

NHS
Epsom and St Helier University Hospitals
NHS Trust

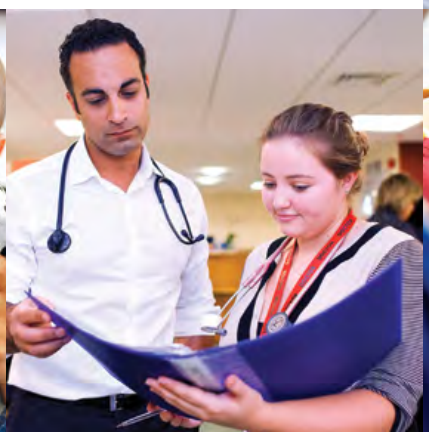



Providing high-quality healthcare services 2020 to 2030

Involvement document








Contents

What this document is for

This document sets out our current thinking about how we may organise our services in future. It is intended to provide a background to our current situation and the basis for discussions involving our patients, staff and local people. This is not a formal consultation document – it is an opportunity for us to continue to involve local people and get their views on how hospital services could be shaped in 2020 and beyond.

Epsom and St Helier and the CQC

We want to continue to improve our services. Overall the Care Quality Commission (CQC) has rated us as requires improvement which is similar to many other hospitals. Within this we have some services that are good and outstanding including our renal, outpatients, end-of-life care and the orthopaedic centre. We want all of our services to be rated highly by our regulators and local people.

It is our intention to involve our patients and local people in agreeing the way forward for our hospitals and so we have produced this document as a way of starting a new conversation about our services. We are not making any recommendations or decisions at this point. If we reach the stage where firm proposals to significantly change services on any of our sites are made, then with our commissioners we would expect to run a formal public consultation before making any decisions. At this stage we are simply opening up a discussion which we hope you will want to take part in.

Get involved and have your say by emailing **esth2020-2030@nhs.net.**

A welcome from our Chief Executive

Daniel Elkeles, Chief Executive Officer

At Epsom and St Helier, it's our mission to provide great care to every patient, every day. We are incredibly proud of the services we provide to our local communities. However, as an organisation that gets busier and busier every year, we have to look to the future and make plans for the challenges and opportunities that lie ahead. We want your help in shaping this future.

As part of that planning, in 2015 we made a committment that both Epsom and St Helier hospitals will continue to provide consultant-led, A&E, maternity and inpatient paediatric services 24 hours a day, seven days a week until at least 2020. And, St Helier will provide specialist and emergency care such as acute surgery for our most sick patients, and Epsom will expand its range of planned care. We will work with GPs to provide significantly more care in community settings so that people only come to hospital when it is absolutely necessary. We have not wavered from that commitment.

In 2015, the main challenges that we faced were:

- the need to strengthen staffing in key service areas;
- inconsistency in delivering clinical care, which increases risk and possible harm for our patients;
- poor buildings and grounds ; and
- unstable finances.

Since April 2015, we now have over 300 more front line staff than we did 18 months ago. We have substantially increased our clinical staffing, become safer than ever before by improving services and we have stabilised our finances.

However we have not found long-term solutions for our buildings and facilities. To get to a solution we have to be clear about how we think healthcare will be delivered in 2030.

This document sets out our current thinking on how care should be delivered and the facilities we will need to do that. We would like your views and thoughts on that.

In every scenario where we consider a solution, the vast majority of care that we provide remains at our sites at Epsom and St Helier.

However, we need your help in deciding what we need for our communities so that we can make the case for the several hundreds of millions of pounds that we will need for new hospital buildings.

This is your opportunity to get involved and have your say at this early stage when we are trying to find the answer. Please email us at **esth2020-2030@nhs.net** with any questions, concerns or comments that you have.

Dr Ruth Charlton, Joint Medical Director
"In an ideal situation we'd have key services located close together to maximise efficiency and minimise inconvenience to patients."

Dr James Marsh, Joint Medical Director
"Having key services under one roof would mean patients won't have to be transported between buildings."

Charlotte Hall, Chief Nurse
"We'd like more single rooms and more space between beds to make it easier to control infection."

Our aims for Epsom and St Helier hospitals – providing great care to every patient, every day

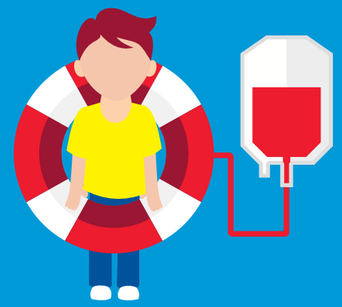
Our aim is to provide great care to every patient, every day. We know that we have some of the most committed staff in the NHS and they have to work (and care for patients) in probably the worst acute hospital buildings in London. St Helier Hospital was built before the NHS was established and before antibiotics were invented, and Epsom Hospital is almost as old.

As you are all probably very aware, over the years there have been a number of reviews of the services provided in south-west London, and virtually all of those reviews found that acute services should be removed from one or both of Epsom and St Helier hospitals. All that uncertainty about the future meant that there was no clear plan for the hospitals and very little money invested in them. Worse still, that uncertainty meant that it was very difficult to attract people to work in the hospitals and we were very short-staffed as a result.

In April 2015, we published a five-year strategy to provide much more certainty about the future of both hospitals. In that strategy we committed to keeping A&E, maternity and paediatrics at both Epsom and St Helier hospitals until at least 2020 – and that commitment stands firm.

