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## Letter from Epsom and St Helier University Hospitals NHS Trust Leadership Team

We support investing £500 million in both Epsom and St Helier hospitals and the proposal to build a new specialist emergency care hospital on one of our three sites - Epsom, St Helier or Sutton.

Our patients deserve the best care - delivered in new and refurbished hospitals. In all of the proposals under consultation 85% of patients will continue to receive the care as they do now, from their local hospital in refurbished buildings. Some of us have been involved in a video sharing just how many services will continue to be provided at both Epsom and St Helier hospitals. You can watch the video on [www.improvinghealthcaretogether.org.uk/consultation/watch-the-videos](http://www.improvinghealthcaretogether.org.uk/consultation/watch-the-videos) which shows that both hospitals would be open 24 hours a day, 365 days a year, with urgent treatment centres at each hospital.

We support bringing together specialist staff across both hospitals into one larger team to care for our sickest patients in the specialist emergency care hospital and to support local care in our district sites. This is essential as we do not have enough specialist staff in key services such as A&E and emergency medicine. When you are seriously ill and come into hospital we want you to be treated by the most senior doctors, consultants, in the evenings and at weekends. This does not always happen now and it means we are not meeting national quality standards and some of our patients are not getting the best care possible.

Our local Clinical Commissioning Groups in Sutton, Merton and Surrey Downs are leading a formal public consultation which is due to conclude on 1 April 2020 on the site of the specialist emergency care hospital and our proposed district services at Epsom and St Helier. The Clinical Commissioning Groups have been clear in all of the consultation materials and presentations that the specialist emergency care hospital could be located at Epsom, St Helier or Sutton hospital and have been very open in saying that currently their preferred option is for it to be located at Sutton.

We also think that the specialist emergency care hospital should be built at Sutton because it would:

- mean we had three urgent treatment centres
- be located with Royal Marsden improving care for Epsom and St Helier cancer patients,

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- be the easiest and quickest to build,
- keep the biggest percentage of our catchment able to use our specialist emergency care hospital, and be the best value for the taxpayer.

Please have your say in this public consultation at [www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk) or call 02038 800 271. We need to make sure we secure this £500 million investment to our NHS locally.

Signed

Nicola Bell  
Assistant Director of Learning and Organisational Development

Dr Richard Bogle  
Director of Medical Education

Lucy Botting  
Director of Sutton Health and Care

Colin Cadwallader  
Associate Director Estates and Facilities (Operations)

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Divisional Director of Operations - Medicine

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Joint Medical Director and Deputy Chief Executive

Dr John Clark  
Divisional Medical Director - Cancer and Clinical Services

Anne Davies  
Chief Pharmacist

Peter Davies  
Director of Corporate Services

Dr Vipul Desilva  
Consultant Nephrologist/Caldicott Guardian/ICCIO

Claire Dibble  
Head of Transformation

Helen Dighton  
Divisional General Manager - Surgery, Critical Care, Theatres and Anaesthetics

Jill Down

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Mr Stephen Harsum  
Clinical Director - Head and Neck

Dr Amir Hassan  
Clinical Director - A & E

Kathryn Hughes  
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Richard Hughes  
Divisional Director of Nursing for Planned Care

Abigail Hull  
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Undergraduate Medical Sub Dean

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Lead Doctor, Infection Control

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Director - South West London Elective Orthopaedic Centre

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Director of Integrated Care

Julie Scrivens

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