

article **13**

INVIGORATION THROUGH INNOVATION



Better Healthcare Closer to Home

Analysis and summary of the outcome of the public consultation process September 2004 – November 2004

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An independent research organisation
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Prepared for: Better Healthcare Closer to Home Programme Team

ABBREVIATIONS	
NHS	National Health Service
BHCH	Better Healthcare Closer to Home
CSS	Clinical Services Strategy
PCT	Primary Care Trust
EEMS PCT	East Elmbridge and Mid-Surrey PCT
SM PCT	Sutton and Merton PCT
ESH	Epsom and St Helier University Hospitals NHS Trust
CCH	Critical care hospital
LCH	Local care hospital
GP	General practitioner
PPI	Patient and Public Involvement
CPPI Group	Communications and Patient and Public Involvement Group
A&E	Accident and Emergency
MP	Member of Parliament
SWLEOC	South West London Elective Orthopaedic Centre

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Executive summary

Article 13, an independent research organisation, was asked to analyse and summarise the outcome of the public consultation on the proposed clinical services strategy (CSS). The CSS, subsequently known as Better Healthcare Closer to Home, aims at delivering healthcare more holistically across the region, and is described as the “new model of care”.

The Better Healthcare Closer to Home consultation was principally looking for people’s views on the new model of care proposed for the area. This model of care aims for people to receive healthcare closer to where they live, in their homes, in GP surgeries, local clinics or local care hospitals which provide diagnostic services, minor injuries clinics, day surgery, mental health services, outpatient clinics and other facilities. The model describes a network of local care hospitals (LCH) supported by one “critical care hospital” (CCH). The CCH would provide emergency care, intensive care, complex operations and specialist care for sick children. The consultation sought to gain views on this model of care and specific aspects of how this model might be implemented in the area, including the range of services offered at both the local care hospitals and the critical care hospital and also where these hospitals would be located. In addition, there were further specific questions on Birthing Centres and beds maintained by EEMS PCT at Emberbrook Care Centre.

Overall, the review of the consultation responses shows that there is broad support for the new model of care. People would generally like to see more healthcare delivered closer to where they live. Responses diverge on the practicalities of implementing this model of care in Sutton, Merton, East Elmbridge and Mid-Surrey.

Q1. Do you agree that the model of care being proposed is the right one for this area? The findings show the majority of respondents agree with the proposed model of care. Of these over half did not qualify their agreement. However some of those that did qualify their agreement, reflected the concern that was also raised by some of those respondents not agreeing with the model of care namely that ‘this area is too large for one CCH’. Positive feedback included comments on the need for change, the benefits of more healthcare being provided closer to where people lived and the separation of acute and specialist treatment from other services. There were also questions and concerns which respondents felt would need to be taken into consideration when implementing the model. The most consistently mentioned ones were:

- Where the critical care hospital would be located and the impact of this location on people’s ability to access services. Would there be adequate transport links to the critical care hospital and to the local care hospitals?
- Could the model of care (local care services and critical care hospital) be adequately resourced in terms of staff and financial resources?

Q2. Do you agree with the range of services we are planning to provide from local care hospitals in Sutton and Merton / East Elmbridge and Mid-Surrey?

The findings show the majority of respondents agree with the proposed range of services at local care hospitals in Sutton and Merton as well as in East Elmbridge and Mid-Surrey. There was positive feedback on the proposed range of healthcare that would be provided locally, the split between the services provided at local care hospitals and the critical care hospital and the potential for reduced waiting times for minor injuries. This support was more prominent from respondents in Sutton and Merton than those in Surrey. There were some comments and questions in the consultation feedback around how this range of services would be delivered. These included questions around staffing and funding as well as the number of beds available and the opening hours of urgent treatment centres. Respondents also questioned whether patients and service users would know where they needed to go to get the service or treatment they needed. Special needs groups wished to see greater integration of local healthcare services with social services and therapy services.

Executive summary

Q3. Do you agree with the proposed locations for the local care hospitals in Sutton and Merton / East Elmbridge and Mid-Surrey?

The majority of respondents supported the proposed locations of local care hospitals in Sutton and Merton as well as East Elmbridge and Mid-Surrey. This support was stronger from respondents from Sutton and Merton than from those in Surrey. Respondents stressed that the location of these local care hospitals should take into account accessibility for people in all areas, as well as transport links and availability of parking. There were also specific comments regarding particular areas and sites, where there was a perceived lack of coverage.

