

# Tackling health inequalities in Surrey

18 January 2025



Surrey County Council has been awarded 5 years of funding by the National Institute for Health and Care Research (NIHR) to create a **Health Determinants Research Collaboration** (HDRC). The £5m funding will help the local authority to build capacity to do research on prevention and create a culture of using evidence in making decisions.

NIHR HDRC Surrey's vision is to improve health of our residents and reduce health inequalities which are driven by the social determinants of health. To achieve this, the HDRC Surrey will use the funding to enhance local research capacity, drive research on prevention and public health where evidence isn't yet available. It will also embed a culture of evidence-informed decision-making which is based on local knowledge underpinned by community involvement and issues that matter most to our residents.

HDRC Surrey is a partnership between the council, the University of Surrey, and voluntary and community partners. Together, over the next five years, we will focus on:

- Improving our research governance and infrastructure
- Building research capacity and providing training support
- Supporting knowledge mobilisation
- Conducting robust research that reflects the needs and experiences of local communities
- Embedding meaningful public involvement at the heart of Surrey HDRC's work

**Tim Oliver, Leader of Surrey County Council, said:** *"This ambitious project will facilitate a rigorous focus on health inequalities in Surrey. The substantial funding will ensure sustainability in our approach. We already work closely with the University of Surrey and this research programme will build on our existing relationship to provide people locally with better opportunities and outcomes."*

**Councillor Mark Nuti, Cabinet Member for Health & Wellbeing, and Public Health, said:** *"Improving the wellbeing of residents across Surrey is something that we all strive to achieve. Prevention is the key to a better and healthier place to live and to achieve this we need to know where and how best to invest money and resources. This new funding will enable a fantastic partnership between the council, the University of Surrey and voluntary and community sector to strengthen our research infrastructure. The new research infrastructure will be invaluable in guiding and informing decision-making that will have a real, positive impact on our residents' lives leaving no one left behind."*

**Professor Lisa Collins Pro Vice Chancellor, Research and Innovation at University of Surrey, said:** *"The University of Surrey is thrilled to partner with the local authority and involve the community on this vital health research collaboration. The funding will empower us to conduct impactful research that addresses the unique health challenges faced by residents."*

**Ruth Hutchinson, Surrey County Council's Director of Public Health, said:** *"The NIHR grant is exciting as it will enable us to work more collaboratively with the University of Surrey, Districts and Boroughs and local communities to directly meet people's health needs in Surrey, leading to better outcomes."*

## Why Surrey?

Although Surrey is seen to be one of the most affluent parts of the UK, there are areas with high levels of deprivation associated with poor health. In 2020, someone living in the most deprived area of Surrey is likely to live 10 years less than someone living in the most affluent part of the county. To address this, we need to better understand how factors like the built environment, housing and the economy affect people's health in Surrey. Our Health Determinants Research Collaboration (HDRC) will help us to do this.

HDRC Surrey will improve how, as a local authority, we use research to get a better understanding of what works and for whom to reduce health inequalities.

Image courtesy: RDNE Stock project

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## Surrey University leading on alternative ADHD treatment

18 January 2025



A multisite clinical trial has launched in the United States to investigate whether non-pharmaceutical methods can be used to treat attention deficit hyperactivity disorder (ADHD) in children ages 7-12. This trial is currently recruiting new patients and seeking FDA clearance.

The trial uses a wearable device - Novostim 2 - developed by Innosphere Engineering Ltd. The company anticipates FDA clearance by Q3 of 2025 and has already received approval for sales in Israel.

The novel treatment builds upon years of research into non-invasive brain stimulation techniques led by the University of Surrey's Professor Roi Cohen Kadosh. The research team carried out multiple studies in which children with ADHD were treated with transcranial Random Noise Stimulation (tRNS) coupled with cognitive training (CT).

tRNS is a non-invasive technique that delivers a weak and painless electrical signal to the brain to enhance activity in regions associated with attention. In the studies, children who received tRNS and CT experienced significant improvements in their ADHD symptoms, working memory, and processing speed, along with changes in their brain activity, which could be linked to the improvement of their symptoms in the long-term.

Two clinical trials have been completed using Novostim 2 at Hadassah Medical Center in children aged 7-12, which showed significant improvement in ADHD symptoms, including a 43% reduction in ADHD symptom severity and overall symptom alleviation.

The trial, over a two-week period, involves 20-minute treatment sessions in which Novostim 2 is used to deliver tRNS over specific regions in the brain associated with ADHD and during which participants engage in attention-based digital games.

For more information on the latest trial, visit [ADHDtrial.com](http://ADHDtrial.com)

Professor Roi Cohen Kadosh, Head of the School of Psychology at the University of Surrey, said:

"We were thrilled by the success of the previous clinical trials, which brought us one step closer to providing a safe and effective non-pharmaceutical option for children with ADHD. The device's ability to modulate brain activity and enhance cognitive functions may hold the key to long-lasting benefits, potentially reshaping the landscape of ADHD treatment. By harnessing the power of psychology, neuroscience, and technology, we can empower young patients to improve their focus, attention and overall wellbeing. The need continues to grow, and I hope to see this technology become available to many children and their families soon."

Rami Shacour, co-Founder and CEO of Innosphere, adds:

"For decades, stimulant medications have been the cornerstone of ADHD treatment. At Innosphere, we're parents first, driven by a mission to give families more personalized, effective options for their children. With Novostim 2, we're redefining what's possible in ADHD care. We're thrilled to announce sales approval in Israel and eagerly anticipate FDA clearance this year. This is just the beginning, as we explore Novostim 2's potential to complement existing therapies and transform lives."

