Committee: Healthier Communities & Older People Scrutiny Panel

Date: 17th October 2013

Agenda item:

Subject: Sutton Hospital Service Changes

Lead officer: tim.wilkins@esth.nhs.uk

Lead member: Councillor Logie Lohendran

Forward Plan reference number:

Contact officer: Stella Akintan, Scrutiny Officer, stella.akintan@merton.gov.uk

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Recommendations:

A. That the Healthier Communities & Older People Scrutiny Panel comment on the proposed changes at Sutton Hospital.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The attached documentation provides details of plans to re-locate some services that are currently based at Sutton Hospital. Representatives from the Trust will attend the Panel to give a presentation on the proposals.

2 ALTERNATIVE OPTIONS

2.1. N/A

3 CONSULTATION UNDERTAKEN OR PROPOSED

3.1. N/A

4 TIMETABLE

4.1. N/A

5 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

5.1. As directed in the attached action plan.

6 LEGAL AND STATUTORY IMPLICATIONS

6.1. N/A

7 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

7.1. N/A

8 CRIME AND DISORDER IMPLICATIONS

8.1. N/A

9 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

9.1. N/A

10 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- Presentation for Merton Council
- Sutton Hospital case for change

11 BACKGROUND PAPERS

11.1. N/A

WORK IN PROGRESS

OUR PLANS FOR SUTTON HOSPITAL

Healthier Communities and Older People Overview and Scrutiny Panel

17th October 2013

Epsom and St. Helier University Hospitals NHS Trust

WORK IN PROGRESS

Agenda for today

- Background
- Impact on patients
- Impact on services
- Planned timescales
- Discussion

Epsom and St. Helier University Hospitals NHS Trust

WORK IN PROGRESS

Our aims

- These plans are about moving services, not closing them, and how we can improve patient care and working conditions for our staff
- To focus our resources where they work best for patient care and are most efficient for our clinical teams which helps our financial position
- To work closely with our patients, staff and commissioners to provide high quality care a good environment in the best location
- We need to press ahead with our plans for Sutton Hospital irrespective of BSBV which would not implement service changes before 2017/18

WORK IN PROGRESS

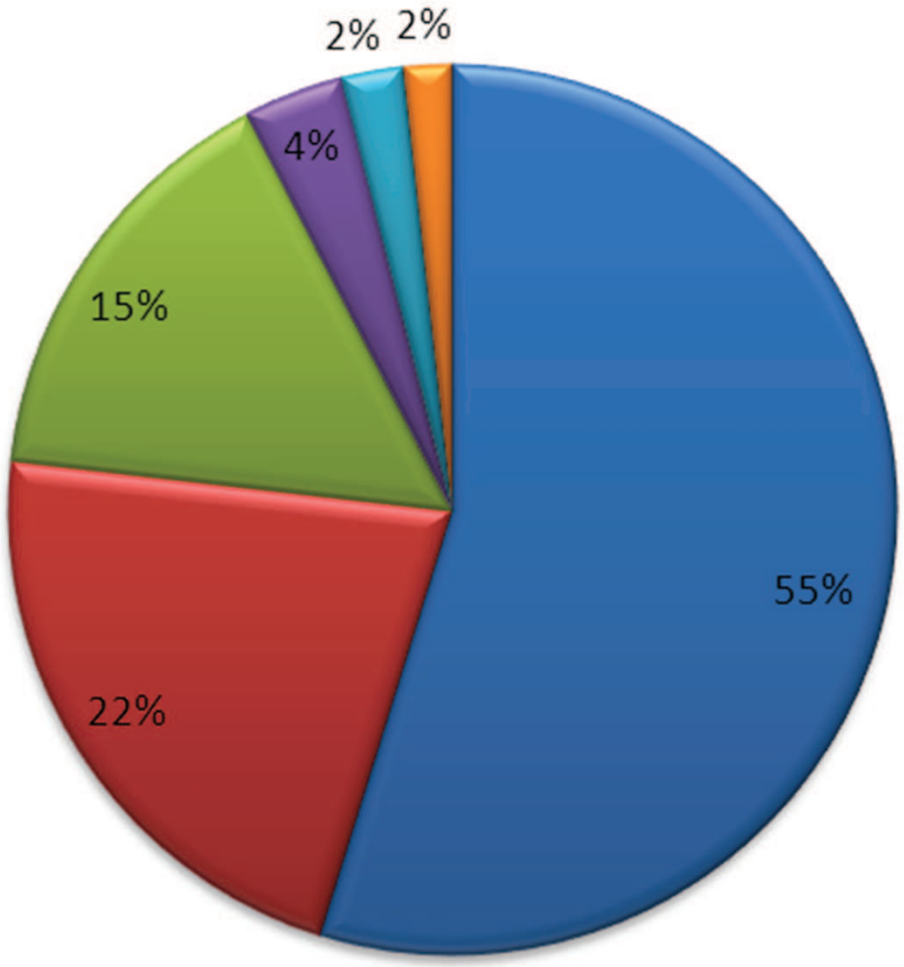
Sutton Hospital

- Sutton hospital is the smallest of our sites by activity volume, seeing 10% of our patients
- 55% of our accommodation is unoccupied, more once some clinics move to Jubilee Health Centre
- 43,000 patients visit each year, 1 in 5 come for blood tests and almost half visit the eye-unit
- We have recently consolidated day surgery at Epsom & St Helier hospitals to provide a better quality of care

Epsom and St. Helier University Hospitals NHS Trust

WORK IN PROGRESS

Where Sutton patients come from



- NHS SUTTON CCG
- NHS SURREY DOWNS CCG
- NHS MERTON CCG
- OTHER
- NHS CROYDON CCG
- NHS KINGSTON CCG

Epsom and St. Helier University Hospitals NHS Trust

WORK IN PROGRESS

What our plans mean for Sutton Hospital patients

- **74%** of Sutton Hospital patients will be the same distance or closer to where they are treated
- **60%** of Sutton Hospital patients were also treated at either Epsom or St Helier last year
- Just **10%** of patients will travel further than a mile extra, on average 2.7 miles extra
- **All** will benefit from stronger clinical teams in improved environments including a new eye-unit hub at St Helier and a urology centre at Epsom

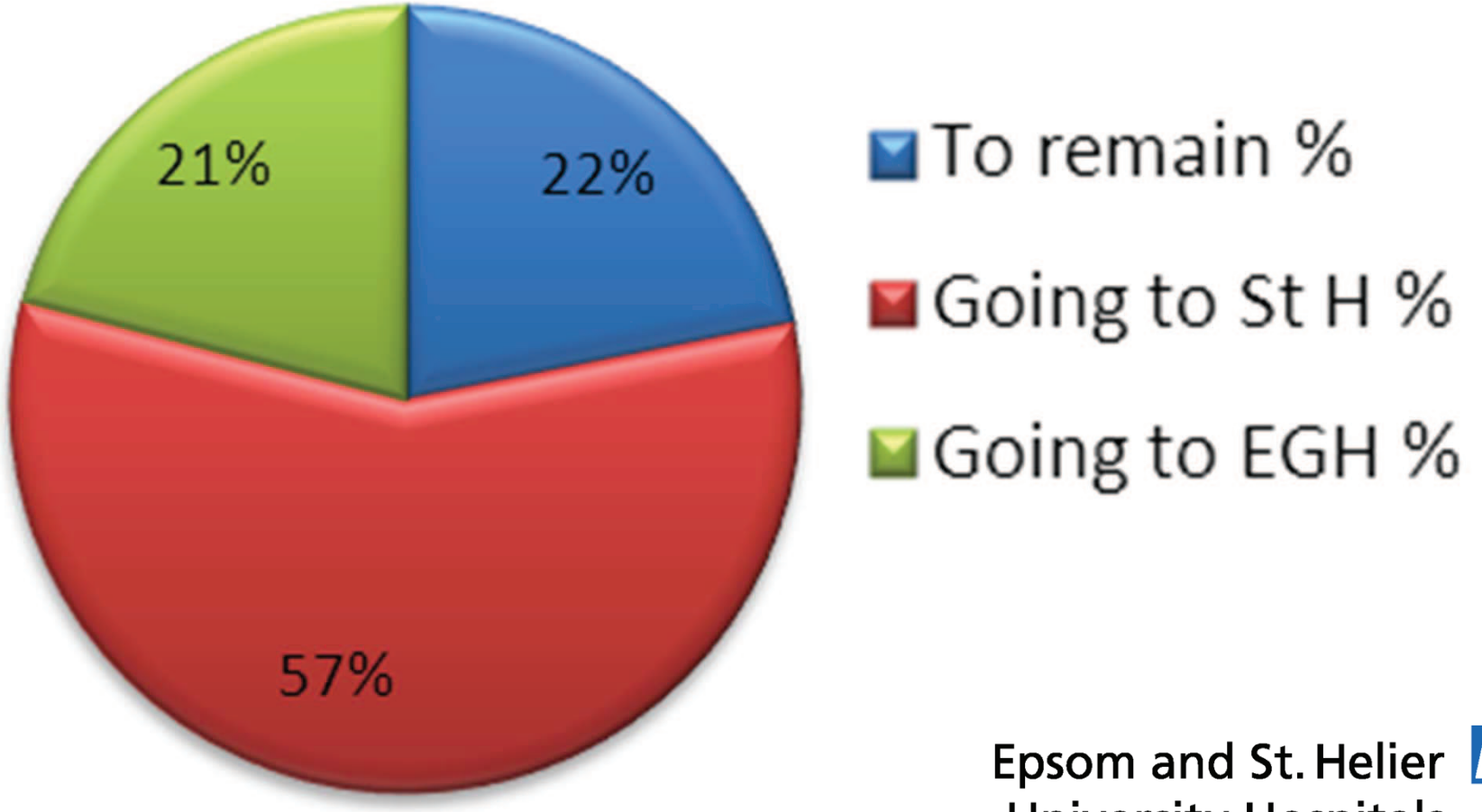
Epsom and St. Helier University Hospitals NHS Trust

What does this mean for Merton patients?