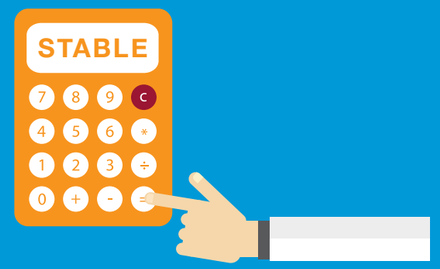
Where we are now

We're very pleased to say that the certainty we provided has meant that we have recruited and retained more staff than we have ever had, and have made significant improvements to the quality of care that we provide.

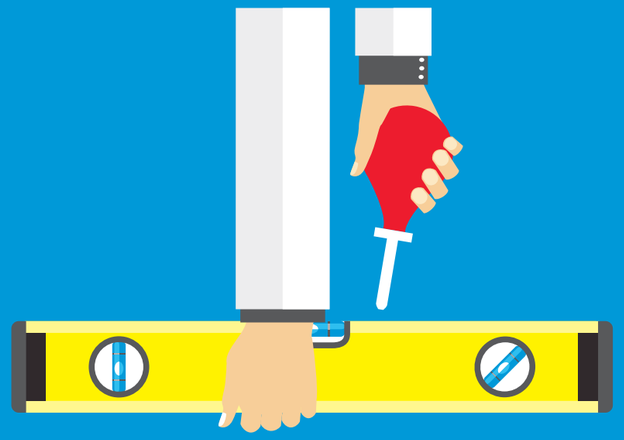


We are safer than we have ever been – we have lower death rates than most other hospitals, and are consistently among the safest 25% in the country.

We are one of the few trusts in the country consistently delivering the four-hour A&E target and are regularly the best in London.



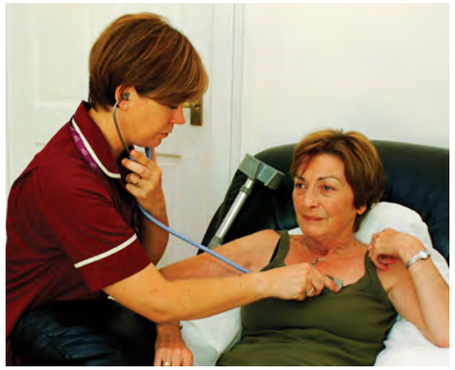
Our finances are more stable than they have been – we met our financial plan for the financial year ending March 2017. We have a similar plan for this financial year.



We have now developed an estates plan that takes us to 2020 that will help deal with the current critical failings at both Epsom and St Helier.

We have issues with our buildings that need dealing with urgently, including power supply, leaking ceilings, windows that need repairing and lifts that aren't big enough for patient beds. This amounts to a backlog maintenance bill of £80 million. Work is underway to securing the funding for both Epsom and St Helier hospitals that will deal with the backlog maintenance challenge and provide space for providing and expanding clinical services. We will pay for this by releasing our spare land, which is not needed.

We are at the leading edge of working with our partners to make sure that older people can be looked after in their homes and reduce the amount of time they spend in hospital if they become acutely unwell. This pioneering new model is known as Epsom Health and Care. It's a partnership of four of the biggest providers of care in the area – us, Surrey County Council (who provide social care), CSH Surrey (who provide NHS healthcare in people's homes), and all of the 19 local GP practices. It means that people over age 65 can be seen in the right place, at the right time, and with the right support at home to avoid unnecessary stays in hospital.



Epsom Health and Care has improved the care for our patients. It means that more than 30 patients a day are cared for at home when they would have previously needed to come into hospital.

It has also meant that, for our patients over the age of 65, we have been able to reduce the average time they need to stay in hospital by half a day.

And the service is looking to expand this year – the team of 60 hospital staff, GPs, re-ablement staff and community health teams will expand to include stroke care.

We are also involved in the Sutton Homes of Care vanguard (where care homes are working closely with the NHS, local authorities, the voluntary sector, carers and families to improve the health of their residents).

In 2015 the Red Bag initiative was launched. This means that when a patient comes to St Helier from a care home, they have personal belongings with them. Our staff also have the main information about any of their existing conditions straightaway. Since we have introduced this, it has been taken up by other hospitals across the country.

You can watch a video about the journey of the Red Bag on our Youtube channel at **www.youtube.com/epsomstheliernhs**

But we have to make plans for beyond 2020, and make sure our hospitals can continue to be financially and clinically strong for many years to come.

The future of healthcare – our clinical model

Just to be clear, we are now describing how we believe healthcare will be provided after 2020. We asked our clinicians to look at what we are doing now and describe how they believe care should be delivered in 2030. Our clinicians have been hard at work thinking about this and working with other local care providers and local GPs to develop the clinical model. It builds on the many changes that we have already delivered, such as increasing amounts of planned-care surgery being done as day cases so that patients don not have to be admitted. It also builds on the new care models for managing emergency care which we have been at the leading edge of developing and which feature strongly in the national strategy documents like the 'NHS Five Year Forward View'.

A great example of that is the Epsom Health and Care partnership (which you can read about on pages six and seven).

In Sutton we have been actively working with GPs, social care and community health to look after people in nursing homes. This has led to:

- a big reduction in the number of people being admitted to hospital;
- a reduction in how long the residents who are admitted have to stay in hospital; and
- many more people being able to die a dignified death in the place that they have chosen.

