NHS
Epsom and St Helier
University Hospitals
NHS Trust

Strategic Outline Case Summary

An introduction to our next steps in securing a sustainable future for our hospitals

This is an Epsom and St Helier University Hospitals NHS Trust document. It is a summary, and a detailed version is published on the Trust's website (www.epsom-sthelier.nhs.uk).

The purpose of this document is to describe the Trust's current position on different scenarios for delivering its clinical model.

It is being shared with commissioners, who the Trust requests consider the conclusions of the document and appropriate next steps. The document is a summary of the Trust's strategic outline business case for investment in its hospital sites. It includes:

- the case for change;
- the proposed clinical model;
- feedback from the public on this model and the ways it can be delivered;
- initial analysis of the financial impact of some of the ways the clinical model can be delivered; and
- proposed next steps.

The approach taken to financial analysis included in this document has been agreed with the Trust's commissioners and regulators. Capital costs have been estimated based on the prescribed Department of Health methodology and include significant contingency to reflect the uncertainty at this stage in planning. The financial analysis has been submitted to the Trust's commissioners and regulators for them to assure. This process is expected to take several months. Following this process, the Trust intends to publish further details of the financial analysis. As this assurance has not been completed, the financial information in this document is not final.

The Trust believes this document will form a solid basis for any further work required. It is prepared to support commissioners in any next steps, potentially including a pre-consultation business case if required.

November 2017

In July 2017 we embarked on a major exercise to engage with our local communities on the possible scenarios for the long term future of our hospitals – this work built on a wide-reaching review of our estate in 2015, which found that our ageing buildings are simply not suitable for delivering 21st century healthcare. Thank you to everyone who invited us to attend meetings, took the time to meet with us in groups and individually, ask questions and complete our questionnaire. I would also like to thank those people and organisations who wrote to us and shared their views, as well as those who got in touch by email and over social media. This has provided a wealth of information which we, and the wider NHS, will now use in shaping the future for our hospitals.

This document provides a summary of the case for change, what we think will happen if we do nothing, the clinical model we have proposed and how it will improve our clinical quality, as well as what we heard in our engagement campaign. It also provides information on how much money we will need to build the new facilities on each of our sites and the improvement this will make to the overall financial position of our hospitals. With the support of the local NHS, we also suggest what we need to do to proceed to the next stage of decision making.

The thousands of people who took the time to read our Epsom and St Helier 2020-2030 materials (available in hard copy and online), join us at a meeting or watch our video, will know that we propose to consolidate six services, representing 15% of patient care, onto a brand new, single acute facility. Doing so will mean that we can provide our sickest patients with the very best of care in a purpose-built facility, while 85% of patients will continue to receive care as they do now. Our engagement has shown that people are broadly supportive, with 79.8% of 1,059 people responding to the questions we asked supporting this model of care.

What is clear from all of our work is that we cannot continue to run all our acute services on two sites because we will not have the clinical staff to deliver all of the standards. We will continue to run an ever larger deficit and we will not have the money to invest in our staff and to make our buildings fit for purpose.

As a brief overview, the financial analysis we undertook of the three scenarios we proposed (an acute specialist facility at Epsom Hospital, at St Helier Hospital or co-located with The Royal Marsden on our Sutton Hospital site) shows that the Trust would be able to deliver all of the quality standards. We would also see a large absolute improvement in finances, regardless of which site would finally be identified as the home to the new facility. This financial analysis shows a relatively small difference between these scenarios and therefore no preferred scenario can be identified at the stage.

Using the appropriate NHS methodology to estimate the capital needed, we would need between £377 million and £444 million capital investment to build the new facility, upgrade our existing estate and provide for improved facilities in other neighbouring hospitals. We are proposing that we will need to broadly keep the same number of beds as now, and have modelled that we secure the funding for the new buildings from the Government. You can find more information about this financial analysis in section eight of our full strategic outline case (available online and in hard copy).

Our conclusion at this stage is that, on the basis of the far-reaching engagement and financial analysis, we have a strong case to continue to develop all of these three scenarios in more detail and work towards a public consultation. We have set out how we would like to work with the rest of the local NHS to achieve this.

Our staff go above and beyond to provide every patient with great care, every day, and we are committed to keeping all of the services at both of our hospitals whilst this work is underway. Our clinical teams want to meet all of the new quality standards, and improve patient outcomes in an environment which delivers a great patient experience. Collectively, we believe that this can only be achieved by bringing together services for patients who are acutely sick or those who are at-risk of becoming acutely sick, in a new purpose-built facility. This will enable us to deliver on our ambition of outstanding care in facilities which our patients and our staff deserve, and ensure the long term future of services for decades to come.

This document is just an overview of our findings so far. You can read the full document (known as a strategic outline case) on our website, or request a hard copy from our Communications Team by calling 020 8296 4996 or by email **esth.communications@nhs.net**

Daniel Elkeles, Chief Executive Officer

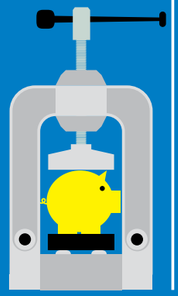
Our Case for Change

Epsom and St Helier University Hospitals NHS Trust is a safe and effective Trust, primarily operating across two sites (Epsom Hospital and St Helier Hospital) with a small presence at Sutton Hospital.