Image: Professor **Roi Cohen Kadosh**

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## **New SWLP Laboratory Enhances Diagnostic Services for Epsom Hospital and Beyond**

18 January 2025



South West London Pathology (SWLP) has launched one of the most advanced diagnostic facilities in the UK, with new cutting-edge laboratories set to transform healthcare delivery for patients across its network, including **Epsom Hospital**. The upgraded laboratory at Croydon Hospital marks the first phase of a significant technological overhaul aimed at improving diagnostic speed and accuracy.

Serving over 3.5 million people through five hospital sites, including **Epsom Hospital**, and 450 GP practices, SWLP is integral to the region’s healthcare infrastructure. When fully operational, the SWLP network of laboratories will process over 30,000 tests daily, ensuring faster turnaround times and better outcomes for patients in Epsom and the surrounding areas.

The state-of-the-art facility will streamline clinical blood science services, including clinical chemistry, haematology, coagulation, and serology, using cutting-edge pre-analytical automation technology developed in partnership with Beckman Coulter, a global leader in diagnostics.

Simon Brewer, Managing Director of SWLP, said:

*“The introduction of Beckman Coulter’s advanced analysers at Croydon Hospital marks a transformative step for our diagnostic services. With these technologies soon to be implemented across the entire network, including Epsom Hospital, we are setting new standards in diagnostic efficiency and patient care.”*

Rob Young, UK General Manager at Beckman Coulter, added:

*“By equipping SWLP laboratories with the latest diagnostic technologies, we’re enabling healthcare teams to deliver faster, higher-quality results. This advancement will significantly enhance the care provided to patients across the SWLP network, including those relying on Epsom Hospital for vital healthcare services.”*

The upgraded laboratories will unify diagnostic services across all SWLP sites, enhancing efficiency and ensuring a consistent standard of care. For patients at **Epsom Hospital**, this means improved access to accurate and timely test results, contributing to better overall health outcomes in the local community.

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## About South West London Pathology (SWLP)

South West London Pathology (SWLP) is an NHS pathology partnership providing integrated diagnostic services to hospitals, GPs, and healthcare organizations across South West London and beyond. Serving over 3.5 million people, including those at Epsom Hospital, SWLP delivers a comprehensive range of tests using state-of-the-art technology to improve patient care.

Image: Rob Young, UK General Manager for Beckman Coulter Diagnostics;

Matthew Kershaw, Chief Executive of Croydon Health Services NHS Trust;

Simon Brewer, SWLP Managing Director

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## Hip pain explained

18 January 2025



Hip pain is a common complaint, particularly among middle-aged and older adults. Two frequent causes are Hip Osteoarthritis (OA) and Greater Trochanteric Pain Syndrome (GTPS). While these conditions share some symptoms, they differ in causes, treatment, and long-term outcomes. Understanding these distinctions is key for accurate diagnosis and management.

## What is Hip Osteoarthritis?

Hip osteoarthritis is a degenerative joint disease characterized by age-related changes in the cartilage of the hip joint. The hip's ball-and-socket structure relies on cartilage for smooth movement, but this can wear down over time, leading to pain, stiffness, and decreased function.

### Signs and Symptoms of Hip OA:

- **Pain in the Groin or Thigh:** Pain is typically deep in the groin, buttock, or thigh, worsening with activity and improving with rest.
- **Stiffness:** Morning stiffness lasting less than 30 minutes is common, especially after inactivity.
- **Reduced Range of Motion:** Difficulty with daily activities such as putting on socks or shoes.
- **Crepitus:** A grinding sensation during movement due to rough joint surfaces.
- **Functional Limitations:** Challenges with walking, climbing stairs, or standing up from a seated position.

## What is Greater Trochanteric Pain Syndrome?

Greater Trochanteric Pain Syndrome (GTPS) involves pain over the lateral hip, specifically around the greater trochanter, the bony prominence on the hip's outer side. Unlike OA, GTPS stems from issues in the soft tissues, such as the gluteal tendons and bursae.

### Signs and Symptoms of GTPS:

- **Lateral Hip Pain:** Pain over the outer hip, often radiating down the thigh and exacerbated by lying on the affected side or climbing stairs.
- **Tenderness:** Pain upon palpation of the greater trochanter.
- **Pain with Activity:** Aggravated by repetitive movements or prolonged standing.
- **Night Pain:** Discomfort when lying on the affected side, disrupting sleep.
- **Muscle Weakness:** Weakness in the hip abductors, affecting gait and mobility.

## Key Differences Between Hip OA and GTPS

### 1. Location of Pain

- **Hip OA:** Pain is typically deep in the groin, buttock, or thigh, potentially radiating to the knee.
- **GTPS:** Pain is localized to the lateral hip, radiating down the outer thigh but rarely affecting the groin.

### 2. Underlying Pathology

- **Hip OA:** A degenerative joint disease involving cartilage degradation.
- **GTPS:** A soft tissue condition involving inflammation or degeneration of the gluteal tendons and bursae.

### 3. Risk Factors

- **Hip OA:** Aging, obesity, joint injuries, genetics, and repetitive hip loading.
- **GTPS:** More common in peri- and post-menopausal women due to hormonal changes affecting tendon health, as well as altered biomechanics like gait changes or muscle weakness.

