

# Epsom man runs marathons in memory of sister who died from epilepsy

8 April 2026



Barry Ahearn, 45, is running one of the world's most famous marathons in memory of his younger sister, Abbie, who passed away just three months before her 30<sup>th</sup> birthday in 2023. Barry is a long-term supporter of Epilepsy Action and has raised almost £23,000 for the charity so far.

Abbie passed away following an epileptic seizure that was so severe, it sent her into cardiac arrest. Last year, Barry completed a total of 27 half-marathons in memory of his sister. "The reason I chose to do 27 half-marathons is because this represents the amount of time Abbie's brain was without oxygen, whilst paramedics tried to revive her.

"According to Epilepsy Action, around 1000 people die from epilepsy-related causes, which is about three people every day. I want to make sure Abbie is not just 'one of the three'."

Since his first big challenge, Barry has completed an ultra-marathon, been a finalist at the BBC Make a Difference awards, and has planned many future challenges, including the London Marathon. His efforts have been recognised by local MP Helen Maguire and the pair completed a Parkrun together last November. Helen has since been working with the charity.

Helen said: "I'm so inspired to see Barry taking on the London marathon to honour his sister Abbie and support Epilepsy Action. Having joined Barry for a recent park run in support of Epilepsy Action, I know how powerful these efforts can be in bringing people together and raising awareness. I wish him the very best of luck and commend his incredible commitment to this cause."

Barry is determined to continue spreading awareness of epilepsy, and highlighting how serious the condition can be. "Losing my sister has been the worst experience of my life. Abbie was kind compassionate, attentive and loyal. She was so much fun to be around, always making jokes and playing pranks. She brightened any room she walked into with her smile and is sorely missed by everyone who knew and loved her.

"Many people think epilepsy is just about 'seizures', when in reality there's so much more that goes along with the condition. Epilepsy takes away people's independence, stops them driving, can be very socially isolating and some of the medications have really bad side effects, including extreme fatigue and mood swings. Abbie had only been diagnosed with epilepsy six weeks before passing away, but this is the reality she could've been living with if she was still here, and I know she'd want me to do something about that.

"I want her passing to mean something, to help make a difference, not only by raising money to go towards research, but also to raise awareness of how serious this condition is."

"After the London Marathon, I'm already planning my next big challenge. I'm not quite set on what I want to do, but I think it might involve something like doubling the 27 halves...."

Philippa Cartwright, director of fundraising at Epilepsy Action, said: "We're honoured to have Barry as one of our 2026 London Marathon runners. The challenges he has taken on over these past couple of years have been incredible, and we're so grateful for his ongoing support.

"Barry has shown extraordinary resilience and determination since losing his sister, choosing to turn the hardest experience of his life, into something that will help so many others. The money he has raised will go directly towards helping Epilepsy Action to continually campaign for better care for people with epilepsy across the country, and funding the frontline services the charity provides including its helpline, support groups and one-to-one support.

"Epilepsy Action would like to say a big thank you to Barry and we are wishing him and all of our runners the best of luck - we are sure his sister Abbie would be so proud."

Epilepsy affects around one in every 100 people in the UK and around 80 are diagnosed every day. Epilepsy Action is committed to improving the lives of people with epilepsy, by campaigning for better services and raising awareness of the condition. The charity provides a national network of support groups, with expert advice available on its freephone helpline 0808 800 5050 and online at [www.epilepsy.org.uk](http://www.epilepsy.org.uk).

## Epilepsy Action

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# Lung disease death widens investigation of Epsom and St Helier Trust service

8 April 2026



## Widow still seeking accountability two years on.

A widow whose husband died aged just 48 after treatment at Epsom and St Helier University Hospitals NHS Trust has spoken of her continuing search for answers, as investigations continue into the care of more than 200 lung disease patients.

Laura Noakes, from Sutton, says she still does not know why her husband Daniel died from interstitial lung disease (ILD) in February 2024, despite concerns raised about his treatment before his death. Speaking on the second anniversary of his passing, she said the lack of clear information has left her feeling isolated and unable to move forward.

Her case forms part of a wider investigation involving patients treated under respiratory consultant Dr Veronica Varney, whose practice is under scrutiny. The investigation includes a review by the General Medical Council, though no outcome has yet been made public.

According to reporting by the Daily Telegraph (29th March), a letter from the Trust acknowledged that Mr Noakes had been prescribed Roflumilast for several years — a drug licensed for chronic obstructive pulmonary disease but not for ILD — and that he could have lived longer had he received treatment in line with guidelines.

