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Dear Brian, Andrew, Jenny, Nigel, Bess, Lisa, Richard, Colin, Joseph, Rozz, Linda, Chris, Bob, Clarice, Glynis, Hugh, Ruth, Gill and Sir Adrian

Thank you for sending me a copy of your joint letter about our engagement on providing high quality health care 2020-2030. Your feedback is really important to us. We will ensure that your letter is included in our engagement responses feedback and your very clear view that residents of Epsom and Ewell want from the time of phoning for an ambulance to arrive at the appropriate hospital within 30 minutes.

There is so much in your letter that I whole heartedly agree with, there some points that I think would be helpful to clarify and there are some points where we will need further debate, so I thought it would be appropriate to respond to the specific points that you have made in your letter.

We agree with you that there have been a lot of reviews on the future of Epsom and St Helier hospitals. It is a great travesty that collectively the NHS and local politicians as have not over the past 20 years managed to secure its future. We are left with hospital buildings that have not had the investment that is needed and that are in now such a poor state, unable to be configured in a way that provides the environment that you or your family would expect to be treated in the 21st century.

I would like to be absolutely clear about Epsom and St Helier University Hospitals NHS Trust commitment to our patients and our staff. We are determined to secure the investment necessary so that we can provide the highest quality health care in the highest quality buildings for your residents and our whole catchment. No one is more committed to achieving this outcome than us. We are absolutely determined to resist any proposals that see acute services moved out of catchment.

However, we are now spending more money than we have ever spent on repairing the crumbling fabric of the buildings at St Helier and at Epsom where the buildings are in less bad condition we are improving clinical facilities. We would be delighted to show you all the improvements that we have got underway if you would like to visit. Since I have been Chief Executive at the Trust these are some of the main investments at Epsom:

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New Urology centre
New Eye department (a service not previously provided)
New Cardiac Catheter suite (a service not previously provided)
New Cardiology investigations suite
Refurbishment of the Acute Medical Unit
Expansion of the South West London Orthopaedic Centre

This year we are also in the process of a major programme of improvements at Epsom, these include:

Bringing the 1st floor of Woodcote Wing back into clinical use as an outpatient suite
Bringing parts of the ground floor of Langley Wing back into clinical use a new children and women outpatient suite
Expanding the A&E department for which we received £1m of additional capital from the Department of Health
Replacement of the washers and sterilisers for the Endoscopy suite
New theatre admissions suite
Refurbishment of Northey Ward

Epsom will benefit from many millions of pounds addressing critical backlog maintenance, improving the IT systems and upgrading medical equipment.

You are correct to point out that much of this investment is being funded by us being able to utilise the proceeds from land sales. Whilst all this investment will enable us to keep running for now and means we will be able to honour our commitment that at least 85% of patients will always be cared for at Epsom, it will not provide the appropriate accommodation for the sickest and most at-risk patients.

On the issue of assets and services being transferred to St Helier, I really do not think that in the time I have been Chief Executive that this is true. About 10 years ago emergency surgery and critical care were transferred to St Helier because they were not clinically safe or sustainable at Epsom due to the small numbers of patients requiring this service but I can't think of any major services that have transferred to St Helier. We have transferred more planned care surgery from St Helier to Epsom over the past two years and we have brought more services onto the site, such as the improvements in ophthalmology and cardiology outlined above, and the new Epsom Health and Care teams.

Specifically with regard to A&E, across both sites we see and treat 150,000 every year and each of the scenarios 100,000 of these patients will see no change to where they receive their care. They will still be able to attend their local hospital, whether that is Epsom or St Helier. For the remaining 50,000 patients, which represent our sickest patients, we are proposing that they should be cared for in a single specialist acute unit where they can have 24/7 access to senior clinical teams ensuring that their care is of the highest standard.

This does not mean that we will not be investing in our A&E services. This year we will be expanding our A&E service at Epsom Hospital. As part of this development we will be making it easier for those people who arrive with minor illnesses and injuries (which represents the largest number of patients we see in A&E) to get faster access to the care they need with support from expert GP services in an acute setting. The investment will also improve our front-door assessment service particularly for older people as we will be fully integrating hospital and Epsom Health and Care teams in one part of the hospital. This will give faster care and treatment without necessarily someone having to languish in a hospital

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