

Rehabilitation Hub in Leatherhead rehabilitated

29 September 2025



Epsom residents are set to benefit from a new integrated musculoskeletal (MSK) facility following a significant investment at Leatherhead Hospital.

The Leach Rehabilitation Hub has undergone a comprehensive transformation, creating a state-of-the-art facility that brings together MSK services into a single, purpose-built clinical space. The new hub features modern treatment areas, an open-plan rehabilitation gym, improved reception and waiting areas, refurbished clinical rooms, and enhanced facilities for both patients and staff.

The Hub will provide more joined-up, patient-centred care for residents across Surrey Downs. By co-locating multidisciplinary teams, the hub enables more efficient, seamless care, particularly for patients with complex needs, while increasing appointment capacity and reducing waiting times. The facility's community-based location ensures that patients can access high-quality rehabilitation closer to home, supporting faster recovery and greater independence.

The transformation of Hub has been made possible thanks to NHS Property Services and through the collaborative efforts of dedicated colleagues across SDHC and the wider NHS. The League of Friends of Leatherhead Hospital, a charity which has played a vital role in supporting the hospital's development over the years, funded the restoration of an important portrait of Mr Leach, whose gift of land made the hospital possible, which will be displayed within the new Hub.

This investment aligns with the NHS Long Term Plan's commitment to shifting care from acute hospitals into community settings, enhancing out-of-hospital care, and supporting people to recover and live independently. The Leach Rehabilitation Hub builds on SDHC's focus of delivering care at the right time, in the right place, and in partnership with the community, and deepens its commitment to neighbourhood working.

Binu Cherian, Chief Operating Officer for Surrey Downs Health & Care said:

"The opening of the Leach Rehabilitation Hub marks a significant step forward in our commitment to delivering outstanding, integrated care for our community. By bringing together teams in a modern, purpose-built environment, we are ensuring that patients across Surrey Downs have access to the highest quality rehabilitation services, closer to home. This achievement is a testament to the dedication and collaboration of our partners, staff, and supporters, and we are proud to see this vision become a reality."

Emma Finegan, Estates Rationalisation Lead for NHS Property Services said:

"It's fantastic to see this facility officially opened, and to celebrate the collaborative working between partners involved in this development. We hope our NHS colleagues and their patients are pleased with the results and that the work carried out enables them to give and receive care in an improved, modernised setting that will serve the local neighbourhood for years to come."

Patients can continue to access initial support for their MSK concerns via their registered GP who can refer on to the relevant teams where necessary. Alternatively, Surrey Downs residents with muscle or joint problems can now self-refer via the GetUBetter app - a local support app helping individuals to self-manage their health concerns at home, work, and on the move. It can be accessed on a Smartphone or via the Web and is provided alongside a patient's NHS care. To find out more and to download the app, visit surreydownshealthandcare.nhs.uk/getubetter-app.

About Surrey Downs Health & Care Partnership

Surrey Downs Health & Care Partnership (SDHCP) is a body consisting of the NHS, local government, community health services, voluntary sector and other providers. Its ambition is to create a health and care system built around the people and communities of Dorking, **Epsom** and East Elmbridge and continues to evolve through system-wide collaboration and co-creation.

See Epsom and Ewell Times **rough guide** to the various health trusts and authorities for Epsom and Ewell and Surrey.

Epsom residents to get "care closer to home"?

29 September 2025



Residents across East Surrey and Surrey Downs are set to benefit from more joined-up healthcare closer to home, as the area becomes one of the first in the country to roll out a new NHS neighbourhood health service.

The initiative forms part of the **National Neighbourhood Health Implementation Programme (NNHIP)** - a flagship element of the NHS Long Term Plan designed to move more care out of hospitals and into communities. Forty-three sites nationwide have been chosen to pioneer the programme, which brings together doctors, nurses, care staff, voluntary sector partners and community organisations into one coordinated neighbourhood team.

The idea is simple but ambitious: to make it easier for people to access help where they live, particularly those with multiple or complex needs, and to reduce pressure on hospitals by intervening earlier and more effectively in the community. Nationally, the NHS has argued that neighbourhood-based teams are key to tackling challenges such as an ageing population, rising demand for urgent care and workforce shortages, while also offering a more personalised, holistic service.