Q4. Do you agree with the proposal that the East Elmbridge and Mid-Surrey PCT should cease to maintain beds in Emberbrook Care Centre and deliver intermediate care services from community hospitals?

The findings demonstrate that the majority of respondents do not agree with the proposal to cease to maintain beds at Emberbrook Care Centre. Those respondents who did not agree with the proposals did so principally through additional feedback cards generated by local groups. Concerns from these respondents included what was seen as a lack of access to local care for residents in the area, if beds at Emberbrook were to be closed. Those that were in favour of the proposal to no longer maintain beds at Emberbrook Care Centre supported their views with comments on cost effectiveness.

Q5. What is your view on whether or not there should be a Birthing Centre?

Of the people who commented on this issue, the majority of respondents were in favour of setting up a Birthing Centre. Those in favour saw it as the way forward in terms of midwife-led maternity care, which would offer women more choice and the option for giving birth in a non-hospital setting. However, common concerns expressed included the availability of emergency back-up in the event of complications during birth. Respondents also questioned whether the Birthing Centre was a priority and whether a thorough cost / benefit analysis had been carried out.

Q6. Do you agree with the services we are planning to provide in the critical care hospital?

The overall findings show that the majority of respondents agree with the range of services proposed for the critical care hospital. Respondents felt that it was a good idea to separate acute and critical care services from other treatments. The cost-effectiveness of concentrating specialist services and equipment at one site was also mentioned by respondents. There were concerns expressed around how this range of services would be delivered as well as concerns around access for patients and emergency services. Other factors mentioned were adequate staffing of the model and enough beds being provided.

Q7. What do you think are the important considerations when choosing the site for the critical care hospital?

Access for all people, central location, public and private transport links and parking were the most consistently mentioned considerations put forward by respondents. There were other less mentioned considerations such as ambulance access, staff recruitment and retention, minimising disruption during and after construction and not building on greenfield land.

Q8. Where do you think is the best site for the critical care hospital?

The response to this question varied according to where people live and generally respondents preferred the site nearest to where they live. The majority of respondents from Sutton and Merton indicated the St Helier site as a clear preferred option. The respondents in East Elmbridge and Mid-Surrey did not agree with this choice of site. The preferred option for respondents from East Elmbridge and Mid-Surrey was Epsom General Hospital, however this was a less clear cut preferred option. Input from Sutton and Merton respondents indicated Sutton Hospital as a clear second best option. Feedback from respondents in East Elmbridge and Mid-Surrey show that views are split between West Park and Priest Hill as the second best option for the critical care hospital.

Introduction

The “Better Healthcare Closer to Home” public consultation was carried out by the NHS organisations in Merton, Sutton, East Elmbridge and Mid-Surrey from the beginning of September 2004 to the end of November 2004. The purpose of the consultation was to get the public’s views on a new way of delivering health services in the area, or what is sometimes called a “new model of care”.

This document

This document presents an analysis and summary of the findings from the Better Healthcare Closer to Home consultation.

Why do health services need to change?

A range of organisations currently provide healthcare in the area, ranging from GP surgeries to community health centres to large hospitals such as Epsom General and St Helier. A number of factors influence the need for change in health service provision:

- National NHS strategies are directing how local health services should be developing to better meet the needs of local people. This includes, for example, the NHS Improvement Plan, which aims to improve the quality of local healthcare and improve access to health services.
- The way people are using health services has changed, as well as patterns of illness.
- Advances in technology and better drugs mean that the way certain illnesses are treated has changed.
- Many of the current facilities and services no longer match the needs of local people and these changing treatment methods.
- The demographic profile of the area is changing, which also means changing demands for health care. For example, a higher proportion of people are, and over the coming years, will increasingly be, in the older age brackets, requiring a different type of care.
- New legislation like the European Working Time Directive mean new rules around staff working times, which has an impact on how services are provided.

These are some of the factors which led the local NHS health organisations in the area (East Elmbridge and Mid-Surrey PCT, Sutton and Merton PCT and Epsom and St Helier University Hospitals NHS Trust) to consider how best to respond to these changes. The result of their considerations was the proposed “new model of care”.

