

Better Healthcare Closer to Home

A summary of the proposals

July 2008

Sutton & Merton Primary Care Trust
Epsom and St Helier University Hospitals NHS Trust

Introduction

Local people in Sutton and Merton have been involved in discussions over the future of their local hospitals and health services for a number of years. The last formal consultation into our proposals under the title **Better Healthcare Closer to Home** took place in 2004. The proposals in this document, which is a summary of a draft 'outline business case' which will be submitted to NHS London, the strategic health authority, are the culmination of that process.

We believe these proposals are robust, affordable and sustainable into the future. If adopted they mean that St Helier Hospital will remain as the main hospital for local people, while four 'local care centres', offering a variety of services and two of them based in existing local community hospitals, will be established. And many more services will be provided direct to people's homes, saving them from longer and sometimes difficult journeys to access care.

It is hoped the new centres will be open for patients between 2010 and 2017.

This will mean patients receiving health care as close as possible to where they live and only going to hospital when they need treatment that can only be provided in hospital, not because there is no alternative in their GP surgery or a local centre.

Local people broadly agreed with the principles set out in our consultation, although there were varying views on the best sites for hospitals.

We think it will mean local people get better, more personalised healthcare from their local NHS in improved buildings with the latest technology.

We would be very happy to discuss these proposals with your local group or organisation. Please contact communications@smpct.nhs.uk and we will provide a speaker. Or ring us on 020 8251 0512.

Bill Gillespie, Chief Executive, Sutton & Merton Primary Care Trust
Samantha Jones, Chief Executive, Epsom and St Helier University Hospitals NHS Trust.

What are we planning?

After various proposals for a new hospital either opposite St Helier Hospital or at the Sutton Hospital site, we have looked in detail at the demand for services locally and come to the conclusion following expert advice that the best solution is to retain St Helier Hospital on its present site, and improve it with approximately £140 million in rebuilt wards and refurbished departments. The hospital would retain its 24 hour A&E department, which currently treats just under 75,000 patients every year, as well as intensive care and specialist departments.

As now, patients who suffer a stroke, serious heart attack or injury will be taken direct to St George's Hospital in Tooting, or another hospital where specialist services have been developed.

However, we don't believe that patients should have to attend hospital every time they have an outpatient appointment or need an x-ray, blood test or scan, so we are proposing a network of four local care centres throughout the two boroughs where this kind of work can be carried out.

One of these four centres would be at St Helier Hospital itself (so that patients could be treated at the 'front door' of the hospital without having to be admitted). The other centres would be at the Nelson Hospital in Raynes Park, the Wilson Hospital in Mitcham and Shotfield health centre in Wallington. They will not be identical but will provide a range of services that reflect local needs.

We have examined the feasibility of providing a local care centre at the Sutton Hospital site, but there does not appear to be a case for a local care centre offering the full range of services offered by the other proposed local care centres. However, in parallel to the Better Healthcare Closer to Home Programme, Sutton and Merton PCT and Epsom and St Helier University Hospitals NHS Trust are exploring with the Royal Marsden NHS Foundation Trust proposals for a health facility – including GPs, diagnostics and some other services – on the Sutton Hospital site.

In the future GPs will be able to refer patients to local care centres for certain treatments and it is planned that the Wilson Hospital will have 60 'intermediate care' beds, for patients who do not need to stay in a general hospital like St Helier, but are not quite well enough to go home or to a care home, as well as for patients recovering from an orthopaedic operation or another procedure. This would be complemented with a significant expansion in intermediate care teams (including nurses and therapists) to support people in their own homes – providing up to a further 65-85 places.

The cost of upgrading these centres is approximately £40-45 million, and an additional £15-20 million would be spent providing intermediate care beds as well as intermediate care teams to work in patients' own homes. We believe this would be money well spent.

If our proposals are adopted we would expect:

- 10 per cent of inpatient care to transfer out of St Helier Hospital into local settings – some would be in local care centres, including intermediate care, and some would be replaced with care in people's homes
- 75 per cent of diagnostic imaging – including x-ray, electrocardiogram and ultrasound – would be available in local care centres and other clinics
- 15 per cent of minor procedures and operations which do not require an overnight stay would take place in local care centres or GP surgeries
- 50-55 per cent of outpatient appointments would be in local care centres or GP surgeries
- Mental health services, including counselling, would be provided at all four local care centres.