Keeping services local

Most patients will see no change to where they currently receive their hospital care. For most of our patients, it is important that the care they receive from us is properly linked up with the care they are already receiving from their GP and other local health and care staff. We are committed to making this happen and this means that every scenario we have looked at for the future involves keeping most of our services local. We also believe that we will need broadly the same number of beds that we have today.

Improving Care for our sickest and most at-risk patients

We believe the best way to improve care for our sickest and most at-risk patients, which represents 15% of the patients we care for, is to bring four of our acute services together under one roof (see page 10 for the details on these services). This would mean that those patients who need very specialist acute care would be treated and cared for in a specialist facility.

It would also meant that we could provide more specialist care and improve our staffing levels. More specialist senior doctors and nurses would be available to care for our sickest patients. We would be able to invest in the best equipment as we will not have to buy two lots of equipment for use on two sites. It would help us to continue to improve the quality of care we provide, and would mean that we have more consultants (the most senior doctors) available on our wards for longer every day.

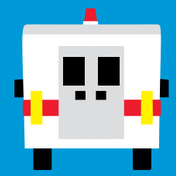
What this means

All of this means that we can confidently say that 85% of the patients we currently treat at Epsom and St Helier can continue to be treated safely, to a high quality and that it is both affordable to us and our commissioners. At the same time as keeping all of that care local, we want a single specialist acute facility so that we can provide the best possible care for our sickest and most at-risk patients.

Of the 900,000 appointments, procedures, admissions and visits to A&E we deal with every year, 765,000 would take place in the same place as they do currently. That means for 85% of patients, there would be no change.

But for these patients, we want our care to be more joined up with the local NHS. For example, if you came to our hospitals for an outpatient appointment, our consultant could see all of the medical records that your GP has access to.

We think the following services will always be provided on both our hospital sites, and will continue to be available for the 300,000 people who need St Helier and the 200,000 people who need Epsom every year.



Urgent and emergency care – emergency care centre open 24 hours a day with specialist medical support, taking adult and child walk-ins.

Elderly care services – including certain emergency admissions, frailty service, inpatient beds and a centre of excellence for rehabilitation.

Ante natal and post-natal care – clinics for pregnant women and new mothers.

Outpatients and diagnostics – outpatient clinics (including the recently opened eye units), endoscopy and radiology (including plain film radiography, CT and MRI scans).

Integrated care – multi-functional space for community-facing services, including primary care, social services and community services. For example, this could include GP services, learning disability services, day centres, community centres and a children's centre.

Elective procedures – non-complex elective surgery (not needing critical-care support) and the eye units. In every scenario we are looking at, the hip and knee joint replacement centre (SWLEOC) staying at Epsom Hospital. This service has received a Care Quality Commission rating of 'Outstanding' and we have every intention of building on its success.

Specialist acute services

Our clinicians believe that there is a really strong case to keep our services local. This means local services for patients with chronic long-term conditions, patients requiring diagnostics, most planned care and most urgent care needs.

They also believe that there are four specialist services that we need to bring together under one roof. These are:

- major A&E (patients who are acutely unwell needing complex clinical assessment and procedures like resuscitation);
- inpatient paediatrics (the small number of children who need to stay in hospital overnight);
- babies born in hospital so that the right support is available for women who experience complications during birth as well as supporting new born babies who need extra care; and
- complex emergency medicine (patients who need services like high-dependency care and coronary care).

These are four of the services that form the grouping of specialist acute' services. Over the past few years we have already brought together the other services that are part of this onto one site. They are shown below:

- critical care (the highest dependency care a hospital can offer patients with life-threatening conditions). We have 13 beds at St Helier able to offer this level of care;
- emergency surgery and trauma (a large range of surgical conditions from appendicitis to broken hips). These services are all provided at St Helier. Patients needing these services who come to Epsom A&E are transferred, generally by ambulance, to St Helier.

We have shown great improvements in quality by bringing together these services. For example, the mortality (death) rate for our patients who have a broken hip is much lower than the national average. Put simply, our busy hip-fracture unit provides a high level of care to patients who have suffered a fracture. By making sure a consultant ortho-geriatrician carries out reviews much sooner as well as providing, specialist care on our dedicated unit and prompt surgery, we are helping to save lives.

Bringing together specialist services improves care

Providing emergency care

St Helier's Hip Fracture Unit

- All patients with a hip fracture go to St Helier.
- Patients with a hip fracture receive gold-standard care.
- Complication and mortality rates are very low (death within 30 days of a hip fracture is 5.8% versus 8% compared with other hospitals).
- Same-day surgery is 91% (nationally 72%).
- A senior geriatrician carries out a review within three days in 99% of cases (nationally 85%).

Providing elective care

South West London Elective Orthopaedic Centre (SWLEOC)

- We are a centre of excellence for elective orthopaedic surgery. We have five operating theatres (and a sixth is currently being built), a 17-bed recovery area, 54 ward beds, and a critical care unit.
- We also have excellent outcomes with a low complication rate and a 99% patient-satisfaction rate.

So how does bringing together these services improve quality?

Quite simply it means that we can bring together the specialist staff who provide this specialist care under one roof. At the moment, we put a lot of staffing resources and money into funding two services at Epsom and one at St Helier. Because of this we begin each year at a loss. Bringing services together means that there are more senior clinicians available more of the day and night which means patients get quicker decisions made by more experienced doctors. All the evidence suggests that this means better outcomes and more lives saved.