The proposed “model of care” for Sutton, Merton, East Elmbridge and Mid-Surrey

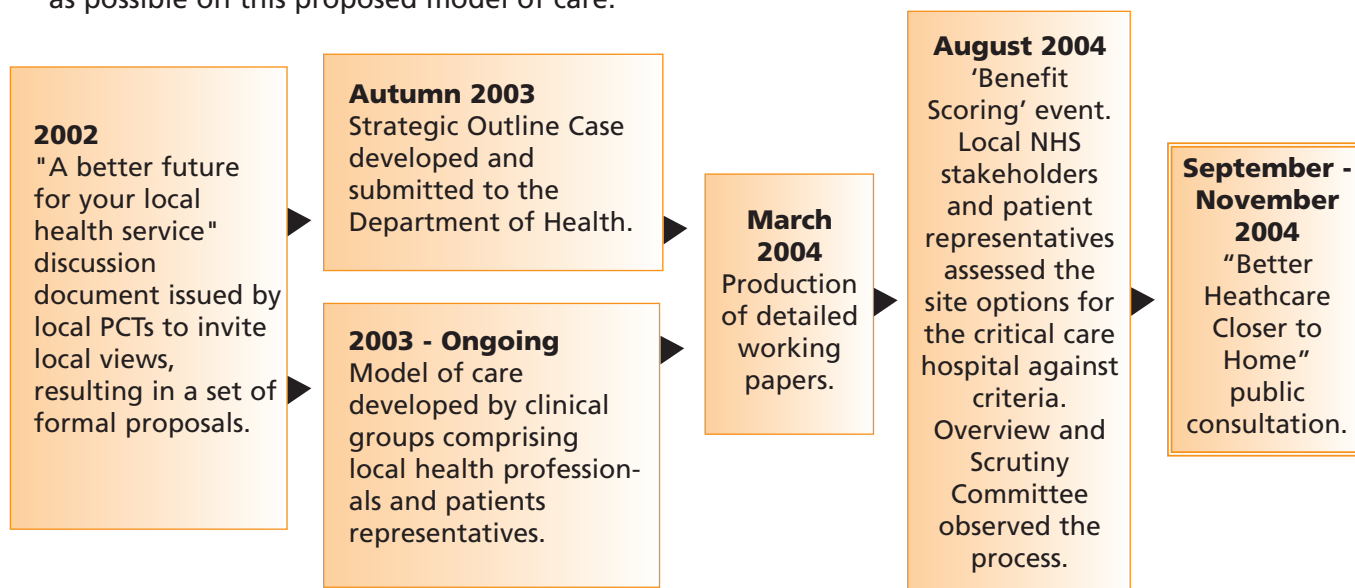
The proposed model of care suggests that:

- wherever possible and sensible, care should be delivered closer to where people live and the time patients spend travelling for routine, low risk treatments should be minimised;
- emergency treatment should be separated from planned treatment.

The model proposes a network of ten local care hospitals supported by a single critical care hospital. The critical care hospital would house a 24 hour accident and emergency unit, while local hospitals would house minor injuries units. The critical care hospital would also deal with specialist diagnostics, maternity and paediatric care. Local care hospitals would take on some of the functions that are now fulfilled by larger general hospitals such as planned minor operations and out-patient treatment. It is intended for most health care to be provided close to where people live, in community health settings and at the new local care hospitals.

How this model of care was developed

The model of care was developed by health professionals with input from patient representatives and local organisations at various stages as shown in the flowchart below. The subsequent Better Healthcare Closer to Home consultation was conducted to get the views of as many stakeholders as possible on this proposed model of care.



What will happen after the consultation

Using the outcomes of the consultation, decisions will be made in early 2005 on:

- Whether the new model of care is the best way to move forward.
- If so, the location of the local care hospitals and the location of the critical care hospital.

How the consultation was planned and carried out

The Communications and PPI (CPPI) Group responsible for planning and carrying out the consultation exercise was made up of communications and public involvement staff from the NHS organisations with representation from local councils in the area. The Group's approach, outlined in a strategy document in April 2004, was approved by the Programme Board and used as the basis for the consultation activity.

A wide range of activities was planned and carried out by the Programme team. Through these activities the NHS wanted to give an opportunity to as many people as possible to take part in the consultation and give feedback on the proposals.

