



## **Improving Healthcare Together – Discussion group with Older People in Merton**

### **Introduction**

Healthwatch Merton engaged with:

- A group of six older residents aged 58-82. The group comprised four male and two female participants. Four of the group had a long-term condition or disability and participants were of Pakistani, Indian, Black British and Caribbean heritage - and one of a mixed ethnic background. The session was held on Wednesday 17<sup>th</sup> October 2018, at the Vestry Hall, London Road, Mitcham, CR4 3UD.
- People used several different hospitals – St Helier was the closest (and most used) but many also used St George’s Tooting as well as occasional historical visits to Epsom and Sutton (although Sutton is not used recently as the specific treatments [eg ophthalmology] were reportedly no longer offered there).

### **Priorities / Main Criteria for ‘Good Healthcare’**

The key criteria were those commonly found elsewhere – convenience of access (via bus) was paramount overall – somewhat more so than a close location per se. Friendly staff, quick appointments and cleanliness were also valued.

*There are 3 or 4 different buses that go to St George’s from around my house, so I go there – it’s the easiest.’*

*‘Epsom hospital is difficult to get to from me and St George’s has expensive parking’*

Reputation also mattered, with St George’s felt to have the best overall.

### **What Needs Improving Most?**

As with other groups, participants felt staff did their best in difficult circumstances and that the estate was aging – and often unsuitable for modern healthcare.

*‘St Helier is difficult to navigate your way through – it’s all bits and pieces’*

There were concerns that some hospitals were closing important departments and some services were being lost – with some becoming more difficult to access.

*‘I used to go to Sutton for my eye care, but the department closed and I now have to go to Moorfields at St George’s.’*

Perceptions were that ‘the system’ was not being run as it could be - and one questioned whether it was actually working with the patient as the main priority in regards the shortage / allocation of consultants.

*‘I asked [at a meeting]: are you working for the patient or for the consultant?’*

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

Some participants had previously heard of potential changes being planned locally and of a promised modernisation programme. They generally agreed that change was needed in some form to bring about the necessary improvements.

*‘St Helier’s definitely needs upgrading and urgently needs money being spent on it – it’s falling down.’*

*‘The local press has been saying for ages that St Helier is inappropriate for modern medicine and it should be knocked down. They’ve been talking about change for years.’*

### **Potential Solutions – Acute Services only at Epsom, St Helier or Sutton Hospitals**

There were concerns here – mainly the need for emergency services to remain close and easily accessible.

*‘My condition meant I had to get to A&E quickly, so proximity is a major factor. I could have been dead in 10 minutes.’*

Changes at Sutton or Epsom would not really affect the group much as they were rarely used and not particularly convenient to get to - but there was an understanding that any changes would affect communities local to each site.

St Helier was the preferred choice overall. As in other discussions the view was that its unpromising exterior disguised good quality services and staff – and relatively good public transport links.. The Renal Unit was singled out for praise by one person. Participants all felt it was necessary to develop the St Helier site, and as a stop-gap they would use St George’s (as they presently do).

Importantly too, participants felt the modernisation of St Helier would bring significant benefits to the community more widely. The regeneration project would have far greater implications than just more modern healthcare facilities; the work would help the poorer communities presently situated close to the hospital. (In that regard a contrast was made with the more affluent catchment area of Epsom).

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