If we were to bring these services to one site, we would be better able to meet, deliver and go beyond all the national standards, which ask hospitals to ensure senior clinicians are available 24 hours, seven days a week for our sickest and most at-risk patients which has been shown to improve patient care.

It would also mean that we would need to rely on fewer members of expensive agency staff – not only does this improve continuity in the care we provide to patients, but would help us to drive down costs.

It would also mean that we would need to rely on fewer members of expensive agency staff. This not only improves continuity in the care we provide to patients, it would also help us save money every year, which we would then reinvest directly into our services.

This is what our clinicians want to be able to provide for you – 21st century healthcare in buildings that are fit for purpose.

Quality standards we must meet now

Timely consultant review

All emergency admissions have a thorough clinical assessment by a suitable consultant **as soon as possible**, but at the latest within 14 hours of arriving at hospital.

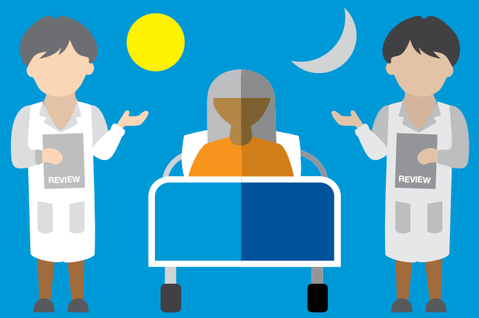
Improved access to diagnostics

Hospital inpatients have seven-day access to diagnostic services. Consultant-led diagnostic tests and reporting available seven days a week (within one hour for critical patients, within 12 hours for urgent patients and within 24 hours for non-urgent patients).

24/7 care

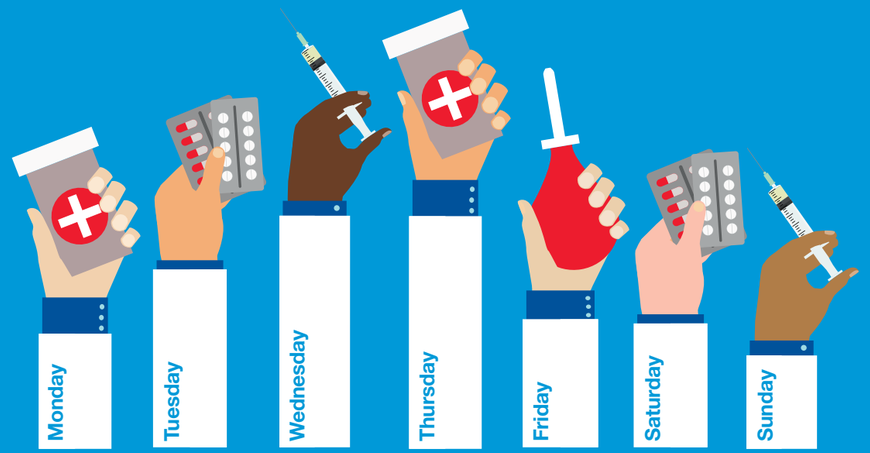
Ongoing review in high-dependency areas

All high-dependency patients (including those being cared for in the acute medical unit, surgical assessment units and intensive-care unit) are seen and reviewed by a consultant twice a day, unless a senior decision-maker decides that this would not affect the patient's care and consultant-directed ward rounds.



Consultant-led interventions

All inpatients must have access to consultant-led interventions 24 hours a day, seven days a week.



Our clinicians' aims for the buildings needed for our future model of care

Our clinicians have looked at new hospitals the NHS has built in the last few years. They can offer our patients and staff all of the benefits below.

Even with the investment we are planning to make in the next few years, we will not be able to have buildings that deliver all of these benefits.

We need functional hospital buildings. Investing £80 million into the maintenance backlog will only be a short-term solution, taking us to 2020. While the buildings will be safer, they will still not be suitable to deliver 21st century healthcare.