These activities were therefore developed according to:

- the type of audience being targeted (members of staff, members of the public or other specific stakeholders).
- the type of involvement needed. The Programme team wanted to ensure that they obtained more in-depth, "qualitative" feedback as well as "quantitative" feedback. So as well as information-giving exercises, the team also ensured that there were activities where participants were able to discuss, debate in depth and provide feedback.
- the geography of the area (activity was split between the two local PCTs and the acute Trust).

The range of activity undertaken is shown in Tables 1-3 on pages 7-9. The range of activity and the response rate compares favourably with other public consultations carried out in the UK. For example, a county consultation carried out in 2004 received 276 questionnaire responses, compared with over 3000 questionnaire responses received in this consultation.

The delivery of summary consultation documents to as many households as possible in the area (around 233,000 households) to reach people who might not otherwise hear about the consultation, was a precedent set by this consultation.

The efforts to maximise accessibility and to reach hard to reach groups during this consultation process were also notable. The NHS PPI teams in the area identified "hard to reach groups" specific to the area of Sutton, Merton, East Elmbridge and Mid-Surrey.

These included: older people, children and young people, homeless people, refugees, asylum seekers, learning disabled, physically disabled, people with a hearing impairment, people whose first language is not English, people with mobility needs, people with sight impairment, people who use mental health services and carers. During the consultation, feedback was received from each of these “hard to reach” groups, through targeted activity such as focus groups and special questionnaires. Accessibility was also addressed through other methods. These included the development of a 12 minute video used at public and staff events, helping in particular those with hearing difficulties and those with low literacy skills to understand the proposals. The consultation document was also produced in different languages where requested.

A mid-consultation review was carried out by the CPPI Group, to evaluate how the consultation was going. This resulted in a second phase of activity with further communications and involvement activity to fill any gaps that had been identified.

Descriptions of consultation activities:

Brief descriptions of the types of activities undertaken during the consultation are given below.

Questionnaires: A consultation questionnaire was created, comprising 9 questions. This was included in both the full and summary consultation documents for people to fill in and return via a freepost reply service. This questionnaire was also made available on the Better Healthcare Closer to Home website for people to respond to electronically. In addition tailored questionnaires were produced for special “hard to reach” groups to gain their feedback on the consultation.

Website: The Better Healthcare Closer to Home website was launched in May 2004 for the general public and members of staff, providing information about the consultation proposals. The site featured the consultation document, questionnaire and details of consultation events. There was also a news section and frequently asked questions.

Outreach at public meetings: Representatives from the local NHS attended local groups such as resident association meetings, patient groups and voluntary organisations. These NHS representatives were in many cases clinical staff working in the area, who were able to explain to local groups the proposed new model. The facilitators had been trained to obtain feedback from the group, through a standard feedback form. These meetings were set up proactively by the programme team and also in response to requests from members of the public.

“Drop-in sessions”: Morning, afternoon, and evening “drop-in” sessions were held in locations such as community centres, schools, health centres, and libraries where members of the public could interact with NHS representatives and have access to information about the consultation through display boards, leaflets and consultation documents.

Town-centre road shows: Similar to drop-in sessions, these were held in town centres and aimed to get information to the wider public.

Question Time: Public “Question Times” were structured public meetings based on the well-known BBC TV “Question Time” format. Mediated by a chair they offered the opportunity for public debate, by allowing participants to direct questions to a specially invited panel. This panel included local health service representatives, as well as local political figures.

Citizens’ Panels: This model of public participation was selected as it is particularly appropriate for involving the wider public in decision making; specifically decisions about strategic planning choices. The “panels”, made up of members of the public, heard ‘witness’ evidence about the consultation from local health service representatives and local political figures. They then examined key questions in some depth before reaching some conclusions. An independent moderator chaired the proceedings.

Focus Groups: These were targeted at “hard to reach” groups, or other interest groups. This approach enabled people to discuss and debate the issues, and provide comment on specific aspects of the consultation.

Virtual Health Panel: An independent online market research organisation identified a random sample of local residents of Sutton, Merton, East Elmbridge and Mid-Surrey. An electronic version of the consultation questionnaire was presented to these people, to which they were able to respond electronically.

