

**Improving Healthcare Together 2020 to 2030**  
**Pre-submitted questions received from the public for the Committees in Common**  
**2<sup>nd</sup> July 2020**

**1. Process for considering the questions**

All questions received will be clustered by theme. The Committees in Common Convenor will select a question from each cluster that is most representative of the issues. Only one question would be selected from any individual or on behalf of any organisation to allow the consideration of as many questions as possible within the time allocated.

Please note we will not consider questions which:

- Are illegal, improper, frivolous or offensive
- Will, if answered, disclose confidential or exempt information
- Relate to a matter or issue of a purely personal concern to the individual asking the question or their family members; and
- Are excessively lengthy.

**2. Questions from members of the public**

In order to protect personal data we have not published the names, addresses or other personal information of those members of the public who have submitted questions. Where this has meant that the question is no longer intelligible then it has not been published.

**Table 1:** Questions received from members of the public

1.	In the event of another epidemic, what advantages for public health, patients and medical staff will result from locating what would be the only Intensive Care and Ventilator beds available in the Epsom area in the heart of a major Cancer Hospital which cares for immune suppressed patients, under the proposal you are considering tonight?
2.	<p>In the Joint Clinical Senate Review of the Improving Healthcare Together 2020-2030 PreConsultation Business Case, for Surrey Downs, Sutton and Merton CCGs 27.03.19 the Senate included this recommendation. Have the projections been reviewed and published, now up to 2029/30?</p> <p>“R10. Review the projections for future emergency department activity. Without demand management measures, a 1.2-1.3% annual increase in A&amp;E attendances is projected, with an 8.8% increase over the six years 2019/20 – 2025/26. This is significantly less than national trends in recent years, where there was a 2.0% increase in attendances from 2015/16 to 2016/17 (against a 0.8% population growth in England), and 22% increase in attendances over the nine years 2007/8 to 2016/176.”</p>

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From Keep Our St Helier Hospital:

Simon Stevens CE of NHS England, The BMA, The Royal College of Emergency Medicine, The Kings Fund and many others have frequently said that we need more acute and general hospital beds not less; and that far too many have been closed in recent years. Simon Stevens repeated that at the start of the covid crisis.

<https://www.theguardian.com/society/2019/jun/19/hospital-bed-cutbacks-have-gone-too-far-nhs-england-boss-simon-stevens-says>

According to the KINGS Fund the number of hospital beds for general and acute care has fallen by 34 per cent since 1987/88.

<https://www.kingsfund.org.uk/publications/nhs-hospital-bed-numbers>

We have fewer hospital beds and fewer doctors per capita than most developed countries. We have many fewer Intensive Care and Ventilator beds too. The dire consequences of this chronic shortage have been highlighted by the Corona Virus Crisis.

3.

Great Britain has suffered more deaths from Covid 19 per capita than most other countries in the world.

Thousands have died in care homes and in their own homes, untreated and uncared for having been discharged from hospital or never admitted.

Care home provision was previously problematical and is certain to decrease as a result of Covid 19. Care workers are likely to be fewer in number too. This will increase pressure on acute and general hospital beds.

The population in the area is set to rise by 25% by 2030 and people are living longer with more complex health needs.

How can you possibly justify cutting the number of beds from the current 790 acute and critical care beds available at Epsom and St Helier Hospitals to a scandalously low 387 when it is clear to all that this will result in longer waits for A&E, even higher bed occupancy levels, a huge increase in patient harm and many more than the already high number of excess avoidable deaths?

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4.

Will you be able to ensure that patients being discharged who require follow up by physiotherapy in any area from which patients may be admitted will be booked for support before they are discharged?

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Will there be enough beds between the new proposed hospital and St. Helier and Epsom Hospitals for patients leaving the new hospital and others recovering from every day operations and treatments?

5.

It is good to hear that the original NHS bus service from Epsom Hospital to St. Helier Hospital will be extended to Leatherhead. Can it please also be extended to Fetcham and Bookham which is in the area of the Epsom & St. Helier NHS Hospital Trust? Can there be better travel arrangements to the new proposed hospital in Sutton if not by the NHS bus service?

