

Surrey and Sussex NHS Boards to merge

24 July 2025



Hundreds of jobs are at risk as two key NHS boards for Sussex and Surrey prepare to merge as part of a money-saving drive by the government. NHS Sussex and NHS Surrey Heartlands – two integrated care boards (ICBs) – are expected to have merged by next April, shedding many of the 1,350 staff who currently work at the two organisations. The changes are part of the latest round of NHS reforms which include the abolition of NHS England and the scrapping of independent patient voice watchdogs known as Healthwatch. Sussex ICB chair Stephen Lightfoot spoke about the forthcoming changes at Brighton and Hove City Council’s Health and Wellbeing Board at Hove Town Hall on Tuesday (22 July).

ICBs bring together NHS organisations, councils and others to plan and commission health services in their area, with the aim of improving health and reducing inequalities. Mr Lightfoot, who will stand down in September, said that ICBs were told in March to halve their running costs – from £39.83 to £18.76 per head of population – by December. Further bad news followed when an analysis of national funding allocations suggested that Sussex was overfunded by £186 million. Mr Lightfoot said that NHS Sussex had a £4.5 billion budget for NHS services in Sussex but the analysis indicated that it should be £4.3 billion and was 4 per cent overfunded. Mr Lightfoot said: “That doesn’t sound a lot on a percentage basis but £200 million is a significant sum of money. Over the next three years, when our demand continues to increase, we’re going to have to reduce our expenditure. We’re going to have to work very hard to make better use of the money that we have.”

He said that this would not affect the budget for delivering healthcare throughout the area – but, he said, combining Sussex and Surrey was the only safe and reliable way to deliver sustainable services. Mr Lightfoot spoke about “the massive scale of this task (and) the huge impact it’s having on our staff ... 1,350 people are worried if they’ve got a job. And of course a significant number of them will not have a job in the coming year.” He added: “We’re not alone. The government also confirmed it’s going to rationalise all patient safety regulators. That involves Healthwatch organisations which are going to be closed, not immediately, but over the next 18 months to two years.”

It would be the first time since 1974 that patients would be without a statutory independent voice, the meeting was told.

Sarah Booker-Lewis LDRS

Doctors’ strike to hit Epsom Hospital

24 July 2025



Hospitals across South West London are bracing for disruption this week as resident doctors begin a five-day strike on Friday, 25 July. The week-long strike action by British Medical Association (BMA) members comes as the NHS faces one of its busiest summers in recent years, with a spike in emergency admissions driven by heatwaves and increasingly complex patient needs. Resident doctors – those who have completed their initial medical degree and are now in postgraduate training or gaining experience in non-training positions – were awarded an average 5.4% pay rise for this financial year, following a 22% increase over the previous two years. However, the BMA says wages are still around 20% lower in real terms than in 2008 and has committed to strike action in demand of “pay restoration.”

The walkout will affect hospitals across England, including St George’s, Epsom and St Helier University Hospitals and Health Group (GESH). GESH medical professionals are warning the public to expect delays and to take preventative steps to avoid overwhelming already stretched services. “While we’re doing everything we can to prepare, these strikes will cause huge disruption,” warned Dr Richard Jennings, Chief Medical Officer for GESH. “Patients coming to an emergency department when it’s not an emergency will be waiting longer, or even directed to another service,” he added. Common reasons for hospital admissions during the heatwave have included respiratory issues, chest pain, shortness of breath and falls. Over 800 more people have attended emergency departments this summer compared to the same period last year. Between 1 June and 14 July, emergency department attendances at GESH rose to 37,167 – up from 36,328 in 2024 and 35,460 in 2023.

