

From: Chris Grayling  
To: "hello@improvinghealthcaretogether.org.uk"  
Date: 29 June 2020 12:05  
Subject: IHT meeting

I am writing to urge the meeting on the future of the Epsom and St Helier trust to delay taking decisions at the upcoming meetings, and to do more detailed work on the project as a result of the Covid-19 pandemic.

I have several concerns about the plan to take a decision at this moment in time, and believe that the pandemic and the likely consequences of it have significantly weakened the assumptions on which provisional decisions have been taken.

There are a number of issues that the meeting needs to address.

Firstly, there is now not sufficient funding available to guarantee that the project can go ahead at Sutton. By contrast, the Trust can almost certainly still afford to build at Epsom and still fulfil the clinical model and also make some provision for potential additional capacity following the pandemic. The expectation in the construction industry today is that costs will rise by as much as 20% following the pandemic. Unless a fully workable vaccine is found for the virus, some degree of social distancing will remain necessary for the time being and this must be factored into the projected costings. Construction at Epsom remains the lowest cost option for the Trust and remains the best value for money for the Trust itself. The Trust cannot take on an additional financial commitment without any guarantee of being able to deliver the project at Sutton. On the basis of the current situation, Epsom is the only affordable option for it, and its Board have a fiduciary duty to only move forward with an affordable option.

Secondly, the main reason that Sutton was recommended over Epsom was because of the whole system impact of building at Epsom – that London hospitals would need extra capacity as well because of future patient flows. However the IHT team has now done modelling based on needing an extra 20% of beds to provide capacity to deal with a future pandemic. This is sensible. However it is also likely that additional investment will be required at the London teaching hospitals for the same reason. This should mean an overall increase in the system's capacity, and therefore reduce the system impact of a decision to build at Epsom. If spare capacity has to be built at St George's anyway, following the pandemic, and this capacity would be available for normal use in normal times, there is no reason for the cost of this extra capacity to be included in the IHT project plan.

Thirdly, we have not yet seen the full impact of understood the full consequences of the pandemic. Taking a decision on site at this moment in time would exclude any re-evaluation of what is planned before that impact is fully known and would, in my view, expose the project to considerable and unnecessary legal risk.

Fourthly, the project has inevitably not taken into account the dramatic move towards online healthcare support that has appeared during the pandemic, which is likely to significantly change the way that the NHS works. This should also be done before a major reorganisation of the local system is confirmed.

Finally, the public consultation did not give a clear mandate to build at Sutton, and the analysis of it only showed a marginal preference following a pretty intense campaign by the NHS leadership to sell its preference.

In a nutshell, there is a question mark about the money being enough, which is likely to mean that Epsom really is the best value option and potentially only affordable option for the Trust itself, and a lot of additional work needs to be done before a final decision can be taken anyway.

Best wishes  
Chris Grayling

Rt Hon Chris Grayling MP  
Member of Parliament for Epsom and Ewell