Mrs Noakes said: “While nothing will bring Daniel back, finding answers is really important. It feels like I’ve been treated in a silo. I haven’t been able to understand the wider picture, and answers have only come after I complained.”

## Concerns over treatment and oversight

Mr Noakes, who had never smoked, was first referred to respiratory services in 2018 after developing a persistent cough. The Trust later accepted that earlier scans suggesting ILD were not properly followed up, and that there was insufficient senior medical oversight during his care.

His condition deteriorated significantly from late 2023. While still alive, he was contacted by the Trust raising concerns about his treatment — something his wife describes as a “double trauma”, learning both that he was dying and that aspects of his care may have been avoidable.

She said: “We trusted we were getting top-level care. Instead, we later found there had been serious failings. We could have had many more years together.”

The Trust has apologised to the family and acknowledged that Mr Noakes’ care “fell far below” expected standards. It has also commissioned an external review by the Royal College of Physicians into more than 200 cases.

## Wider investigation and cultural concerns

Findings reported by the Telegraph indicate that internal reviews identified a culture at St Helier Hospital that discouraged junior staff from challenging senior clinicians. The Trust has since said it has strengthened safeguards and systems to prevent similar failures.

Dr Varney left the Trust in 2023. The GMC has confirmed she remains registered with conditions while its investigation continues.

An inquest into Mr Noakes’ death has yet to reach a final conclusion.

## Legal action and calls for others to come forward

Mrs Noakes is now being supported by clinical negligence specialists at Slater and Gordon.

Senior associate Nadia Saber said: “Daniel’s death was avoidable and premature, and Laura understandably has many questions. The number of cases under investigation gives cause for serious concern, and we would urge anyone worried about their care to come forward.”

Mrs Noakes added that accountability is essential not only for her family, but to ensure lessons are learned: “We need to

know what happened and why — so this doesn't happen to anyone else.”

Sam Jones - Reporter



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## Local Councillors react to hospital merger idea

8 April 2026



From Councillors Eber Kington (RA) and Steven McCormick (RA)

Dear Editor,

Your article of 26<sup>th</sup> March exposing the plans by Epsom and St Helier University Hospital Trust to merge with St George's Hospital Trust is most welcome. However, the fact that the decision was taken behind closed doors three weeks ago, without public comment, with no reference on the ESHUHT website, and clearly no intention to engage with residents, is quite alarming.

The stated position, that the Trusts “have not agreed to merge” but will “submit a strategic case for merger to NHS England, asking them to approve developing a full business case” is hard to believe. Of course there is nothing fully worked up, but even a strategic case will have been developed by reviewing and testing options for cost savings such as merging services in single sites or in just two rather than three.

And the fact that patients and residents generally were the last to know of these plans, and only through the press, does not augur well if NHS England does agree that the Trusts can develop a full business case. But if that is what is to happen, the ESHUHT Board must be open from the start about what is within scope of any plan and what is not.

We also note that our own MP was aware of the developing proposal yet also decided not let residents know. She suggests that her priority is to ensure that residents in the Trust area “continue to receive the high-quality healthcare they deserve.” However, we believe that most residents in Epsom and Ewell will also want reassurance that those key services are not stripped out of Epsom Hospital and located at St Helier and far away St George's Hospital.

Clearly, the state of the Hospitals' finances is behind this decision, as Epsom, St Helier and St George's Hospitals have all been set targets to clear debts, and Government support is due to be withdrawn over the next three years. However, the need to find ways to deliver current and new services in a more efficient way does not have to be done in secret. It can, and must, be an open process that encourages patients, members of staff, and residents to be part of the work that shapes their hospital services for years to come. And our residents need to know right now, that greater openness will be the case.

Yours

**County Councillor Eber Kington and County Councillor Steven McCormick**

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[Epsom Hospital to “merge” with St Georges in Tooting?](#)

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## Epsom Hospital to “merge” with St Georges in Tooting?

8 April 2026



A major NHS reorganisation affecting Epsom residents appears to have been approved behind closed doors, with no public announcement or consultation to date.

Information shared with the *Epsom and Ewell Times* indicates that St George's Hospital is set to formally merge with Epsom and St Helier University Hospitals NHS Trust under plans approved by their boards on 5 March.

The proposal, described in NHS terms as a "strategic outline case", is understood to be the first formal step towards a full merger. If progressed, it would ultimately result in Epsom and St Helier ceasing to exist as a separate organisation, with all services brought under a single management structure.

