust's catchment, just one is nearest to your chosen site. Meanwhile, 42 out of the 51 are nearest to St Helier Hospital.

Having spoken to constituents and GPs in my local area, I am deeply concerned about the impact that your proposal will have on other nearby providers. Before moving services, it is vital that we recognise who accesses those services and where.

What worries me is your failure to fully consider what centralising all acute services in Belmont will mean for St George's Hospital. Rather than travelling to Belmont, residents tell me they will instead go to St George's. St George's A&E is already in the bottom quartile for space standards, so imagine the pressure they would be under with even more patients. St Georges has already been under a great deal of pressure with lack of resources following the government's austerity programme for the past 10 years. Now the COVID 19 issue has kicked in, they are on their knees and the situation is becoming desperate. Figges Marsh ward is

adjacent to the boundary with Wandsworth, so is literally a 10/15 minute walk to St Georges., plus has access to several bus routes.

Finally, I think it is important to mention the amount of money spent on these consultations. This is not the first time that I have written a response to a consultation about our health services in Epsom & St Helier. Over the years consultation after consultation has been launched, closed then reviewed, only for the decision to be put back again and again. I am disgusted at the amount of money this consultation has wasted – an estimated £50 million of taxpayer's money. Of course, we don't know the full extent of the cost, because you have deemed it not to be in the public interest, so I can only presume that the sum is far higher. This is indicative of a process which has the outward appearance of openness and transparency, but in fact has been nothing but opaque, and proved time and again completely unwilling to accept the flaws in its preferred option. In particular, your refusal to acknowledge the fact that the data on deprivation shows that the St Helier option would benefit people far better than the Belmont option, which in comparison has very little deprivation, and also doesn't take account of the extra time and costs it will take to access the service.

I hope you will agree that the evidence above strongly suggests that services should be retained at St Helier Hospital, and any available funding used to improve the hospital on its current site. However, given this consultation is being repeated despite the public objection to it on so many previous occasions, I fear the evidence will not be justly taken into account. I hope that I am proved wrong, and that the fairest option for our residents is chosen: that of retaining services at St Helier Hospital.

Yours sincerely

Cllr Geraldine Stanford

On 28 March 2020 at 15:59 Dave Ward wrote:

Dear NHS Surrey Downs, Sutton and Merton CCGs,

I am writing to formally respond to the Improving Healthcare Together 2020-2030 consultation in my capacity as local councillor, representing Colliers Wood ward in Merton, and to place on the record my objection to your proposal to move all acute services to Belmont.

I warmly welcome the £500m of funding which the Government has allocated to the Epsom & St Helier Hospital Trust, however I am strongly of the view that this money should be spent where it is most needed - at St Helier Hospital on its current site.

Your preferred option, of moving all acute services and the A&E to Belmont and downgrading both St Helier and Epsom hospitals, would have a profoundly negative impact on our local population.

Health inequalities

During the period this consultation has been open, the high-profile Marmot review laid bare the growing health inequalities in this country. It found that life expectancy has flattened for the first time in 100 years. In the most deprived compared to the least deprived areas, men can expect to live 9 years fewer and women 7 years fewer. Data from Epsom and St Helier's A&E attendance proves that the more deprived an area, the higher the reliance on acute hospital services. In short, it is more important than at any time in the past century that health services are located in sites of greatest need.

Of the 51 most deprived Lower Super Output Areas in the trust's catchment, just one is nearest to your chosen site. Meanwhile, 42 out of the 51 are nearest to St Helier Hospital.

Furthermore, rather than comparing deprivation by proximity to each of the three possible sites, the pre-consultation document has compared CCG area, disguising the 76.5 year life expectancy of men in parts of Mitcham compared with the 84.4 year average in Wimbledon Park. Comparing deprivation by CCG area means that areas outside of the catchment of Merton, Sutton and Surrey Downs are not analysed as thoroughly. For example, Epsom and St Helier A&E attendances from Croydon are outside the catchment, and yet larger in number than those from Wimbledon, which is included in the catchment.

Any decision to downgrade St Helier would exacerbate existing health inequalities. Your preferred option will mean moving health services further away from those who need it most - the implications of which will be devastating. In light of this, these funds must be used to address, rather than exacerbate, health inequalities in South West London.

Impact on St Helier

By centralising all acute services in Belmont, St Helier would lose its major A&E, acute medicine, critical care, emergency surgery, maternity services, in-patient paediatrics and children's beds - becoming nothing more than a glorified walk-in centre. It would also lose 62 per cent of beds.

Impact on nearby providers

Colliers Wood is of course very close to St George's Hospital and most of the people I represent use St George's far more often than they do St Helier. There is significant concern among residents that the plans to close A&E and other services at St Helier will have a significant detrimental impact on St George's ability to meet local demand. It is likely that many people living in Mitcham, Morden and St Helier would, if the A&E is relocated to Belmont, be more likely to travel to St George's when they need to go to A&E.

Having spoken to many residents of the areas around St Helier hospital, there is little faith in the proposed system where people would attend an urgent treatment centre at St Helier, and then, if their condition warrants it, be transferred to the A&E at Belmont. It seems far more likely that residents would attend either Croydon or St George's A&E safe in the knowledge that, if their condition does require A&E services, that they are already at a hospital which provides that.

