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From: Ruth Knox

To: "hello@improvinghealthcaretogether.org.uk"

Date: 01 April 2020 at 14:31

Subject: Public Consultation on Improving Healthcare Together

Sent on behalf of the Merton Liberal Democrat Group:

“To whom it may concern”,

Please find below the response of the Merton Liberal Democrats to the Public Consultation by NHS Surrey Downs Commissioning Group, NHS Sutton Clinical Commissioning Group and NHS Merton Clinical Commissioning Group Improving Healthcare Together. We are elected representatives of the people of Merton and are concerned that this Public Consultation is continuing during this National Crisis brought about by the Coronavirus COVID-19. This Crisis is impacting on every part of our lives and our strong view is that the Clinical Commissioning Group could/should suspend the Public Consultation until we are through this Crisis. The benefits of doing so would be twofold: firstly it would allow for cancelled public consultation events to take place virtually; and, secondly, it would allow learning from the handling of the current COVID-19 pandemic response to be fed into future design decisions.

## **Merton Liberal Democrats**

### **Merton Liberal Democrats - Response to the Improving Healthcare Together consultation for Epsom and St Helier**

#### **Overview**

Merton Liberal Democrats have taken a view based on the best interests of Merton residents, the evidence available for the scheme prior to the current Covid19 pandemic and the feedback we have had from residents in our own wards and across Merton. However, in light of the current Covid19 pandemic response and the impact this is having on all services, our strong view is that this consultation period should be extended. Firstly to allow for cancelled public consultations to take place via virtual means; and secondly to allow the impact of a pandemic to be fully factored into future decisions, particularly around decisions regarding acute services provision – their location – and the number and type of beds needed.

With the above provisos regarding consultation and the current Covid19 crisis in mind, overall we believe:

1) There is a clear case to retain all services at the St Helier site and improve it considerably by retaining 100% of the investment and housing the new acute care centre there.

2) That the plans themselves need to be assessed in more detail against the needs of the wider area, including neighbouring CCGs. Particularly if moving acute services could inadvertently put pressure on neighbouring CCGs and neighbouring acute services. And, in light of findings from any reviews of how the response to Covid19 impacted on primary care, acute and step down services.

3) That whatever the outcome there needs to be a commitment to reviewing the success of the new scheme and mitigating any issues that arise, including how future pandemics would be managed and catered for.

### **Merton Lib Dems' preferred option – Retain services and invest in St Helier**

It is made clear in the consultation that the preferred option is to create a new hospital for acute services in Sutton.

The other two options are to have the emergency unit at Epsom or St Helier hospitals and all three options involve moving acute services from two sites to one.

It is the preferred option of Merton Liberal Democrats that acute services should be located at St Helier. Merton residents already live in a borough with no hospital of its own and have lost our only GP walk in centre in the last few years.

Merton residents are rightly concerned at moving these services further from where they live and from where they will need to access them, their experiences during the current Covid19 response will be a vital input to plans for the future.

We understand the case for bringing together acute services but strongly urge that those services are located on the St Helier site to better serve the residents of Merton and the surrounding area.

If services are moved from St Helier, it is likely that more Merton residents will turn to St George's, where the Accident & Emergency is already in the bottom quartile for space standards and where the hospital is itself in need of further capital investment that is not yet forthcoming. In other cases residents could turn to Croydon University Hospital, where bed occupancy is already high and staffing shortages have recently been flagged up by the CQC. We therefore urge for a thorough consideration of the effects on all local and neighbouring acute and step down services during the Covid19 pandemic response to ensure lessons learned are factored into any decisions made.

### **Bringing services together**

We accept the need to bring together specialist doctors and healthcare staff, which has been a trend in emergency care for some time, particularly if it improves round the clock care at evenings and weekends.

The most unwell patients must be able to get a fast diagnosis and start treatment more quickly to speed-up their recovery. However, this cannot just become another unmet promise but must underpin services going forward for all residents (see below).

There will be important lessons learned and best practice coming out of the nation's response to Covid19 and these must be considered ahead of any final decisions being made.