The development was first reported by Putney News, which described the move as having been agreed "behind closed doors" and without any public announcement or consultation. According to that report, no press release has yet been issued and residents have not been formally informed.

### **Financial pressures driving change**

Documents referenced in the material seen by EET suggest the move is being driven by mounting financial pressures across the hospital group.

The combined shortfall is reported to be around £176 million for the current financial year. While government support has historically offset much of this gap, those payments are now being phased out. St George's has reportedly been given two years to break even, while Epsom and St Helier has been given three.

Epsom and St Helier is also said to be under formal NHS England supervision in relation to its finances, waiting lists and emergency care performance.

### **No public consultation announced**

Despite the scale of the proposed change, there appears to have been no public consultation process announced.

Material circulated internally suggests that staff have been informed and Integrated Care Boards briefed, but that wider public engagement has not yet taken place.

The apparent lack of transparency may raise concern locally, particularly given previous assurances when the two trusts began closer working in 2021 that they would remain separate statutory organisations.

### **MP response focuses on patient care**

Epsom and Ewell's MP Helen Maguire said she was aware of the developing proposal but emphasised that patient care must remain the priority.

She said: "I am aware the Trust has put a business case forward to the NHS on the possibility of a merger. From my perspective, my primary concern lies with ensuring that regardless of administrative decisions, residents across my constituency and the wider Trust area continue to receive the high-quality healthcare they deserve. I look forward to meeting with Michael Pantlin to discuss these priorities, and will continue to engage with key stakeholders throughout the process to ensure consistency of service provision."

Her comments suggest the proposal remains under consideration at NHS England level, with further discussions expected.

### **Hospital Management Response**

A spokesperson for St George's, Epsom and St Helier Hospitals and Health Group (gsh) said: "We have not agreed to merge - at this stage, we have agreed an intention to submit a strategic case for merger to NHS England, asking them to approve developing a full business case.

"This builds on the work we have already done to strengthen the ties between both Trusts - sharing expertise and resources, whilst leveraging the strengths of our services to further improve patient care.

"We want to reassure people that there are no related planned changes to our services."

### **Long-term implications for services**

If it proceeded the merger could have significant implications for how services are delivered across south-west London and Surrey, including for Epsom residents relying on local provision.

It also comes against the backdrop of delays to the long-promised Specialist Emergency Care Hospital in Sutton, now expected to open in the 2030s rather than mid-2020s.

While NHS leaders are reported to view the merger as a route to achieving Foundation Trust status and improving financial stability, questions remain about how local services may be affected and when residents will be formally consulted.

Sam Jones - Reporter



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## Epsom Hospital to share new surgery robot

8 April 2026



A patient has spoken of his gratitude to the NHS after he received life-saving robotic surgery – as hundreds more patients across London and Surrey are set to access the cutting-edge technology.

Paul Wickens, who lives in St Mary's Bay in Kent, was one of the first heart disease patients at St George's Hospital in Tooting to receive robotic-assisted surgery – an innovative procedure minimising recovery time for heart operation patients. Care worker Paul had lived with the condition for 24 years and his symptoms had deteriorated in recent years, leaving him “tearful” over what this could mean for his health.

The 66-year-old support worker was given new hope when he had a robotic coronary artery bypass grafting (CABG) surgery in December 2025 – one of the first of its kind at the hospital group, one of only three units in London who can perform the innovative procedure. His surgery was assisted by one of two da Vinci surgical robots – one of the most advanced systems of its kind – at St George's, which have resulted in fewer complications for patients, lower readmission rates and shorter length of stays across other specialities.

Now, more patients like Paul across Surrey and London are set to benefit from a brand new da Vinci Xi surgical system now at Epsom Hospital, enabling surgeons to carry out more life-saving procedures on hundreds of patients every year.

Paul said: “I didn't really understand what robotic surgery involved, but I felt very trusting of the surgical team and was immediately put at ease. I was in a little pain afterwards, although it was managed well with medication, and I was able to talk to my family that afternoon.”

Traditional surgery for coronary artery bypasses typically involves an incision in the middle of the chest (sternum) with multiple bypass grafts. Robotic-assisted surgery is less invasive, using small incisions and a high-definition 3D camera to allow greater precision. This results in less damage to surrounding tissue, reduced blood loss and lower levels of post-operative pain.

Paul returned home within four days rather than the week in hospital that is typically expected. He is planning on returning to his role in the care sector next month, where he has worked for the past thirty years. He added: “I am so grateful and lucky to be born in a time when such technology has come to the fore and I can't thank the team enough – my symptoms have gone and I can move on with my life.”