We estimate that up to 600 unnecessary hospital admissions would be prevented each year by providing these local services.

How will St Helier Hospital change?

St Helier will remain the main local hospital for the area, providing a wide range of services, including a 24 hour Accident & Emergency department, as now. It will benefit from a new building programme and an extensive refurbishment, estimated to cost £140 million, and that programme is currently being planned in detail. We want our main hospital to provide the highest standards of care in a clean and modern environment. For example, one in every two rooms will be a single room.

We expect the following specialties, amongst others, to continue to be provided from St Helier:

- 24 hour A&E
- Acute medicine
- Stroke care including CT scanning and thrombolysis between 8.30 am and 4.30 pm Monday to Friday (outside those hours patients will be taken direct to St George's by ambulance)
- Emergency surgery
- Critical care
- Upper gastrointestinal surgery
- Infectious disease
- Planned surgery and medicine
- Plastic surgery and burns
- Endocrinology – hormonal disorders

- Nephrology – kidney medicine
- Hepatology – liver disease
- Ophthalmology
- Neurophysiology
- Clinical immunology
- Genito-urinary medicine
- Sleep studies
- Maxillofacial surgery
- Vascular surgery
- Pathology
- Cancer (much cancer surgery takes place at St Helier, with close working with the Royal Marsden at Sutton)
- End of life care (more people will be able to die at home if that is their choice)
- Diagnostics (full range of screening, including CT and MRI, and pathology services)
- Specialist outpatient clinics
- Renal services (some may move to a new unit in Surrey and there may be closer working with St George's)
- Teaching, training and research (student doctors will work both in the hospital and community setting).

What is not covered in these proposals?

The future of Epsom Hospital is not included in this outline business case. That is because although it is part of the Epsom and St Helier University Hospitals Trust, its patients mainly come from Surrey and the Surrey Primary Care Trust is planning a consultation on hospital services across the county.

We are also not making proposals here for the future of services for women and children in Sutton and Merton. That is because work is still continuing, led jointly by Sutton & Merton Primary Care Trust, Epsom and St Helier University Hospitals NHS Trust and Surrey Primary Care Trust, to look at options for these services and a public consultation, if applicable, will be launched in the autumn of this year.

Local primary care services now

Primary care describes the services provided by a very wide range of clinical staff, such as GPs, practice and community nurses (including specialists in conditions such as diabetes), physiotherapists, dietitians, health promotion experts and others.

It also includes care provided to patients in their own homes. We know that people much prefer to be seen in the comfort of their home and community matrons and specialist nurses will increasingly be visiting people at home, particularly elderly people, saving them the inconvenience and disruption of going to hospital for relatively minor procedures.

We are fortunate in our part of London in having very well developed primary care services, particularly in comparison with inner London. We have 54 GP practices, mostly group practices, with 55 per cent having a patient list of more than 5000. Already many of these practices provide a range of services including some testing and monitoring for common conditions such as high blood pressure, stop smoking clinics, advice on alcohol and drug misuse and services for women.

Other primary care services provided outside the general hospital include child behaviour clinics, dental services, podiatry (surgery to the foot) nurse clinics, direct access clinics for musculoskeletal problems, as well as mental health services.

Increasingly, local GPs are developing skills in certain specialties so that they can treat both their patients and patients from other nearby practices. These GPs with a special interest (GPSIs) are already working locally in endoscopy (internal examinations), ear nose and throat medicine (ENT) and dermatology (skin conditions). In addition, screening for diabetic retinopathy (damage to the retina that can be treated with lasers) is also provided in a number of different practices. All these treatments would previously have been available only in the district hospital.

A new development in the NHS called practice based commissioning, where GPs work together to ensure that their patients can be treated closer to home, is making a real difference in Sutton and Merton.

Since 2002 the Primary Care Trust has invested in four large surgeries – Francis Grove and Figges Marsh surgeries in Merton, and Robin Hood Lane and Green Wrythe Lane surgeries in Sutton. This has given all these practices the opportunity to expand their services – in some case for patients from other practices as well as their own.

What this shows is a primary care network that is already developing a much wider range of services than was available previously. Many of them also have extended opening hours, often from 8 am to 8 pm during the week and on Saturday mornings. This network will be significantly enhanced once the four local care centres are up and running.

What will local care centres look like?

