



Improving Healthcare
Together 2020-2030
NHS Surrey Downs, Sutton and Merton CCGs

Improving Healthcare Together (IHT) 2020 to 2030 presentation for Merton Health Scrutiny Committee

Page 67
January 2020



The slide pack provides Merton Health Scrutiny Committee with an update on IHT's plans for consultation.

Purpose

The purpose of this pack is to provide Merton Health Scrutiny Committee with information on our:

- Approach to co-developing the consultation plan
- Consultation proposals materials and plans for engagement and, Proposed consultation timeline and decision making process



Our approach to co-developing the consultation plan



We have undertaken a comprehensive programme of engagement with patients, carers, our residents and partners to develop, inform and shape our proposals

The feedback is provided in a number of reports:

- Independent analysis of feedback from public engagement report (The Campaign Company)
- Deprivation impact analysis (Cobic, PPL and the Nuffield Trust)
- Initial equalities analysis (Mott Macdonald)
- Interim Integrated Impact Assessment (Mott Macdonald)

Page 70



We have listened to and incorporated feedback from our stakeholders to co-develop our consultation plan.



Examples of the feedback from the Consultation Oversight Group includes:

- Detailed information on local community organisations, networks and partners following a stakeholder mapping exercise to ensure seldom groups are included in the plan
- Early thinking on draft consultation activities and agreed that the plan had a good menu of proposed activities to reach our populations with a wide variety of engagement events
- A recommendation that IHT works with the voluntary and community sector as a delivery partner for consultation activities
- Consideration is given to holding ‘pop-up’ events nearby GP surgeries as another way of engaging with patients
- Their review of the consultation questions and suggestions that questions are accessible and in plain English

Examples of the feedback from the Stakeholder Reference Group includes:

- Providing an Easy Read version of the consultation questionnaire
- Engagement with resident associations, deprived and elderly communities
- Publication of all the evidence in simple formats so people can understand everything, include infographics and other images
- Website translation plug-ins
- Holding public events
- Ensuring press coverage of the consultation

We have listened to and incorporated feedback from our stakeholders to co-develop our consultation plan.



Examples of the consultation feedback from the IHT Joint Health and Overview Scrutiny Sub-Committee includes:

- Ensuring the CCGs give a sufficient time period to allow people to be made aware of the consultation
- Providing further clarity on what information CCGs require to make an effective consultation
- Providing further detail on the engagement approach to potentially impacted communities

All feedback received is included in pages 14-17 of the draft consultation plan.



Improving Healthcare
Together 2020-2030
NHS Surrey Downs, Sutton and Merton CCGs

Our consultation proposals, materials and engagement plan

Page 73



As part of the consultation, we will be asking the views from local communities, NHS staff and partners on our proposals to invest in Epsom and St Helier hospitals



In September 2019, we were allocated £500 million to improve the current buildings at Epsom and St Helier hospitals as well as build a new specialist emergency care hospital on one of the three sites – Epsom, St Helier or Sutton.

Epsom and St Helier hospitals are facing significant challenges which we need to take action to solve if we are to keep hospital services within the Surrey Downs, Sutton and Merton area for generations to come.

What are we proposing

Page 74

The proposals outline three options, and a preferred option, for the location of a new 21st century hospital facility to bring together services for the most unwell patients, as well as births in hospital.

All three options would see the majority of services would stay at Epsom and St Helier hospitals in refurbished buildings, with both hospitals running 24 hours a day, 365 days a year, with urgent treatment centres at each hospital; and

- We would bring together six core (main) services for the most unwell patients, those who need more specialist care, and births in hospital, onto one site in new state-of-the-art buildings. This would mean that specialist doctors, nurses and clinical staff would be able to work together to provide round-the-clock specialist care.
- The proposals make it clear that services could be located at Epsom Hospital, St Helier Hospital but our preferred option is Sutton Hospital next to the Royal Marsden specialist cancer hospital. The other two options would be for the new facility to be at Epsom Hospital or St Helier Hospital. An additional urgent treatment centre is also proposed on the Sutton Hospital site if it were to be the location of the new hospital facility.
- Sutton Hospital is proposed as the preferred option for the specialist emergency care hospital because detailed assessment showed the least overall impact on travel for older people and those from deprived communities, while also having the smallest increase in average travel time for the most people. A new facility at Sutton would be the easiest and fastest to build – taking around four years, rather than up to seven for the other two options of the specialist emergency care hospital being built at Epsom or St Helier.