The Trust has made significant improvements since 2015, investing in over 300 more frontline staff and stabilising its finances.

In the past 12 months:

We kept a firm grip on our finances and drove down our spend on agency staff



We spent £16.7 million on maintaining our buildings and buying new equipment

54,419 patients had elective surgery with us – from hip replacements to cataract surgery

Our 1,000th dialysis patient recently joined our care

We saw a record-breaking 913,583 patients

We are facing three very serious issues:

1 Clinical sustainability

2 Buildings

3 Financial sustainability

1 Clinical sustainability

Working across two main sites, we will increasingly be unable to deliver all the required quality standards because there are not enough senior clinical specialist staff to run key services at two hospitals. This means that in the long term, our hospitals will not be clinically sustainable and at risk of services being closed and moved to other hospitals.

Providing care to the sickest patients across two acute sites means it is increasingly challenging to meet clinical standards. This includes:

- Ensuring on-site emergency medicine consultants working in the Emergency Department 16 hours a day, seven days a week (with off-site back-up and the ability to arrive on-site within 30 minutes if needed outside of these 16 hours)
- Achieving admission to a ward for patients within one hour of the decision to admit
- Providing timely access to emergency key diagnostics 24 hours a day, seven days a week.
- Having sufficient 24/7 obstetric consultant coverage on-site.

The new standards, together with the staffing levels needed to provide care for the sickest patients across two acute sites, creates a need for a workforce larger than that available to the Trust. Providing care for the sickest patients across two acute sites means the Trust needs 52 more consultants to meet current seven day standards across both sites.

"We are facing significant clinical challenges, including workforce. Working across two sites means the Trust needs at least an additional 52 consultants to meet current seven day standards across both sites. This would add to our financial challenge and we (like many other hospital trusts across the country) would struggle to recruit sufficient junior doctors to staff rotas across two sites." **Dr Ruth Carlton, Joint Medical Director.**

Clinical Director of Gynaecology, Mrs Carolyn Croucher, said: *"I first worked at this Trust in 1989 as a newly qualified doctor and have always been struck by the amazing staff who work here, and care so much for their patients. Much has changed in that time, but our buildings are in a sorry state for 21st century and modern acute healthcare. Our patients deserve better accommodation and facilities. Whilst our Women's Health Departments now offer many innovative services across all our sites, and will continue to do so, 2020-2030 is an exciting opportunity to provide our community with a sustainable acute service for the future, yet still retaining its caring heart."*

2 Buildings

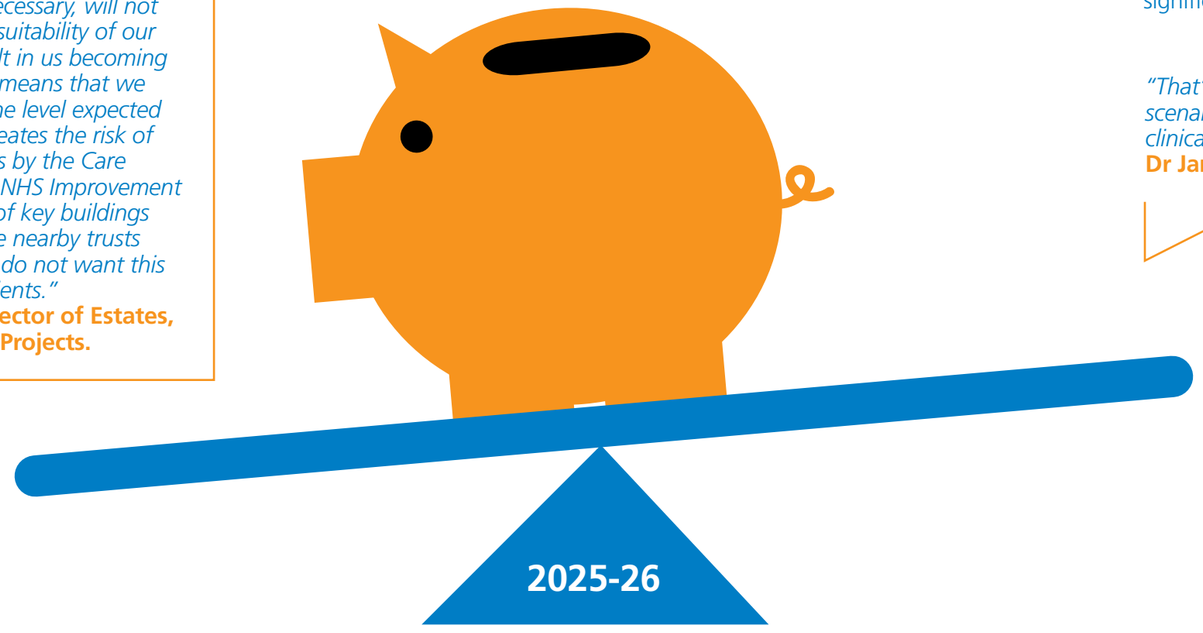
Under current plans, we will only have sufficient investment to make our buildings structurally safe and this alone will not provide the facilities necessary for the delivery of 21st century healthcare.