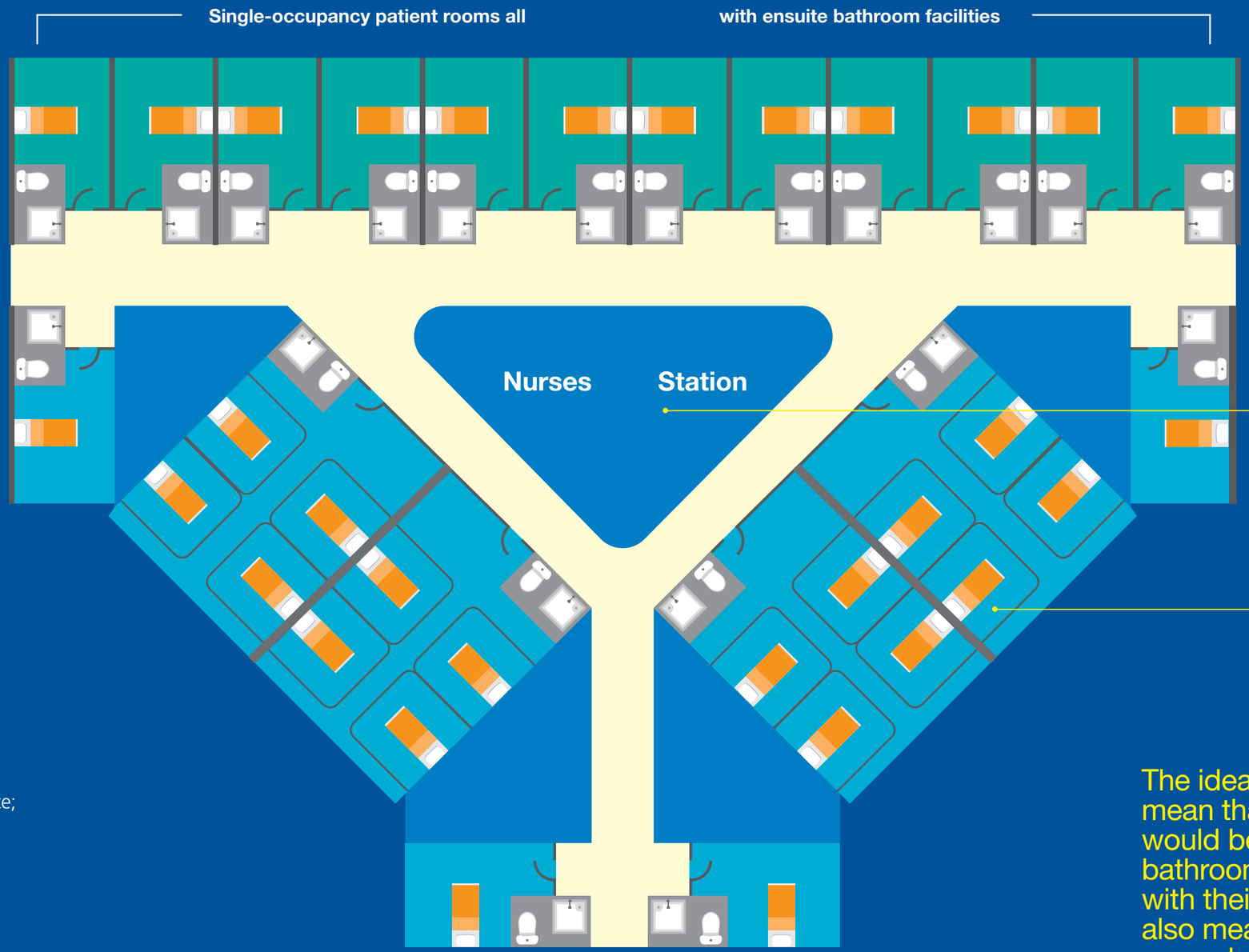
Most of St Helier Hospital is going to be 80 years old next year and Epsom isn't far behind. St Helier was built before antibiotics were even invented. 43% of our clinical space is defined as 'functionally unsuitable' – making us the worst off when you compare us with similar hospitals across the country.

Our clinicians work in environments where:

- many areas and rooms are too small to prevent and control infection effectively;
- most of our buildings contain four-or-six bed rooms, and less than 21% of rooms are single occupancy;
- the layout of wards makes them difficult for staff to make sure nurses can see patients;
- storage is an issue as older buildings are designed without modern equipment in mind; and
- transferring patients from one department to another (for a CT scan for example) often involves having to take patients outside or through busy thoroughfares of our hospitals.

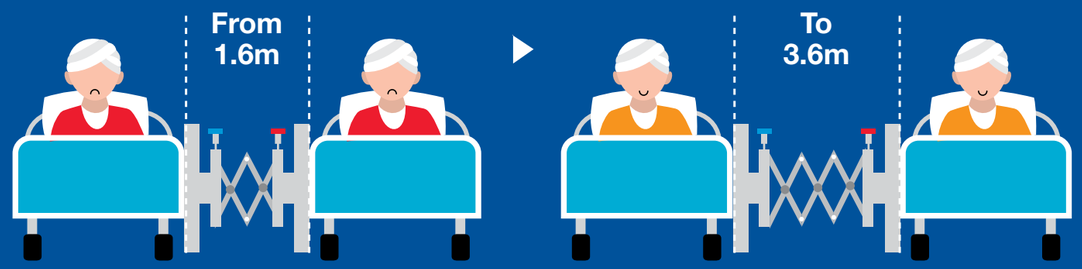
Our patients deserve, and our clinicans aim to secure the following:

- facilities with no areas of overcrowding;
- spacious rooms to prevent the spread of infection;
- more single-occupancy patient rooms;
- space where private and confidential conversations with patients can take place;
- hospitals that allow quick and safe patient transport;
- a relaxing and professional environment;
- procedure rooms with the latest technology;
- nursing stations designed with patients' needs in mind;
- cheaper maintenance and cleaning bills; and
- buildings that are fit for purpose.



The ideal layout of our wards would mean that 50% of patient areas would be single rooms with ensuite bathrooms, with four-bed bays each with their own bathrooms. It would also mean we could increase the space between beds – helping us to reduce the spread of infections.

Modern healthcare standards and the equipment we rely on cannot fit into our buildings properly. Our clinicians agree that we need the following:



Many more single rooms and increased space between beds on the wards to maintain patient privacy and dignity, improve patient-experience and make it easier to maintain a hygienic environment and isolate patients when necessary to control infection.

Services based closely together in a logical set-up that makes the most of efficiencies and reduces inconvenience to patients. Newer hospital buildings would significantly reduce our annual maintenance bill.

Services under one roof so that patients don’t have to be transported between buildings either outside or in underground passageways using lifts that aren’t big enough for modern beds.

How do we get this?