Comparing the options for the site of a new specialist emergency care hospital

We have looked at where the new specialist emergency care hospital could be located to allow us to keep these services within Surrey Downs, Sutton and Merton.

We applied the following three tests:

- The site would keep major hospital services within Surrey Downs, Sutton and Merton.
- We would have the right number of skilled and specialist staff to deliver healthcare services in the long-term.
- The site must be big enough for the specialist emergency care hospital services.

There are three possible locations for where we could bring together these six core (major) services in a specialist emergency care hospital. This could be at Epsom, St Helier or Sutton hospital.

We concluded that there are three possible options

1 Epsom as the site of the specialist emergency care hospital

2 St Helier as the site of the specialist emergency care hospital

3 Sutton as the site of the specialist emergency care hospital

Epsom Hospital



St Helier Hospital



Sutton Hospital



SECH Specialist emergency care hospital (SECH) services, including major emergencies, acute medicine, inpatient surgery, paediatrics, births and critical care

DH District hospital (DH) services, including inpatient beds, urgent treatment centre (UTC), outpatients, day case surgery, dialysis and chemotherapy

UTC Urgent treatment centre

This table shows how we have compared the three hospital sites. We agreed that Sutton Hospital is our preferred option.



Criteria

Sutton

St Helier

Epsom

	<p>Quality of care Would it improve safety and quality of clinical care, improve patient experience, provide the number of beds needed and solve the issues surrounding workforce, recruitment and keeping staff?</p>	<p>The proposed changes would deliver improved quality of care in all options. In all options, how we deliver care would be the same. There would be the same number of beds (a slight increase on what is available now) and the workforce issues would be solved.</p>		
	<p>Long-term clinical sustainability Does it improve access to urgent and emergency care and are there other clinical benefits for patients?</p>	<p>Three urgent treatment centres that would be open 24 hours a day, 365 days of the year. Located with Royal Marsden, it would improve care for Epsom and St Helier cancer patients.</p>	<p>Two urgent treatment centres that would be open 24 hours a day, 365 days of the year.</p>	<p>Two urgent treatment centres that would be open 24 hours a day, 365 days of the year.</p>
	<p>Meeting the health needs of local people What would the effect be on older people and people from deprived communities?</p>	<p>Least overall effect on travel for older people and people from deprived communities.</p>	<p>Greatest effect on travel for older people and least effect on travel for people from deprived communities.</p>	<p>Least effect on travel for older people and greatest effect on travel for people from deprived communities.</p>
	<p>Fit with the NHS Long Term Plan Would it fit with the NHS Long Term Plan and support bringing health and care services together?</p>	<p>All options would be similar to how the NHS Long Term Plan sees healthcare delivered in the future.</p>		
	<p>Access, including travel What would the effect be on travel and accessibility?</p>	<p>Smallest increase in average travel time. Fewer local people would have to travel further, as Sutton is the most central to where people live in the areas of Surrey Downs, Sutton and Merton.</p>	<p>Second greatest increase in average travel time. More local people would have to travel further, with more complicated journeys.</p>	<p>Greatest increase in average travel times. A larger number of local people would have to travel further, with more complicated journeys.</p>
	<p>How easy it is to deliver? How complex would it be to build and how long would it take? What would be the effect on neighbouring hospitals?</p>	<p>Easiest to build. Would take four years to build. Least effect on neighbouring hospitals – 50 beds move to other local hospitals.</p>	<p>More complicated to build. Would take seven years to build. Bigger effect on neighbouring hospitals – 81 beds move to other local hospitals.</p>	<p>More complicated to build. Would take six years to build. Greatest effect on neighbouring hospitals – 205 beds move to other local hospitals.</p>
	<p>Finance What is the cost to build and the long-term financial benefit to the NHS over 50 years, which is the planned lifetime of hospital buildings?</p>	<p>Most cost to build: \$511 million. It has the most new buildings but because it keeps the most patients in the area it is the best value for the taxpayer. There are extra benefits of being located with the Royal Marsden.</p>	<p>Least cost to build: \$430 million. It has the most refurbished buildings and keeps the majority of patients in the area, making it medium value for the taxpayer.</p>	<p>Medium cost to build: \$466 million. The build size is smaller as it keeps the least number of patients in the area. It also has the largest investment needed at other hospitals and so is the least value for the taxpayer.</p>