4. **Impact of Hormones on Soft Tissue Health** Hormonal changes during menopause reduce tendon elasticity, increasing the risk of GTPS. In contrast, OA primarily results from mechanical factors and cartilage degradation.

## Management and Treatment

### Hip Osteoarthritis:

- **Exercise and Physiotherapy:** Low-impact activities like swimming or cycling help maintain joint mobility and muscle strength.
- **Weight Management:** Reducing body weight can alleviate stress on the hip joint.
- **Medication:** NSAIDs are commonly used for pain and inflammation.
- **Joint Injections:** Corticosteroid injections under ultrasound guidance can provide temporary relief and aid diagnosis in complex cases.
- **Surgery:** Total hip replacement may be necessary in severe cases.

### Greater Trochanteric Pain Syndrome:

- **Activity Modification:** Reducing activities that exacerbate symptoms, such as prolonged standing or lying on

the affected side.

- **Physiotherapy:** Strengthening the hip abductor muscles and improving flexibility is key.
- **Shockwave Therapy:** Effective in some cases for promoting tissue healing and reducing pain.
- **Corticosteroid Injections:** These can temporarily reduce inflammation for patients unresponsive to conservative treatment.
- **Surgery:** Rarely required but an option for severe or unresponsive cases.

### Conclusion

Hip Osteoarthritis and Greater Trochanteric Pain Syndrome are distinct conditions causing hip pain, with different causes, symptoms, and treatments. While OA is a degenerative joint condition affecting cartilage, GTPS is a soft tissue disorder involving the tendons and bursae around the greater trochanter. Accurate diagnosis is essential for effective management, and consulting a healthcare professional is critical for those experiencing hip pain.

For more information see [www.genuinephysio.com](http://www.genuinephysio.com)

Image: Man with hip pain. Credit Towfiqu Barbhuiya

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## Prime Minister and Health Secretary Visit Epsom Hospital to Unveil NHS Recovery Blueprint

18 January 2025



**Epsom Hospital** played host to Prime Minister **Sir Keir Starmer** and Health Secretary **Wes Streeting** today as they unveiled a significant national plan aimed at tackling the extensive backlog of NHS tests, checks, and treatments. The visit highlighted the government's strategy to expand healthcare capacity, streamline services, and reduce waiting times for millions of patients across the UK.

The blueprint includes a major partnership between the NHS and the private healthcare sector, intended to make additional hospital facilities, equipment, and staffing resources available. Prime Minister Starmer emphasized that healthcare reform must be "totally unburdened by dogma" and that prioritising patient outcomes over ideological constraints was essential.

The government announced plans for an extra 450,000 appointments for diagnostic tests and health checks, with local diagnostic centres operating 12 hours a day, seven days a week. GPs will have increased power to make direct referrals to these centres, reducing delays caused by administrative hurdles. Furthermore, 14 new surgical hubs will be established to handle less complex procedures, easing the strain on general hospital facilities.

Health Secretary **Wes Streeting** highlighted the urgency of these measures, pointing out that the current NHS backlog stands at 7.6 million patients awaiting elective treatments. He stressed that these reforms aim to address not only the backlog but also improve efficiency and convenience for patients.

**Amanda Pritchard**, Chief Executive of NHS England, expressed confidence in the proposed measures, stating that they would enable the NHS to deliver millions more tests, checks, and treatments annually, while also empowering patients and local healthcare providers.

While the national focus was clear, local concerns were also raised. Liberal Democrat MP for Epsom & Ewell, **Helen Maguire**, issued a statement welcoming the measures but stressing the ongoing need for infrastructure improvements at Epsom and St Helier Hospitals. She reiterated her campaign for the long-awaited Specialist Emergency Care Hospital in Sutton to be prioritised.

Cllr **Kate Chinn**, (Court Ward) Labour group leader on Epsom and Ewell Borough Council said: "It was great to see Keir in Epsom today, highlighting the great work done at SWLEOC and setting out Labour's plans to cut NHS waiting lists. People in Epsom and Ewell know how the NHS is struggling after 14 years of Tory neglect and false promises of a badly-needed new hospital by 2030. Labour, which created the NHS, is determined to rebuild it, but it will not be an easy job."

As the government pushes forward with its ambitious NHS recovery plan, the people of Epsom will be watching closely to see how these national promises translate into real-world improvements at their local hospital.

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## Surrey Uni Doing the maths on virus transmission

18 January 2025



### How prepared are we for another pandemic? Mathematical insights pinpoint lessons on airborne viral transmission

Half a decade on from the start of the COVID-19 pandemic, a study by the **University of Surrey** highlights the significant impact of combined public health measures in reducing airborne viral transmission. High-quality face masks were shown to reduce transmission risk by ninefold, while doubling indoor air ventilation cut the risk by nearly a third, providing valuable insights to support future prevention strategies for respiratory diseases.

In 2020, the world came to a near standstill as rising COVID-19 cases prompted unprecedented lockdowns, travel restrictions and widespread public health measures. The World Health Organization estimates that more than three million deaths were directly attributed to the virus during the first year of the outbreak, underscoring the devastating toll of the pandemic on global health and economies.

To better understand the dynamics of airborne transmission and inform future preparations, **Dr Richard Sear**, Associate Professor at Surrey's School of Mathematics and Physics, explored how the virus spreads during contact and the role of protective measures in reducing risk.