To maintain emergency services, consultants and other staff will be redeployed from routine care to cover A&E, operating theatres and hospital wards, resulting in many planned procedures being cancelled or delayed. Patients and staff at St Helier have already faced significant disruption this year, partly due to the hospital’s ageing infrastructure. In January, a roof collapse in the phlebotomy unit forced the last-minute cancellation of several urgent blood tests. Despite the strike action, patients are urged to attend appointments unless contacted otherwise, and to continue seeking help in emergencies. The NHS is also asking the public to consider other services first, such as NHS 111 online, pharmacies or GPs, which are unaffected by the strike. “We have a difficult week coming up and we need members of the public to help us – whether that’s using the most appropriate service for their health need or taking steps to prevent becoming unwell,” Dr Jennings said.

Health Secretary Wes Streeting has criticised the strike, calling it “completely unjustified” and showing “complete disdain” for patients. However, BMA resident doctors committee co-chairs Dr Melissa Ryan and Dr Ross Nieuwoudt said they had tried to compromise with the government during talks, and that strike action was a last resort. They said: “We have always said that no doctor wants to strike, and all it would take to avoid it is a credible path to pay restoration offered by the government. We came to talks in good faith, keen to explore real solutions to the problems facing resident doctors today. Unfortunately, we did not receive an offer that would meet the scale of those challenges. While we were happy to discuss non-pay issues that affect doctors’ finances, we have always been upfront that this is at its core a pay dispute.”

The strike will run from 7am on Friday 25 July, until 7am on Wednesday 30 July.

Harrison Galliven – LDRS

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Surrey braces for doctors’ strike

Local NHS Doctors and Consultants striking
Plea ahead of doctors' strikes round 5

Nurse demands 24 hour rail tickets to avoid night-shift double costs

24 July 2025



A specialist NHS nurse is calling for urgent train ticket reform after revealing she spends over £200 a month commuting to her job at Great Ormond Street Hospital. Alicia Arias, a paediatric cardiac intensive care nurse, has launched a campaign urging rail companies to introduce 24-hour train tickets. Her Change.org petition has already gained over 24,000 signatures. Alicia moved from London to Woking a year ago to save on rent and live in a house, said her monthly commuting costs regularly exceed £200 – despite using a discount Flexi Season ticket. She said: “Why am I living in Woking paying all of this money for trains that are always delayed?!”

Working 12-hour shifts, often overnight, Alicia said she is forced to buy two tickets for each shift: one to travel in and another to get home the next morning, as existing train tickets expire at 4:29am. “We go for a horrible night shift, we don’t have a break and then we have to pay for another ticket,” Alicia said. “It’s just not fair. It’s making it fair with 24hr tickets.” Working in paediatric intensive care, no day is the same. But every day can be gruelling. Alicia said: “I offer the treatment the last chance that kids have. It’s really hard but it’s really rewarding.” As a senior nurse, Alicia said her job ranges from teaching and supporting other nursing staff, sometimes taking over the patients, as well as looking after her own patients. “We are always short and we are always busy,” she said.

Although there are other hospitals in Surrey, Alicia said she never wants to leave her current job. “Working at Great Ormond Street Hospital is a great sense of achievement,” Alicia said. “It’s the best thing I’ve ever done – I love it.” Originally from Spain, Alicia said she was shocked by how expensive and inflexible British transport is. Alicia said she moved to the UK 13 years ago, but the “cultural shock” of how expensive and inflexible British transport is has only really come in the last year of moving to Woking. She explained in Madrid you can get transport passes for bus, train and rail for £70 a month. When Alicia lived in central London, she would cycle to work. “I take my bicycle from Waterloo to Great Ormond Street which is really busy,” she said. “I’m pretty sure I’m going to die on the bike one day.”

“I have sometimes regretted [moving to Woking],” Alicia admitted, explaining how she is constantly juggling to find the cheapest way to buy train tickets. Alicia said the campaign is not only for nurses but everyone. “But not only me but the cleaners, the maintenance workers, people in the kitchen, people who have lower salaries than me who are struggling more,” she said. “We’re all NHS. Not only shift workers in Surrey but everywhere in the UK. Shift workers that pay for two tickets and they do it quietly. No, it’s not fair.” Another campaign which Alicia started at the same time is her petition for an NHS railcard which has also reached nearly 3,000 signatures on the House of Commons website.