- Merton GPs refer 15% of the patients seen at Sutton, just under 6,500 individuals a year
- Direct access phlebotomy is already provided at the South Wimbledon Clinic
- Based on GP location, 92% of Merton patients who currently use Sutton hospital will be closer to their point of care (e.g. St Helier hospital)
- Urology patients already have their surgery at Epsom, and can choose to visit Wallington or Epsom for follow-up clinics

WORK IN PROGRESS

Proposed relocation of Sutton activity



Epsom and St. Helier University Hospitals NHS Trust

WORK IN PROGRESS

What services are staying at Sutton

- We plan to retain **22%** of activity at Sutton:
  - Phlebotomy – we took 24,000 blood samples last year and want to protect patient access
  - Psychological support for pain and chronic fatigue patients – we want to work with these patients to develop a transition plan that meets their needs
- We are considering options the immediate future of the nursery and the staff residences
- In the longer term we will work with local council and NHS partners on options for the future of the site

WORK IN PROGRESS

What services are moving to St Helier hospital

- We plan to move **57%** of activity to St Helier:
  - Most day case surgery lists (already moved)
  - A new ophthalmology hub including eye casualty
  - A new integrated department for outpatients
  - Pre-operative assessment
  - Pharmacy, X-ray and ultrasound to support these services
- Some outpatient and diagnostics will also be provided at Jubilee Health Centre from Sept '13

Epsom and St. Helier University Hospitals NHS Trust

WORK IN PROGRESS

What services are moving to Epsom hospital

- We plan to move **21%** of activity to Epsom:
  - Some day case surgery lists (already moved)
  - A new urology/ lithotripsy hub
  - Ophthalmology outpatients
  - sk:n (a private skin care clinic)
  - Pharmacy and X-ray to support these services; and
  - A new medical records hub

WORK IN PROGRESS

How does this affect car-parking at our hospitals

- Working group looking at travel impacts
- Range of measures being developed:
  - more car park spaces at both sites
  - encouraging flexible working by staff
  - encouraging other modes of travel

Epsom and St. Helier University Hospitals NHS Trust

WORK IN PROGRESS

Our planned timescales

Service	Wallington	St Helier	Epsom
Day Surgery		Aug ‘13	Aug ‘13
Outpatients	Sep ‘13	Jan ‘14	
Diagnostics	Sep ‘13	Feb ‘14	Feb ‘14
Urology	Sept ‘13		Jan ‘14
Medical records			Nov ‘13
Corporate offices		Nov ‘13/ Jan ‘14	
sk:n			Dec ‘13
Pre-op assess		Jan ‘14	
Ophthalmology		Jun ‘14	Jun ‘14
Pharmacy		Jun ‘14	Jun ‘14

WORK IN PROGRESS

Questions and discussion

Our plans for Sutton Hospital

How will our plans affect clinical services?

Ophthalmology (the Sutton eye-unit)

Ophthalmology, including the popular eye-casualty service, accounted for almost half of all patient attendances at the hospital last year. While most live in the Sutton and Merton area, a third of those patients come from Surrey and Kingston.

Our clinicians are planning to establish a new ophthalmology hub, including specialist laser treatment at St Helier hospital, and believe that the eye-casualty service is best located close to the Emergency Department and new Urgent Care Centre there.

For Surrey and Kingston patients, a hugely expanded ophthalmology outpatient service at Epsom hospital will provide care closer to where they live.

Direct access services (where patients are referred directly by their GPs)

Direct access phlebotomy (blood taking), accounted for a fifth of Sutton hospitals activity last year, with almost all those patients being referred by local Sutton GPs.

We think that this service would be best remaining on or close to Sutton hospital and are looking at the options for this. We already provide a similar service at St Helier, Epsom and Jubilee Health Centre Wallington and these will not change.

X-ray and ultrasound currently supports the outpatient clinics at Sutton as well receiving some patients direct from their GPs. We are opening in new direct access service at Jubilee Health Centre Wallington, which is about 2 ½ miles from Sutton hospital and plan to increase existing radiology services at Epsom and St Helier to support transferred clinics.

Urology and lithotripsy (treatment of urinary tract conditions and kidney stones)

The urology outpatient clinics and lithotripsy services at Sutton complement emergency surgery which takes place at St Helier and planned surgery at Epsom. The service draws on a wide catchment with 41% coming from Surrey, Kingston and areas outside London.

Our clinicians have an exciting vision for a new centre of excellence at Epsom which combines our teams at Sutton and Epsom and gives patients greater access to a pool of experienced staff. Some outpatient clinics will also transfer to Jubilee Health Centre Wallington which will provide Merton and Sutton patients with a closer to home alternative.

General outpatients

We already run multiple general outpatient departments at Epsom, St Helier and Sutton, and will soon be running some clinics at Jubilee Health Centre Wallington. Most of our clinics at Sutton see people from Sutton and Merton, many of whom live closer to St Helier.

Our plan is to reconfigure our outpatient units in Ferguson House at St Helier to accommodate both the clinics from Sutton and the Mary Moore outpatient clinics which are located at the other end of the St Helier site. This will give patients easy access from the car-park and bus stops to a combined outpatient department close to the pharmacy.

Pain management

This well-loved service includes both the Centre for Pain Management (COPE) multi-disciplinary pain management programme and an outpatient pain management service which has links to surgery clinicians. We propose that the latter moves to St Helier with the general outpatient clinics close to day surgery. However COPE patients may find the transfer more difficult and as a result we plan to keep the service at Sutton for the time being.

Chronic fatigue

This service is currently co-located with COPE at Sutton hospital and provides clinical psychology, nursing and physiotherapy services in a multi-disciplinary setting. There are similarities in the COPE and chronic fatigue patient groups and the services work closely together. As a result we plan for this service to also remain at Sutton for the time being.

Other clinical and non-clinical services at Sutton

Work is continuing to determine the future of the childcare service at Sutton and currently a number of options are being considered including retaining the day nursery and play-scheme on site.

We are in discussion with the sk:n private laser clinic used by our dermatology service, to provide alternative premises at Epsom.

Our health records service plans to create a new single record library at Epsom and relocate staff and records currently at both St Helier and Sutton sites there.

Our pharmacy service at Sutton closely supports the eye-unit and outpatient clinics. We will expand existing services at Epsom and St Helier to support transferring services.

Finance, procurement, estates and facilities and redevelopment team staff have their office base at Sutton. Predominantly these staff will transfer to Ferguson House at St Helier.

When will these changes happen?

Our proposed timetable for the moves is set out in the table below

Clinical Service	Move date	Location			
		To Epsom	To St Helier	To Wallington	To remain
Outpatients and diagnostics (partial)	Sep '13			✓	
Health Records	Nov '13	✓			
Finance and procurement offices	Nov '13		✓		
Outpatients (including pre-operative assessment and pain outpatients but excluding. urology & ophthalmology)	Jan '14		✓		
Urology/ lithotripsy	Jan '14	✓			
Estates and facilities and redevelopment team offices	Jan '14		✓		
X-ray/ ultrasound	Feb '14	✓	✓		
Ophthalmology	Jun '14	✓	✓		
Pharmacy	Jun '14	✓	✓		
COPE – multi-disciplinary pain management programme	N/a				✓
Chronic fatigue service	N/a				✓
Phlebotomy (blood testing)	N/a				✓

Epsom and St. Helier University Hospitals NHS Trust

Sutton Hospital

Case for Change September 2013

Contents:

1 Introduction and rationale

This case for change document is about the plans to relocate the majority of patient services that are provided by Epsom and St Helier University Hospitals NHS Trust (ESTH) at Sutton Hospital.

These plans are not new. We originally developed these proposals as part of the outline business case for the re-development of St Helier which included the transfer of all Sutton Hospital services to one of our principal sites at either Epsom or St Helier hospitals.

In this document you will read about the benefits to patients and to staff to make our services safer and better. These plans are about moving services, not closing them and how by moving them, we can at the same time improve patient care, improve working conditions for staff and in agreement with our commissioners, enhance and expand services where appropriate.

And this also contributes to our future financial sustainability – making the money work smarter means greater security for our high quality care.

Our vision for the foreseeable future is to be the provider of choice for our patients, providing high quality, safe, accessible and compassionate care to the people of Sutton, Surrey Downs, Merton and surrounding areas. Our first priority and the first of our strategic aims is to put our patients first and treat them as individuals, with a particular focus on excellent care, compassion and communication.