The Trust's estate is not fit for purpose, with a backlog of maintenance in excess of £126 million. This does not enable clinicians to deliver healthcare to the standards they want and patients expect, and indeed deserve. The Care Quality Commission, the independent regulator of health and adult social care in England, found significant estates issues at our hospitals that need resolving.

We need £398 million to eliminate backlog maintenance and improve the functional suitability of St Helier Hospital. We have secured £190 million of this, so we still need to secure £208 million.

"A large number of our patients share bathroom facilities with 17 other patients. They have to walk out of their hospital bay and along a corridor before they reach a bathroom. In a modern hospital, half of the rooms would be single en-suite, providing patients with privacy and dignity and allowing us to better manage infections. We want this for our patients." **Charlotte Hall, Chief Nurse and Director of Infection Prevention and Control.**

"The additional money we are spending on our estate, whilst necessary, will not address the functional suitability of our buildings, and will result in us becoming clinically unviable. This means that we could not perform at the level expected by regulators, which creates the risk of regulatory interventions by the Care Quality Commission or NHS Improvement and potential closures of key buildings at short notice (as some nearby trusts have experienced). We do not want this uncertainty for our patients." **Trevor Fitzgerald, Director of Estates, Facilities and Capital Projects.**



3 Financial sustainability

We will continue to have a large and increasing annual deficit. By 2025-26 the deficit will be around £40 million if current services and trends (including rising demand and cost pressures) continue. So despite all of the ongoing work to make our hospitals as efficient as possible our annual deficit will increase by around £1 million every year.

Without bringing acute services on to one site, the financial position of the Trust will continue to deteriorate. Providing acute services on two sites creates cost pressures, including the costs of staffing rotas across two hospitals, as well as the costs of working in buildings that are no longer fit for purpose. These costs mean that the Trust faces an increasing deficit – this is currently £27 million and is expected to reach circa £40 million by 2025-26.

These three issues mean that the Trust simply will not be able to operate in the long-term future without making significant changes to our model of care.

"That's why we are putting forward three scenarios that will help us to secure a clinical and financially sustainable future." **Dr James Marsh, Joint Medical Director.**

"We spend significantly more money on keeping our buildings safe when compared to a modern facility. This is money which we want to spend on patient care." **Dr Guan Lim, Clinical Director for Medicine.**

We are currently spending £27 million more than we receive in funding; this is over half a million pounds a week. This is a result of:

- The cost of maintaining old buildings
- Running duplicate services on more than one site
- Reduced opportunities for efficiencies to be made within existing operating and clinical models.

We cannot continue to deliver acute services across two sites and deliver all the required quality standards.

There are not enough senior clinical specialist staff to run key services at two hospitals.

In the long term, our hospitals will not be clinically sustainable and are at-risk of services being closed and moved to other hospitals.

This means we need a new clinical model.

For 2015–2020 we committed that:

Both Epsom Hospital and St Helier Hospital will continue to provide 24/7 care across A&E, maternity and inpatient children's services.

St Helier Hospital will provide specialist and emergency care, such as acute surgery for the sickest patients, and Epsom Hospital will expand its range of planned care.

Work will continue with patients, GPs, commissioners, NHS England, NHS Improvement and other partners to provide significantly more care in community settings, closer to home for patients, so that they only have to come to hospital when they really need to.

We aim to continue with these commitments between now and a new specialist acute facility opening in the mid 2020s.

A note about our communities

We need to meet the specific needs of the different local populations we serve, and we heard this message very clearly in the feedback from the engagement.

The community around Epsom Hospital is older than the rest of the Trust's surrounding population, and the area has a lower population density than the community around St Helier. This creates specific challenges in ensuring access, particularly for urgent care, and delivering services to elderly patients.

There are pockets of higher deprivation and less affluent communities around St Helier Hospital. This creates a specific need for a level of service provision from the St Helier site.

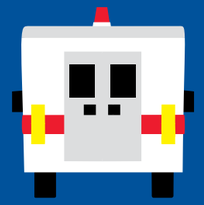
Alongside this, there are clear local healthcare needs in the Epsom and St Helier localities that we will need to consider in our clinical model, including how to deliver a greater level of care closer to patients' homes.

Clinical model

The clinical model has two main features:

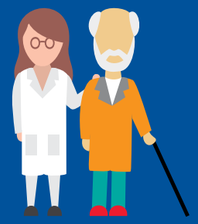
1 **Keeping services local:** That is, meeting the needs of local populations and delivering care closer to home by working more closely with community and primary care partners to deliver consistent and joined-up services to communities in and around Epsom, the London Borough of Sutton and a small part of the London Borough of Merton. The model developed provides for up to 87% of current patient activity remaining on the Epsom site and 86% on the St Helier site wherever the acute facility is located. This would mean that the vast majority of patients would see no change to where they receive their care.