A Department for Transport spokesperson said: “While we are not planning to introduce 24-hour return tickets, we are overhauling the complex fares system to make rail travel simpler and more flexible for passengers. We’ve already delivered ticketing innovations such as contactless pay as you go to additional stations in Surrey this year, giving passengers the best value ticket for their journey, with additional stations expected to get the technology soon.”

Petition link: <https://www.change.org/p/make-train-day-tickets-last-24-hours-support-shift-workers>

House of Commons petition link: <https://petition.parliament.uk/petitions/729126>

Surrey Uni expose the unwashed hospital toilet users

24 July 2025



Nearly 45% of hospital toilet users fail to wash their hands, study finds

Almost one in two people using a hospital toilet did not wash their hands afterwards, according to new research from the University of Surrey – raising serious concerns about hygiene compliance in high-risk environments.

In a 19-week study conducted in partnership with Bispebjerg hospital in Denmark, sensors were installed on toilet and sink pipes to unobtrusively monitor handwashing behaviour. The results showed that 43.7% of users did not wash their hands after using the toilet, with non-compliance peaking at 61.8% on certain weeks.

Despite the emphasis on hand hygiene during the pandemic, the findings suggest that regular handwashing is still not a consistent habit – even in places where cleanliness is vital for preventing infection spread.

Dr Pablo Pereira-Doel, lead author of the study and Human Insight Lab co-lead at the University of Surrey’s Business School, said:

“People may assume handwashing is second nature by now – especially in hospitals and post-Covid-19 – but our data paints a different picture. In medical settings, not washing hands can directly affect patient safety. We need well-timed reminders and campaigns to get people back on track.”

The study used advanced Aguadio pipe sensors to measure temperature changes in pipes, detecting water flow from both toilets and sinks. If taps weren’t used within two minutes before or four minutes after a toilet flush, the event was recorded as a failure to wash hands.

Out of 2,636 flushes monitored from two public hospital toilets, 1,153 were not followed by handwashing. Non-compliance was especially high at the start and end of the day, as well as during typical mealtimes, indicating potential windows for targeted interventions such as signage, prompts, or behavioural nudges.

Professor Benjamin Gardner, co-author of the study and MSc Behaviour Change Programme Lead at the University of Surrey's School of Psychology, said:

"A key strength of this study is that it uses accurate data obtained using sink sensors, rather than relying on people being willing and able to report whether they wash their hands. Strategies that raise awareness at the crucial point in a bathroom visit and easily understood messaging about how to wash effectively – like singing Happy Birthday twice over – can help people form handwashing habits that last."

Professor Carrie Newlands, Lead for Clinical Skills at the University of Surrey's School of Medicine, added:

"These findings are worrying but not surprising. Even simple behaviours like handwashing can lapse without reinforcement. In hospitals, lapses like these can have serious consequences – for patients and for the wider healthcare system. It's time we moved beyond posters and hand gel stations to more effective behavioural strategies."

Be positive about B negative blood donations

24 July 2025



Residents across Surrey and the wider South East are being asked to step forward and donate B negative blood, as the NHS warns that stocks of this rare blood group have dropped to critically low levels.

Stocks of B Negative Blood Hit Concerning Lows

Recent figures from NHS Blood and Transplant indicate that only 2,482 B negative donors in the region are currently eligible to donate, with overall donor numbers in dangerous decline. There are now fewer than 20,000 active B negative donors across the country, following a drop of 1,000 since last year.

B negative is exceptionally rare, present in just two percent of the population. This scarcity has raised serious concerns, as the NHS reports that patients with this group can only safely receive B negative or O negative blood. When B negative stocks run low, pressure increases on emergency supplies of O negative, the universal blood type.

Local Appeal and Priority Access for Donors

Existing B negative donors are being contacted directly and urged to book donation appointments as soon as possible. Anyone who already knows they have B negative blood, or suspects they might, is strongly encouraged to register and donate. Family members of B negative donors, meanwhile, are 30 percent more likely to have the same rare type—and are being called upon to consider giving blood.