To achieve this, we must maximise our resources and concentrate effort where it works best for patient care and is most productive and efficient for our clinical teams. Money, time and talented staff will always be limited and with increasing demand for greater quality, we believe relocating these services is important and makes logical sense.

We believe these proposals fit with our commissioner and local government partners' responsibilities and aspirations for health and well-being. In particular for the London Borough of Sutton's statement in their Health Prospectus which sees St Helier Hospital as a major contributor to their plans to meet the identified health needs set out in Sutton's Joint Strategic Needs Assessment[1].

We have been granted capital of £4.5m by the NHS Trust Development Authority to upgrade facilities at both Epsom and St Helier hospitals to receive services currently provided at Sutton and to fund the moves themselves. This will improve the environment for both patients and staff.

Running our services more efficiently and saving on building running costs, as a result of these changes, will benefit the trust by over £3m each year, which will help us to balance our books.

[1] The Sutton JSNA is available at https://www.sutton.gov.uk/CHttpHandler.ashx?id=18310&p=0

2 Key Headlines

Our three main commissioners purchased care for 43,000 patients[2] with 112,000 completed episodes of care treated at Sutton Hospital in 2012-2013:

- 100 per cent of direct access for phlebotomy (taking blood) will remain at Sutton
- 99 per cent of ESTH urology patients already travel to Epsom to have planned surgery
- 74 per cent of patients currently treated at Sutton will either see a positive change with less distance to travel or have the same distance to travel as previously
- 60 per cent of patients treated at Sutton were also treated at our other hospitals last year
- 55 per cent of care currently provided at Sutton Hospital is purchased by NHS Sutton Clinical Commissioning Group (CCG); 22 per cent by NHS Surrey Downs CCG and 15 per cent by NHS Merton CCG. The remainder relates to neighbouring CCGs such as Croydon and Kingston
- 33 per cent of patients attending Sutton eye services are from Surrey and Kingston
- 22 per cent of the overall activity at Sutton will stay at Sutton to protect patient access

Patient and staff benefits at a glance:

- Re-designed ophthalmology service with bases at both Epsom and St Helier so that Surrey and Kingston patients have easier access in addition to clinics at Leatherhead and Morden*
- Exciting new plan to offer mobile eye screening and other enhanced eye services*
- Ambitious vision for an Epsom based urology centre of excellence incorporating lithotripsy treatment for patients as far as Kent, Sussex and west London*
- Re-introduction of one-stop clinics for haematuria*
- Improved access for day surgery patients to pre and post-operative therapy and on-site diagnostics
- Better scheduling and use of theatres with immediate access to enhanced support services
- Maximised use of expensive equipment and facilities
- Improved training and development opportunities
- Co-location gives access to a wider range of senior staff disciplines and specialties
- Greater flexibility on shift option
- Flexibility to offer additional clinics at the Jubilee Centre*
- Access to staff libraries and greater networking with peers
- Access to other trust facilities such as the restaurant for patients, families and staff
- Improved environment for both patients and staff
- Improved ability to attract talented staff.

* Denotes subject to final agreement with commissioners.

[2] We have assumed each direct access phlebotomy patient visits Sutton 3 times per annum

3 Plans and benefits for 2013/14

3.1 Introduction

Since April, we have been working hard to ensure that any relocation of services is beneficial for patients. To create better outcomes, improved environments and effective working for both patients and staff, we have planned to relocate most services based at the Sutton site. The final detail is being worked through with patients and partners so the following list is subject to those critical discussions being conducted:

Patient services at Sutton:

- ophthalmology (outpatients and emergency eye service) and a private opticians
- direct access services of phlebotomy, X-ray and ultrasound
- urodynamics and lithotripsy
- outpatients clinics, pre-operative assessment and an outpatient pharmacy
- pain and chronic fatigue service
- sk:n laser clinic (a private clinic also undertaking NHS work)
- day surgery.

From the work done so far, we know that last year 43,000 patients in total were seen at Sutton Hospital of which almost 60 per cent were also treated at Epsom and St Helier hospitals. There are clear clinical advantages for relocating the majority of services. For example, we will be opening services at the Jubilee Centre in Wallington with a brand new x-ray machine together with ultrasound so patients will benefit from new diagnostic equipment in the community.

Most of Sutton hospital's buildings are older and in poor repair when compared to others with much of the site empty - 55 per cent of the buildings are not used. Some areas need significant investment to bring them up to the standard we would expect for delivering high quality care to patients.

Sutton Hospital is the smallest and least used of our hospitals and treats far fewer patients, approximately 1,500 each week compared to 8,090 at St Helier and 4,880 at Epsom[3]. About 200 of our 4,300 staff work there.

It costs us more money to run services from three sites, including keeping the empty areas of Sutton hospital maintained and secure. An initial estimate suggests that the financial benefit is at least £3.6 million a year; a significant saving which would help us become financially sustainable in the future.

[3] All numbers exclude direct access patients

3.2 Day Surgery

The ESTH Surgery Directorate Management Team are working hard to create a consolidated, highly efficient and cost effective theatre service that delivers a quality service to patients on time, every time.

Day surgery services have already moved because it is vital to put the care of patients first. On the following page we explain why we felt that was necessary and although not an emergency, we did not want to risk delivering care that was less than the best you and your family should expect.

Just over 4000 patients had day surgery at Sutton for the following specialties:

- orthopaedics
- general surgery
- ENT
- oral surgery
- urology
- pain
- plastic surgery.

It is important to understand that patients agree to have day surgery treatment with their ESTH surgeon, they are scheduled by list for their surgeon and not by location. The distribution of operating lists throughout our operating departments and sites has evolved through a mixture of the historical ways of working and by theatre availability matched to consultants' timetables.
To improve how they deliver care to surgical patients, the team reviewed the Sutton theatres and found that at the beginning of 2013, the overall efficiency was around 70%.

The theatres were underused because of the lack of suitable single sex accommodation for surgical patients. Considerable investment would be required to bring the accommodation up to standard and to also replace the back-up generators on the site, which are needed if there is an interruption to power supplies for critical equipment and lighting.

There has also been high usage of agency and temporary staffing as the service has found it hard to attract staff to work on an ageing site without proper amenities. For example, Sutton does not have a restaurant for staff, patients and their families. The clinical team believe that the 15 per cent vacancy rate has impacted on the consistency and quality of care patients receive with the reliance on agency staff to run lists.

As a result of these concerns regarding inequitable care, the lack of suitable single-sex accommodation, the expense of replacing old back-up generators and agency costs, we moved the final day surgery activity to St Helier Hospital on 18 August 2013.

Benefits of day surgery consolidation

Consolidating operating departments means that patients now receive equitable high quality, consistent care regardless of location in a better environment. Patients have improved access to therapy services both before and after their operation and to a wider range of on-site diagnostics. Families, friends and staff can also use our restaurants and volunteer-run tea cafe.

With the team delivering strong clinical outcomes patients also benefit from improved scheduling and usage of theatres. This means more patients can be treated as teams do not waste time travelling with fewer cancelled operations and improved pre-operative assessments.

In the extreme event that patients have an adverse reaction during surgery, there is now immediate access to the enhanced support services in intensive care and high dependency care.

Most of the Sutton theatre lists are being accommodated within the B4 day surgery unit at St Helier. The urology (flexi-cystoscopy) lists have been to transferred to existing accommodation at Epsom Hospital but ultimately will be located within the proposed new urology centre at Epsom.

Please see p 10 for more details on urology.

Theatre staff are benefiting through:

- access to more or a wider range of senior staff disciplines
- improved opportunities to receive a wider training portfolio
- greater flexibility on shift options
- greater opportunity for networking with peers
- access to the staff libraries and other Trust facilities

The Surgery Directorate Management Team's theatre efficiencies programme is also delivering benefits through:

- improving procurement of theatre consumables and equipment
- reducing fixed costs
- reducing the management overhead by reducing the number of separate theatre departments and the management overhead
- maximising use of fixed resources.

3.3 Ophthalmology

Based at Sutton Hospital in poor condition accommodation, the ophthalmology service has over a third of the Sutton overhead costs allocated to it. Eye surgery moved from the site in 1998 to both Epsom and St Helier hospitals. In 2000, ESTH ophthalmology became part of the south west London network and all out of hours emergencies are seen at St George's and on call arrangements are shared with other hospital trusts across the sector.

The clinical team saw nearly 63,000 outpatients in total last year with clinics held at Sutton, Epsom, Leatherhead Hospital and the Morden Road Clinic, with over a third of patients coming from Surrey and Kingston to be seen at Sutton. Acute and community screening offered at Epsom and Leatherhead is performed by our orthoptists.

This highly regarded service has ambitious plans to expand specialist services but is limited by the space available at Sutton. With more and more people living longer, the demand for cataract and glaucoma treatment is expected to grow and we need to be ready to respond to this demand.

We are exploring the idea of using a mobile unit for glaucoma screening for diabetic eye patients which would be much like how some breast screening services are provided into the heart of communities.

Our popular eye casualty service is based at Sutton and opens from 9-5 Monday – Friday. We are one of the seven trusts within the region to offer an accident and emergency service of this kind. 30 per cent of the 5318 patients seen by this service came from Epsom and Kingston.