What services would stay local/as they are now?



Urgent and emergency care (local A&E): For the 100,000 people coming to hospital for urgent treatment, there would be generalist-run (either by a GP or a generalist doctor), 24/7 local A&E walk-in centre with specialist medical support as required.

Outpatients and diagnostics: All our outpatient clinics and diagnostic tests (such as an MRI scan) would still be held where they are now. This also includes all of our radiology services and endoscopy procedures.



Elderly care and rehabilitation beds: Elderly care, community and rehabilitation beds (including a centre of excellence for stroke rehabilitation) would be available for those patients who are not acutely sick but do require support to make a full recovery or to live as independently as possible.

Antenatal and postnatal care: Clinics for pregnant women and new mothers would be provided.

"Healthcare in the future is changing and we have been working with our commissioners and our social care partners to move services closer to patients' homes. Epsom Health and Care is a strong example of that, and is already improving services for older people. In fact, three patients are brought home each day thanks to support and care packages from Epsom Health and Care – that's the equivalent of running a whole ward. This delivers better care for patients as we know that people recover faster in their own environment with access and support from the right specialist teams.

"Looking to the future, we want to expand the services under Epsom Health and Care to include mental health care and services for children and young people. We also want to introduce a similar model for Sutton."
Dan Bradbury, Chief Operating Officer.

Integrated care: Better use of space to make room for more community-facing services, including primary care and social services. For example, this could include learning disability services, a day centre, community centre and/or a children's centre.

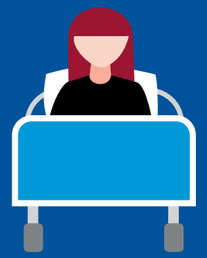
Elective procedures: Non-complex elective surgery (which is 70–90% of all planned care).

South West London Elective Orthopaedic Centre (Epsom Hospital): Epsom Hospital would continue to host the world-renowned SWLEOC.

Renal dialysis (St Helier Hospital): this specialist service, commissioned by NHS England, would continue at St Helier Hospital. A new state-of-the-art facility is currently being built in the heart of St Helier and is due to open in summer/autumn 2018.

2

Improving care for the sickest and most at-risk patients: That is, consolidating acute services onto a single site in a new facility for the sickest patients, where there is a clear quality argument. This represents 15% of the patient activity.



Inpatient paediatrics inpatient and specialist children's beds (including paediatric A&E).

Major A&E, the 24/7 emergency department taking major cases. Patients to this unit would arrive by ambulance, while all other patients needing urgent but not emergency care would be seen at our local A&E departments.

Births. For maternity services, the Trust aims to provide at least two resident doctors on-site at all times.

"Our clinicians, working with commissioners, other providers and local GPs, have developed a clinical model based on improving care for local people and achieving local and national standards." **Dr Simon Winn, Clinical Director for Medicine.**

Complex emergency medicine for the sickest medical patients (e.g., those needing high dependency care and coronary care).

Critical care, which is currently consolidated at St Helier (13 beds, with an additional two planned).

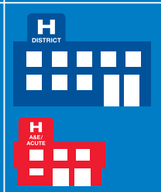
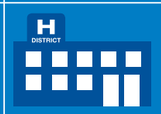
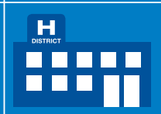
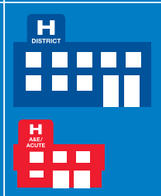
Emergency surgery and trauma, which is currently consolidated at St Helier (this consolidation has resulted in improved outcomes for patients).

Consolidating services for our sickest patients and those most at-risk will:

- Improve the quality of care provided and meet relevant quality standards without the need for additional consultant recruitment
- Ensure that on-call rotas can be fully covered
- Reduce reliance on agency staff
- Improve patient and staff experience
- Deliver savings of up to £57 million each year when fully implemented by 2025-2026.

Engaging with local communities

From July to October, the Trust engaged extensively with the local communities. The Trust produced a detailed engagement document, a smaller flier, made a ten-minute video and a four page advertorial in the local newspapers. The outputs of this public engagement have been compiled in a public report, available on the Trust's website **www.epsom-sthelier.nhs.uk**.

Potential scenario	Epsom Hospital	St Helier Hospital	Sutton Hospital and the Royal Marsden – co-located
1 Both Epsom and St Helier delivering a full range of local services with a new specialist acute facility based at Epsom.			
2 Both Epsom and St Helier delivering a full range of local services with a new specialist acute facility based at St Helier.			
3 Both Epsom and St Helier delivering a full range of local services and a new specialist acute facility (operating from a shared location) with The Royal Marsden at Sutton being where the centralised acute service is based.			 Co-located

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

The Consultation Institute

"The Consultation Institute is happy to confirm that your pre-engagement work so far – leading to your Pre engagement Report – has met tCI's criteria for best-practice pre-consultation."