Dr Richard Jennings, Group Chief Medical Officer for St George's, Epsom and St Helier University Hospitals and Health Group, said: “We are embracing the latest technologies including robotic-assisted surgery, to improve care for thousands of patients – cutting waiting times, speeding up recovery and getting patients home sooner. Paul is one of many patients we expect to treat with robotic-assisted surgery in the coming years, in a major step forward for our hospitals. I'm very pleased that Paul is doing so well and I am proud of the way our teams are working together every day to provide innovative, safe and up-to-date care to our patients.”

The debut cardiac procedure is leading the way in the hospital group's commitment to using innovation to improve patient

outcomes and recovery times. The new robotic da Vinci system, part funded by Epsom and St Helier Hospitals Charity, will be shared by surgical teams from Epsom and St Helier and St George's hospitals - with the first patients being treated this week.

It will be used for a range of procedures including general surgery, colorectal cancer surgery, and gynaecological surgery as well as urology and ENT (ear, nose and throat) procedures. It is expected to treat around 300 patients in the first year, rising to over 550 annually as more surgeons complete specialist training.

Molly Simpson, Head of Charity and Fundraising for Epsom and St Helier Hospitals Charity said: "We're incredibly proud to help more local people access cutting-edge surgery by part-funding the new surgical robot at Epsom Hospital. Thanks to our generous donors and fundraisers, we're able to make every penny count and deliver real benefits for patients."

St George's, Epsom and St Helier University Hospitals and Health Group

Paul Wickens - robot op patient

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## The big child smartphone use debate starts in Surrey

8 April 2026



Parents are facing "no bigger issue" than the impact of smartphones and social media on their children, says Godalming and Ash MP Jeremy Hunt.

The former chancellor told a public meeting in Godalming that his own family are now also "in the thick of it", debating whether to allow their kids to have smartphones and social media.

Doctors, teachers, parents and politicians gathered at Wilfred Noyce Community Centre in Godalming on March 13 to discuss concerns around children using smartphones and social media, and whether there should be a ban for under-16s.

The discussion forms part of ongoing work with the campaign group Smartphone Free Childhood Surrey, which have been working with Mr Hunt and other local campaigners to raise awareness on the impact smartphones might be having on young people's learning and wellbeing.

Concern is growing among parents, carers and educators that smartphones are disrupting classrooms, compromising safety and chipping away at children's mental health. Evidence shared at the meeting suggested only around 11 per cent of schools are currently smartphone-free, despite research indicating pupils in such schools can achieve GCSE results one to two grades higher.

Audience members also heard stark anecdotal evidence from a frontline healthcare professional in a statement she sent to be read at the meeting. Consultant paediatrician Dr Louise Mills described several cases she had treated linked to online trends and cyberbullying. They included a 14-year-old admitted after suffering a seizure while attempting a TikTok challenge, and an 11-year-old who suffered life-changing burns after copying something seen online. Another 14-year-old patient took their own life following sustained cyberbullying.

GP Susie Davies, founder of the charity PAPAYA (Parents Against Phone Addiction in Young Adults), said young people were experiencing a "mental health epidemic".

She said teenagers now spend on average two to three hours a day on social media (some spend more than five) exposing them to constant comparison and harmful content.

"The tech is addictive by design," she said. "It is structured with dopamine reward pathways which the teenage brain is particularly vulnerable to."

Ms Davies told the community centre that problematic phone use makes young people more likely to experience depression. She added that children are missing out on sleep, real-world experiences and face-to-face friendships, with some even suffering trauma after viewing disturbing content online.

Shadow education secretary Laura Trott MP told the audience smartphones and social media were "not safe for our young people". She argued schools should remove smartphones from classrooms and ensure technology is only used when it has proven educational value.

The MP for Sevenoaks, Swanley and the Dartford Villages said: "We've sleepwalked into the overuse of screens in schools to the detriment of education."

Leader of Waverley Conservatives Councillor Jane Austin said: "As a mum of four, I've seen directly the impact

smartphones and social media can have on children. A number of Surrey schools have already adopted no-smartphone policies, and the evidence is clear that this helps children focus and achieve better outcomes.

“If elected to run West and East Surrey, Conservatives will work to ensure all Surrey schools are smartphone-free so that children can learn without constant digital distraction.”