Priority appointment slots will be made available to B negative donors struggling to find suitable times, and the NHS has appealed for the local community to act now, especially with increased summertime demand looming.

Why Your Donation Matters

Hospitals in England require more than 5,000 blood donations every day to support patients undergoing surgery, cancer treatments, managing sickle cell disease, or recovering from serious injuries. Each donation, which takes just an hour, has the potential to save up to three lives.

Besides B negative, donors with O negative and the extremely rare Ro blood are also desperately needed, especially to help treat sickle cell and other critical conditions.

How to Register

Men can give blood every three months and women every four months. Booking an appointment is fast and straightforward. Donors can:

- Visit the NHS Blood and Transplant website
- Use the GiveBlood app
- Call 0300 123 23 23

Donation sessions are held at permanent centres in nearby London locations, and through regular community sessions in town halls and other local venues across Surrey.

Local Voices

Gerry Gogarty, Director of Blood Supply at NHS Blood and Transplant, said:

"B negative donors are immensely important to our lifesaving work, but as one of the rarest blood types, it can be a challenge to always collect enough. Just a slight rise in hospital demand, or even one patient needing several units, can put supplies under severe strain. We urgently need B negative donors—regular and new—to come forward."

The Bigger Picture

With the NHS needing up to 200,000 new blood donors nationally each year, the call is not just for today, but for a sustained community response to keep saving lives.

For more information, visit the NHS Blood and Transplant website or call 0300 123 23 23 to book your appointment. Every donation can make all the difference for someone, somewhere in need.

Surrey's NHS backlogs high

24 July 2025



Around 10 per cent of Surrey’s population is currently stuck in the NHS backlog, facing long waits for crucial operations and cancer treatments, according to local health leaders.

Despite efforts to address delays caused by the Covid-19 pandemic, thousands of residents across the county are still waiting well beyond the national target of 18 weeks.

At a recent Surrey County Council meeting, NHS bosses revealed that while progress is being made, more than 200,000 people are still awaiting care, with over 4,000 of them waiting more than a year across Surrey. New measures like harm reviews, waiting list checks, and the opening of Ashford Elective Centre are being implemented, but staff shortages, IT issues, and NHS strikes continue to pose significant hurdles.

NHS bosses reported the significant results to Surrey county councillors at an Adults and Health Select Committee meeting on July 11. Chairing the meeting, Cllr Trefor Hogg said: “Roughly 10 per cent of the entire population of Surrey is somewhere in that backlog.”

He explained that every person whose treatment is delayed suffers, their family suffers, the economy suffers and the NHS suffers as the patient’s condition worsens.

Frimley InTegrated Care Board, including Frimley Park and Wexham Park hospitals still has around 89,000 people waiting for treatment – and more than 4,000 of those have been waiting over a year.

Although a slight improvement from previous years, only 55 per cent of patients are being treated within the NHS national target of 18 weeks.

Meanwhile, Surrey Heartlands ICB, which covers hospitals like Ashford & St Peter’s, Royal Surrey and Epsom, is further ahead.

Its waiting list peaked in 2023 but has since come down significantly. Around 143,000 people are waiting for non-urgent but important elective care operations.

NHS bosses said the total waiting list across Surrey Heartlands’ three hospitals has decreased from a peak of approximately 162,000 in September 2023 to about 143,000 by March 2025. Still, nearly 61,500 patients are waiting more than 18 weeks for treatment, while over 2,000 people have been on waiting lists for over a year. These figures far exceed pre-pandemic levels, where waits beyond a year were rare.

NHS bosses said they still recognise that waiting over a year is a huge amount of time to wait but they are working on driving the delays down.

Surrey NHS bosses credited the success of bringing waiting lists down to a range of new systems. These included a new ‘harm review’ for assessing patients who have been waiting over a year for surgery, waiting list validation to check there are no duplicates on the operations waiting list, and virtual consultations to monitor the patient’s condition.