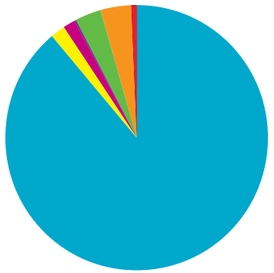
A large number of people have taken the time to share their views. This includes people responding to the questions asked; sending us individual letters; and attending public and group meetings. We also heard from stakeholders, official organisations and campaigners.

Using cards and the online form, 441 people have pledged their support for us investing between £300 million and £400 million, keeping services local and developing a new specialist acute facility.

The Trust's questionnaire was completed by 1,059 individual people. They said:

Question 1

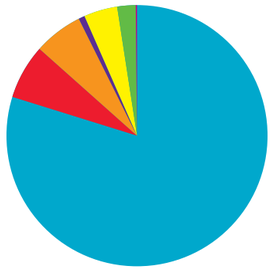
Do you agree with our aim to provide as much care as possible from our existing hospital sites at St Helier and Epsom and do this by working more closely with the other local health and care providers?



- **941** people answered yes.
- **40** people made general comments.
- **34** people answered N/A.
- **19** people answered no.
- **16** people said that they either did not know or they needed more information.
- **Seven** people said that they wanted just one hospital site.
- **Two** people stated that they wanted no change.

Question 2

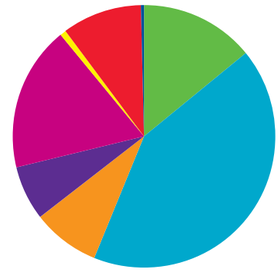
Do you think we have made the case that we will improve patient care by bringing together our services for our sickest or most at-risk patients on a new specialist acute facility on one site?



- **845** people answered yes, including 42 people who said yes, 'as long as the site is at …
- **73** answered no.
- **63** people said they did not know or they needed more information.
- **44** people said N/A.
- **24** people left general comments.
- **Nine** people said that wanted both sites to stay as they are.
- **One** person wanted one hospital site.

Question 3

Do you think we should consider any other scenarios?



- **446** people answered no.
- **149** people answered yes, and 50 of those proposed different scenarios.
- **189** said N/A.
- **104** respondents left general comments.
- **88** people said that they preferred one of the scenarios we had presented.
- **71** people said they didn't know or they needed more information.
- **Eight** people responded that they wanted no change.
- **Four** people said they thought we should have a single site.

The different scenarios people proposed can be grouped into six main themes

Build a new 'super hospital'

Close one or both hospitals

Acute facilities on both or all three sites

Separating Epsom and St Helier or merging with another trust

Rebuild St Helier Hospital

Change services or location.

Many people took time to write in:

We received 71 letters from individuals campaigning not to close St Helier Hospital and not to shut services at St Helier Hospital.

We received 122 letters from people campaigning not to shut services at St Helier Hospital and to build the new acute facility at St Helier Hospital.

One letter campaigned for the new acute facility building to be built at Epsom.

We have many stakeholders (individual people, groups and organisations) who have a significant interest in the services we provide.

This includes staff and trade unions, the local NHS, local authorities, residents' associations and MPs. We were keen to hear all of their views, as well as to ask residents, patients and carers for their thoughts, concerns and ideas.

This is what some of our stakeholders said. You can read letters and feedback in full on our website. (www.epsom-sthelier.nhs.uk)

1 Responses broadly in favour of the proposed clinical model

Many stakeholders have written with their broad support for a specialist acute facility on one of our sites.

Some of them have expressed views on which of our three hospital sites they think it should be built on.

Trust staff:

A large number of the senior clinicians (all 36 senior nurses and over 240 consultants) within the Trust signed a public letter of support.

A wider letter of support was also signed by 189 members of staff.

Trade unions/StaffSide partnership representatives:

A joint letter of support was received from

The Royal College of Nursing

Chartered Society of Physiotherapists

Society of Radiographers

British and Irish Orthoptic Society

Royal College of Midwives

British Medical Association

UNISON.

Surrey Heartlands Health and Care Partnership Transformation Board (STP).

Local authorities:

Epsom and Ewell Borough Council

London Borough of Sutton

Mole Valley District Council

Reigate and Banstead Borough Council.

Residents' associations:

Twelve local resident's association have written in with their broad support for our proposed clinical model.

Standing Committee of Residents' Associations in a joint letter with

Ewell Village

Epsom Town

Ewell Downs

Nonsuch

Stamford Ward

College Ward

Ashtead

West Ewell and Ruxley.

As well as letters from

Belmont and South Cheam Residents' Association and Belmont, South Sutton and South Cheam Neighbourhood Forum

Bookham Residents' Association

Cobham and Downside Residents' Association

Shanklin Village Residents' Association.

The Royal Marsden Hospital NHS Foundation Trust.

South West London acute hospital trusts:

Kingston Hospital NHS Foundation Trust

Croydon Health Services NHS Trust

St George's University Hospitals NHS Foundation Trust.

Local MPs:

Sir Paul Beresford MP for Mole Valley

Crispin Blunt MP for Reigate

Tom Brake MP for Carshalton and Wallington

Stephen Hammond MP for Wimbledon, Raynes Park, Morden and Motspur Park

Paul Scully MP for Sutton and Cheam

Epsom and Ewell Liberal Democrats.