Dr Sear said:

"I've tried to measure how effective strategies, such as mask-wearing, are for the transmission of airborne viruses. This is both for any future pandemic, and for seasonal flu. I combined modelling with data from the UK's NHS COVID-19 app. While these estimates are highly approximate, they provide guidance on the value of measures such as face masks, social distancing and improved indoor air quality, which could be tested in the future."

Factors such as viral load, ventilation and individual susceptibility are likely to influence a significant variability in COVID-19 transmission rates, with some contacts posing a much higher risk than others. These findings highlight the importance of addressing environmental and behavioural factors in public health strategies.

In terms of personal protective equipment (PPE), high-quality face masks, such as N95/FFP2, were found to be particularly effective in reducing transmission risk, decreasing the effective reproduction number for COVID-19 transmission by a factor of approximately nine when worn by the entire UK population. Even individual use of N95 masks can lower transmission risk by threefold, no matter the duration of contact, whereas surgical and cloth masks are much less effective.

Ventilation also plays a critical role in controlling airborne transmission, as viral particles linger in poorly ventilated spaces, compounded by individual behaviours, such as close-contact interactions, speaking or coughing. By doubling the air turnover rate indoors, whether that's through open windows and doors or increasing speed on air conditioning systems, transmission can be reduced by as much as 30%. Complementing good ventilation with physical distancing further minimises the risk.

Dr Sear added:

"The COVID-19 pandemic was terrible for many of us, which is why it's important that we learn from our experiences. It also demonstrated how quickly we can develop and roll out vaccines when faced with a global health crisis. Moving forward, both we as individuals and our leaders have an opportunity to apply these lessons to better control respiratory diseases - not only to head off any future pandemics, but to also manage seasonal diseases such as flu and RSV."

The study has been published in Physical Review E.

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## Plant-based meat alternatives might be depressing

18 January 2025



There is mounting evidence suggesting that ultra-processed foods (UPF) are bad for our health, but if you stick to a vegetarian diet, is that still the case? Plant-based meat alternatives (PBMA) are considered to be ultra-processed foods and may be associated with similar harms.

In the first study of its kind, published in *Food Frontiers*, researchers from the University of Surrey found that vegetarians who consumed PBMA had a 42% increased risk of depression compared to vegetarians who refrained from PBMA.

The study analysed data from the UK Biobank and found no notable differences in intake of sodium, free sugar, total sugar, or saturated fatty acids between those vegetarians who ate PBMA and those who did not.

The researchers did find, however, that those who eat PBMA had higher blood pressure and C-reactive protein (CRP) levels, a marker of inflammation, and lower levels of apolipoprotein A, a protein associated with HDL, a “good” cholesterol; PBMA consumption was, however, also linked to a reduced risk of irritable bowel syndrome (IBS) by 40%.

Professor Nophar Geifman, from the School of Health Sciences at the University of Surrey and senior author of the study, said:

“The overall findings are reassuring, suggesting that plant-based meat alternatives may be a safe option when they are part of an overall balanced diet. However, the potential link between these types of food, inflammation and depression warrants further investigation.”

The study presented some limitations due to the data collected, which was predominantly from a white population in the UK, and dietary information only being gathered at the beginning of the study, not accounting for potential changes over time.

Professor Anthony Whetton, co-author of the study from the School of Veterinary Medicine at the University of Surrey, said:

“Ultra-processed plant-based meat alternatives can be a useful way for people to transition to a vegetarian diet effectively, and that helps with sustainable agricultural practices. Further research, including longitudinal studies and trials with more diverse populations, is necessary to confirm these findings and the relationship between vegetarian foods and mood.”

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## Surrey pharmacies need a better financial prescription

18 January 2025



Pharmacy owners in Surrey say “enough is enough” as they complain working 12-hour days and barely breaking even. One pharmacist said it has to dispense just over 6,000 prescriptions a month to just about balance the books.

Over the last decade or so, the funding community pharmacies received from the government and NHS have been cut by 40 per cent, with 1,500 closing in the last 10 years.

The government announced a £26 billion boost for the NHS and social care in the budget. A Department of Health and Social Care spokesperson said: “We are committed to working with the pharmacy sector and we will set out further details on allocation of funding for next year in due course.”

Asma’a Al-hindawi has worked at her family-owned pharmacy in Horley, after graduating from university in 2010. What used to be a family passion, is now a tough grind. She said: “It’s a lot of hard work. Sometimes me and my sister have to work 12-13 hours a day, six days a week, and still we’re only breaking even.”

Pharmacies are paid on a piecemeal basis for dispensing prescriptions issued by GPs. This makes up most of the community pharmacies' income. In 2012, the piecework fee was £2.75 per item; but now, despite inflation, the fee stands at £2.18 per prescription dispensed.

Despite her family business making a loss, Asma'a said: "I feel I have a moral obligation to work this hard to keep the pharmacy running and to help the community with their healthcare." She explained the pharmacy is a "community service" which he has stuck by despite often getting verbal abuse.

She said the NHS "doesn't catch up with the prices of the market" when the market cost of medicine increases. Sometimes items are out of stock so the pharmacy has to buy more expensive branded products, but the pharmacy still only receives the £2.18 fee.

"It's an ethical dilemma," said Asma'a, "because you can't tell a patient you cannot sell the medicine otherwise you will make a loss." Speaking to the Local Democracy Reporting Service in a bustling pharmacy, with shelves high of medicine, Asma'a said: "If the pharmacy is this busy, it should be making a profit."

Dorking & Horley MP Chris Coghlan (Liberal Democrat) said: "We really need to make sure our pharmacies are paid properly for the work they're doing so they can survive and keep helping the community."