Given all of the challenges we face, we want to discuss with you how we can get to a position that allows us to provide consistently high-quality care that is financially sustainable and delivered from buildings that everyone can be proud of, and staff will be proud to work in.

To make the case for major investment in our buildings we have to agree a strategy that is clinically and financially sustainable and fits in with the rest of the local NHS’ plans. We are looking for between £300 and 400 million to replace our hospital buildings. Securing this level of investment would be one of the biggest investments the NHS makes in the next decade. So, to secure this we have to make a strong case.

The work we have been doing over the past two years has been to help us make the case and this is a continuation of that process.

How does our work fit into the rest of the local NHS' plans?

We have to make our case against the background of the 'Sustainability and Transformation Partnership (STP) process which is the NHS' current five-year planning process. Our trust is in two of these – the south-west London STP and also the Surrey Heartlands STP. They are working together on the future of hospital services in their area and you can read more about their plans by going to **www.surreyheartlands.uk** and **www.swlccgs.nhs.uk.**

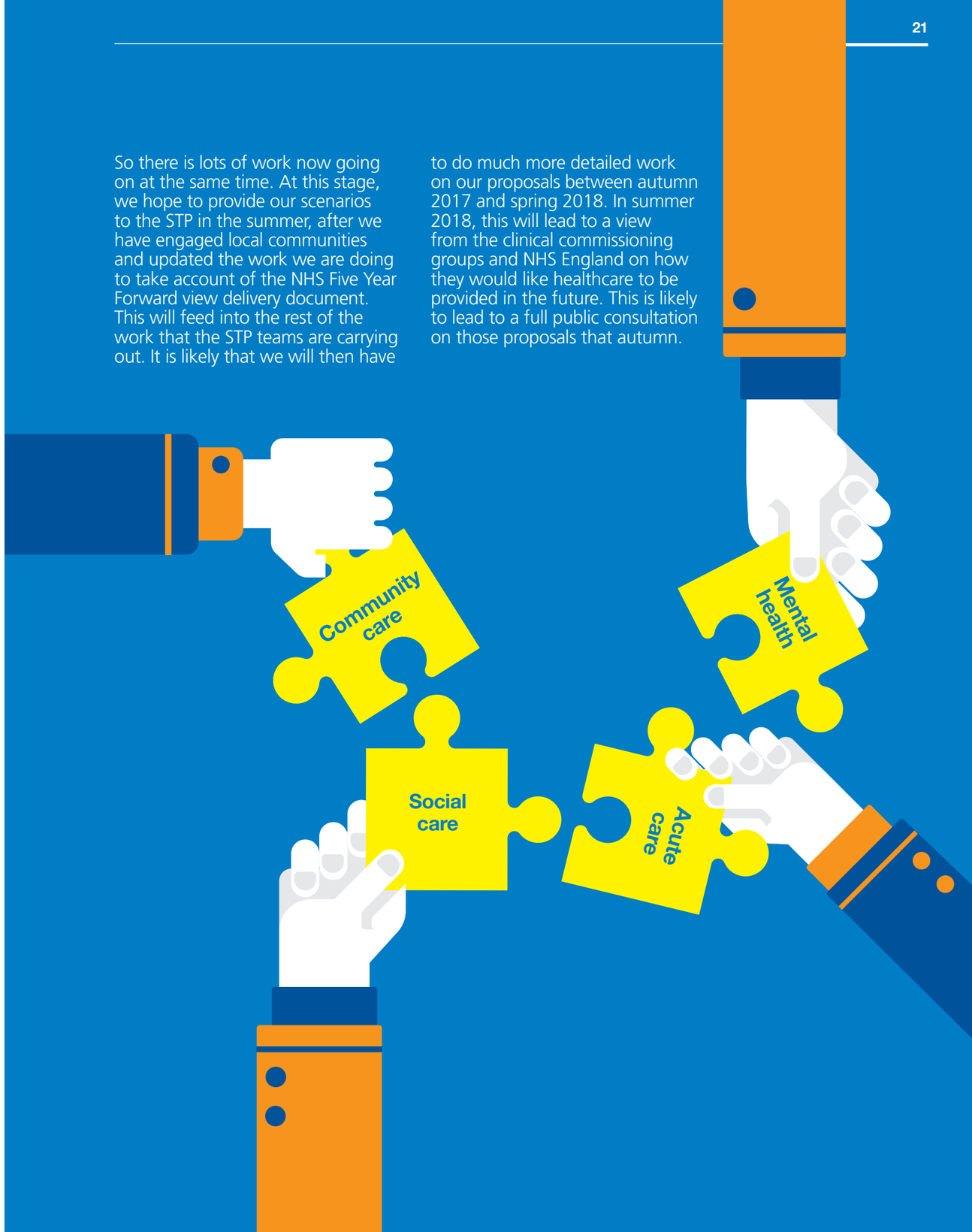
The latest thinking on the south-west London STP – in which we are a full partner – confirms that all hospitals in south-west London will continue to be needed in future. There are no proposals to close hospitals, but there is agreement that every hospital does not have to provide every service. At this early stage, the local NHS is collectively considering how services should be organised across south-west London, but have not yet reached the stage of making any recommendations on this. No decisions have been made and no changes will be made without involving and consulting local residents.

The starting point is getting the care outside hospitals right, because if this can be done, the pressure on acute services is reduced. That's why the current priority is to invest in primary-care and community-based services and work with local authorities to do more to keep people well and out of hospital. This is the immediate focus of the STP.