The Friends of Epsom and West Park Hospitals.

2 Broadly neutral

Surrey County Council

Positive about the need to engage but did not express a view about the clinical model.

Key themes

Key themes that were raised included:

- Access, public transport, parking and travel times and the impact for patients, relatives and visitors.
- Deprivation, healthcare needs and the location of acute hospitals.
- The need to understand which services will be in the specialist acute site and what will be kept local and the evidence of why this change will improve outcomes for patients.
- Concern over what will happen to the sites where the acute facility is not located in the long term.
- Need for assurance that this is for NHS patients not private patients.
- The impact on other hospitals.
- Where the £300 – 400m is going to come from to build the new acute facility and how much it will cost to borrow this money.
- The process of how a decision will be made.
- The timescale to get permission to build a new facility and what will happen to the sites and services in the short term.

3
Stakeholders not in favour

Carshalton and Wallington Labour Party.

London Borough of Merton Council
Cllr Stephen Alambritis, Leader of Merton Council, encouraged people to sign up to campaign to build a new hospital at St Helier.

The following Merton councillors wrote to us strongly supporting services remaining at St Helier:

Cllr Agatha Akyigyina

Cllr Mark Allison

Cllr Stan Anderson

Cllr Laxmi Attawar

Cllr Caroline Cooper

Cllr Pauline Cowper

Cllr Nick Draper

Cllr Ross Garrod

Cllr Joan Henry

Cllr Philip Jones

Cllr Sally Kenny

Cllr Dennis Pearce

Cllr Geraldine Stanford

Cllr Martin Whelton

Dr Rosena Allin-Khan MP for Tooting (although we do not serve her constituency).

Siobhain McDonagh MP for Mitcham and Morden.

Central Medical Practice.

4
Stakeholders who do not think that this is the appropriate time to be undertaking this work

We received one letter to this effect, from:

Chris Grayling MP for Epsom and Ewell

5
Petitions

We received a number of letter petitions and petitions including:

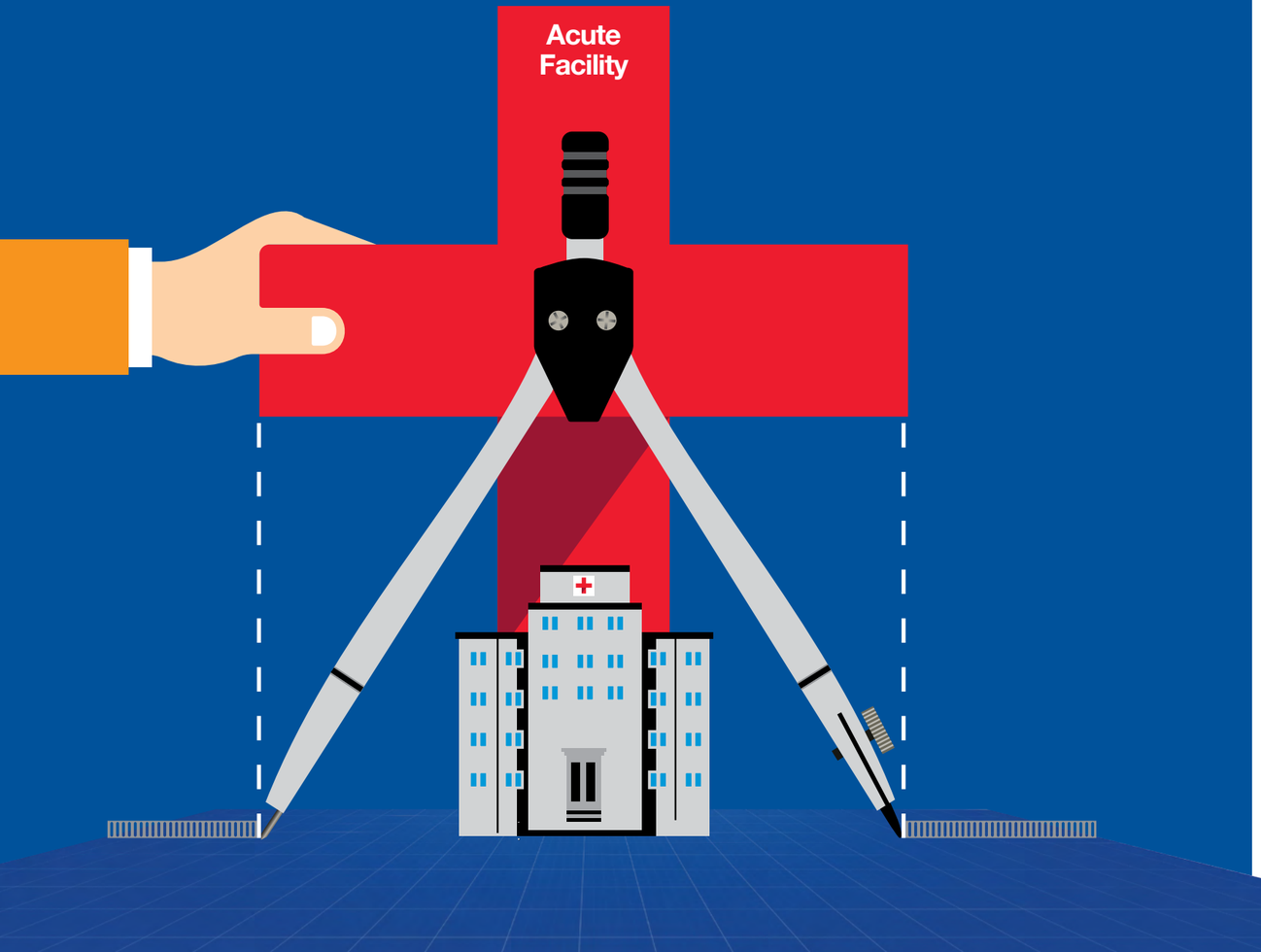
- "I want the new hospital built at St Helier instead of Belmont or Epsom" signed by 1,573 people.
- 15 different petitions (signed in total by 2,855 people) from groups local to St Helier to keep services at St Helier Hospital and or build a new hospital at St Helier.
- Parents and children from seven Morden primary schools (signed by 566 people) to keep all services open at St Helier and to use any funds to improve services at St Helier.