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6. Why would you move the acute services, eg a&e, maternity unit etc, to Belmont when the area surrounding St Helier hospital is a very densely populated residential area? Many of these people are on low income or are disadvantaged and would find it very difficult and costly to get to Belmont for treatment. Surely the original purpose of building the hospital in its current position was BECAUSE of the amount of local people that would be needing it. It does not make any sense whatsoever to move these units out of the area, unless of course you're going to pay for taxis to get them to hospital as and when they need to go?
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7. The recent Public Health England report revealed the disproportionate impact that coronavirus is having on BAME communities. In light of this, and given that 64 of the 66 areas across the catchment with the highest proportion of BAME residents are nearest to St Helier Hospital, why does the programme still propose moving acute services away from St Helier, why has just 5 pages of analysis been completed to assess the impact of coronavirus on this programme, and why does this analysis not once mention the impact on BAME communities?
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8. With proposed hollowing out of acute services at St Helier, which serves a highly populated area, what measures are being taken to minimise the impact on patients who do not have access or funds to private vehicles, to ensure they can visit the required services by public transport with the same ease that is the currently the case with St Helier.
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9. So why aren't we who live in Fetcham and Bookham (Little and Great) not considered good enough to have a direct bus service to and from the proposed Acute hospital at Sutton? Please don't overlook it that a new direct bus service will also help people using the next door Royal Marsden.
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**From GMB Union:**

10. The coronavirus pandemic has brought into sharp focus the vital importance of intensive care, A&E and other acute hospital services. We need more critical care beds, more consultant doctors and more local acute hospitals, not less. There have been over 65,000 deaths and further peaks and further pandemics are anticipated. Is not the IHT consultation process void, given the pandemic? In the alternative, should not the process be put on hold for the foreseeable future until we know what we are dealing with?
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**From Cllr Anthony Fairclough, Dundonald Ward, Merton:**

11. How has the business case taken into account the impact of Covid-19 on the healthcare needs of the area?
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**From a Cheam resident:**

12. Have you taken into consideration any lessons learned from the COVID 19 Virus pandemic?  
Will your proposals lead to an increase in public spending on the NHS?  
Will your proposals reduce the existing facilities at St Helier and Epsom hospitals?  
Will existing facilities at St Helier and Epsom continue until a new hospital is built?
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13. How would the region served currently by E&SH hospital cope in the event of a future Virus (of the kind currently existing: C19)? Channel Four News focussed closely on the E&SH ICU managed during the worst of the crisis in March\April, the coverage was overwhelmingly positive about the life saving service being provided. See Inside an ICU, Channel Four. In the plans ahead, the ICU would cease to exist and the hospitals be radically downsized and more like 'cottage' hospitals, so would this not put the local population at greater risk?

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Please rethink and reconsider your decision to shut St. Helier Hospital. It will have a profound impact on all in our community with a lack of A&E services and everyone will flock to St George's instead which is already struggling and far too busy from my experience.

14. As a black, female 30-year old woman who has lived in London for 10 years I am so disappointed as it feels like we are going backwards. When Black Lives Matter is critical and something we should all be supporting, you choose to move hospitals like this from a deprived to an affluent area. Does this make sense to you, do you think this is fair especially given the impact that COVID-19 has had on black and ethnic minorities?"

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15. I am a local retired nurse. Before taking a monumental decision on whether to adopt any of the three "Improving Healthcare Together" options, which will affect the health outcomes for all in our and surrounding communities, will the committee please answer how it can make such an important decision without knowing the full extent of the affects COVID 19 has had on the health of people? From people surviving the severe affects of the Coronavirus to those who delay seeking medical help and had operations and other procedures cancelled? Also regarding expenditure and the fact that we, as a country, are now bankrupt from the coronavirus could you give absolute clarity on where the £511 million investment is coming from and what are the terms under which this money is procured?

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**From a Merton resident:**

16. In light of the population growing locally, and with a pandemic that has highlighted how ill equipped this country is in regards to it's National Health Service (with many hospitals downgraded or closed and around half the amount of Hospital beds in this country removed in the last 30 years or so), how can you possibly push forward with these destructive plans that would cut our services even further.

Has there been any modelling done to look at the external pressures of other surround A&E departments if St Helier and Epsom were to close, and replaced by one A&E unit at the Marsden hospital?

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17. Before taking a decision on whether to adopt any of the three "Improving Healthcare Together" options, will the Committee please provide the following frequently requested and still awaited information:
- Peer-reviewed independent evidence to prove that centralising all the acute facilities currently provided at Epsom and St Helier Hospitals at a single location further away from most people, with fewer beds and fewer staff will improve the overall healthcare of the affected population.
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18. £51 million is being invested in this project. The money is a loan and I would like to know more about the terms and conditions of the loan. Also, are these likely to have changed as a result of the Pandemic's detrimental effect on the economy? At one of the public engagement meetings we were told that the loan would be paid back at a rate of 3.5% which we were told was a good deal since the usual rate for this type of loan was more likely to be 5 - 7%. Is this still so?
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