Some Year 11s in the audience raised the issue that some children might get VPNs to work round the social media ban, or might find other ways to source smartphones. “We have bans on alcohol and cigarettes for children,” she said. “They’re not 100 per cent perfect but they exist because those things are harmful. The same is true for social media.”

Campaigners from the group Smartphone Free Childhood also called for cultural change, arguing that delaying children’s first smartphone until at least 16 could dramatically improve attention spans, wellbeing and learning.

Headteacher Adam Samson said his school, Godalming Junior, already requires pupils to hand in phones at the start of the day, with Year 6 pupils sometimes allowed a simple “brick phone”. The policy has reduced cyberbullying incidents to zero, he said.

“Once children have a smartphone, they always have one,” he said. “We’re simply delaying it and giving them more time to be children.”

Emily Dalton LDRS

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## Some Surrey care services at a crossroads?

8 April 2026



### **A Surrey charity has warned that unpaid carers could be pushed “beyond breaking point” after Surrey County Council ended contracts for two carer support services.**

Crossroads Care Surrey said the county council has withdrawn support for its Emergency Care Provision and Carer Emergency Planning services, decisions it claims were made with little notice and without consultation with carers who rely on them.

The charity said the changes follow earlier reductions in respite support for carers and could leave many families struggling at the most critical moments, particularly when dealing with medical emergencies or caring for loved ones at the end of their lives.

Crossroads said it received notification only days ago that Surrey County Council (SCC) would no longer support its end-of-life respite service, which enables unpaid carers to take short breaks while supporting terminally ill relatives at home.

The Carer Emergency Planning service will also end at the close of March, giving what the charity says is only three weeks’ notice. Crossroads says almost 1,500 carers who already have emergency plans in place will lose the safety net those plans were designed to provide.

The charity warned the changes could have “serious and far-reaching consequences” for vulnerable residents and already stretched health and care services.

It suggested that without emergency support, more carers could reach exhaustion and be unable to continue caring at home, potentially leading to avoidable hospital admissions or crisis interventions from social services.

Terry Hawkins, chief executive of Crossroads Care Surrey, said unpaid carers provide care worth an estimated £162 billion a year across the UK, a contribution broadly equivalent to the NHS budget.

He said: “Over the past year we have already seen vital support reduced following the removal of respite services. Now, further contracts are being ended early, leaving carers with fewer and fewer places to turn.

“Unpaid carers are the invisible backbone of our health and care system. Without them, the NHS and social care services would simply not cope.

“These services provide the basic safeguards that allow carers to keep going, knowing that if something happens to them, or when families face the end of life, support is there.

“Removing them risks pushing already exhausted carers beyond breaking point.”

Crossroads also questioned why the decision had not been considered by Surrey County Council’s Cabinet, arguing that services affecting thousands of vulnerable residents should be subject to public scrutiny.

The charity has said it will attempt to launch its own emergency support service to help carers who may now find themselves without practical respite assistance.

Surrey County Council has defended the decision, saying the contracts had not delivered the impact expected and that a new approach to supporting carers will replace them.

Sinead Mooney, Deputy Leader of the council and Cabinet Member for Adult Social Care, said the authority had carried out a review before deciding not to renew the agreements with Crossroads.

She said: "After careful review, we've decided to end - or not renew - contracts with Crossroads Care Surrey for carer support services because the contracts have failed to achieve the impact we expected.

"Take-up has been lower than we intended and we can't justify continuing to fund the arrangements."

Cllr Mooney said the council would introduce a new model of support, including a flexible £300 wellbeing break payment for carers.

She said the council would also work with NHS partners and other care providers to ensure carers can access help through the wider health and social care system.

"Surrey's carers do an extraordinary job, often in challenging circumstances," she said. "We're absolutely committed to making sure the transition from these contracts for carers is smooth, responsive and supportive."

The council also rejected suggestions that emergency support would disappear, saying replacement care in crisis situations would continue to be provided by the county council.

Cllr Mooney added that carers currently receiving support through the end-of-life contract would see no reduction in services until that agreement ends in September, after which support could be delivered by a different provider.

She said carers concerned about support should contact the council's information and advice service.

The dispute highlights the continuing pressure on social care services across Surrey, where unpaid carers play a central role in supporting vulnerable residents at home.

Sam Jones - Reporter



Related reports:

[Carers respite at the Crossroads in Surrey?](#)

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## Green light for MRI scanner at Leatherhead Leisure Centre

8 April 2026



Surrey will get a new MRI machine at Leatherhead Leisure Centre after councillors were "all in favour" of building the musculoskeletal scanner. The new machine will be housed in a temporary building, with the aim of bringing accessible, community-based imaging technology to the area.