"The comments and feedback from a wide range of people have been really helpful to us in identifying the major issues that are of interest and concern. It has also provided good information about the respondents, in terms of age and location.

"In the next phase, we will be discussing all these issues with the people who have raised them, as well as involving the people who have given their permission to be contacted and expressed a wish to help us develop our options for the future.

"We are committed to continue to involve as many people as possible."
Laurence Newman, Chairman.

Are the three scenarios possible?



An initial analysis has been undertaken to understand if the three scenarios are affordable.

To do this we have also looked at the costs and levels of investment needed, not only in each of the three scenarios, but also what it would cost to improve our estate to run two acute facilities, as we do now.

1

Potential outline design of Epsom Hospital

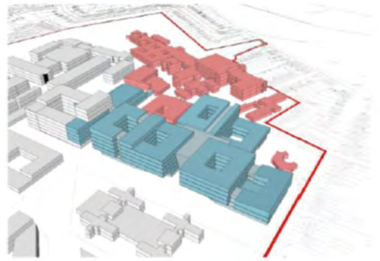
At Epsom Hospital the new facility would be located at the front of the hospital.

2

Potential outline design of St Helier Hospital

At St Helier Hospital the new facility would be located at the back of the hospital with a new multi-storey car park built on the current visitors car park.

3



Potential outline design of co-located Sutton Hospital

At Sutton the new facility would be co-located with The Royal Marsden on land owned by Epsom and St Helier and The Royal Marsden.

The aim of this preliminary analysis has been to understand the broad scenarios that could be explored further in the future. No conclusions have been made about any preferred scenario; this requires further work at later stages.

The analysis is based on current data, and could change if new information becomes available. This could include changes to capital requirements and interest rates, the Trust's financial position, levels of demand, the benefits of the clinical model, and the impact on other parts of the NHS.

Capital costs

We have already secured £190 million of capital investment to improve our buildings, but more is required to deliver the clinical model proposed. This ranges from £377 million to £444 million depending on the scenario. This capital includes the cost of building the new specialist acute facility, the improvements required to the existing buildings at Epsom and St Helier Hospitals and the costs of expanding services in other neighbouring hospitals.

We have compared this to the costs of improving the functional sustainability of some of the buildings at St Helier Hospital alone. This would require an investment of £208 million but this scenario does not enable the Trust to meet all of the new quality standards. So, the capital required in addition to the £208 million would be between £169-236 million. This would create buildings that were fit for purpose for both the specialist acute facility and the existing buildings at Epsom and St Helier hospitals.

Benefits

Bringing together the acute services into a specialist new acute facility will lead to improvements in workforce, enable better use of technologies, reduced costs in running and building maintenance and efficiencies by reducing length of stay for patients as they get access to the care they need faster. This could result in savings each year of between £39 million and £57 million.

Consolidation benefits summary (£m, 2025-26)

Benefit	Description	Financial benefits
Workforce	Reducing reliance on agency staff and ensure rotas are efficient.	£16 – £19 million
Technology	The new hospital facilities will include implementing digital technologies such as electronic patient records, which are already being used in many parts of the NHS.	£6 – £8 million
Buildings that are fit for purpose	Increased ability to achieve quality standards and reduced costs of maintaining and operating the estate, including efficiencies in energy utilisation, maintenance costs, lifts and cleaning.	£11 – £13 million
Efficiency	Reducing patients' average length of stay, and helping to get patients home quicker.	£2 – £6 million
Complex and private services	Increasing the volume of complex health care provided and increasing the % of Trust income from private patients by c1%.	£4 million

Co-location with The Royal Marsden would be expected to provide additional benefits (around £8 million) including maximising shared services and the potential for a cancer treatment centre.