Local impact

Surrey East - covering Reigate, Oxted, Epsom, Dorking and Leatherhead - has already been recognised for its collaborative, place-based approach to health and care as part of the **Surrey Heartlands Integrated Care System (ICS)**. By joining the national programme, local leaders believe they can accelerate that work.

Thirza Sawtell, Place Lead for Surrey East, said:

“Our work within Surrey East has long embraced a neighbourhood-based approach to health and care, and joining the NNHIP marks an exciting opportunity to build on that foundation. Being part of this national programme builds on our ambition to shift care out of hospitals and into the heart of our communities, tailoring care around the specific needs of our residents and putting them at the very heart of our decision making.

“We’re proud to be part of a movement that’s driving real change in how care is delivered locally, which ultimately will help improve health outcomes, reduce reliance on hospital services, and support our communities to live healthier, more independent lives right where they live.”

Alongside East Surrey, **Surrey West** - newly formed from the North West Surrey and Guildford & Waverley alliances - will take part in the **South East Neighbourhood Health Accelerator Programme**, which focuses on strengthening team working, responding to local health priorities and testing practical projects to improve access to services.

National background

The NHS has been gradually building neighbourhood-level models of care since the publication of the Long Term Plan in 2019. The goal is for Integrated Care Systems across England to establish around 1,000 such neighbourhoods, typically serving populations of 30,000-50,000 people. Each will be supported by multidisciplinary teams - from GPs and district nurses to physiotherapists, mental health workers and social care staff - working together to prevent ill-health and provide continuity of care.

Early pilot schemes in other parts of the country have reported benefits such as fewer hospital admissions for frail patients, faster access to community mental health support, and more proactive management of long-term conditions like diabetes and COPD. The rollout in Surrey East means local residents are among the first to see these principles put into practice.

Sam Jones - Reporter



Image: Idealised neighbour hood health centre

Laser gift to Epsom Hospital shines light on the hand of Jimmy Hendry

29 September 2025



The arrival of a major piece of medical equipment always lifts spirits among hospital staff—but the recent installation of a £40,000 laser at Epsom General Orthopaedics held particular poignancy, bringing back memories of a much-loved colleague.

Jimmy Hendry, who died earlier this year aged 73 after a short battle with lung cancer, was a fixture at Epsom and St Helier Hospitals. A devoted soccer fan, grandfather, and generous supporter of charitable causes, he was also a regular donor and strong supporter of the Epsom Medical Equipment Fund (EMEF), the local charity that funded the laser.

Since its founding in June 1979, EMEF has raised well over £5 million to procure medical equipment that would otherwise not be provided by the NHS for Epsom General Hospital. Among its many purchases are a CT scanner, a vascular scanner, liver diagnosis equipment, and devices that help treat broken wrists without recourse to surgery.

At the heart of EMEF is Bess Harding, the Fund Coordinator, who holds an MBE. She works closely with volunteers, trustees, NHS staff and the wider community to identify equipment needs, raise funds, and oversee distribution.

“We know Jimmy is still sorely missed,” says Bess Harding. “He worked at both Epsom and St. Helier Hospitals and was known too for cleverly ‘inventing’ medical equipment: such as the Hendry Hand which played an important role in wrist fractures.”

Jimmy delighted in sport—he donned boots and shirts for Chelsea in 1980, Charlton in 1990, later turning out for Sutton FC. He also served as a physiotherapist for local teams. Bess adds: “His popularity was clear when well over 200 people attended the funeral.”

Jimmy lived locally and leaves five children and three grandchildren. The Nuvolas laser now in place is invaluable for ENT procedures, allowing surgeons to treat delicate areas with accuracy. Thanks to his generosity and EMEF’s dedication, that legacy will continue to light the way.

Surrey care home concerns

29 September 2025



The death of a 76-year-old man, who was found on the floor with fractured ribs, has led to concerns over safety of the remaining residents at a Surrey care home. Staff at Eastcroft Nursing Home in Woodmansterne Lane, Banstead, were notified that Stephen Lawrence had fallen on December 21, 2022, after his alarm was triggered. He had sustained multiple rib fractures but despite his complaints about abdominal pain and discomfort, was not admitted to St Helier hospital until Christmas Day. That was his only recorded incident at the home despite hospital scans later revealing older fractures, including to the spine, ribs and sternum.

