

bed waiting to see several different specialists as the care and expertise they need will be based in one place and centred on the patient.

The case for change in maternity services focuses specifically on the birth and it is an area we will need to debate further. Most women have normal births but sometimes complications arise during labour requiring emergency care. If this is not delivered quickly it results in severe damage or death to either the baby or the mother. There is no reliable way of triaging women to guarantee that they are not at high risk. Our obstetricians and midwives firmly believe that if we had a single site for all 5,000 births we would be able to provide 24 hour a day 7 day a week on site cover from consultant obstetricians and anaesthetists so that we can ensure all of our women have access to the very best and safest care possible. We would co-locate a midwife led birthing unit along-side the medically led unit.

Whilst we do deliver 5,000 births a year, 2,000 women from our catchment each year choose to go to a different hospital. This is mainly to St George's and Kingston. The primary reasons are that they think that those hospitals are safer. There is no empirical evidence that this is correct but the quality of the birthing environment at the other local hospitals is far superior to ours. We aspire to build a dedicated women and children hospital as part of our acute facility where women can deliver their baby in a single room and then have the post-natal care in a single en-suite room so that they can share some of the most intimate time of their life with their family in private. I suspect that if we can offer this level of environment, coupled with the increased safety, we would be able to provide on a single site we would be able to attract back many of the women who currently choose other hospitals.

We are a long way off any public formal consultation and this is the first stage of a lengthy process. We have not made any decisions about location of a specialist acute facility and have not suggested the criteria that we would use to evaluate the different scenarios, we have simply said that it could be located on anyone of our three sites. We want to hear from as many local people as possible about their views on:

1. Our ambition to keep as many services as possible delivered locally, which from your letter you would support.
2. Support for significant investment (£300 - £400 million to build a specialist acute facility on one of our sites which would secure the future of these services for the 500,000 people we serve.

It is clear from your letter that one of the most important criteria when we get to the stage of comparing the scenarios would be travel and accessibility. We had this feedback very clearly when we did the first round of engagement in 2015/16 and that is why we are proposing a clinical model that in every scenario will keep care being provided at anyone of our hospitals for at least 85% of the patients who currently receive care there.

These services would include all the outpatients, diagnostics, services for managing people with chronic conditions, urgent care, routine planned care, renal dialysis (Kiln Lane), eye services and elderly care services. These are all services that are particularly focused on improving people's health and need to be provided locally and integrated with all the other health and care services provided by your council and other NHS partners.

At Epsom in every scenario we would also keep and expand the South West London Orthopaedic Centre and are planning to transfer the services from the New Epsom and Ewell Community Hospital site in response to Surrey Downs CCG consultation last year.

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We have been, and continue to be, very clear that there is a vibrant future for both Epsom and St Helier Hospitals in all three of the scenarios as all of our hospitals are needed to serve the 500,000 people living in our catchment area.

Our clinicians firmly believe that consolidating our acute services onto one site for the sickest and most at-risk 15% of our patients will benefit all our patients because these services are primarily about saving lives and treating people who are acutely unwell or at most at-risk.

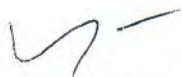
We are proposing that we can provide this facility at any of our three sites. We clearly understand your view that you would like this to be at the site closest to your residents. What our clinicians are clear about is that we can never be clinically sustainable if we carry on with providing the acute services at both our sites. If we continue to try and do this we will not deliver the quality standards that are expected of us, that our population deserve, and over time the acute services will not be sustainable to deliver at either Epsom or St Helier. What we want to gain support for, is keeping these important services locally and delivered in a specialist new facility from one of our sites.

At the end of your letter you talk about the 'odds', I am sure that with enough local support we can get the support we need to secure the hundreds of millions of pounds of capital we need to secure hospital services in our catchment for decades to come. We are convinced that this would be the best result for all our patients and your residents.

We would be delighted to show you around either at one of our forthcoming events or we could arrange for a special tour for you and your colleagues on request so that you can experience for yourself the estates challenges our staff and importantly our patients face on a daily basis. We are also attending the Epsom and Ewell Council Health Liaison Panel on 5th September to discuss this in more detail.

We are keen to hear from as many people as possible and would be very happy to meet you and your colleagues to discuss our plans in more detail if that would be helpful.

Yours sincerely



Daniel Elkeles
Chief Executive

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