Surrey Heartlands has been fortunate enough to receive funding to open Ashford Elective Centre, focusing on trauma, orthopaedics and ophthalmology. So patients on a long waiting list at Royal Surrey Hospital, for example, can opt to come to Ashford elective centre for quicker treatment.

Both ICBs admitted there are still challenges including staff shortages, IT problems with new electronic health records, and the impact of ongoing NHS strikes such as the resident doctors.

A New Place for Reflection and Remembrance Opens in Epsom’s Long Grove Park

24 July 2025



A new natural sanctuary has been unveiled in Long Grove Park, offering a space for remembrance and quiet reflection. The ‘In Memory Woodland’, created by Age Concern Epsom & Ewell, was formally opened on Sunday 22nd June 2025 at a community event attended by local residents, families, and supporters.

Bathed in sunshine, the event marked the culmination of months of planning and planting, with contributions from the Epsom & Ewell Tree Advisory Board, who designed the woodland and oversaw the planting of elm and silver birch trees, alongside daffodils, bluebells, and other native flora. The tranquil glade is also home to a variety of wildlife, creating a peaceful retreat in the heart of the borough.

A ceremonial cherry tree planting and music from the Surrey Brass Quintet added to the occasion, while guests were offered complimentary tea and cake and invited to take part in remembrance activities. The speeches were led by Dorah May, Chief Officer of Age Concern Epsom & Ewell, and Howard Gregory from the Tree Advisory Board.

The woodland was made possible thanks to funding support from Surrey County Council’s *Your Fund Surrey*, with land provided by Epsom & Ewell Borough Council. The site has been carefully developed to offer a permanent place for people to honour the memories of loved ones or to simply pause and enjoy the restorative qualities of nature.

Age Concern Epsom & Ewell, a long-standing local charity supporting older people, sees the ‘In Memory Woodland’ as a lasting and meaningful addition to the community. The charity hopes residents will return time and again to sit, reflect, and enjoy the peaceful setting.

For more information, visit: <https://ageconcernepsom.org.uk/in-memory-woodland>

Epsom Hospital workers to strike for equality?

24 July 2025



More than 200 essential hospital cleaners and porters could strike over NHS equality at a Surrey Hospital Trust. Approximately 258 NHS facilities workers at St Helier and Epsom Hospital Trust will vote whether to go on strike as they demand full equality with their hospital colleagues. The ballot will open today (July 1) and close on August 12, with potential strike dates to be announced in mid August. The workers, most of whom are from migrant and minority ethnic backgrounds, are NHS employees but are allegedly denied the NHS's national pay system, terms and conditions. United Voices of the World (UVW), a campaigning trade union, is representing the group.

Dennis Gyamfi, a cleaner at Epsom Hospital and UVW member, said: "I've cleaned this hospital for seven years. My fellow cleaners, porters and caterers do essential work — yet we've never been treated with the same dignity as other NHS staff." Key workers such as cleaners, porters and caterers were brought in-house in 2021 and released from private contracts. Campaigners and UVW claim they were not given the standard NHS contracts and remain on inferior terms. The union states workers get lower pay and also miss out on key benefits such as paid sick leave from day one, enhanced nights and weekend pay as well as lower pension contributions and are stuck on 24 days' holiday, with no increase for length of service. The trade union argued the pay has been frozen and they are now formally moving toward strike action after the CEO and Board of Trustees refused to enter negotiations.

Mr Gyamfi added: "We are the pillars of this hospital — if we don't clean, transport people around or serve food, patients and their families suffer. The board knows this. It's time they gave us the respect we deserve. Change our contracts. Give us equality, dignity, and the recognition every NHS worker should have." But Epsom and St Helier Hospital claim those on the London Living Wage have seen annual increases in the last three years which is well ahead of staff on the standard NHS contracts. The Hospital Trust also said staff have recently had a pay rise between 3-5.3 per cent was effective from April 1

"This is not just disappointing — it's outrageous," said Farrokh, a porter at St Helier Hospital and UVW member. "It is deeply troubling that a publicly-run organisation — whose duty should be to uphold fairness and protect its employees — appears to be taking steps that deprive its lowest-paid workers of rights and benefits long established by the NHS, government and unions." Frustration has also deepened at St Helier Hospital, where staff reportedly contend with unsafe, degrading conditions, said to be impacting the wellbeing of both patients and hospital staff.