We will develop the health and care model for south-west London from the bottom up, with the 'Local Transformation Board' (LTB) deciding on local need, rather than a 'top down' plan for the whole region. The four LTBs (Croydon, Sutton, Kingston/Richmond and Merton/Wandsworth) are now working on these plans and we will need to make sure that our plans for our own hospitals are matched up to them.

We will develop the health and care model for Epsom with Surrey Downs CCG as part of the Surrey Downs STP.

So there is lots of work now going on at the same time. At this stage, we hope to provide our scenarios to the STP in the summer, after we have engaged local communities and updated the work we are doing to take account of the NHS Five Year Forward view delivery document. This will feed into the rest of the work that the STP teams are carrying out. It is likely that we will then have to do much more detailed work on our proposals between autumn 2017 and spring 2018. In summer 2018, this will lead to a view from the clinical commissioning groups and NHS England on how they would like healthcare to be provided in the future. This is likely to lead to a full public consultation on those proposals that autumn.

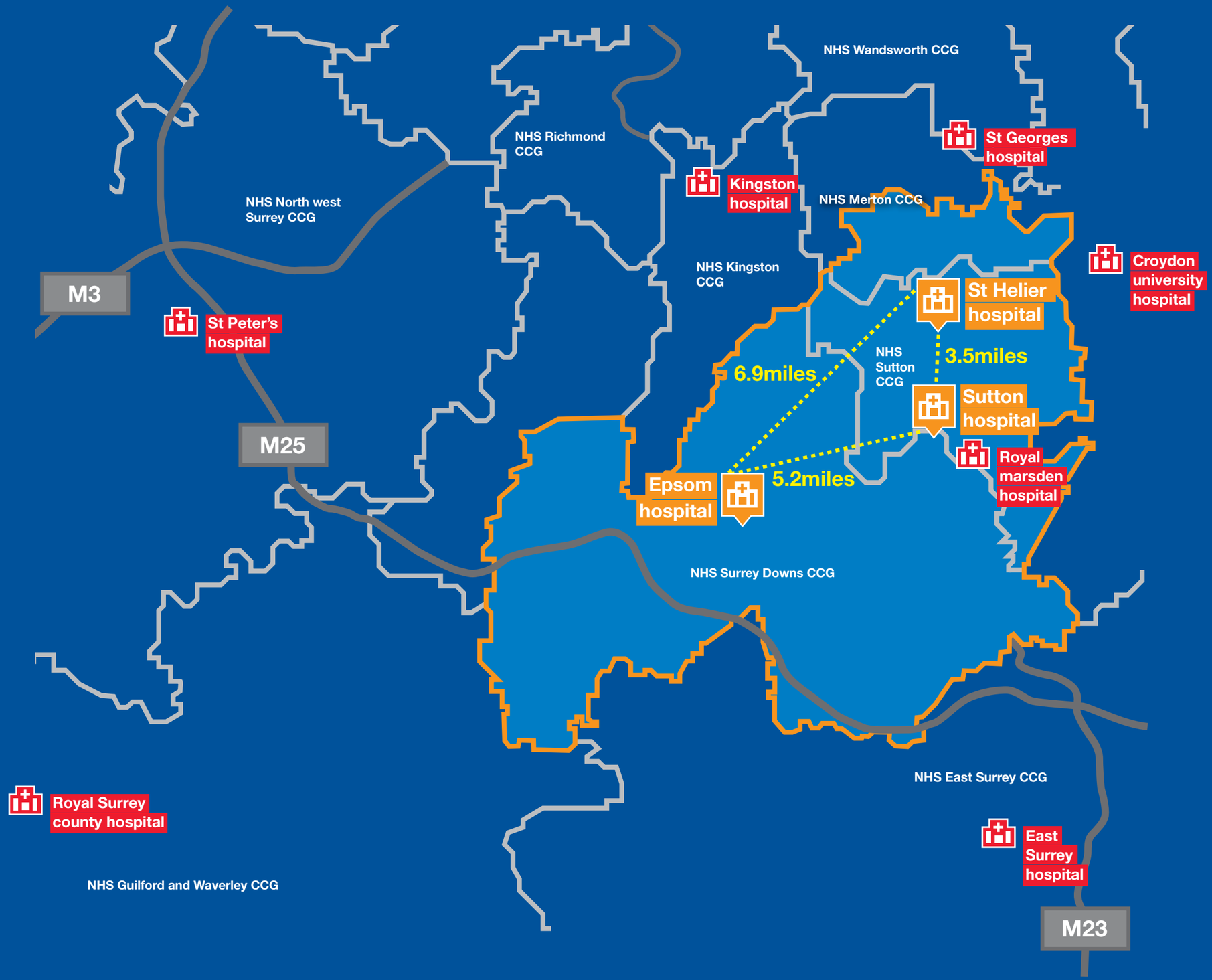


The local NHS

Epsom to:	
Kingston	10.5 miles
East Surrey	12.4 miles
Royal Surrey	19.3 miles
St Peter's	15.6 miles

St Helier to:	
Kingston	6.5 miles
St George's	3.9 miles
Croydon	4.4 miles

= Trust's catchment area



How could we deliver this model of care for the future?