Preferred solution

The ophthalmology team's preferred approach to relocation is to preserve access for as many patients as possible. This means providing Sutton and Merton patients with care at St Helier and for Surrey and Kingston patients, at Epsom Hospital. Laser services will be only be available at St Helier due to the cost of this equipment and the availability of the specialist staff needed.

Our clinicians believe the eye casualty service is best located at St Helier Hospital's new Urgent Care Centre and co-located Emergency Department to ensure a holistic, integrated service for patients. The team are considering direct referrals from GPs as part of the relocation to mitigate concerns regarding easy access to our ophthalmic consultants.

The table below highlights some of the benefits we believe the preferred solution will offer:

Current situation at Sutton	Benefits of Relocation
Outpatient demand is increasing from 50,000 in 10/11 to 63,000 in 12/13	33% of patients attending Sutton Eye Unit are from Surrey and Kingston areas will be treated closer to home at Epsom
Continued service for Sutton and Merton patients	For many of these patients, St Helier will be closer to home. Huge gain for Surrey and Kingston patient with potential for more patients to be seen
Lack of space to manage increasing demand	New locations planned to meet demand
AE 6,500 attendances with 30% patients from Surrey and Kingston.	Introduce GP direct acute referrals and use Urgent Care Centre for walk-ins Plan 2-3 acute follow up clinics to treat Surrey and Kingston patients closer to home
12,000 orthoptist attendances for acute screening	25% attendances from Surrey and Kingston who will be treated closer to home at Epsom
Poor environment - sprawling layout – long corridors, high overheads. Very poor condition require huge investment	New clinic areas at St Helier and Epsom planned to benefit patients with capacity to manage growth. Shorter distances for patients to walk at St Helier than at Sutton
Surgery needs to remain on acute sites to cater for ASA 3&4 (quality standards)	Increased theatre capacity at Epsom.
Isolated from acute sites and support services	More integrated with benefits for being co-located with AE, Medicine and other specialties
Distance from main A&E at St Helier	Rapid access to ophthalmology support in AE St Helier
The majority of all diabetic eye patients seen at Sutton	Surrey diabetic eye patients would be seen in dedicated clinics at Epsom. Sutton and Merton patients in dedicated clinics at St Helier
Heavily reliant on significant number of images for diagnostic which are stored at St Helier. Due to size and number of images, viewing them in individual consulting rooms at Sutton is slow and time consuming as images only accessible via intersite wide area network	Move onto the St Helier site will provide the unit with significant improvements in performance. Engineers are based at St Helier and will be able to provide more timely support. Epsom service will require investment in new servers
Old equipment needs replacement	Updated equipment purchased with move
Nursing staff	Integrated team at St Helier gives increased flexibility and professional support

Space at St Helier has been identified on the ground floor of the main building in the current medical records space close to the urgent care centre to site most of the ophthalmology service. This means patients, who may have diminished vision, will have a shorter walk than currently at Sutton.

The ophthalmology team is engaging with patients and with Sutton Vision to test the new service models to ensure the redesign has their valuable input and advice. For example, we would like to introduce five new one-stop clinics a week with three at St Helier and two at Epsom in addition to those we hold at Sutton, Epsom, Leatherhead Hospital and the Morden Road Clinic. We would also like to agree with our commissioners and partners, to extend our services to the Royal Marsden and at the Children's Trust in Tadworth.

3.4 Urology

Urology services are provided across all our locations, with emergency surgery and outpatients at St Helier, elective inpatients, day surgery and clinics at Epsom and outpatient clinics, urodynamics and lithotripsy at Sutton.

Our urology teams have an exciting vision for the future which is to create a new urology centre of excellence by relocating the Sutton services to Epsom. This combines our teams and will provide a clinical critical mass to the service so patients have greater access to a pool of experienced staff (including consultant input when needed) and will allow the re-introduction and extension of one-stop clinics.

Our urology consultants are also planning to relocate some of their consultant outpatient clinics from Sutton Hospital to the newly built Jubilee Health Centre in Wallington to ensure we are providing patients with a choice of location in superior accommodation. We currently offer the following urological services on the Sutton site:

- lithotripsy
- urgent stone assessment clinics
- urodynamics/video urodynamics
- flexible cystoscopy
- intravesical chemotherapy
- flow rate clinics
- catheter care clinics
- outpatients
- female continence clinics
- Botox assessment clinics
- urethroplasty clinics.

Many clinics are nurse led and are carried out by the nurse consultant, clinical nurse specialists and MacMillan nurses. The general urology clinics are undertaken by specialist registrars and urology consultants.

Patients needing lithotripsy are cared for by a team including a full-time radiographer, staff nurse, junior doctor, health care assistant and patient pathway co-ordinator and have consultant input where appropriate.

Cystoscopy is undertaken by specialist registrars and urology consultants.

The existing service at Sutton and Epsom

The service at Sutton is located in disparate locations:

- the Lithotripsy Suite is a self-contained building adjacent to the outpatient department and has the lithotripter, offices and clinic rooms
- the urodynamics service is provided out of a number of clinical rooms and offices located in the main building
- outpatient clinics are held in the main outpatient department
- flexible cystoscopy is carried out in the day theatre unit.

On the Epsom site current services include:

- catheter care clinics
- flow rate and BPH assessment clinics
- transrectal ultrasound scan (TRUS) clinics.

These are carried out in one clinical room and one office and use the main outpatient reception as a waiting area.

The proposed new urology centre

There are major advantages to forming an integrated urology centre by combining teams on one site. Patient services can be organised and managed more efficiently and it allows closer working for the teams currently spread across three sites. This means a greater pool of staff to provide cross cover with better access to medical staff and, especially, consultant input when needed.

Being near to theatres gives access to anaesthetic cover for acutely unwell patients after lithotripsy or urodynamics, and consultants who are operating are available to answer queries.

We will be able to re-establish one stop haematuria clinics which were lost when cystoscopy moved to Sutton from Epsom and it will be possible to deliver more one-stop clinics for a variety of clinical conditions. Importantly, this shortens cancer diagnostic pathways and means patients do not have to return to hospital for repeated visits.

Our urology service draws patients from a wide catchment, including Sutton, Merton, Croydon, Kingston and Surrey with 38% of urology patients treated at Sutton hospital coming from Sutton, 27% originating from Surrey with 14% from Kingston and other non-London areas.

Patients already travel to Epsom for their planned urological surgery and the success of the Elective Orthopaedic Centre demonstrates that patients are prepared to travel to receive their investigations and treatment from well-regarded services.

Lithotripsy has an even wider catchment population which has expanded over the years as far south as Haywards Heath.

3.5 Direct access diagnostics

We have two main direct access services at Sutton which are plain film x-ray who see about 7,000 patients a year and phlebotomy (taking blood). Blood was taken nearly 22,000 times at Sutton Hospital last year so we think this service should stay on or near the Sutton site so patients can access this important part of their care and treatment easily.

There are other phlebotomy services available locally in Sutton town centre as well as the services at our two principal sites, the new Jubilee Centre in Wallington and at many GP surgeries.

The x-ray equipment at Sutton is about 20 years old and although linked to our Picture Archiving and Communications Service (PACS), is rapidly nearing the end of its lifetime. We are about to open a new service for ultrasound and x-ray at the Jubilee centre only 2.4 miles from Sutton (courtesy of Google maps). Patients will benefit from a brand new x-ray machine linked to PACS allowing our consultant radiologists to view a patient's x-ray remotely.

3.6 Outpatients

We run multiple general outpatient departments at both Epsom and St Helier with one at Sutton Hospital. With urology patients seen at the new urology centre of excellence in Epsom and ophthalmology patients seen in the new department on the ground floor of the main hospital at St Helier and at Epsom, we expect that the remaining general outpatients can be comfortably accommodated together.

Our plan is to reconfigure Ferguson House so that the ground floor becomes a clinical ambulatory area to give easy access from the car park and bus stop for outpatients. This will create one simplified general outpatient unit at St Helier which will make it far easier for patients to find. The Mary Moore outpatients will be part of this new single unit and from September, four rooms at the Jubilee Health Centre with plans for further services to be made available. These may include:

- gynaecology
- urology
- orthopaedics
- respiratory
- gastroenterology
- rheumatology
- dermatology
- cardiology
- ECG.

The first floor will house clinical administrative support with consultant offices with general administration on the second floor.

3.7 The Centre of Pain Education (COPE) and the chronic fatigue service

Our preference is for these services to be co-located at St Helier with their clinical links to pain day surgery. However, we do understand that those with chronic pain and fatigue who are receiving psychological support and group therapy may find the transfer more difficult and that we might want to consider a longer transition time for these patients.

We are acutely aware of our duties relating to the Equality Act 2010 to consider the impact of such a move and have conducted an equality analysis (see appendix one) which takes into account this patient group. As a result of our analysis, we want to undertake a further work and engage with these patients to properly understand their access needs and what is more conducive to their recovery. We will explore with our commissioners whether it might be better to continue to provide this type of therapy at Sutton while this work takes place.