They will all provide a number of similar services, but they will not be identical, as they will be designed to meet the needs of local neighbourhoods. The three outside St Helier will serve populations of approximately 50,000 to 80,000, whereas the St Helier centre will meet the needs of a population of 108,000, expanding to 250,000 for specialist services not available in the other local centres.

Sutton and Merton are fortunate in having a number of small community hospitals ideally situated in the two boroughs, which can be converted into local care centres. Most will concentrate on:

- Primary care (including GP practices in most centres)
- Diagnostics such as x-ray and ultrasound, cardiac investigations and blood tests (some may include breast screening)
- Dentistry (community and special needs in most but not all)
- Outpatient appointments
- Minor operations (undertaken by GPs or hospital surgeons)
- Community services such as podiatry (surgery to the foot), family planning, speech and language therapy, services for women and children
- Family planning
- Community mental health services, including drug and alcohol advice and specialist care for children and adolescents and older people
- Intermediate care (we are planning to provide 60 beds at the Wilson for patients who do not need to stay in the district hospital after an operation, or who do not need to go there at all – these will mainly be elderly people, while some may be recovering from a stroke). In addition, community staff will provide intermediate care to an estimated additional 50 people in their own homes.
- Pharmacy services

It is expected that the centres will be open for extended hours – probably 8 am to 8 pm Monday to Friday. The Wilson centre is expected to be open for 12 hours a day, seven days a week. They will be accessible to people who are not patients of the GPs based there, and will also provide out of hours primary care services.

The box below shows the services that we would expect to be provided in the four local care centres.

Services	Nelson Hospital LCC	Wilson Hospital LCC	St Helier Hospital LCC	Wallington LCC
Outpatients*	Yes	Yes	Yes	Yes
Diagnostics	Yes	Yes	Yes	Yes
GP services	Yes	Yes, on a rota system	Yes	Yes
Mental health care	Yes	Yes	Yes	Yes
Pharmacy	Yes	Yes	Yes	Yes
Community or special needs dentistry		Yes	Yes	
GP ENT		Yes	Yes	
GP Dermatology		Yes	Yes	
Retinal	Yes	Yes	Yes	

screening (for diabetes)				
Family planning	Yes	Yes	Yes	Yes
Cervical Cytology	Yes	Yes	Yes	Yes
Genito-urinary medicine	Yes	Yes	Yes	Yes
Community health services	Yes	Yes	Yes	Yes
Therapies and rehab	Yes	Yes	Yes	Yes
Voluntary services	Yes	Yes	Yes	Yes
Urgent care centre			Yes	
Support services:				
Coffee shop	Yes	Yes	Yes	Yes
Education and training	Yes	Yes	Yes	Yes

*The full range of outpatient specialties that we would expect to see in local care centres, provided either by GPs or hospital specialists, would include the following:

- Anticoagulant service (blood thinning)
- Audiological medicine (hearing)
- Cardiology (heart medicine)
- Dermatology (skin)
- Diabetic medicine
- Ear, Nose & Throat
- General medicine
- General surgery (minor procedures)
- Gynaecology
- Neurology (brain medicine)
- Ophthalmology (eyes)
- Oral surgery
- Orthodontics
- Rheumatology
- Orthopaedics
- Urology.

How the figures add up

These proposals have undergone rigorous financial appraisal to ensure that the services planned will be deliverable and sustainable.

The total investment in new and improved hospital and care centre buildings in these proposals would total approximately £200 million.

Estimates show that the financial impact locally would have a break even effect, with some services being provided more cost-effectively outside hospital, resulting in savings in the use of beds.

Moving care into local services could take £10 million a year from the annual budget of the Epsom and St Helier University Hospitals NHS Trust, which has a turnover of £300 million.

Extra costs of delivering services in local care centres would be up to £2.5 million a year. But the full effect of the changes would not be achieved until all the new local care centres are fully operational. We expect the full building and commissioning programme to be completed by 2017 with facilities opening as part of a phased programme around that period.

What happens next?

The Outline Business Case will be submitted to NHS London, the strategic health authority for London in the autumn. They will discuss the details with the PCT and the Trust and meetings will be held with local stakeholders as well as NHS staff. If NHS London gives approval to the business case we will start drawing up detailed plans for the new local care centres, while work proceeds on the major improvements to St Helier Hospital.