For all of the options, the time it would take the majority of people to get to the specialist emergency care hospital, by car or blue light ambulance, would not change. Over 99% of people travelling by car or blue light ambulance would get there within 10 minutes.

We have developed a number of consultation materials to provide local people with all of the information they need and so they can respond in a variety of ways ...



The documents include:

- A consultation plan
- A consultation document and summary
- Clinical case studies and fact sheets
- Consultation videos
- A consultation questionnaire
- A consultation leaflet

Page 77

All of these documents will be distributed widely and available on the Improving Healthcare Together website

- We will produce documents in plain English and provide an easy read consultation summary document and consultation questionnaire
- Translation of the consultation questionnaire and consultation summary will be undertaken in three languages: Tamil, Urdu and Polish (3 main most common languages in our combined geographies). These documents will be available electronically and hard copies can be provided upon request.

There will be many ways for people to have their say including:

Fill in the questionnaire on our website:
www.improvinghealthcaretogether.org.uk

Come to any of our local listening events to tell us your views

Email us at: hello@improvinghealthcaretogether.org.uk

Engage with us on **Twitter** @IHTogether or visit our **Facebook** page @ImprovingHealthcareTogether

Write to us at Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL

Call us on 02038 800 271

Message us via SMS on 07500 063191

Our consultation plan sets out an approach on how we intend to listen to and gather the views from local people



The consultation will seek to:

- Ensure people in the affected CCG areas are aware of and understand the case for change and proposed options for change
- Hear People's views on the proposed options for change
- Ensure the CCGs as decision makers receive detailed feedback from the consultation, to ensure they are as well informed as possible for making decisions
- Hear ideas for alternative solutions

We will reach out, listen and talk to key groups of people :

- Our public, patients, carers and their representatives
- Partner organisations
- Community and voluntary sector organisations
- Merton, Sutton and Surrey Healthwatch
- Seldom heard and equality groups
- Staff at Epsom and St Helier University Hospitals NHS Trust and Merton, Sutton and Surrey Downs Clinical Commissioning Groups
- Neighbouring Clinical Commissioning Groups
- Other local hospitals
- Local Authorities and the IHT Joint Health and Overview Scrutiny Committee
- MPs

We will use a range of methods to enable local people to take part in the consultation and talk to us about our proposals

Proposed programme of consultation activities	Number	Target audience	Geography
Listening events	<ul style="list-style-type: none"> 9 events (3 per CCG) 	<ul style="list-style-type: none"> We will listen to feedback and encourage local residents to complete the questionnaire 	Surrey Downs, Sutton and Merton CCGs areas
Awareness raising roadshows	<ul style="list-style-type: none"> c.18 	<ul style="list-style-type: none"> To raise awareness of the consultation with local people who otherwise might not actively engage with the consultation process, to share information, and encourage people to ask questions and complete the questionnaire in at public location of high footfall. 	Surrey Downs, Sutton and Merton CCGs areas (community presence)
Mobile pop-up events	<ul style="list-style-type: none"> c.18 	<ul style="list-style-type: none"> We will encourage clinicians, NHS staff and patients to ask questions and fill in the consultation questionnaire 	Surrey Downs, Sutton and Merton CCGs areas (ESTH and local healthcare centres)
Focus groups & depth interviews	<ul style="list-style-type: none"> 11 focus groups 6 one to one in-depth interview 	<ul style="list-style-type: none"> We will talk with diverse protected characteristics and seldom heard groups to listen and gather feedback on our proposals 	Surrey Downs, Sutton and Merton CCGs areas
Deliberative events	<ul style="list-style-type: none"> 3 events (1 per CCG) 	<ul style="list-style-type: none"> We will listen to views of local people on the questions and proposals for consultation based on informed, two-way dialogue 	Wider ESTH catchment area
Telephone interviews	<ul style="list-style-type: none"> c. 750 	<ul style="list-style-type: none"> We will undertake a telephone survey with a representative sample of the three CCGs 	Wider ESTH catchment area
Community Voluntary Sector (CVS) incentive scheme	<ul style="list-style-type: none"> To be confirmed 	<ul style="list-style-type: none"> CVS will support the consultation by running consultation meetings/focus groups with various protected characteristic and seldom heard groups 	Surrey Downs, Sutton and Merton CCGs areas