### **Potential issues with the proposed Sutton site**

In the event the Sutton site goes ahead, we believe that it would require a number of mitigating measures to be put in place, not least negotiation with TfL and transport providers to dramatically improve transport links to and from the site.

These include:

1. Improved transport infrastructure to cut journey times, particularly on public transport.
2. Sufficient support for some of the most vulnerable and their families to get to and from the hospital, particularly for longer stays.
3. The need for more planned investment in St George's hospital and Croydon University hospital to improve services there and support any new users (See below).
4. No hospital parking charges for families and patients at the new site. Because of poor transport links many residents will want to use their cars to visit family, they should not be penalised because the site has been moved.
5. Guarantees around disabled access to and from the site, including ensuring the free parking described above.

### **Impact on neighbouring CCGs**

This programme of works could potentially impact negatively on one or more other CCGs and hospitals. We believe that full consideration should be given to the potential impact of patients, who understandably will follow the easiest route to alternative services when services are removed, rather than following new geographically imposed solutions by individual CCGs.

Merton Lib Dems will be looking for St George's Hospital in particular to have a full role both in the consultation and subsequent implementation of any agreed plan.

In our view Integrated Care Plans should be just that – integrated - and should have much greater involvement from the local councils involved, including Merton.

London Borough of Merton should be tied into the decision making and crucially to the accountability for the design and delivery of the Integrated Care Plan. Everyone should be working together to come up with local solutions – and moving away from

CCG silo working. That should include the council stepping up to the plate, coming up with solutions and taking responsibility.

### **Trust in the community**

When this was first announced many residents were excited that St Helier was to finally get the investment in its buildings and services that it so desperately needs.

Over the years there have been many promises from successive governments about the future of St Helier and at times it has seemed like the future of the hospital itself could be under threat.

The proposals to move acute services out of the St Helier site are another blow to the trust of many in the local community, who want to see the best for their local hospital. If this new round of investment is to be successful in rebuilding trust, the NHS partners involved must be completely transparent about what is being spent where and what that investment is designed to do over the longer term.

This transparency should start with the cost of the consultation itself and where money has been spent to reach all of the communities that will be affected by these changes, whether or not they currently use St Helier regularly.

There have been too many broken promises already and this should be used as an opportunity to rebuild trust with the local community.

### **Reviewing the evidence**

There needs to be a commitment to reviewing the success of the new scheme and mitigating any of issues that might arise, including the impact on primary care, acute and step down services experienced through the Covid19 pandemic response.

This is important because we are living through unprecedented times and have no previous experience of dealing with a public health emergency on this scale before. Whilst a highly unusual occurrence, scientific advice indicates that this could happen again, sooner rather than later. It was made clear at the Merton council scrutiny committee meeting on 9th January that this is a new model that has been developed specifically to serve this community. That means that the practical learning available to inform this model is not from a like for like service, so this is an ideal opportunity for new evidence to be assessed as the service develops.

### **The consultation**

Given the impact of Covid19, not all planned face to face consultation events have taken place. The public's experiences during the pandemic response is vital information that should inform decisions. We therefore urge that a series of virtual public consultations be organised to capture the public's experiences and ideas for future design decisions. It would also be helpful to extend this to NHS staff who will also have an invaluable insider's view. This is a once in lifetime opportunity to make the right design decisions based on lived experience.

## **Conclusion**

Merton Lib Dems welcome this investment, we understand the drive to bring acute services together, and we believe those services should be retained at St Helier. However, this is predicated on the results of any review of the current handling of the Covid19 pandemic response confirming that bringing services together in one place is still the best solution.

We believe that the consultation should be used as an opportunity to widen the evidence base, particularly given the current Covid19 pandemic response, including getting specific input from neighbouring CCGs and local authorities, and to lock in a process of continuous review of this new model of acute care for the area. We also want to see decisions influenced by views of front line staff involved in the Covid19 response.

We are also concerned that this consultation and the subsequent plans are used as a way to build trust with the local community and do not further erode the relationship between the CCG and residents.