The idea has been in motion for the past 18 months after it emerged there was a significant shortfall in MRI access and missed waiting time targets. Leatherhead Leisure Centre, in Guildford Road, Fetcham, was identified as the ideal location to help cut travel distances and relieve pressure on NHS hospitals, papers presented to Mole Valley's March development management committee said.

The application was not without obstacles as the centre sits on green belt land where new buildings are normally considered inappropriate unless exceptional circumstances can be demonstrated. In this case, the pressing need for new medical facilities available to all patients, together with the temporary five-year nature of the development, proved compelling enough.

Officers told the meeting: "The centre lies within the green belt but in this case the very special circumstances - the need for this type of medical facility and the proximity to the centre, with its car parking space - are strong." Originally the building was to be navy blue but a change of provider means it will now be white. Two staff members will occupy the site

at any one time, with space for a waiting room and a separate scanning area.

Councillor Roger Adams (Liberal Democrat: Bookham West) said: "I am all in favour of additional health facilities in this area." The plans were approved by nine votes in favour, with no objections and two abstentions.

Questions were raised about whether the land might be reclassified as previously developed green belt land after the temporary building is removed, amid concerns this could open the site to future development. Officers said the five-year nature of the scheme, together with its valued community use, would see the site revert to its original protected status.

Members also pushed for the building to be finished in a colour less likely to show wear and tear, but were told the appearance was determined by the materials available rather than a simple paint choice

Chris Caulfield LDRS

Leatherhead Leisure Centre (Image Google) - the padel centre will be built behind the facility

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## Epsom author shares personal epilepsy journey amid town's historic link to the condition

8 April 2026



An Epsom author has published a deeply personal account of living with epilepsy, adding a modern voice to a local story that stretches back more than a century.

Madeline Bolton-Smith, who lives in Epsom and works as a probate assistant at a family-run accountancy firm in nearby Fetcham, has written *Diary of an Epileptic*, a book describing her experience of diagnosis, treatment and life with the neurological condition.

Epilepsy affects around one in every hundred people in the UK, yet many newly diagnosed patients still feel isolated when confronting the condition for the first time. Bolton-Smith says her motivation for writing the book was to provide reassurance and solidarity to others navigating similar uncertainty.

"When I was diagnosed with epilepsy, I often felt very alone," she explains. "Writing the book was my way of saying to others in that position that their feelings are valid and that they are not facing it on their own."

Her account follows the realities of living with epilepsy from the moment of diagnosis through investigative medical procedures, struggles to secure treatment funding and undergoing Laser Interstitial Thermal Therapy (LITT) surgery. When the surgery did not bring the hoped-for outcome, she had to confront the challenge of adapting to life with epilepsy once again.

The book reflects openly on the emotional impact of the condition - fear, frustration and isolation - but also the resilience required to continue forward. Bolton-Smith hopes the honesty of her story will help readers and families dealing with epilepsy feel less alone.

### Epsom's historical link to epilepsy

Bolton-Smith's story also resonates with a significant but little-known chapter of local history.

In the early twentieth century Epsom was home to the **Ewell Epileptic Colony**, later known as St Ebba's Hospital. Established during a period when epilepsy was poorly understood and widely feared, the colony reflected the prevailing belief that people with the condition should live apart from mainstream society.

Opened in 1903, the colony formed part of the wider Horton Estate of hospitals built by the London County Council to treat mental illness and neurological disorders. Hundreds of patients with epilepsy lived and worked there in what was intended to be a self-contained rural community.

Residents grew food, maintained workshops and followed strict daily routines designed to create stability for those prone to seizures. While some patients experienced relative independence compared with traditional asylum conditions, the colony nevertheless represented an era when epilepsy carried heavy stigma and separation from ordinary life was seen as necessary.

The institution eventually became St Ebba's Hospital and continued operating for decades before closing in the late twentieth century as attitudes and treatments changed.



## Remembering the patients buried in Horton Cemetery

The lives of many former residents of the Horton hospitals, including St Ebba's, are remembered today through the work of the **Friends of Horton Cemetery**. The charity seeks to restore this historic Epsom cemetery, the largest asylum cemetery in Europe, to community ownership and researches the lives of those buried there.

More than 9,000 patients from the surrounding hospitals were laid to rest in the cemetery, many with little recognition during their lifetimes. The charity's website, [hortoncemetery.org](http://hortoncemetery.org), shares their stories.