John Bell, who runs South Street Pharmacy in Dorking, started his own mini campaign in protest against the funding situation. He turned off the lights of the pharmacy and posted a note on the window stating: "Why are the lights out in pharmacies? Find out more inside."

He started the campaign to raise awareness that 500 community pharmacies have closed across the country over the last year. "There comes a point when enough is enough," said John, explaining pharmacies can't afford to keep pouring money into a business just to keep it afloat.

The Dorking pharmacist said he makes "zero money" from the main pharmacy business and has to subsidise it with selling the extra hair accessories, sun cream and glasses on the shop floor. Already running at a "skeleton staff", John said he is dreading the increase in employers' National Insurance contributions. He said staffing costs have gone up by 50 per cent in 10 years.

Mr Coghlan has written to Wes Streeting, Secretary of State for Health and Social Care, to "stop the decimation of independent pharmacies". He wrote: "It's unacceptable that pharmacies are subsidising NHS work out of their own pockets while being expected to take on more responsibilities."

In his letter, the Lib Dem MP has urged Mr Streeting to review and increase NHS reimbursement rates to reflect the "true cost" of dispensing and running a pharmacy. Mr Coghlan also asked for employers' national insurance rise to be "halted" to prevent a "further financial blow" on pharmacies and health providers.

A Department of Health and Social Care spokesperson said: "Community pharmacy has been neglected for years, but it has a vital role to play in the shift of care from hospital to the community as we reform the health service through our 10 Year Health Plan.

"We commend the hard-working pharmacists working to support their communities across England and there is never a justification for threatening behaviour."

Image: MP Chris Coghlan (left) visiting Asma'a (right) at her family-run pharmacy in Horley. (Credit: Emily Dalton/LDRS)

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## Call to address mental health of health workers

18 January 2025



Only a system-wide overhaul of the NHS that invests in staff wellbeing can address the psychological ill-health crisis amongst healthcare workers, according to research led by the University of Surrey in partnership with the University of Exeter. The research, which is funded by the National Institute for Health and Care Research (NIHR), focussed on nurses, midwives and paramedics who are disproportionately affected by psychological ill-health, which leads to significant consequences for both individual wellbeing and patient care.

The study found that whilst high-pressure environments, heavy workloads, and chronic staff shortages are key drivers of stress and anxiety among healthcare professionals, it is the features of the work environment, such as lone working and career stage, such as being newly qualified, that can be key. The NHS staff survey reports that almost half of all NHS staff reported feeling unwell due to work-related stress in the past year (47%), with many experiencing unrealistic time pressures and inadequate staffing levels.

The researchers identified several key findings, including:

- An underlying blame culture undermines staff psychological wellness by creating a toxic work environment.
- A prevalent “serve and sacrifice” culture prioritises institutional needs over individual wellbeing.
- Healthcare professionals often experience moral distress and emotional exhaustion due to the tension between upholding professional values and the realities of clinical practice.
- A more comprehensive approach is needed to address the cumulative effects of workplace stressors rather than only focus on individual-level strategies and acute stressors.
- Developing effective psychological wellbeing interventions for diverse healthcare workers is complex.

Professor Jill Maben OBE, Professor of Health Services Research and Nursing at the University of Surrey, said:

“ By addressing these systemic issues, the NHS will not only improve the psychological health of its workforce, but will also enhance the quality of patient care and reduce costs associated with turnover and absenteeism”.

A series of recommendations emerged, aiming to improve staff wellbeing and create a healthier workplace culture. First and foremost, prioritising staff wellbeing is crucial. This involves addressing essential needs such as providing access to food and hydration, break rooms, staff parking (including disabled parking), and financial security.

A holistic and collaborative approach to staff wellbeing is also recommended. By focusing on both prevention and intervention, organisations can adopt a systems-level strategy to promote and protect wellbeing effectively.

Other key recommendations include:

- Normalising and proactively managing psychological ill-health: Recognising that psychological stress and burnout are common challenges in healthcare is essential.
- Giving equal consideration to psychological safety alongside physical safety within the healthcare workplace.
- Developing compassionate leaders for the future: Investing in leadership development fosters a compassionate and supportive work environment.
- Fostering a learning culture and encouraging open communication: Creating a psychologically safe environment where staff feel empowered to speak without fear of retribution is vital.

Professor Cath Taylor, Professor of Healthcare Workforce Organisation and Wellbeing, said:

“We have produced a comprehensive guide to assist NHS leaders and staff in implementing our recommendations. This resource provides practical advice on how to address poor psychological wellbeing in nurses, midwives and paramedics to create a more supportive healthcare system, allowing staff to thrive and deliver excellent care for patients”.

For more information, and to view the guide, visit: <https://workforceresearchsurrey.health/projects-resources/cup2/>

This project was supported by the NIHR HS&DR programme with grant number 129528. The views and opinions expressed herein are those of the authors and do not necessarily reflect those of the HS&DR programme, the NIHR or the Department of Health and Social Care.

## Surrey History Centre throws light on Epsom’s hospitals

18 January 2025



Epsom Surrey had more mental hospitals than most English counties and, at Surrey History Centre, we are justly proud of the quantity and quality of surviving records we hold. These range from the early private asylums of the late eighteenth century through to the county asylums of the nineteenth and twentieth centuries.