We have been thinking about the scenarios available to us so we can deliver the best possible local services to our population. We want to involve you on where our thinking has got to so far. Of course there are pros and cons with these scenarios. We know people will have lots of different opinions about this, but if we work together, we can secure the best possible hospital buildings for the future and the best possible healthcare services for our patients.

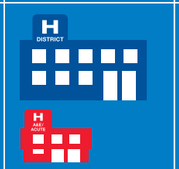
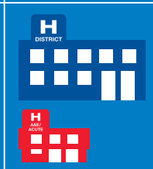
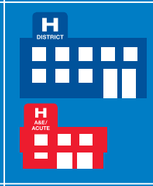
At this stage in the process, we have not developed any firm proposals, only ideas. There are no conclusions or recommendations.

However, we do have a number of possible scenarios to consider. Once we have received as much feedback as we can we will provide a document called a Strategic Outline Case to our regulator, NHS Improvement. They will guide us on whether there is enough quality and financial benefit to do the detailed work on these scenarios.

We can then develop a more detailed business case for the agreed scenarios to be taken forward. We aim to reach a firm decision on whether there is a robust clinical and financial case for a major investment in our hospitals.

Once we have your feedback we will incorporate that into our strategic outline case and present it to our commissioners (Sutton, Surrey Downs and Merton CCGs as well as NHS England). If our commissioners support the conclusion as part of the work in the STPs, we will present it to our local authorities. If our commissioners agree firm proposals for significant change at any of our hospitals, they would lead a public consultation on them.

We believe there are six possible scenarios to consider. They are shown below.

Possible scenario	The Epsom Hospital site	The St Helier Hospital site	The Sutton Hospital site	Sutton Hospital and the Royal Marsden – combined site
1 Do nothing – continue as we are with specialist acute services on both Epsom and St Helier sites with us receiving the money to bring each site up to functional levels.				
2 Both Epsom and St Helier sites delivering the full range of local services, with Epsom being where the new specialist acute facility is based.				
3 Both Epsom and St Helier sites delivering the full range of local services, with St Helier being where the new specialist acute facility is based.				
4 Both Epsom and St Helier sites delivering the full range of local services and our Sutton site being where the new specialist acute facility is based.				
5 Both Epsom and St Helier sites delivering the full range of local services and a building at the Royal Marsden at Sutton being where the new specialist acute facility is based.				
6 We have also considered a scenario where we do not receive capital investment. This eventually results in us no longer offering acute services and all our patients being treated in other hospitals in south-west London and Surrey. This is clearly what we want to avoid and, through this involvement work, want to make sure that this does not happen.				

= local hospital services
= new specialist acute facility
= specialist cancer hospital

Our current thinking

Of the six scenarios we have looked at, our initial review suggests that we will probably rule out three of the scenarios:

- Do nothing, because we can't deliver clinical and financial sustainability.
- Not having a specialist acute facility, because we believe our patients need to access one in our catchment.
- A stand alone specialist facility on the Sutton site, because there will be insufficient space on our existing land.

We believe that the remaining three scenarios which involve building a specialist acute facility at either St Helier, Epsom or Sutton (shared site with the Royal Marsden), are all potentially deliverable and should be taken forward for further analysis.

We would like to know if you support us in taking these three scenarios forward into the next level of detail. This will mean we need to write a business case where we will work out in detail the costs and benefits of each scenario. It will take about a year to do this level of work and make sure it fits in with the south-west London and Surrey Heartlands STPs.

We would aim to be in a position to present this stage of the work in summer 2018, if doing this further work is supported during this initial phase.

If you or someone you know cannot read this document, please contact us and we will do our best to provide the information in a suitable format or language.

For more information, contact the Communications Team on **020 8296 4996** or email **communications@esth.nhs.uk.**

We want to know what you think

Now you've read our aims and possible scenarios for our future, we want to know what you think. This isn't a consultation, but your thoughts will help to shape our future.

1) Do you agree with our aim to provide as much care as possible from our existing hospital sites at St Helier and Epsom and do this by working more closely with the other local health and care providers?

2) Do you think we have made the case that we will improve patient care by bringing together our services for our sickest or most at-risk patients on a new specialist acute facility on one site?

3) We have set out several scenarios on how we can do this. Do you think we should consider any other scenarios?

4) How would you like to be involved in these discussions in the future?

5) Is there anything else you would like to tell us?

Please post this tear-off response to:

ESTH 2020-2030
Epsom and St Helier University Hospitals NHS Trust
4th Floor Ferguson House
St Helier Hospital
Wrythe Lane, Carshalton
Surrey SM5 1AA.

Or email your responses to **esth2020-2030@nhs.net**




Our thoughts…

We are looking for a £300 to £400 million investment in your local NHS.

We hope you can see that the issues we are grappling with are complex and there is no easy option.

We are committed to finding the best solution to continue to deliver excellent healthcare to all of the half a million people we currently provide care for.

Any potential investment of this scale will take five years or more to achieve. We will include you in developing any solution for the long-term future of local healthcare.

In the meantime we will continue to improve your hospitals and commit to keeping our services open.



How to contact us
Email: esth2020-2030@nhs.net

write to:
ESTH 2020-2030
Epsom and St Helier University Hospitals NHS Trust
4th Floor Ferguson House
St Helier Hospital
Wrythe Lane
Carshalton
Surrey SM5 1AA.

Website: www.epsom-sthelier.nhs.uk

Crystal Mark 22480
Clarity approved by Plain English Campaign