

## Q1 Our model of care (or new way of working)

Our proposal is to keep most services at their present hospitals in refurbished buildings, and bring together six core (main) services for the most unwell patients, those who need more specialist care, and births in hospital, onto one site in a state-of-the-art new specialist emergency care hospital.

In the table below, please tick a box to tell us how good or poor you think this proposal would be for people living in the Surrey Downs, Sutton and Merton area.

It is a very poor solution
<input checked="" type="checkbox"/>

Please give the reasons for your answer in the space below.

There is a prima facie case for the solution identified being against the interests of local people; particularly at this time.

The local authority has commissioned independent advice on the question and would wish to engage the NHS in further discussion on the issues raised: in particular the advice that lower cost options should be more fully considered at this stage.

The conclusions to that advice were:

### Clinical:

7.1 The objectives being pursued, of defining the best healthcare as compliance with “London” clinical quality standards are unrealistic and restrictive. The CCGs also prejudge the issue of reconfiguration and whether this is really the answer to London’s problems or more particularly the clinical issues in Merton, Sutton and Surrey Downs.

7.2 The preferred option is promoted without properly discussing the potential benefits of other more modest, realistic options.

7.3 There is a major risk that plans will not adequately provide for the increased demand expected in future years and that assumptions that major reductions in beds can be achieved will not be borne out in reality. This has been the case over the last twenty years. Various assumptions that the development of out of hospital care could substitute for hospital beds have remained unproven to the extent claimed. NB Better Healthcare Closer to Home (BHCH) claimed in 2003 up to 50% cuts in activity were possible.

7.4 There is a further major risk that the solution promoted to overcome current staffing problems will not succeed, and that the national and London wide staffing issues will transfer into the new improved premises – or be displaced to elsewhere in SW London.

7.5 There is a real risk that by offering the opportunity for further sub-specialisation (see Impact assessment) and the development of specialised services at Sutton that the focus of services will shift towards the interests of clinicians and not the interests of patients needing generalist services and skills.

7.6 There is a prima facie case that the proposed reductions in A&E catchment areas incorporated in plans for the preferred option (16%), reductions in consultant staff available (69wte), middle ranking and junior medical staff (73wte), qualified nurses (33%) and in access to major acute beds (452 beds) are not in the interests of local health services.

#### **Financial/Economic**

7.7 The options appraisal does not offer a proper consideration of lower cost options, including Business as Usual (BAU), a do –minimum option and retention of just the two existing sites, with either one as the centralised facility.

7.8 The benefits of the 3-site “centralised” option appear mis-stated and misleading. Further scrutiny and assurance is required. It appears costs are merely being shifted to other trusts in SW London who will face the additional operational costs and problems of the shift in patient flows being directed away from St Helier and Epsom sites.

7.9 Claims that the resulting three site configuration will be cheaper, more efficient and will solve staffing problems appear unrealistic and overoptimistic.

7.10 The risks of the proposals have not been quantified in the financial analysis

7.11 There is a significant risk that cost overruns in the main project at Sutton would “crowd out” the viability and investment funds available at the other sites and resources available to invest in out of hospital services

#### **Access**

7.12 The proposed preferred option is worse than BAU or any option retaining services at two sites. It is significantly worse for those relying on public transport and in deprived groups.

7.13 The weighting given to access issues and transport issues appears small in the overall weighting in the Multi criteria analysis.

7.14 LB Merton may wish to consider undertaking its own research on the importance of access to services for local people.

#### **Process**

7.15 The public consultation seems to have been initiated too soon before issues relating to the options considered and the impact assessment were fully understood and agreed.

7.16 Important information on assurance and on the supporting detail to the proposals is missing at time of public consultation.

7.17 There is still time for shortfalls in the process to be corrected but it is unlikely that the flaws in the process will be corrected in the absence of a fuller, balanced, and detailed evaluation and discussion.

7.18 There is a major risk that the NHS will proceed to DMBC with the proposals substantially the same without any further opportunity for stakeholders to be consulted and to influence the decision.

## **Q2 The location of the specialist emergency care hospital**

### **Q2a Sutton Hospital as our preferred location**

In the table below, please tick a box to tell us how good or poor you think building the new specialist emergency care hospital on the Sutton Hospital site would be for people living in the Surrey Downs, Sutton and Merton area.

<b>It is a very poor solution</b>
<input checked="" type="checkbox"/>

It is an inferior location to the existing location of services for local people in Merton and overall for the peoples over the whole area compared to lower cost options designed to address staffing issues and estates issues at lower cost.

These lower cost options need to be considered in more detail prior to the re-presentation of plans.

### **Q2b St Helier Hospital as the location of the new specialist emergency care hospital**

### **Q2c Epsom Hospital as the location of the new specialist emergency care hospital**

LB Merton has not responded to these options as we feel it inappropriate until such time as the case for centralisation has been more firmly established. More facilities made available for local people more accessibly is attractive but only if plans are realistic, affordable and not at the expense of staff, other localities, and patients generally.

## **Q3 What would help improve transport and travel?**

### **What would improve public transport and travel to the new specialist emergency care hospital for any of the three options?**

The obvious answer to the question is for access to be at least as good as the current situation for most people requiring public transport, and the most disadvantaged in particular. Given the investment of £500m an improvement would be beneficial and persuasive.

The evidence from the impact assessment is that all options would be a deterioration compared to the status quo requiring patients to travel to other hospitals outside of the boroughs and face longer and more time consuming journeys.

## **Q4 How would our proposals affect you and your family?**

**If you think any of our proposals would affect you, your family or other people you know, either positively or negatively, please tell us why you think this using the space below.**

The potentially adverse consequences of these plans may be to divert scarce resources into expensive facilities at the expense of staff and services based more locally and accessibly.

The plans are likely not to address the general staffing problems and may paradoxically make them worse by creating an overcrowded difficult to manage, complex configuration. We would prefer more obvious solutions to be more vigorously pursued.

We also refer you to the qualitative responses in our survey for some of the ways residents in Merton believe the proposals would impact them.

#### **Q5 What else should we consider?**

**Please use the space below to tell us about anything else you think we should consider when deciding the best option for specialist emergency care hospital for people living in the Surrey Downs, Sutton and Merton area.**

By framing the question as it is the questioners appear to pre-empt a decision that has not yet been made which involves the public as to whether centralisation of specialist emergency care in a new hospital represents the best compromise solution for local people taking all issues of resources, accessibility, location and clinical issues into account.

This prior question needs to be addressed more openly and settled satisfactorily for the local authority and other stakeholders.

LB Merton consider that options involving a two site solution, costing less should be considered more fully and be presented to the public.

#### **Q6 Do you have any other solutions that we should consider?**

This is a very difficult question to answer and impossible for most people without access to information, knowledge and expertise in these matters.

Where we believe answers and potential solutions may emerge for stakeholders to consider is if information and data could be presented which can persuade people that the reasons for financial difficulties, any poor clinical and efficiency performance against appropriate bench marks, statistics on the rising clinical needs and population, and the evidence that proposed changes will fully address these matters reliably and sufficiently to cover their high costs.

What is striking to us as outsiders is that the numbers of clinical staff appears high and yet there are acute shortages in those areas where we would see the priorities of the local health service should be: in helping those with the greatest urgent and emergency need. It is possible a reprioritisation of available resources towards generalist and emergency services is appropriate and should be considered. In addition we note that there is a very unstable context for making radical changes and

we consider more time should be taken to ensure that such changes are the right ones and are fully supported in the community.

The risks of challenges, mistakes and undue haste leading to costly errors appear to us as very high.