Many of these records were rescued by our archivists when the institutions were closed down in the 1990s, and they include the records of some of the ‘Epsom Cluster’ of hospitals. In 1896 the newly created London County Council, faced with the need to provide for huge numbers of the mentally ill, purchased the Horton Manor estate at Epsom and built five large hospitals. The Manor opened in 1899; Horton in 1902; Ewell Epileptic Colony, later St Ebba’s, in 1904; Long Grove in 1907; and West Park in 1924.

Among the extensive archive of The Manor hospital at Surrey History Centre is a wonderful collection of glass plate negatives of individual male and female patients dating back to 1899. The patients were photographed on admission to the hospital and many who recovered after treatment were often photographed again on discharge, showing a marked improvement in their demeanour.

These glass plates had been languishing in our strong rooms so, earlier this year, we started creating digital positive copies of some of the plates that are over one hundred years old. Once digitised, the images were identified by matching them to the photographic prints in the Manor Hospital patient case books. Sadly a few of the case books had not survived, so a number of images remained unidentified, but more of this later. Thanks to our volunteer, Brenda, we have now successfully digitised over 500 images which can be viewed by researchers in our searchroom. The names of the patients whose photographs have been identified are also available on our online catalogue.

This digitisation project was actually prompted by the work of the Epsom based **Friends of Horton Cemetery**. Their Out of Sight, Out of Mind project explores and commemorates the lives of some of the 9,000 Epsom Cluster patients buried in unmarked graves in the disused cemetery. More information about this fascinating project can be found on the Horton Cemetery website.

This has truly been a collaborative undertaking. Also working in partnership with Surrey History Centre and the Friends of Horton Cemetery is multimedia artist and medic, Dr Eric Fong. His work spans film, photography, sculpture, and installation, often exploring themes of the body, identity, and vulnerability. His moving and haunting Cyanotype Apparitions exhibition, using some of the Manor Hospital patient glass slides, won the London Independent Film Awards' Best Experimental Short October 2024 award.

And here's a fitting postscript: last month saw the recovery of one of the long-lost Manor Hospital patient case books, filling an important gap in the hospital's record collection at Surrey History Centre. Discovered in an attic, this remarkable volume, spanning May 1900 to July 1901, records the medical histories of 250 women, complete with their personal details and poignant photographic portraits. And importantly, it has allowed us to identify some more of the unnamed glass plate images.

For more news from Surrey History Centre - read more here.

Image: glass plate negative of Caroline Appleton and William Smith

Surrey History Centre

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[Portraits of pauper patients in Epsom's Horton Cemetery, inspires artist](#)

[Petition to reclaim Horton Cemetery from property speculator](#)

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## X-Ray vision wins Surrey Uni "spin-off" a prize

18 January 2025



**Silveray, the digital X-ray film company and Surrey spinout, wins coveted Institute of Physics award with a new approach to X-ray imaging**

Innovation in X-ray technology could be key to detecting cancer more accurately than ever before, says the CEO of a startup that has won this year's Institute for Physics Business Startup Award.

Silveray, a spinout from the University of Surrey, has invented a flexible, reusable, and cost-effective Digital X-ray Film (DXF) that is transforming industrial radiography for weld inspection. In the long term, the ground-breaking technology offers the promise of more accurate diagnostic X-ray imaging at lower radiation doses for earlier and more accurate tumour detection, leading to better patient outcomes.

Silveray's nanoparticle-based material for X-ray imaging is made of a semiconductor ink that is coated on to a flexible electronic backplane with pixels that captures the X-ray image. Unlike the current X-ray market status quo, Silveray's technology enables enhancements in image quality on a physically flexible medium at a cost-effective price point.

Dan Cathie, CEO and Co-Founder of Silveray, said:

"The X-ray imaging sector has seen relatively few revolutionary innovations since the advent of digital imaging. Our vision at Silveray is to develop technology that disrupts this way of thinking by creating financially sustainable, reusable,

physically flexible Digital X-ray Film (DXF).

“We know there is more to be done but this award from the Institute of Physics is a recognition of the valuable potential of our technology for the industrial non-destructive test (NDT) market. Furthermore, our vision is to become game changers for mammography and other areas of X-ray imaging with our high-sensitivity, high-resolution, Digital X-ray Film invention.

“This award comes as fantastic recognition for the team at Silveray following the close of our recent funding round, led by Northern Gritstone.”

Silveray was founded in 2018 by Professor Ravi Silva, Director of the Advanced Technology Institute (ATI) at the University of Surrey. Since then, Silveray and the ATI have painstakingly worked on the technology that incorporates high-Z elements (heavy atoms known for their ability to absorb X-rays) into semiconductor polymer materials, creating flexible X-ray detectors that are both sensitive and adaptable to curved surfaces.

Professor Silva said:

“Traditional indirect conversion X-ray detectors are stiff, costly, and inherently force a trade-off between image quality, speed, and dose, but our innovation at Silveray changes that.

“Our direct conversion technology is flexible, reusable, and closely mimics human tissue, making it perfect for medical uses like accurate diagnosis for early tumour detection. Because it doesn’t require complicated processing, this could make a real difference in improving medical X-ray imaging and radiotherapy.”

Image: the Silveray team with the IoP award.

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## Planning buses not missing them says Epsom’s MP

18 January 2025



Dear Editor,

Thank you to Stuart Gosling for his contribution and for highlighting the important issue of transport links in relation to the new hospital development.

Has Epsom’s new MP missed the bus to a new hospital?

I completely agree that good transport connectivity is essential for the success of this project, and I want to reassure residents that we have already considered this as part of the planning process.

