

EGH -Stakeholder Reference Group Meeting (SRG) – Using Teams, 11.30am on 2 June 20

The meeting's purpose was to review the Opinion Research Services (ORS) analysis of the consultation and to receive an update impact assessment report- there were 19 attendees.

I was amazed to learn that the decision-making process was nearly complete. The committees in common, the 3 CCGs, will be holding a public virtual meeting on 3 July at which a decision will be taken. No further involvement is needed from NHS England. The decision will then be passed to the Trust for implementation. The agenda will be published 5 days prior to the meeting so that the SRG can express its opinion. The meeting on 3 July will not take questions and any questions need to be submitted beforehand in writing.

Given what is set out below, it looks as though Sutton is more than likely to be confirmed on 3 July.

A) ORS presentation

The consultation, as previously stated is not a referendum but feedback needs to be taken into account. The consultation had received the Consultation Institute's best practice assurance certificate.

ORS is a spin out from Swansea University and specialises in social consultations. You Gov. (focus groups) and Ipsos Mori (residents survey) were also involved in the consultation.

Approx. 62% said Sutton was a good solution as per the analysis in the report

Major concerns were

- Travel and access
- Need for integration
- Health impacts because of travel, expense and parking
- Maternity – travel, access and 2 sites

Health inequalities re socially deprived areas was noted as was the suggestion to retain the status quo.

Both Sandra and David Ash expressed their disgust at the consultation process saying the responses were inadequate and that little notice had been taken of the 6,000 plus petition. The sample was not representative and as a result the consultation should be abandoned and recommenced. This was not going to happen.

Concern was expressed over the lack of beds for an ageing population: urgent care centres were not A&E and people want a local acute hospital.

B) Integrated Impact Assessment

New government guidelines had recently been issued and the interim report prepared by Mott MacDonald, had been updated and signed and agreed on 1 June.

Consequently, as a result of these guidelines both the impact on deprived areas and transport (private and public) had been updated. There were no significant differences, the message remained the same.

Resilience resulting from the impact of Covid 19, has been revised to consider how surges in demand are managed. The point was made that to incorporate all intensive care beds in a new hospital with vulnerable patients recovering from surgery on other floors did not seem to be best practice. This was felt to be a matter for the Trust to determine.

The meeting closed at 1.15

Nigel Collin
College Ward Councillor