We will use a range of methods to enable local people to take part in the consultation and talk to us about our proposals

Proposed programme of consultation activities	Target audience	Geography
NHS staff engagement	<ul style="list-style-type: none"> We will encourage NHS staff to take part in the consultation including completing the questionnaire both at staff meetings and via various internal communications channels 	Surrey Downs, Sutton and Merton CCGs and neighbouring areas
Attending existing and actively sourced meetings	<ul style="list-style-type: none"> We will consult with the Joint Health Overview and Scrutiny Committee in line with the Health and Social Care Act 2012 We will attend face to face meetings with key stakeholders to listen to views on our proposals and/or ensure these are briefed. 	Surrey Downs, Sutton and Merton CCGs
Door-to-door communication	<ul style="list-style-type: none"> We will deliver a consultation leaflet to households across the three CCGs areas and close boundary neighbouring areas 	Surrey Downs, Sutton and Merton CCGs and neighbouring areas
Consultation questionnaire	<ul style="list-style-type: none"> We will gather views and feedback from local communities, NHS staff and partners on issues, concerns, and areas of support in relation to our proposals 	Surrey Downs, Sutton and Merton CCGs and wider ESTH areas
Consultation website	<ul style="list-style-type: none"> the IHT website will be our 'online consultation hub' for the public and visitors to the website will be able to access all consultation information here in one place, including all consultation documentation, frequently asked questions, calendar of our programme of events and the online questionnaire 	Surrey Downs, Sutton and Merton CCGs and wider ESTH areas
Media	<ul style="list-style-type: none"> We will engage with the public via media to raise awareness of any engagement opportunities during consultation, disseminate information and signpost local people to different ways through which they can find out more about and respond to the consultation 	Surrey Downs, Sutton and Merton CCGs
Social media	<ul style="list-style-type: none"> We will engage with the public via our social media channels (Twitter and Facebook) to raise awareness of the consultation and make the consultation accessible online, post consultation news and promote our proposed programme of consultation activities and events. 	Surrey Downs, Sutton and Merton CCGs and wider ESTH areas

Page 80



Improving Healthcare
Together 2020-2030
NHS Surrey Downs, Sutton and Merton CCGs

Proposed consultation timeline and decision making process

Page 81



At the end of the consultation period there are a number of important steps to be taken before any decision is made

- The feedback from the consultation will be analysed by an **independent research organisation** who will produce a consultation report.
- The **consultation report** and any further evidence will be fully considered by Surrey Downs, Sutton and Merton CCGs. This will be published on our website and **shared as widely a possible with communities, patients and stakeholders** which includes the **South West London and Surrey Joint Health and Overview Scrutiny sub-committee**.
- **The three CCGs will make a final decision after we have completed this consultation and considered the views of local people gathered during the consultation, and all the clinical and financial evidence, including the final Integrated Impact Assessment.**
- A **Decision-making business case (DMBC)** will be produced which brings together all the information required by the CCGs Committees in Common to enable it to make its decision on how services should be organised in the future.
- Whatever happens, none of the six services would be brought together **until the new specialist emergency care hospital is built, which for the preferred option would be 2025 at the earliest.**

Our proposed decision-making timetable