Despite treatment, his condition did not improve and Stephen died on January 5, 2023. An inquest into his death was opened on February 16, 2023. It resumed on June 9, 2025, and concluded on June 13, 2025 with the court commenting on the delay between his fall and admission to hospital. It found the nursing home, which the Care Quality Commission judged as requiring improvement in 2023, was unable to explain how he had sustained the numerous old fractures which had all remained undiagnosed until his admission to hospital. It also found there to be deficient records on Mr Lawrence’s condition after his fall.

The court also expressed concerns that Eastcroft Nursing Home’s manager provided conflicting accounts over attempts to seek medical attention for Mr Lawrence after his fall - and for suggesting his rib fractures were sustained after he had been transferred to hospital. Coroner Anna Crawford said: “Mr Lawrence sustained significant unexplained injuries whilst he was a resident at Eastcroft Nursing Home. Nursing Home records were deficient in their recording of key events following his unwitnessed fall on December 21 2022. There was a delay in seeking medical advice following the unwitnessed fall on December 21 2022. The Nursing Home manager provided conflicting evidence about efforts to obtain medical advice and did not accept that the acute fractures leading to Mr Lawrence’s death occurred whilst he was at the nursing home. In view of all of the above, (I am) concerned that there is an ongoing risk to current residents.”

Eastcroft Nursing Home, which declined to comment at this stage, are under duty to respond to the prevention of future

deaths report within 56 days. The coroner said: "Your response must contain details of action taken or proposed to be taken, setting out the timetable for such action. Otherwise you must explain why no action is proposed."

Eastcroft Nursing Home in Banstead (Google)

Prostate cancer vaccine research launched in Surrey

29 September 2025



In September 2025, The Prostate Project, a Guildford-based volunteer-led charity, will launch a £250,000 campaign to raise funds for a prostate cancer research project widely anticipated to be 'game-changing'.

Work has begun to develop a vaccine to prevent the return of prostate cancer in men who have undergone a radical prostatectomy, the surgical removal of the prostate. Cancer vaccines have become an exciting area of research in recent years, and this new treatment could potentially save the lives of more than 1,500 men each year in the UK alone.

The Prostate Project, based at the Stokes Centre for Urology at Royal Surrey County Hospital, has a proven track record of funding research and treatment of prostate cancer, raising more than £11 million since its formation in 1998.

During this time the charity has provided funds for research at the University of Surrey, leading directly to breakthroughs in the diagnosis and treatment of prostate and other urological cancers. The university team is one of the leading groups for immunotherapy research in the UK, and is recognised around the world for its work.

This latest initiative is part of the charity's longstanding and ongoing support for the work of Dr. Nicola Annels and Dr. Guy Simpson and their team based at the University of Surrey.

A patent has been applied for the vaccine and Dr. Simpson has already proven that it works in the similar treatment of bladder cancer. This new research is required to see if the vaccine works as effectively for prostate cancer patients.

Dr. Guy Simpson, Research Fellow Oncology at the University of Surrey explains:

'The research will focus on a 'prime-boost' vaccine strategy. The new cancer-killing virus, known as HSV5-15 developed by our team at the University of Surrey will be used as an immune 'priming' vaccine along with a prostate specific mRNA vaccine to 'boost' and maintain this immune response against the prostate.

mRNA vaccines have already proven to be revolutionary in preventing COVID, and this technology is promising similarly effective results in treating cancer tumours.

The vaccine trains the body's immune system to recognise cancer cells so any that return after surgery can be hunted down and killed, reducing the risk of the disease coming back. Around 5,000 radical prostatectomies are performed each year in the UK, but between 20% and 50% of men who have their prostates removed will have their cancer return, resulting in them undergoing further radiotherapy and/or hormone therapy.

This treatment is costly, time-consuming and can have unpleasant side effects, and is not always completely successful.'

Prostate Project Chairman, Martin Davies, expands on the fundraising initiative:

'For over 25 years the Prostate Project has been proud to support a team that is quite rightly recognised by their peers for their work in immunology research, and this latest initiative is perhaps the most important yet. We are looking to raise £250,000, a target that we recognise as ambitious but completely achievable, especially given our past record, and the significance of the potential outcome.'