Around £60 million has been spent in the past five years improving facilities across the hospitals. But the ageing hospitals are deteriorating faster than the NHS can fix them, and bosses have accepted staff and patients deserve better. Through the New Hospital Programme, the government has committed to investing in plans to build a new hospital in Sutton and upgrade the existing hospitals, but construction will begin later than originally planned.

Petros Elia, UVW General Secretary, said: "These workers are as much a part of the NHS as any doctor, nurse, or administrator. They kept our hospitals running during the pandemic, yet in 2025 they're still treated as second-class NHS employees. This two-tier system is degrading, demoralising and discriminatory. It sends a message that their labour matters less, and their lives matter less. And it must end." An Epsom and St Helier University Hospitals spokesperson said: "Our porters and cleaners and everyone who works in our trusts are hugely valued and respected colleagues, and we were pleased to recently announce a pay rise of up to 5.3 per cent effective from 1st April. When colleagues were brought in-house in 2021 they received improved pay and conditions compared to their private contracts, including the London Living Wage. We understand their concerns and remain open to engaging with our colleagues and their Unions."

Workers at Epsom and St Helier Hospitals to vote on strike action. (Credit: United Voices of the World)

Assisted Dying Bill Passes in Commons — Epsom MP Explains Absence

24 July 2025



In a historic moment for UK parliamentary debate, the Assisted Dying Bill passed its third reading in the House of Commons on **Friday 20 June 2025**, following a narrow but decisive vote. MPs voted **314 in favour** and **291 against**, a margin of just 23 votes, paving the way for the Bill's progression to the House of Lords.

The **Terminally Ill Adults (End of Life) Bill**, introduced by Labour MP Kim Leadbetter, proposes to legalise assisted dying for terminally ill adults in England and Wales who are medically expected to live for six months or less. Under the Bill's framework, individuals would be able to request life-ending medication, to be self-administered following a rigorous process of approvals.

That process would require sign-off by two independent doctors and a special three-member oversight panel comprising a legal expert, psychiatrist, and social worker. Earlier provisions for High Court authorisation were removed in the final draft to streamline implementation, a move both welcomed and criticised in equal measure.

Supporters of the Bill argue that it reflects modern values around personal autonomy and compassionate end-of-life care, allowing individuals the dignity of choosing how and when they die. They point to robust safeguards within the Bill — including mental capacity assessments, a residency requirement, and a mandatory waiting period — as protections for vulnerable people. Medical professionals would retain the right to opt out on grounds of conscience.

Opponents, including some religious leaders and palliative care specialists, argue that the Bill could open the door to pressure on the elderly, disabled or chronically ill to end their lives prematurely. They also warn that overstretched NHS and social care services might struggle to implement the regulatory framework effectively.

Among those unable to cast their vote was Epsom and Ewell's Liberal Democrat MP, **Helen Maguire**, who has consistently supported the Bill in previous readings. Ms Maguire issued the following full statement to the *Epsom and Ewell Times* explaining her absence:

"I am disappointed to have been unable to attend the vote. I have consistently voted for this Bill.

My absence on the voting date of Friday, June 20th, was due to a pre-planned parliamentary trip. This visit was scheduled before the voting date was confirmed and unfortunately could not be moved.

This is an issue I care about profoundly, and I gave serious thought as to whether I should be away. In the end, I was paired with another MP who was unable to

attend as they hold a different view from me, which meant that our absences effectively cancelled each other out in terms of the final result.