3.8 Medical records

Accurate and easily accessible patient records are intrinsic to good patient care. We have started a medical records project not because of these plans but because we want to create a single trust library at Epsom with records electronically tagged. Tagging will mean an end to lost records as it is vital to have the right record with the right patient on the right site. With ophthalmology intending to move into space vacated by medical records at St Helier, it is important we continue this important project to optimise patient care and become more productive as a provider.

3.9 Other services

We have a number of other services at Sutton:

- a pharmacy service that primarily supports the ophthalmology department, but also provides some support to outpatients
- pre-operative assessment clinics have been temporarily relocated to Sutton whilst the urgent care centre works are completed at St Helier.
- a sk:n private laser clinic used by our dermatology service has a lease on premises at Sutton
- there is also a podiatry service run by Sutton and Merton Community Services.

As with phlebotomy and the psychological therapy support services, we are discussing an option to continue pre-operative assessment at Sutton. Our aim in all these transfers is not to restrict patient choice and access but to increase clinical benefit, resources and productivity. However, we do recognise that some services are safe to be offered independently and pre-operative assessment, although preferably co-located, is one of those.

We also run a nursery and play scheme on the site and have been discussing with staff the options for the future.

3.10 Impact of the service relocations on patient access

Parking at our main sites

We recognise that availability of parking at Epsom and St Helier Hospitals will be affected by our plans. We have set up a working group who is considering a number of different options for future car parking at St Helier and Epsom including additional parking spaces at both Epsom and St Helier for staff and patients. Another potential mitigation is a park and ride facility so that the Sutton site continues to play a positive role in reducing individual and environmental impacts.

Analysis of impact on patient access by GP location

We have analysed the impact of the proposed changes on patient travel times using their GP 's location as a proxy for where they live. Appendix 1 considers this in more detail.

As noted in section 2 above, using this methodology, 74 per cent of patients by episode who would previously have been treated at Sutton will see no change in their travel distance or be closer to the relocated service. Most of those who will have to travel further are urology service patients who almost all already visit Epsom Hospital for their initial surgery. The furthest additional distance travelled by 300 of this patient group is 5.2 miles

Considering patients referred by our three main commissioners, which make up 94 per cent of the Sutton Hospital activity, the proportion of patients by episode who will have to travel more than a mile extra are summarised below. Individual patients affected are approximately a third of the episodes (so on average each patient visits the hospital 3 times per annum). An mile equates to a 20 minute gentle walk or a 4 minute drive at 15 miles per hour. Of these patients, the average extra distance travelled is 2.7 miles.

Referring CCG	% of total patients treated at Sutton in 2012/13 by episode travelling more than an extra mile	Number of patients treated at Sutton in 2012/13 by episode travelling more than an extra mile
Sutton CCG	8%	5298
Surrey Downs CCG	18%	3883
Merton CCG	6%	987
Totals	**10%**	**10168**

The analysis does not take account of Jubilee Health Centre Wallington so the Sutton figures may be over stated. The Surrey figures are mainly as a result of two Surrey CCG GP practices within the Sutton post-code area which are closer to Sutton Hospital than Epsom. The Merton numbers are entirely related to patients attending the urology service which is moving to Epsom. Some of the

follow-ups could be seen at Jubilee Health Centre which will reduce travel times for Merton urology patients.

This analysis demonstrates that patient access will not be unduly affected by the planned service moves and in many instances access is improved.

Analysis of impact on patient access by electoral ward

We have also analysed Sutton patients by the ward in which they live and have considered the impact on travel times by patient ward as shown in the table below.

Summary of Travel times by ward		
Area	**Nearer**	**Further**
London Borough of Sutton	56%	44%
London Borough of Merton	91%	9%
Surrey Councils	77%	23%
Average of Above	67%	33%

Notes
Excludes Phlebotomy patients
Based on Surrey PCT planning tool
We believe the tool uses a mid-point in a ward to calculate travel times
All Merton and Sutton Urology patients have longer travel times
Surrey Councils analysed are Reigate and Banstead, Epsom and Ewell, Mole Valley and Elmbridge
We have assumed all Surrey patients go to Epsom
Three Surrey Wards closest to Sutton are disadvantaged: Banstead, Nork and Chipsrtead, Hooley and Woodmansterne.

The results of this method of analysis is broadly similar to using the figures generated by using the patients GP location and supports the conclusion that patient access will benefit from the proposed changes.

3.11 Improving our facilities and our finances

We have been awarded an extra £4.5m in capital for the current financial year to move our services into upgraded facilities at both Epsom and St Helier hospitals. This will improve the environment for patients and staff without affecting our existing capital programme.

Running our services more efficiently and saving on building running costs, as a result of these changes, will benefit the trust by over £3m each year, which will help us to balance our books.

4 Summary and recommendations

This case for change proposes a range of benefits for patients and staff: co-location of disparate services at both Epsom and St Helier; the opportunity to create a new urology centre of excellence and expand ophthalmology services to meet growing demand; the potential to improve a poor environment for patients, their families and for staff; and access to a wider range of social and educational facilities. Importantly, this plan involves providing the same range or enhanced patient services in a more efficient way, making the best of the resources we have.

We have been granted financial support of £4.5m from the NHS Trust Development Authority so that these changes can be implemented. This means we are able to invest, albeit relatively small sums compared to the original St Helier re-development, however, we believe these plans are in the best interests of the majority of patients currently attending our Sutton site.

Appendix one describes the equality analysis work we have done and you can see that more patients will be treated closer to where they live than have to travel further. We would like to take more time to properly work through any impact for patients receiving pain and chronic fatigue psychological support and to check any gaps in our existing analysis.

We have no current plans to sell the site and are continuing discussions with local GPs, the Royal Marsden and commissioners about their intentions for the future of the site. We think that local people and local politicians should also be invited to say what they think the future of Sutton hospital could look like.

Recommendations

Recommendation 1: the following services are retained at Sutton Hospital:
Direct access phlebotomy
Chronic fatigue and pain psychological support service (subject to patient engagement)
Recommendation 2 the following services are transferred from Sutton to the Jubilee Health Centre in Wallington:
X-ray
Ultrasound
Some outpatient services, with additional clinics to be developed in future
Recommendation 3 the following services are transferred from Sutton to St Helier:
Ophthalmology for Sutton and Merton patients
The Centre for Pain Management and chronic fatigue (excluding psychological support)
General outpatients (where not transferring to Wallington)
Recommendation 4 the following services are transferred from Sutton to Epsom:
Urology
Ophthalmology for Surrey and Kingston patients (excluding laser treatments and eye casualty)
Medical records
Recommendation 5 we conduct further engagement with patients:
As a result of our equality analysis, in particular ophthalmology, urology, pain and chronic fatigue psychological therapy patients

Appendix 1: Equality analysis

National policy and legislation: the Equality Act 2010

The Equality Act came into force October 2010. It gives a single legal framework with clear, streamlined law to more effectively tackle disadvantage and discrimination.

On 5 April 2011 the public sector equality duty (the "equality duty") came into force in England, Scotland and Wales. This duty replaced the previous race, disability and gender equality duties. It covers age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation.

The general equality duty is set out in section 149 of the Equality Act. In summary, those subject to the general equality duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between different groups
- foster good relations between different groups.

These are sometimes referred to as the three aims or arms of the general equality duty. The Act explains that having due regard for advancing equality involves:

- removing or minimising disadvantages suffered by people due to their protected
- characteristics
- taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- encouraging people from protected groups to participate in public life or in other
- activities where their participation is disproportionately low.

The Act states that meeting different needs involves taking steps to take account of disabled people's disabilities. It describes fostering good relations as tackling prejudice and promoting understanding between people from different groups. It states that compliance with the duty may involve treating some people more favourably than others.

The equality duty requires public authorities to demonstrate that they are making financial decisions in a fair, transparent and accountable way, considering the needs and the rights of different members of their community. This is achieved through assessing the impact that changes to policies and practices could have on protected groups.

The assessment does not necessarily have to take the form of a document called an Equality Impact Assessment (now known as an Equality Analysis) but this can be done when it is helpful. The duty does not prevent public authorities making difficult decisions such as reorganisations and relocations, redundancies, and service reductions. Neither does it stop them making decisions which may impact on one group more than another.

Courtesy of the Equality and Human Rights Commission

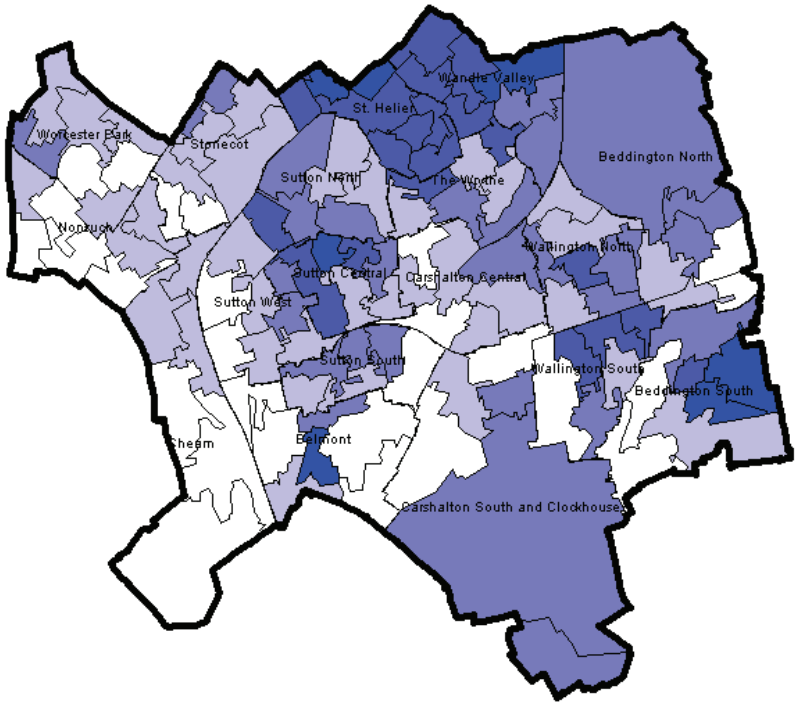
Equality issues and mitigation

Sutton's Joint Strategic Needs Assessment (JSNA)

The Index of Multiple Deprivation 2010 (IMD 2010) combines a number of indicators that cover a range of economic, social and housing issues, into a single deprivation score for each small area (Super Output Area) in England. This allows each area to be ranked relative to one another according to their level of deprivation.