A final word from Dr. Simpson on the timescales for delivery.

'This funding will support the initial 18 month research period, but the more money that we raise will have a significant effect on timescales.

The Prostate Project website www.prostate-project.org.uk features a comprehensive FAQ page with answers to many of the questions about the vaccine and details of how to donate.

Local MP speaks out on Epsom Hospital's bed-blocking

29 September 2025



Epsom & Ewell's MP, Helen Maguire, has called for urgent action on social care after visiting Epsom Hospital's accident and emergency department this week.

The Liberal Democrat MP met hospital staff and health professionals to discuss the forthcoming NHS 10 Year Plan. She said her visit underlined the "unimaginable pressures" faced by staff and patients as a result of overcrowding and long waits.

According to figures from Epsom and St Helier University Hospitals NHS Trust, the average stay in A&E at Epsom during 2024/25 was 5 hours and 41 minutes. For patients admitted, the average length of stay rises to nearly 10 days. Some patients with mental health needs remain in the emergency department for extended periods due to difficulties securing appropriate care.

Maguire said she was concerned at the sight of patients being treated in corridor beds — something NHS staff acknowledged as a consequence of space shortages and wider pressures across the system.

Welcoming the government's forthcoming NHS 10 Year Plan, Maguire argued that improvements in social care were essential to tackle the problem of so-called "bed-blocking" — where patients who are medically fit to be discharged remain in hospital because no suitable care arrangements are available.

"Hospitals like Epsom, in my constituency, face unimaginable pressures as a result of years of mismanagement under the previous Conservative government," she said. "If this Labour government are serious about ending the bed-blocking crisis and improving patient outcomes, they should listen to the Liberal Democrats and put social care front and centre of the NHS 10 Year Plan. We cannot fix our NHS unless we fix the crisis in social care."

She also praised the efforts of Epsom and St Helier staff: "I want to pay tribute to all of the wonderful staff at Epsom Hospital, and across the Trust, who work tirelessly to deliver the best possible outcomes for patients under incredibly testing circumstances."

Local pressures in national context

Epsom and St Helier hospitals have faced longstanding challenges with ageing estates, high demand, and difficulties in discharging patients into community or residential care. The Trust has been working on plans to modernise services, including proposals for a new specialist emergency care hospital in Sutton, while maintaining district services in Epsom and St Helier.

Nationally, the issue of delayed discharges has been identified by successive governments as a major factor behind hospital overcrowding. NHS England data for 2024 showed that more than 12,000 hospital beds across the country were occupied each day by patients who no longer needed acute care, but who could not be discharged safely.

Health experts say shortages of social care staff, funding pressures on local councils, and a rising elderly population have combined to make the problem worse. The government has promised its NHS 10 Year Plan will set out reforms aimed at shifting more care into the community and improving integration between health and social care.

Garage Gives Ewell a Heart-Start

29 September 2025



A busy garage in Ewell that supports a prominent local charity now offers a rather special – and potentially life-saving – service.

Autotest MOT in Ruxley Lane recently celebrated its new car-servicing facility with an open day hosted by directors Stephen Hardie-East and Shelley Hofman, inviting customers, friends and neighbours. Guests enjoyed music, refreshments and a raffle, including a light-hearted competition to guess how many balloons were packed into a car. The event raised funds for the Epsom Medical Equipment Fund, a charity that since its launch in 1979 by Bess Harding has raised over £6 million to buy equipment for Epsom General Hospital that would not normally be funded by the National Health Service. Purchases have ranged from small items to major diagnostic machines.

As Autotest approaches its thirty-fifth year of trading, the charity has returned the gesture of support. It has donated a ZOLL brand defibrillator worth £2,300 to the garage. A defibrillator is a device that can deliver an electric shock to restart a person’s heart in cardiac arrest. This model is designed for public use and gives clear spoken instructions, guiding an untrained person step-by-step through pad placement and giving real-time feedback on the quality of chest compressions. Bess Harding explained that it “verbally walks a rescuer through placing the pads and gives essential feedback on the quality of their compressions to give the best chance of surviving.”