While this did offer some reassurance to my conscience, I appreciate that my absence may still be disappointing to those who had hoped to see a vote recorded in person. Please know that I have made it a priority to attend all other sitting Fridays when the assisted dying bill was debated, precisely because of how important I know these debates and votes are, particularly on such sensitive and personal matters.”

With the Bill now heading to the House of Lords for further scrutiny, attention turns to whether peers will support what could become one of the most significant moral and legal reforms in recent decades. While some in the Lords remain sceptical, others are warning against frustrating legislation that has cleared the elected chamber by a democratic vote.

Whether or not the Bill survives its passage through the Lords, the June 20th vote represents a shift in the national conversation — one that brings the UK a step closer to joining countries like Canada, New Zealand, and parts of the United States in legalising assisted dying under carefully controlled conditions.

MP Slams ‘Patchwork Repairs’ as local Hospitals Face £150m Backlog

24 July 2025



Liberal Democrat MP for Epsom & Ewell, Helen Maguire, has criticised the government’s response to the mounting repair crisis at Epsom and St Helier hospitals, warning that the very future of local NHS services could be at risk without urgent and substantial investment.

Speaking in the House of Commons this week, Maguire welcomed a recent £12.1 million allocation for Epsom and St Helier University Hospitals NHS Trust but described the sum as “a drop in the ocean” compared to the scale of need.

“Our current maintenance backlog alone amounts to £150 million,” states the St George’s, Epsom and St Helier Hospital Group (GESH), which manages the trust. “We estimate our backlog maintenance will rise by £180 million over five years — or £36 million per year.”

During Health and Social Care Questions in Parliament on 17 June, Maguire challenged Health Secretary Wes Streeting to visit the hospitals and witness conditions firsthand. “Patients and staff deserve safe and modern facilities, not patchwork repairs,” she told MPs.

Read the full exchange in Hansard

The Health Secretary acknowledged the scale of the challenge, saying both he and the Minister for Secondary Care, Karin Smyth MP, had met with local MPs about the issue. He cited a £207 million capital allocation to the NHS South West London Integrated Care Board — covering the broader region — and reiterated that the government was “reversing the trend” of underinvestment, blaming the previous Conservative government for leaving “a £37 billion black hole in NHS capital.”

However, Maguire was left unimpressed by the response.

“It is disappointing that the Health Secretary ignored my invitation to come down and see firsthand the scale of the challenge at Epsom & St Helier,” she said after the debate.

“If he spent a day in the shoes of one of our exceptional doctors or nurses, caring for patients amidst crumbling walls and leaking ceilings, I’m sure he too would share the grave concerns that I and my Liberal Democrat colleagues Bobby Dean MP and Luke Taylor MP have for our local hospitals.

“£12.1 million does not even begin to touch the sides compared with what our hospitals need right now.”

The MP also stressed the importance of not placing all hope in the new specialist emergency care hospital planned for Sutton. “Alongside the new hospital building in Sutton to ease the pressure on Epsom & St Helier, patients and staff deserve safe and modern facilities wherever they go, not just patchwork repairs and more uncertainty from this Government.”

A Local Crisis in Numbers

- **£150 million** – current maintenance backlog at Epsom & St Helier Trust
- **£36 million/year** – projected additional maintenance need over next five years
- **£12.1 million** – recent government funding allocated to the Trust
- **£207 million** – total capital funding to South West London Integrated Care Board

Background: New Hospital, Old Buildings

Plans for a new £500 million specialist emergency care hospital in Sutton — part of the controversial Health Infrastructure Plan (HIP) 1 scheme — have been met with both cautious optimism and concern that core services in Epsom and St Helier will be reduced.

Epsom and St Helier hospitals serve an ageing population, and the majority of the estate dates back to the early to mid-20th century. Campaigners have long pointed to leaking roofs, outdated infrastructure, and chronic staff shortages as urgent priorities.

While some capital funding is being made available for immediate safety needs, campaigners and local MPs argue that unless major investment is directed to the existing hospitals, they will continue to deteriorate, placing patients and staff at risk.

Photo: Maguire MP abseiling St Helier Hospital