In Sutton, the rank for the IMD 2010 is 196 out of 326 boroughs (where 1 is the most deprived and 326 the least deprived). This is a relative scale and compared with the rest of England, overall Sutton is one of the less deprived areas in the country. However, in certain small areas (Lower Super Output Areas, LSOAs) there has been a shift towards relatively more deprivation overall.

Chart one: IMD 2010

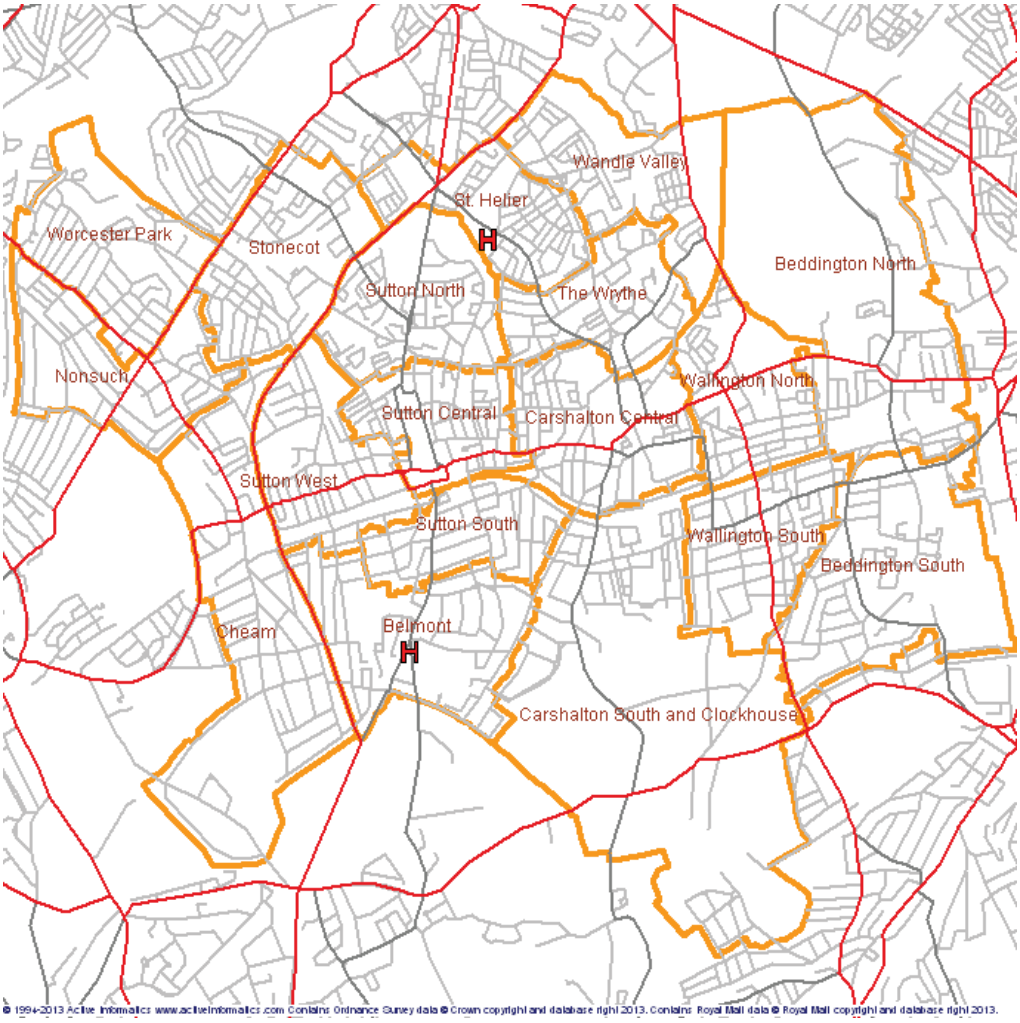


Lower Super Output Areas (SOAs) by National Rank Quintiles

Source: http://www.communities.gov.uk/communities/research/indicesdeprivation/deprivation10

In 2010, Belmont and Sutton Central were among a greater number of small areas to become relatively more deprived since 2007. However, two wards comprise LSOAs in both the most and least deprived quintile; Belmont has one in the most deprived and four in the least deprived.

Map two: map showing the proximity between St Helier and Sutton hospitals



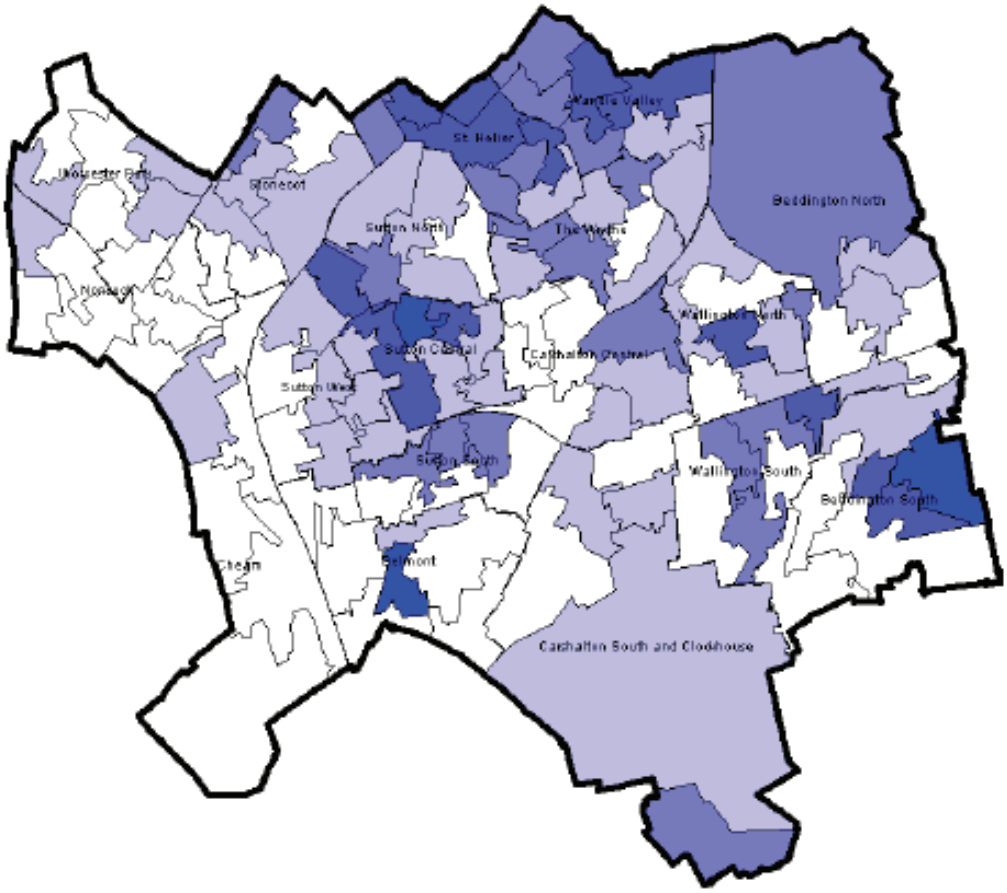
The map above shows the proximity between St Helier Hospital and Sutton Hospital of 3.2 miles (courtesy of Google maps). The new Jubilee Centre to be found just 2.4 miles from the Sutton site in Wallington with two public car parks nearby.

Deprivation and Health and Disability

The map below identifies areas with relatively high rates of people who die prematurely or whose quality of life is impaired by poor health or who are disabled.

There are three areas that fall within the 20% most deprived for health and disability reflecting overall good health. However, there is a significant variance across the borough demonstrating significant inequalities in health and differences in need.

Chart two: deprivation and health and disability



Lower Super Output Areas (SOAs) by National Rank Quintiles
Source: http://www.communities.gov.uk/communities/research/indicesdeprivation/deprivation10

The JSNA is a helpful document tells us that the health of people in Sutton is generally better than the England average. Deprivation is lower than average, however, we do have some pockets of LSOAs where deprivation is increasing. Interestingly, Belmont, one of the wards closest to Sutton Hospital, has both most and least deprived so there is not a clear cut picture.