Stephen and Shelley, with Shelley being a qualified first-aider, said they were delighted to have the device on site and thanked the Epsom Medical Equipment Fund for providing it. The charity has also just purchased twenty-nine defibrillators for Epsom General Hospital.

Public access to defibrillators is seen nationally as a key factor in saving lives from cardiac arrest outside hospital. There are around 30,000 such incidents in the United Kingdom each year and fewer than ten per cent of people survive. Medical experts say the chances of survival more than double if a defibrillator is used quickly, ideally within five minutes, together with cardiopulmonary resuscitation. Each minute of delay can cut survival chances by up to ten per cent. Despite this, studies show that even when a defibrillator is located within 500 metres, it is only used in about one in ten cases, often because bystanders do not know where to find one or are uncertain how to operate it.

The UK’s national database, known as The Circuit, maps the location of defibrillators so ambulance services can direct people to them during emergencies. There are now more than 70,000 devices registered, with a target of 100,000. Health charities estimate that if public awareness, training and willingness to use defibrillators were more widespread, an extra 1,000 lives could be saved in England each year.

In Epsom and Ewell, the borough council has worked with the Community Heartbeat Trust to install twelve public access defibrillators at locations including Ewell’s Market Place, Horton Pharmacy and Ruxley Lane. The new unit at Autotest adds another publicly accessible location, well-placed in a busy part of the borough, and comes with the reassurance of staff familiar with first aid.

More information about EMEF on its website: emef.org.uk

Image: Bess Harding of EMEG gives defibrillator to Stephen Hardie-East of Autotest

What has kept us well in Surrey through the ages?

29 September 2025



How have people in Surrey looked after their wellbeing through the centuries – and what can we learn from them today? That’s the question behind a new year-long heritage and wellbeing initiative backed by the National Lottery.

It’s Not Your Birthday But... (INYBB), a Surrey-based arts and social impact organisation, has been awarded £99,781 by The National Lottery Heritage Fund to deliver *What Keeps Us Well*, in partnership with the Surrey History Centre

(SHC). The project runs from **August 2025 to July 2026**.

Drawing on six miles of historic records held at SHC — ranging from medieval manuscripts to community newsletters — the project will explore how people across Surrey have maintained wellbeing through food, exercise, creativity, connection, and community.

INYBB's artistic team will collaborate with archivists and three local partner groups to deliver the programme:

- **The Halow Project**, supporting neurodiverse young people in Guildford and Woking
- **Surrey Gypsy Traveller Communities Forum**, promoting inclusion and cultural understanding
- **Surrey Youth Groups**, including LGBTQ+ youth, carers and neurodiverse teens in Woking and Knaphill

Together, they will develop:

- **36 creative workshops**
- **Training and community events** at the Surrey History Centre
- A **co-created exhibition** showcasing historic sources and new creative responses
- A **short documentary film**
- A **published anthology** of written work
- A **digital wellness guide**
- An **open call for artists and writers** to create new work inspired by archive material

The project aims to reach over **46,500 people**, with a strong emphasis on engaging communities currently underrepresented in heritage activities.

“At a time when mental health challenges are increasing across our communities, this project will highlight how stories from the past can inspire wellness today,” said an INYBB spokesperson.

How to Get Involved

- **Volunteers** are invited to help with exhibitions, research and more
- **Venues** (libraries, community centres, health hubs) are encouraged to host the free exhibition
- **Artists and writers** will be invited to respond creatively to archive materials through an open call launching this autumn

To register interest or find out more, visit itsnotyourbirthdaybut.com or follow @itsnotyourbirthdaybut on social media.

About INYBB

It's Not Your Birthday But... (INYBB) is a creative organisation working across Surrey and the South East to support wellbeing through arts and social connection. It runs participatory projects that explore identity, place, and belonging — often in partnership with community groups and public bodies. The name reflects the idea that celebration, support and attention shouldn't be limited to birthdays alone — everyone deserves moments of care and connection, every day.

See [HERE](#) more news from the Surrey History Centre

Image: The Centurions group was founded at a meeting of long-distance walking enthusiasts held on 11 May 1911. Courtesy SCC

Coroner visits Surrey cricket hero's mental decline

29 September 2025



Coroner's Inquest visits the loss of former England and Surrey batting great **Graham Thorpe MBE**, who died in August 2024 aged 55. Following an inquest held this week at Surrey Coroner's Court, his life and tragic death have returned to the headlines, casting fresh light on his legacy and personal struggles.