The contrast between that earlier era and the present day illustrates how far attitudes toward epilepsy have progressed. Modern medicine emphasises treatment, independence and inclusion rather than segregation.

[CLICK here](#) for the story of Matilda DUNKINSON

## Changing understanding of epilepsy

Medical knowledge of epilepsy has advanced dramatically over the past century. Once widely misunderstood and surrounded by superstition, epilepsy is now recognised as a neurological condition caused by abnormal electrical activity in the brain.

Treatments today range from anti-seizure medications to specialised surgical procedures such as the LITT therapy Bolton-Smith underwent. Support networks, advocacy groups and greater public awareness have also helped reduce stigma.

Yet challenges remain, particularly for those newly diagnosed. Bolton-Smith believes that sharing lived experiences can play a vital role in helping others understand the realities of the condition.

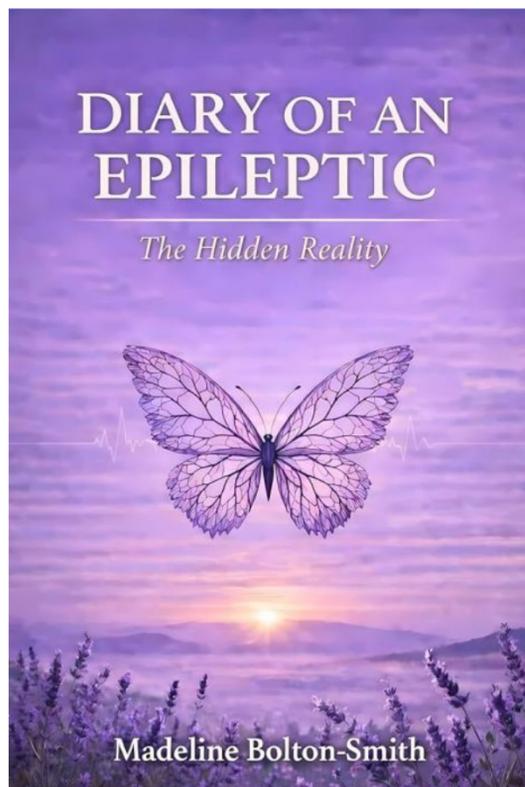
Through *Diary of an Epileptic*, she hopes to contribute to that wider conversation while offering practical reassurance to readers facing similar circumstances.

*Diary of an Epileptic: The Hidden Reality* is available online.

Sam Jones - Reporter



Photo: The author on Epsom Common



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## Epsom and St Helier Trust doctor appointed by Privy Council to GMC

8 April 2026



The General Medical Council (GMC) has announced a paediatrician as the latest member of its governing body, the GMC Council. Dr Lucinda Etheridge, a consultant in general and adolescent paediatrics, is the latest registrant member to join the body. She joins from St George's Epsom and St Helier University Hospitals and Health Group in Surrey, where she is Site Chief Medical Officer. Her appointment replaces Dr Alison Wright on the Council, who stepped down after being elected as President of the Royal College of Obstetricians and Gynaecologists.

The Council's primary role is to protect the public by setting the GMC's strategy and goals and overseeing the work of the regulator. It is led by GMC Chair, Professor Dame Carrie MacEwen, and comprises up to six lay members and six registrant members. Following her appointment by the Privy Council, Dr Etheridge will start her role on Tuesday, 3 March. She has worked with the GMC since 2007, initially in the development of fitness to practise assessments, then as a performance assessor and training others for that role, before becoming a Responsible Officer for an acute trust.

Dr Etheridge, whose clinical interests are in the management of eating disorders, will step down from her current medical director role in spring 2026. She will then combine her work at the GMC alongside three days of clinical practice each week.

Professor Dame Carrie MacEwen said: "I'm delighted to welcome Dr Etheridge to the Council. She brings a wealth of experience to support us in our role overseeing the GMC and supporting registrants to deliver the best possible care. Dr Etheridge joins at an important time as we continue our work to be a more compassionate and effective regulator, and ahead of vital reform to the regulation of UK healthcare professionals. I would also like to thank Dr Alison Wright for her work and her contributions to Council. On behalf of the GMC, I wish her the very best in her new role."

Dr Etheridge said: "I am delighted to be joining the GMC Council as a registrant member. I look forward to working collaboratively across the four nations to help shape a fair, transparent and forward-looking regulatory environment that enables registrants to provide the highest standards of care for patients."

GMC Council members work a minimum of three days each month with the regulator. More information about the Council is on the GMC website.