The Health Profiles published by the Department of Health are due to be updated later in September but gives health information that is generally stable year on year. Reviewing these for ethnicity, Sutton's Health Profile indicates a slightly higher than average hospital admission percentage for Black, Other and Asian respectively. This data is only available for hospital admissions and there is no indication that a change to day services would create more inequality than for age for example.

The only significantly worse health profile for Sutton, when compared to the national average, is the smaller percentage of physically active adults.

Numbers and types of patients attending Sutton

Almost 43,000 patients were treated at Sutton in the last complete financial year. 55 per cent are from NHS Sutton Clinical Commissioning Group and 22 per cent from NHS Surrey Downs Clinical Commissioning Group as shown in the pie chart below:

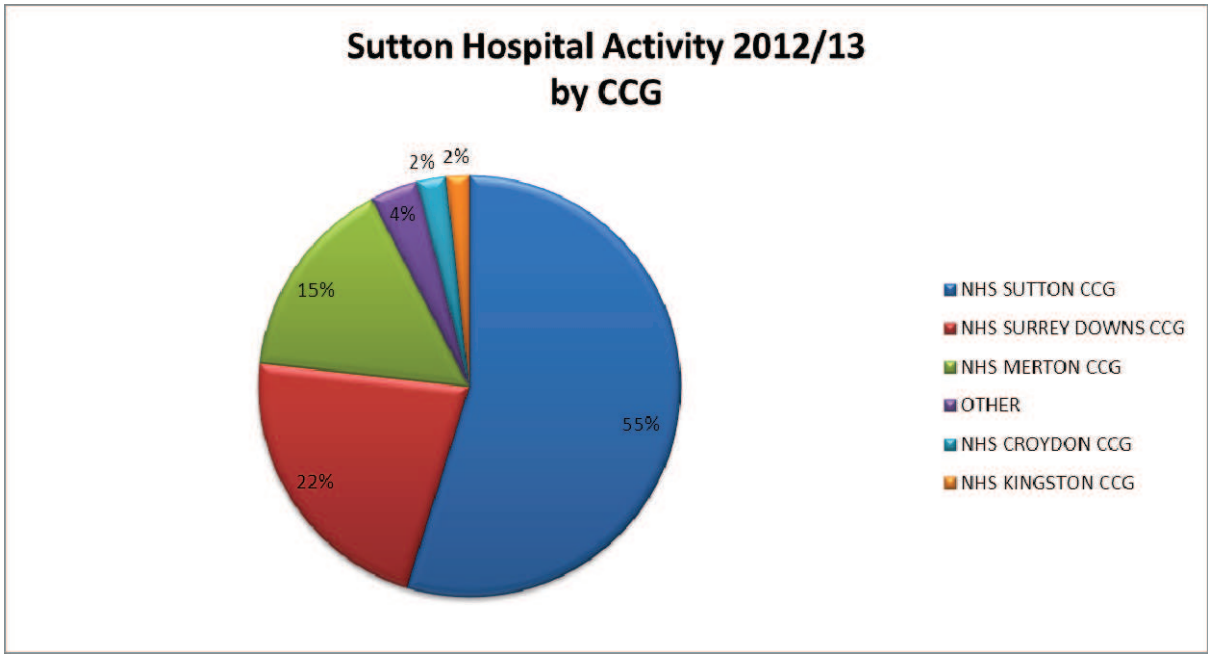


Chart three: Sutton Hospital patient activity for 2012/13

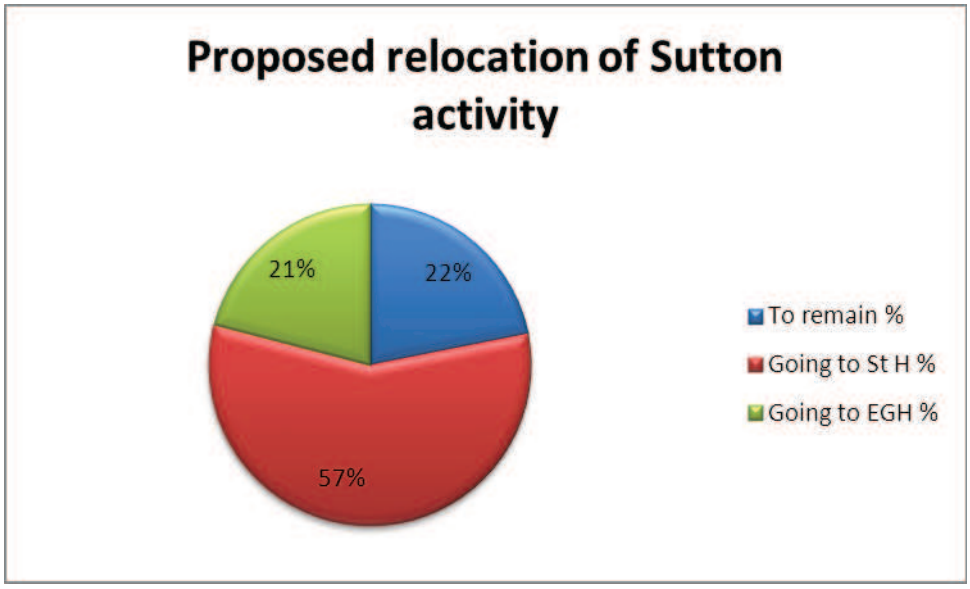


Chart four: proposed relocation of Sutton Hospital patient activity

The age breakdown of patients who attended Sutton last year can be seen in the table below. From our analysis, almost 60 per cent of these patients also accessed services at either St Helier or Epsom in the same year.

Table one: Sutton Hospital patient numbers in 2012/13 (excluding phlebotomy and x-ray only patients)

Age Group	Male	Female	Total
0-15	2226	1988	4214
16-24	722	874	1596
25-34	1108	1228	2336
35-44	1594	1732	3326
45-54	2254	2332	4586
55-64	2524	2558	5082
65-74	2800	2991	5791
75-84	2616	2975	5591
85-94	914	1364	2278
95+	29	96	125
	16787	**1988**	**34925**

We have assumed that each direct access phlebotomy and x-ray only patients visits 3 times per annum giving a total patient number of **43,143.**

Table two: Patient activity (by episodes) now and where expected to go in future:

Service	Activity now	% of total (now)	To remain activity	To remain %	Going to St H act	Going to St H [4]%	Going to EGH act	Going to EGH %
Ophthalmology excl laser clinics	51498	45%	0	0%	35534	69%	15964	31%
Ophthalmology laser clinics	1902	2%	0	0%	1902	3%	0	0%
Urodynamics excl lithotripsy	6024	5%	0	0%	0	0%	6024	100%
Lithotripsy	1376	1%	0	0%	0	0%	1376	100%
Outpatient Clinics	15800	14%	0	0%	15800	100%	0	0%
Day Cases	4000	3%	0	0%	4000	100%	0	0%
Direct Access	33900	30%	24654	70%	12246	30%	0	0%
Totals	**114500**	**100%**	**21654**	**22%**	**66745**	**58%**	**23364**	**20%**

[4] Figures include Jubilee Health Centre Wallington

Centre of Pain Management and Chronic Fatigue

We have said that our preference is for these services to be co-located at St Helier with their clinical links to pain day surgery. A small number of these patients (approximately 200) have psychological support and therapy as they have exhausted other treatments for their pain. This support is offered both individually and as group therapy and our concern is that despite the small numbers, this group of patients already experience significant impact to their lives and some disability as a result.

We therefore want to delay any relocation for this specific group and work with them to develop a sensitive transition plan that takes into account their access needs.

Emergency Eye Service

Following questions raised about this accessible service we have reviewed the numbers of patients who attended last year and by age group to ensure we have not discriminated unfairly.

The emergency eye service is open from Monday to Friday from 9-5 and accepts both professional referrals and also self-referrers.

On reviewing the number of people who currently use the eye emergency service for eyes, we have found the highest use in people aged 55-74 but decreases in age after that. Use of the service begins to get heavier from age 35 and given the relative affluence of Sutton, might suggest accessibility and hobbies such as gardening may drive attendance. Decreasing use in the older age groups might indicate that mobility may be a factor rather than increased eye disease.

Table three: 2012/13 Patients attending the emergency eye service by gender and age

Age Group	Male	Female	Total
0-15	187	177	364
16-24	121	158	279
25-34	232	271	503
35-44	317	381	698
45-54	347	403	750
55-64	357	543	900
65-74	362	518	880
75-84	291	408	699
85-94	76	159	235
95+	3	7	10
Total	2293	3025	5318

With just over 5000 patients seen last year with a range of conditions treated, the plan is to move this service into our existing emergency service at St Helier. As a result eye emergency patients will have access to equitable, 24 hour care and treatment, 3.2 miles away in newly refurbished accommodation. We believe this mitigates the impact for current patients and the ophthalmology team are working to introduce an acute referral pathway at both Epsom and St Helier to protect the direct GP access which is much valued.

Change to distance travelled

We have also analysed our patient data to understand the impact of relocating services to St Helier and to Epsom. St Helier is 3.2 miles from Sutton and Epsom is 5.2 miles (courtesy of Google maps).