It would also improve care for existing patients at The Royal Marsden, as acute services (such as intensive care) would be much closer and would mean very sick patients could avoid being transferred to other London hospitals.

Impact on the local NHS

Initial work has also been done on the potential impact on neighbouring hospitals and the cost of investment they would need in each scenario. Depending on which of our hospitals sites the specialist acute facility is built, for some people the nearest facility will be another provider. Ambulances take patients to the nearest appropriate hospital and so we have estimated the number of patients who would be taken to other providers in each scenario.

The additional investment required at neighbouring hospitals has been estimated based on the number of beds which may need to be built at these hospitals due to the Trust's service changes.

This analysis is based on preliminary work and further detailed analysis would be needed as part of any future business case development.

Improvement in the Trust's financial position

The absolute improvement in the Trust's financial position in any of the scenarios being considered is significant. When the new facility is opened the annual Trust deficit will reduce by a minimum of £36 million each year. And in the case of the co-located scenario with The Royal Marsden makes a small surplus. The relative difference between the three scenarios is small relative to the absolute difference to maintaining two acute sites. This means that at this stage we cannot make a decision to rule out any of the single acute site scenarios based on financial grounds alone and we need to do further work on the scenarios.

	Acute facilities on two sites with investment at St Helier	Epsom primary	St Helier primary	Sutton primary with The Royal Marsden, including RMP cancer treatment centre
Number of beds at the Trust	1,026 beds	834 beds	914 beds	1,012
Additional number of beds required at neighbouring hospitals		158 beds	80 beds	10 beds
Total number of beds	**1,026 beds**	**992 beds**	**994 beds**	**1,022**
Total capital investment required for the Trust and neighbouring providers	£208 million	£377 million	£396 million	£444 million
Trust's financial position (in-year position 2025-26)	(£40 million) deficit	(£4 million) deficit	(£4 million) deficit	£5 million surplus

Further details of the financial analysis can be found in the Trust's Strategic Outline Case available on the Trust's website **www.epsom-sthelier.nhs.uk.**

Conclusions

We cannot continue running acute services on two sites because we will not be able to meet all of the clinical standards expected of us. The Trust will continue to become clinically and financially unviable and will not have the appropriate buildings to deliver 21st century healthcare. This is not an option we believe is acceptable for our patients and our staff.

The Trust analysis shows that all three single acute site scenarios, where six acute services are consolidated on a single site and 85% of care remains at both St Helier and Epsom Hospitals enables us to deliver the required quality standards and we become clinically sustainable.

The financial benefit of all the consolidation in all of the three scenarios is significant when compared to where the Trust is now. The difference in total financial benefit between the three scenarios is relatively small.

Significant capital investment is required in each of the scenarios of between £377 and £444 million.

This initial work has shown that there is not a preferred scenario which can be identified at this stage. At this stage, only the initial viability of scenarios has been considered; none of the scenarios have been assessed against any formal agreed criteria.

Further work is needed with commissioners and the public to define broader criteria for assessment of different scenarios and further analysis is required to understand the performance of different scenarios against these.

A number of themes for criteria that are important to local people, for example travel distances have been identified from the feedback we have received throughout public involvement. The local commissioners will need to work with stakeholders and the public to determine the non-financial criteria that should be used to evaluate the scenarios in future using the information already provided from questionnaires, meetings, formal responses, letters and petitions. Thank you to everyone who took time to get involved and shared their views.

This strategic outline case will be shared with:

- NHS Improvement, the Trust's regulator
- Sutton Local Transformation Board (as the Trust's input into their component of the South West London Sustainability and Transformation Partnership refresh, which is due to be concluded at the end of November)
- Surrey Heartlands Sustainability and Transformation Partnership
- NHS England.

Further work will include the Trust supporting commissioners to evaluate the relative merits of the different scenarios. As part of this we have recommended to commissioners that the following is considered in detail:

- travel times and modelling travel time impacts for different groups of patients, relatives and visitors;
- deprivation, healthcare needs and the location of acute hospitals;
- an assessment of any equalities impact; and
- the impact of scenarios on other providers.

A programme plan would need to be developed by the relevant parties during the next stage but the process and timing could look something like:

Activity	Indicative timeline
Agreement to proceed	December 2017
Pre-consultation / outline business case completed (if required)	June 2018
Public consultation (if required)	Summer/autumn 2018
Decision on outcome of public consultation	Spring 2019

If the Trust was to proceed with developing new facilities, it is initially envisaged that these could be open in 2024-26. This would be subject to an intense period of work including developing planning permission and producing a full business case.

If you would like a copy of the full Strategic Outline Case please go to **www.epsom-sthelier.nhs.uk** or contact us on: **020 8296 3783** or email **esth.communications@nhs.net**.

To help further development of options and the criteria, the Trust will be holding ongoing meetings and workshops. Please get in touch if you would like to get involved and help shape the future of your local hospitals.

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

For more information, contact the **Communications Team on 020 8296 3783** or **email communications@esth.nhs.uk**.



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

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

Website: www.epsom-sthelier.nhs.uk