The GMC Press Office

## Epsom MP sponsors special youth art in Parliament

8 April 2026



Surrey young people using NHS mental health services have taken their artwork to the heart of government, with an exhibition at the House of Commons offering MPs an insight into their experiences and the support they received.

The exhibition, taking place from 10-15 February, showcases work created by young people supported by the STARS and New Leaf services, part of Mindworks Surrey. STARS supports young people affected by sexual abuse and assault, while New Leaf supports those who are in care, leaving care, adopted or under special guardianship orders.

Young people are sharing their artwork with MPs to showcase how creativity supports young people's mental health and to highlight the positive impact of the services.

The pieces explore identity, hope, growth and recovery, capturing what can be difficult to articulate in words and offering an honest reflection of young peoples' lived experiences of mental health support.

One young person whose artwork is being exhibited said: "STARS has changed my life, I can be me now. I was shocked when I heard my art would be at the House of Commons, I am really proud that people like my picture and what I created."

Rebecca Robertson, Specialist Mental Health and Art Therapist said: "The young people we support have expressed their thoughts and feelings around their life experiences using art materials.

"Art making can provide an important alternative to more traditional verbal therapies and can be a vital part of helping young people to engage in support, particularly when working with trauma."

The House of Commons event was sponsored by **Helen Maguire, MP for Epsom and Ewell**, who attended the exhibition last summer and supported bringing the art to Parliament.

Helen said: "I'm delighted to see this exhibition come alive. It demonstrates the powerful work that New Leaf and STARS do and the importance of young people getting the right care and support for their mental health."

Emina Atic-Lee, Service Manager for STARS and New Leaf services, said: "We are incredibly proud to see the voices of the young people we support take to the stage at the House of Commons. Each piece offers an honest and powerful window into how young people use creativity to make sense of their experiences, express emotions that are hard to put into words, and recognise their own strength.

"To showcase this work in such a nationally significant setting is a truly special moment for them and for everyone involved in the services."

Press release from Surrey and Borders Partnership NHS Foundation Trust

## Epsom therapist seeks to lift our moods in gloomy weather

8 April 2026



It feels like Epsom has hardly seen the sun lately, making winter feel longer and delaying the arrival of spring. This kind of dullness is often described as “typical British weather”, but at the time of writing some parts of the UK have seen rain fall every single day of the year so far.

When daylight is limited and the rain never seems to stop, it is entirely normal to feel low, tired, or less motivated than usual. The good news is that there are some simple, evidence-based steps that can help support your mood, even when the weather is working against you.

Here, Mark from Mind & Meaning Therapy shares three proven mental health tips to help give your mood a boost.

## **A small social check-in each day**

We are social creatures, and even small social connections can improve our mood. These do not need to be big events or require a lot of energy. Simple ways to stay socially connected include sending a text to a friend, scheduling a short phone call, or asking someone to meet for a drink.

These small check-ins can significantly increase feelings of connection. Research shows that regular positive social interactions are linked to better mood, greater life satisfaction, and lower levels of stress.

## **Get outside and get some natural light**

Even on grey days, daylight is far stronger than indoor lighting. Try to dodge the showers and get outside for 10-20 minutes once a day. A walk to the shops or a quick loop around the park is enough to help.

Natural light helps regulate the body clock, which in turn supports both mood and sleep. Studies have found that people who spend more time in daylight during the winter months are less likely to report depressive symptoms than those who remain indoors with low light exposure.

## **Do one thing to improve your sleep**

Sleep and mood are closely linked, and improving sleep can make a noticeable difference to how you feel emotionally. Simple, proven steps include going to bed and waking up at roughly the same time each day, reducing smartphone use before bedtime (for example by leaving your phone in another room), keeping the bedroom cool while ensuring a warm bed, avoiding caffeine late in the afternoon, and leaving an hour or two between your last alcoholic drink and bedtime.

Better sleep helps the brain regulate emotions and reduces stress, making it easier to cope with everyday ups and downs.

## **What to do if low mood is persistent**

If your mental health feels poor over a longer period, or if everyday life feels unusually overwhelming, speaking to a mental health professional can help. Support can make a real difference.

You can contact Mark at Mind & Meaning Therapy in Epsom to explore what may be behind how you are feeling and to find support that suits you.

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### **Mind & Meaning - Therapy in Epsom & Online**

[mindandmeaning.co.uk](http://mindandmeaning.co.uk)

Email: [hello@mindandmeaning.co.uk](mailto:hello@mindandmeaning.co.uk)



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