Having spoken to constituents and GPs in my local area, I am deeply concerned about the impact that our proposal will have on nearby providers. Before moving services, it is vital that we recognise who accesses those services and where.

St George's A&E is already in the bottom quartile for space standards, and bed occupancy at Croydon University Hospital is already at 99 percent. Imagine the pressure they would be under with even more patients.

When considering the financial implications, the consultation identifies the Net Present Value as the core metric for the evaluation. But this disguises the fact that the Belmont option requires significantly more capital than the St Helier site. In fact, even taking into the estimated impact on other providers, the Belmont site would require 19% more capital, making it a riskier option. What's more, the St Helier option gives a better return on investment at 7.4%.

Money spent on consultations

This is not the first time that I have written a response to a consultation about our health services in Epsom & St Helier. Over the years consolation after consultation has been launched, closed then reviewed, only for the decision to be put back again and again.

This has wasted at least £50m of taxpayers' money. Of course we don't know the full extent of the cost, because you have deemed it not to be in the public interest, so I can only presume that the actual sum is far higher. This is indicative of a process which has the outward appearance of openness and transparency but in fact has been nothing but opaque and proved time and again completely unwilling to accept the flaws in its preferred option.

I hope you will agree that the evidence above strongly supports services being retained at St Helier Hospital, and any available funding used to improve the hospital on its current site.

Residents across Merton, especially in the areas around St Helier hospital, are sick and tired of their local hospital being constantly threatened with closure, over and over again throughout the past 20 years. During this time, due to underfunding and poor management, the services, buildings and infrastructure there have been allowed to deteriorate to the extent that your own consultation documents uses evidence of poor performance and buildings at St Helier as a justification for moving services away from the site. Had you been committed to the long-term future of services at St Helier over the last 20 years, these problems could have been tackled.

I'm afraid that it seems to me, and many residents in Merton, that this has been a quite deliberate strategy aimed at closing the local hospital which serves so many of the most deprived communities in the area.

I therefore urge you to decide on the fairest option for our residents, that of retaining services at St Helier Hospital.

Yours sincerely

Councillor Dave Ward
Collier Wood Ward
London Borough of Merton

On 31 March 2020 at 23:37 Councillor Martin Whelton wrote:

Dear NHS Surrey Downs, Sutton and Merton CCGs,

As the Merton Council cabinet member for regeneration, housing and transport and a councillor for the Pollards Hill ward since 2002, I am writing to formally object to acute services being moved to Belmont.

Whilst I welcome the long overdue funding of £500m to build a new acute hospital, I am firmly of the view that it should be provided in the area of greatest health need which is St Helier and on its current site.

The current proposal would adversely impact on my own ward of Pollards Hill, currently Croydon University Hospital is the nearest accident and emergency hospital which is already an overstretched hospital with a 99% bed occupancy rate and the numbers would only grow if the accident and emergency was in Belmont.

Health inequalities

My own ward of Pollards Hill also contains the area in Merton with the highest level of deprivation in the borough. The recent Marmot review into health inequalities showed life expectancy flattening and the huge difference in life expectancy between the most deprived areas and the least deprived which showed men can expect to live 9 years fewer and women 7 years fewer. Data from Epsom and St Helier's A&E attendance proves that the more deprived an area, the higher the reliance on acute hospital services. This is why it is vitally important that health services are located in the area of greatest need.

Of the 51 most deprived Lower Super Output Areas in the trust's catchment, just one is nearest to your chosen site. Meanwhile, 42 out of the 51 are nearest to St Heller Hospital.

The choice you have made would undoubtedly exacerbate existing health inequalities by moving health services further away from those who need it most - the implications of which will be devastating. Reducing health inequalities in South West London should be a priority which unfortunately little weight has been attached in the recommendation within this report.

Impact on nearby providers

Currently the main GP surgeries in my ward is at Wide Way with Tamworth House on Manor Road also serving a large number of constituents.

Many residents are currently referred for operations at St Helier Hospital, due to the distance Belmont is from my area they will choose to use St George's or Croydon University Hospital thus putting greater pressure on their services. Already we see this at St George's in terms of space standards but also the bed occupancy rate at Croydon University Hospital which is currently running at capacity.

Transport access

I also have considerable concerns about transport access to Belmont. From Pollards Hill, journey times would be lengthened as it currently requires two buses to reach the hospital taking at least 53 minutes which involves two buses and a train journey or 3 buses. This will cause accessibility problems for those who have mobility issues but also those on low income who rely on public transport. Parts of my ward also have low levels of car ownership and travelling by public transport is a necessity.

The proposed location of the hospital is also in an area with limited numbers of bus services compared to St Helier and much poorer public transport accessibility. Having also grown up near Belmont, I know only too well the limited public transport in the area where car ownership levels are high.

To conclude, it is my firm belief that services should be retained at St Helier Hospital, with the funding used to rebuild the hospital on its current site as was approved by government in 2009. The best option for my residents is that the acute hospital is located on the current site in the area of greatest health need.

Yours sincerely

Martin Whelton
Labour and Co-operative councillor for Pollards Hill
Cabinet member for Regeneration, Housing and Transport