74 per cent of Sutton Hospital patients are unaffected by the change in location or have reduced distances to travel. Of the remaining 26 per cent, two thirds of these patients have a less than a mile extra to travel. The worst case is up to 2.5 per cent of the total (4,200 episodes) who are urology (including lithotripsy) patients and who will travel up to 4.7 miles further to Epsom. However almost all of these patients go to Epsom for their initial surgery.

60% of Sutton patients will travel less distance to St Helier. Aside from urology, all Merton patients will travel less distance to St Helier and 80% of Surrey patients less distance to Epsom.

And with almost 60 per cent of all patients already seen at one of our principal sites at St Helier or Epsom, accessing services at a different location would appear not to be an issue.

Please note that as we believe that the services we will be offering at the new Jubilee Centre in Wallington comply with additional patient choice and access we have not analysed this in change to distances travelled although to note, the distance from Sutton Hospital to the new Jubilee is 2.4 miles (courtesy of Google maps).

Public transport

Getting to our main hospital sites by public transport is easiest by bus with a number of routes stopping outside both Epsom and St Helier. Rail services are available with St Helier station, Carshalton and Sutton serving St Helier. These and Epsom station are a good 20-30 minute walk from the hospitals with taxi services available locally or bus stops nearby.

From Sutton Hospital to the new Jubilee Centre in Wallington is easily done either by the S4 route which goes from Roundshaw – Wallington – Belmont – Sutton – Rose Hill – St Helier (every 30 minutes peak). The S4 bus stops at Belmont Station, a five minute walk from the hospital.

Belmont station has direct rail services to Wallington and onward to West Croydon and London Victoria.

Patient transport

Our equality duties require us to consider impact for the protected characteristics which includes age and disability. Of the 1589 Sutton patients currently eligible for patient transport because of disability will continue to have access to hospital transport which means the change to location of service, even if slightly further, has a reduced or neutral impact.

Distance by CCG area

Considering patients referred by our three main commissioners, which make up 94 per cent of the Sutton Hospital activity, the proportion of patients by episode who will have to travel more than a mile extra are summarised in table four below. Individual patients affected are approximately a third of the episodes (so on average each patient visits the hospital 3 times per annum). An mile equates to a 20 minute gentle walk or a 4 minute drive at 15 miles per hour.

Referring CCG	% of total patients treated at Sutton in 2012/13 by episode travelling more than an extra mile	Number of patients treated at Sutton in 2012/13 by episode travelling more than an extra mile
Sutton CCG	8%	5298
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Merton CCG	6%	987
Totals	**10%**	**10168**

The analysis does not take account of Jubilee Health Centre Wallington so the Sutton figures may be over stated. The Surrey figures are mainly as a result of two Surrey CCG GP practices within the Sutton post-code area who are closer to Sutton Hospital than Epsom. The Merton numbers are entirely related to patients attending the urology service which is moving to Epsom. Some of the follow-ups could be seen at Jubilee Health Centre which will reduce travel times for Merton urology patients.

Where Sutton Hospital patients come from

Table five: shows where patients who currently attend Sutton hospital live (by our main CCGs and using practice post codes as a proxy for where patients live)

Sutton CCG Practice post code	Percentage of patients
SM1	34%
SM6	23%
SM5	20%
SM3	10%
SM2	6%
SM4	5%
CR0	2%
CR4	1%
Total	100%
Total Episodes in 12/13	**63,731**

Surrey Downs CCG	
Practice post code	**Percentage of patients**
KT17	22%
SM7	20%
KT20	13%
KT21	11%
KT18	7%
KT19	7%
KT23	7%
Other	13%
Total	100%
Total Episodes in 12/13	**25,140**

Merton CCG	
Practice post code	**Percentage of patients**
SW19	26%
SM3	24%
SW20	16%
CR4	16%
SM4	16%
SW16	1%
Total	100%
Total Episodes in 12/13	**17,837**

As is apparent from the tables, the majority of Sutton CCG patients originate from SM1 which is the nearest postcode to St Helier Hospital. We have used GP practice post codes as a proxy because using patients' total six-digit postcode might lead to patients possibly being identified. There is a positive impact for over half of Sutton CCG patients who will also have less distance to travel.

Availability of parking at Sutton may influence some patients to choose this site for phlebotomy, x-ray and emergency eye care. We have an Estate Working Group who is considering a number of different options for future car parking at St Helier and Epsom including for example, a single deck at St Helier. A potential mitigation is a park and ride facility so that the Sutton site continues to play a positive role in reducing individual and environmental impacts.

We would like to involve more people in helping the local NHS with their views on how the Sutton site might be used in the future which could be a useful next step to this analysis.

Analysis of impact on patient access by electoral ward

We have also analysed Sutton patients by the ward in which they live and have considered the impact on travel times by patient ward as shown in the table below.

Summary of Travel times by ward		
Area	**Nearer**	**Further**
London Borough of Sutton	56%	44%
London Borough of Merton	91%	9%
Surrey Councils	77%	23%
Average of Above	67%	33%

Notes

Excludes Phlebotomy patients
Based on Surrey PCT planning tool
We believe the tool uses a mid-point in a ward to calculate travel times
All Merton and Sutton Urology patients have longer travel times
Surrey Councils analysed are Reigate and Banstead, Epsom and Ewell, Mole Valley and Elmbridge
We have assumed all Surrey patients go to Epsom
Three Surrey Wards closest to Sutton are disadvantaged: Banstead, Nork and Chipsrtead, Hooley and Woodmansterne.

The results of this method of analysis is broadly similar to using the figures generated by using the patients GP location and supports the conclusion that patient access will benefit from the proposed changes.

Appendix 2: History of major planning milestones

Sutton hospital has been the subject of much planning over the years and pre-dates the hospitals becoming a first wave NHS trust in 1991 when a vision for a Sutton 'campus' was created.

The NHS has moved on since the Better Healthcare Closer to Home (BHCH) consultation decisions were made with a renewed focus on clinical quality together with improved outcomes and experience for patients. Equally uncertain is the longer term future of the trust while we await the decision by commissioners to consult on Better Services, Better Value (BSBV). It is important here to note that in any BSBV option, Sutton hospital has not been considered for service location.

In light of this uncertainty and the need to improve services while resolving the deficit position, at our board meeting on 3 May, we agreed in principle to transfer services currently provided at the Sutton hospital site to St Helier and Epsom hospitals. We will in due course consider options for the future of the Sutton site including disposal, leasing or development.

Given the breadth of past consultation, reviews and on-going engagement our agreement in principle was made on a planning assumption that this is a natural evolution to BHCH.

Event	Scope	Year	Notes
BHCH consultation	Critical care hospital (CCH), local care hospitals (LCH) and intermediate care (IC)	2004	Sutton CCH +11 LCH +2 IC
BHCH strategic outline business case	Critical care hospital, local care hospitals and intermediate care	2005	Sutton CCH +11 LCH +2 IC
SofS direction		2005	
Steve Peacock review (BHCH programme director	Proposal for a critical care hospital, plus four local care centres and two intermediate care	2007	St. Helier CCH + 4 LCC +2IC Sutton Hospital LCC as unviable
Tribal Report	St. Helier Phase 1 development with four LCC and one IC	2007	Including St. Helier LCC Highlighted affordability risk
BHCH outline business cases	St. Helier Phase 1 for four LCC and one IC	2008/2009	Including St. Helier LCC
London Borough of Sutton Core Strategy	Future of Sutton Hospital	2007-2009	
Wallington Local Care Centre full business case	Wallington LCC	2009	2013: Jubilee Centre opened
Carshalton War Memorial disposal outline business case	Carshalton War Memorial	2010	2013: Redeveloped to provide private and social housing

St Helier Re-development outline business case	Approved by the Treasury	March 2010	
Comprehensive Spending Review	Re-affirms government commitment to St Helier re-development	October 2010	
Better Services Better Value programme launched		2011	
NHS London approve full business case	Decant of Ferguson House in preparation for demolition	June 2012	Required DH approval
Nelson full business case	Nelson LCC	2013	

St Helier Re-Development phase 1

From 2006, we worked to establish an outline business plan (OBC) for the re-development of St Helier and at the same time, Sutton and Merton Primary Care Trust (SMPCT) led the planning for local care centres.

Our outline business case for the St Helier re-development was approved by the Treasury in March 2010.

The OBC and the SMPCT-led planning processes were based on BHCH programme and continued stakeholder engagement took place during this time. The original proposals were regularly reviewed, including by NHS London in 2007 and while the broad direction remained constant, it has evolved over time to the current shape and form.

The OBC set out a potential future for the Sutton site that said SMPCT would be evaluating the scope of services and for the final programme to be consistent with BHCH programme. No clear commitment was made, however, the OBC did reference that the Trust's services would be relocated and an eventual disposal subject to approval by our board. It was envisaged that the sale would offset some of the BHCH costs but that BHCH was not dependent on the sale.

OBC service plans

These describe how co-locating clinical facilities on the St Helier hospital site would improve the efficiency of services. The plan included the transfer of ophthalmology from Sutton to St Helier and that urology was expected to be re-accommodated at Epsom with more 'detailed plans for the complete vacation of the Sutton site will form part of more detailed implementation planning closer to the time'.

The OBC noted that the relocation of ophthalmology may need some form of future consultation but did not specify a public consultation.