# Healthwatch Merton
# Healthwatch Sutton
# Healthwatch Surrey

## Improving Healthcare Together – Summary Report

### 1) Introduction

This is the Summary Report for Healthwatch's independent engagement with residents in Epsom, Sutton and Merton (within the boundaries of Sutton, Merton and Surrey Downs CCGs) in September and October 2018.

Over a hundred participants from specific parts of the community were consulted:

- Epsom – One group with carers, one with older people and one with those with Learning Disabilities (LD). Conducted between 18/09/18 – 1/10/18

- Sutton – Two groups with carers (one of younger carers, one of older carers), one group with older people and two BAME groups (one with members of the African & Caribbean Heritage Association [ACHA], and one with an African and Asian group called Sangam). 12/9/18 – 28/9/18

- Merton – one group with carers, one group with older people and one group with BAME residents. 15/10/18 – 19/10/18

Participants were a broad mix of age, ethnicity and had a variety of long- and short-term health needs.

### 2) Priorities / Main Criteria for 'Good Healthcare'

The main criteria for healthcare looked the same across all groups. Participants wanted quick referrals, short waiting times and to be treated with respect by medical staff (including any cultural sensitivities being accounted for).

The reputation of the hospital was important and hard won (and easily lost). Previous issues were hard to shake off (such as St Helier's problems with MRSA) and participants took them into account when choosing where to go - even though any issues may have happened years previously. The hospital also had to look and feel clean and suitable for treatment.

Accessibility was key too, especially to older people and those reliant on public transport (almost exclusively buses rather than trains). For those using a car, hospital parking was thought very expensive.

### 3) What Needs Improving Most?

Staff were generally praised and felt to be doing their best in difficult circumstances. It was

strongly felt that 'the system' itself was creaking (or broken in parts) and could be run far more efficiently. In fact, when considering service reconfiguration later, it was felt that many of the issues that needed addressing could be solved by better management (inefficient discharge process, medical care not 'joined-up' with social care etc).
Capacity was a key concern too; many had stories of very long waits in A&E departments – again though, it was felt some of the capacity could be freed up by better system management.

4) **The Principle of Integrated and Site-Focussed Acute Services (prefaced by overview of safety / modernity / funding issue)**

Participants generally understood and agreed *in principle* with the case for change. Improving patient safety and providing healthcare from modern buildings were key although achieving long-term financial stability was a greyer area. Participants didn't really understand the funding models (although they recognised the need for financial responsibility and operating within budgets). Surely if there was an overspend, as it was a National Health Service, then that overspend would be cleared? Staff shortages were much more apparent (and of greater concern) in regards to nurses than consultants.

The clinical vision and model both seemed to be prioritising the right areas. The issue of fairness was sometimes raised (especially in regards more deprived people / areas not losing out) – but people felt any re-configuration would inevitably be a boon to some but a burden to others.

5) **Potential Solutions – Acute Services focussed at Epsom, St Helier or Sutton Hospitals**

Participants did not think along the CCG lines when choosing their preferred hospitals. As previously mentioned, accessibility, reputation and convenience were all the main factors, so St George's Tooting, Kingston, Croydon and Guildford were all potential (and actual) alternatives or backstops to St Helier and Epsom. Sutton Hospital is for many an unknown quantity – beyond the general observation that it provides few (and district only) services such as blood tests. Some of those more familiar did rate it as not particularly accessible, but again this was based on very few people.

Reactions to re-configuration tended to depend most on location and distance from hospital. There were real concerns that closing *any* A&E would increase journey times, especially in the more rural parts of the CCG area. Those in more urban areas (Mitcham for instance) were less concerned and just thought they would go elsewhere – being 'well served' locally. However, in all areas there were concerns that closing any department would put greater pressure on overwhelmed services elsewhere. (St George's Tooting was often cited here).

St Helier is seen as in need of repair and development to make it more appropriate for modern medicine. It does though benefit from familiarity and loyalty; many have used it for 40+ years. So while many participants feel change is necessary, it would have to be very carefully managed and communicated. All would need reassurance that any closures locally would not negatively impact their safety, convenience or community. Any new units would need to be accessible and well-served by public transport, and they would need to have good levels of nursing staff.