New transport links will be introduced once the hospital is built, and discussions around the best way to serve the site with appropriate public transport will take place as we progress along the development timeline. It’s important to note that transport infrastructure often needs to be developed alongside the new services and demands that arise from it.

I’ll be at the forefront of ensuring that the new hospital is well-served by transport, and I’m committed to ensuring that Epsom and Ewell’s needs are fully met. The process may take time, but I’m confident the results will be worth the wait.

Yours faithfully,

Helen Maguire MP

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## Warm Wednesdays are back in Epsom

18 January 2025



For the third year running Epsom Methodist Church (EMC) is opening its doors and running its Warm Wednesdays programme this winter. EMC is just one of the 80 Warm Welcome spaces across Surrey that are open to all residents free of charge and are a place you can pop in to stay warm, get a hot drink, receive energy advice and much more!

Situated right in the heart of Epsom in Ashley Road, Epsom Methodist Church will be open from 9.30 am to 6pm every Wednesday from 6th November through to the end of March\*. We will be providing hot drinks, hot meals, free wi-fi and friendly company and conversation. Everyone and anyone is welcome to drop in for five minutes or stay for the whole day - no booking required.

EMC will also be providing advice on where to go for help with energy bills, benefit problems, financial and housing issues and obtaining warm goods and emergency support. On some Wednesdays we will be joined by advisers from Surrey Community Action who will offer help with keeping energy bills down, dealing with energy providers and claiming benefits such as Pension Credit.

Each Wednesday from 3.30 pm to 6pm EMC's Warm Space will take the form of a free after school club for parents and children. There will be games, crafts and activities before everyone joins together to share an evening meal together. Again no booking is required.

Lead Organiser, Robert Hill, commented:

"Energy prices have gone back up this autumn and we know some households struggle to pay their heating bills. Warm Wednesdays not only provides a place where people can stay warm but they can also find friendship and get practical assistance to help see them through the winter.

"Epsom Methodist Church is proud to be part of a Surrey-wide effort to support communities and provide help for those who need it. And it is great to have the backing of the County Council for what we are doing.

For further information contact Robert Hill on 07802 551636 or email [roberthill.home@icloud.com](mailto:roberthill.home@icloud.com)

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## Frozen Shoulder Link to Menopause

18 January 2025



Frozen shoulder, also known as adhesive capsulitis, is a painful condition that restricts movement in the shoulder joint due to adhesion and inflammation in the joint capsule. While this condition can affect anyone, it is particularly common in women aged 40 to 60, with many cases coinciding with menopause.

### What Is Frozen Shoulder?

Frozen shoulder is characterised by pain and stiffness in the shoulder joint. It progresses through two main stages: the **painful stage**, where movement becomes uncomfortable and often disrupts sleep, and the **stiffness stage**, where shoulder mobility is severely restricted. The exact cause isn't always clear, but there are certain risk factors.

### The Menopause Connection

Frozen shoulder tends to occur more frequently in women, especially during menopause. Hormonal changes, particularly declining oestrogen levels, can impact connective tissues, making them more prone to inflammation and stiffness. This hormonal shift may partly explain why women in midlife are at higher risk of developing the condition.

## Signs and Symptoms

Key symptoms of frozen shoulder include:

- **Pain:** A deep, aching pain that worsens with movement. Night pain is common.
- **Stiffness:** As the condition progresses, shoulder movements become more restricted, making daily activities like dressing or reaching overhead challenging.
- **Limited Range of Motion:** Both active and passive movements are affected.

## Risk Factors for Frozen Shoulder

- **Age and Gender:** Women between 40 and 60, especially those going through menopause, are at higher risk.
- **Diabetes:** Those with diabetes are more susceptible and often experience a more prolonged course of frozen shoulder.
- **Thyroid Disorders:** Hypothyroidism and other thyroid issues are linked to a higher likelihood of developing frozen shoulder.
- **Immobilisation:** Lack of movement after an injury or surgery can trigger the condition.

## Treatment and Management Options

### Physiotherapy: The Gold Standard

Physiotherapy is the cornerstone and is supported by the National Institute for Health and Care Excellence (NICE). It includes a combination of manual therapy, exercise, and education to relieve symptoms and improve shoulder function.

- **Manual Therapy:** Techniques like joint mobilisation and stretching are used to reduce stiffness and increase mobility.
- **Exercise Therapy:** A personalised exercise plan can help restore shoulder movement and build strength. Early in the painful stage, exercises are gentle, with intensity increasing as the shoulder improves.
- **Patient Education:** Understanding frozen shoulder, its natural progression, and expected recovery time is vital. Many patients worry about the severity of their pain, especially during menopause, but education can reassure them that frozen shoulder is manageable and temporary.

### Injection Therapy: Corticosteroids and Hydrodilatation

For those whose pain severely limits rehabilitation, injection therapy can be an effective complement to physiotherapy.

- **Corticosteroid Injections:** These are most useful in the early painful stage, providing significant pain relief and reducing inflammation. This helps patients participate more actively in physiotherapy.
- **Hydrodilatation:** This procedure involves injecting a saline solution, often combined with a corticosteroid, into the joint capsule to stretch it and improve mobility. It's typically used during the stiffness phase.

### Can Frozen Shoulder Be Prevented?

While not always preventable, staying active and maintaining shoulder mobility can reduce the risk of developing frozen shoulder, particularly during menopause when hormonal changes increase vulnerability. If you experience early signs of stiffness or discomfort, seeking physiotherapy promptly can prevent the condition from worsening.