Born in Farnham, Surrey on 1 August 1969, Graham Thorpe rose through the county's cricketing ranks with prodigious talent and steely determination. He made his first-class debut for Surrey County Cricket Club in 1988 and quickly established himself as one of the most technically gifted left-handers of his generation.

Thorpe's early promise blossomed into a formidable career with Surrey, for whom he scored over 21,000 runs across formats. His stylish strokeplay, calm temperament, and ability to perform under pressure made him a linchpin for the county during the 1990s and early 2000s.

Surrey's return to success in the late 1990s—including their Sunday League title in 1996 and County Championship victories—bore Thorpe's fingerprints, and his bond with the club remained strong well beyond retirement. He later served as Surrey's batting coach, mentoring a new generation of cricketers at the Oval.

Thorpe made an instant impact on the international stage, scoring a century on his Test debut against Australia in 1993. Over a 12-year England career, he compiled 6,744 Test runs at an average of 44.66, with 16 centuries—cementing his place among the country's most reliable middle-order batsmen.

He was central to key series wins in the subcontinent, notably England's victories in Pakistan and Sri Lanka in 2000, and was named a Wisden Cricketer of the Year in 1998. His unbeaten 200 against New Zealand in 2002 was widely hailed as one of the finest innings of its era.

A naturally modest figure, Thorpe's contribution to English cricket went beyond runs. He embodied a quiet resilience and professionalism that won the admiration of teammates and opponents alike.

After retiring from playing in 2005, Thorpe remained in the game as a respected batting coach, including roles with Surrey and later as a key figure in the England coaching setup. He was part of the ECB's elite coaching team and served as a mentor to many of England's current generation of batters.

However, his career in coaching came to a sudden end in 2022 following the fallout from a video showing players drinking after a heavy Ashes defeat in Australia. Though not the subject of disciplinary action, Thorpe lost his role as England's batting coach soon after—an event that proved devastating.

This week's inquest at Surrey Coroner's Court revealed the full extent of Thorpe's mental health battle, casting a sombre shadow over his final years.

Thorpe had reportedly suffered from anxiety and depression since at least 2018. After the loss of his ECB coaching job in 2022, his condition deteriorated significantly. He became socially withdrawn, suffered from insomnia, and described feelings of shame and worthlessness.

His wife, Amanda, told the inquest that he had even asked her to assist him in dying, expressing an intention to seek assisted suicide in Switzerland. In April 2022, he attempted suicide and spent weeks in intensive care. Though he made a partial physical recovery, the psychological toll persisted.

On 4 August 2024, Thorpe tragically died after being struck by a train at Esher railway station. The coroner concluded that he had taken his own life. His family chose to speak publicly in the hope of raising awareness and encouraging open conversation around mental health in sport.

Surrey County Cricket Club paid tribute to Thorpe, calling him "one of the finest cricketers the club has ever produced." The club has honoured his legacy with a commemorative gallery at the Oval and moments of silence at matches.

Teammates and former England captains described Thorpe as a "warrior at the crease" and a "gentleman off it," highlighting both his cricketing prowess and quiet dignity.

Thorpe's story has also reignited national debate about the mental health pressures faced by elite athletes and the need for more robust support structures—both during and after their careers.

Graham Thorpe's life was rich in achievement, marked by loyalty to Surrey, excellence for England, and a deep love for the game. But his death also reminds us of the vulnerabilities behind even the most accomplished public figures.

As his family bravely noted, "Graham's legacy must be more than his cricket. Let it also be a call to look out for each other."

Thorpe is survived by his wife Amanda and their children. He remains, to many in Surrey and beyond, a hero of the game—and a symbol of the need to treat mental health with the seriousness it deserves.

If you or someone you know is struggling with mental health, contact Samaritans at 116 123 or visit www.samaritans.org.

Image: Graham Thorpe selfie in 2005. Attribution: Jguk at English Wikipedia Creative Commons Attribution-Share Alike 3.0 Unported

Surrey and Sussex NHS Boards to merge

29 September 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

29 September 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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[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

29 September 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

29 September 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 Aguardio 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

29 September 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.