### Role of Menopause in Frozen Shoulder Recovery

Due to hormonal changes, women going through menopause may experience a longer recovery time. However, with early intervention, including physiotherapy and, if necessary, injection therapy, most women see significant improvements within one to three years. Managing underlying conditions like diabetes or thyroid issues can also speed up recovery.

### Conclusion

Frozen shoulder is a painful and limiting condition, but with the right treatment, particularly physiotherapy, most people can regain their shoulder mobility over time. For women experiencing menopause, the added risk makes it important to be proactive in addressing early symptoms. Whether through manual therapy, tailored exercises, or injection therapy, effective treatment can help you regain shoulder function and return to your regular activities.

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## Surrey smokers quitting for free

18 January 2025



Ex-smoker Councillor Mark Nuti, Cabinet Member for Health and Wellbeing, and Public Health, visited the One You Surrey stop smoking service to find out how we're supporting smokers to quit.

Around 12% of adults in Surrey smoke, and from personal experience Mark knows that it can be tough to give up smoking. When he visited Stop Smoking Advisors Lottie and Tutua from the One You Surrey Stop Smoking Service, he found that there is lots of support available to help people in Surrey make this life-changing choice.

One You Surrey offer a free quitting service, to help residents make the first step towards a healthier and smoke-free life. With access to free quitting aids, including e-cigarettes, nicotine replacement patches and gum, as well as encouragement and support to guide smokers through their quitting journey, One You Surrey are there every step of the way. One You Surrey offer a personalised service, including 1:1 sessions and online support. Whether this is someone's first shot at quitting smoking, or whether they feel like they've tried it all, the advisors at One You Surrey are here to find what works. Smokers who quit with the help of a stop smoking service are 4 times more likely to quit for good, as Mark found.

Mark told us: *"The benefits of quitting smoking make this challenging journey well worth it!" After just 72 hours, you will already be able to breathe better and will have more energy. Your sense of taste and smell will improve, and quitting can boost your mood and help you to feel less stressed. And you could save close to £2000 a year, enough for a holiday or towards a new car."*

Smoking Cessation Lead Tutua shared: *"Last year we were able to support over 1500 people in Surrey to successfully quit smoking. I love seeing the benefits our clients gain through their time with us, from the positive financial impact of quitting right through to people being able to run around with their children or grandchildren without getting out of breath as easily."*

To find out how One You Surrey can support you, or someone you know, in your smoke-free journey, visit <https://oneyousurrey.org.uk/programmes/stop-smoking/>. It's well worth it!

## Epsom and St Helier Hospitals in Desperate Need of Repairs

18 January 2025



Epsom and St Helier University Hospitals are in need of urgent repairs, with more than £150 million required to address crumbling infrastructure, according to the latest NHS data. Epsom and Ewell MP **Helen Maguire** has urged the Government to prioritise investment in the upcoming Budget to tackle these issues.

The data highlights that nearly £70 million of the required repairs are classified as 'high risk,' meaning a failure to address them promptly could lead to serious injury and significant disruption to healthcare services. Both hospitals have been struggling with deteriorating facilities for years, with St Helier Hospital facing particularly severe challenges, such as falling ceilings and condemned buildings.

One major issue is the division of emergency care teams across both sites, a problem that the proposed specialist emergency care hospital in Sutton is intended to resolve. However, delays in funding mean that these plans have not yet come to fruition, leaving local residents reliant on facilities that are increasingly unable to meet modern healthcare needs.

Ahead of the Autumn Budget, Liberal Democrat MP Helen Maguire has renewed her call for urgent financial support to clear the backlog of repairs and ensure that the hospitals can provide safe and effective care for local communities.

"It is scandalous that people in Epsom, Ewell, Ashted, and Leatherhead are being treated in hospitals that need millions of pounds in repairs," said Maguire. "When someone goes to the hospital, they should expect to be treated in a building

that is safe. This is the bare minimum. We need to do far better. It is now down to this Government to rescue our NHS, which is why, at the Budget, the Chancellor must urgently use any changes to the borrowing rules to invest in hospitals here in Epsom and Ewell.”

## **NHS Response**

A spokesperson for the **Epsom and St Helier University Hospitals NHS Trust** acknowledged the extent of the challenges, stating: “We’ve spent £60 million in the past five years improving the facilities in our ageing hospitals, which are deteriorating faster than we can fix them. Local people deserve better, and we’re ready to build a new state-of-the-art hospital and upgrade our existing sites, but urgently need investment to make this a reality.”

The spokesperson also highlighted the outdated nature of parts of the hospital infrastructure, some of which predate the founding of the NHS. “The age of our buildings means they flood regularly, and when our lifts break down, we can’t fix them because they don’t make the parts anymore.”

Plans for the new specialist emergency care hospital in Sutton aim to address these issues by consolidating highly skilled medical teams, providing round-the-clock care. This would alleviate the strain on the existing Epsom and St Helier hospitals, which will continue to provide 85% of local services, including outpatient appointments and scans.

## **The Way Forward**

The pressing need for investment in the local NHS infrastructure is clear, with both the MP and the hospital trust calling for urgent action. As the Budget approaches, the focus will be on whether the Government will step up and provide the necessary funds to ensure that residents of Epsom and surrounding areas receive the healthcare services they deserve in safe and modern facilities.

Local residents will be closely watching developments in the Budget announcement, hoping that long-awaited improvements to the area’s hospitals will finally become a reality.