Table 1: Summary of communication and awareness-raising methods used during the consultation

Communication mechanisms	Description
General leaflets	15,000 leaflets printed to raise awareness before the consultation began. 2000 were sent to people on the 'stakeholder database' and the others made available to the public through NHS premises across the area.
Poster campaign aimed at members of the public	There were 3 phases to the poster campaign: Phase 1: 655 sent to main health organisations in the area for distribution. Phase 2: Posters were also sent to Citizens Advice Bureaux (22), libraries (70), high traffic areas in hospitals (433), local NHS premises (300), shop windows in Rosehill (35), patient groups (50), health and scrutiny meetings (70). Phase 3: 60 posters were sent to the venues of all public consultation events.
Poster campaign aimed at members of staff	A 4-phase poster campaign was carried out across the health organisations in the area, alerting staff about the launch of the consultation and raising awareness during the consultation.
Website	Website went live on 19th May 2004 and around 11,000 visitors had visited the website up to 3rd December 2004.
Query hotline	This hotline was open to all residents and staff. 206 people called requesting the full consultation document; a further 151 people called requesting the summary document and 61 people called with specific questions or comments all of which were recorded and included in the analysis.
E-newsletters	6 e-newsletters were emailed to over 2000 people on the stakeholder database before and during the consultation period.
Advertorials	Five different half and full page ads were placed in 12 different local newspapers, before and during the consultation, with details of the consultation and how to get more information.
Press releases/briefings	8 general press releases were sent to all local media from May 2004 to November 2004 and 2 press briefings were held in June and July 2004.
Articles (for public)	Articles about the consultation were written for 13 community publications eg Care Spectrum.
Articles (for staff)	Articles for staff were placed in the SMPCT Impact magazine, the fortnightly staff Bulletin, in Weekly news at ESH and at EEMS News.
Induction material	A briefing presentation was prepared for new staff and delivered as part of their induction.
Captain Rumour Buster Campaign	A Superhero figure was developed to provide staff with the facts about the consultation. Captain Rumour Buster featured on posters and leaflets and there was also a hotline staff could call.
Video	A 12 minute video was developed and made available for use at staff and public events to promote discussion.
Pay slip message	Monthly message from Chief Executive was sent out with all staff payslips or as a letter (hard copy or email), giving up to date information on the consultation.

Table 2: Summary of involvement methods used during the consultation

Involvement mechanisms	Description	Responses
Full consultation document	10,000 copies were printed and distributed to: 17 Citizens Advice Bureaux, 19 libraries, all stakeholders who requested them, at Public meetings, 166 stakeholder organisations including local health organisations, ambulance services, local authorities and borough councils, carer groups, user groups, patient forums, voluntary organisations and senior staff at EEMS PCT, SMPCT and ESH.	Over 3000 questionnaire responses received. These included responses from members of the public and staff members. <i>(Findings sourced from Article 13's analysis of questionnaire responses, December 2004.)</i>
Summary consultation document	270,000 summary documents were printed. Delivery of these documents was targeted at each public household in the area (233,000 households). Copies were also distributed by EEMS PCT (7,250), SMPCT (10,850) and ESH (18,000). In addition a copy was sent to all staff home addresses. Copies were sent to all stakeholders who requested them, shops in the area, Citizens Advice Bureaux and libraries. Audio cassettes of the document were sent to the two members of public who requested them.	(See above)
Public events	EEMS PCT: 72 events were planned, targeting the population of East Elmbridge and Mid-Surrey. SMPCT: 52 events were carried out targeting the population of Sutton and Merton (not including focus groups, question time events and citizens panels).	Number of attendees at these events: Over 4200 people. <i>(Findings sourced from Article 13's analysis of summary feedback forms filled in by BHCH facilitators.)</i>
Focus groups	20 externally facilitated focus groups were held specifically targeting hard to reach groups (8 groups in Surrey, 12 groups in Sutton and Merton).	Around 140 people participated. <i>(Findings sourced from CLEAR* summary report on focus groups, December 2004.)</i>
Special groups questionnaires	Questionnaires were specially formulated to target two further hard to reach groups: young people and prisoners.	77 girl guides responded to the questionnaire. 11 prisoners responded to the questionnaire. <i>(Findings sourced from CLEAR Questionnaires report, December 2004.)</i>
Staff briefings and roadshows	Around 30 events held between EEMS PCT, ESH and SMPCT.	Over 900 members of staff attended these meetings. <i>(Findings sourced from Article 13's analysis of summary feedback forms filled in by BHCH facilitators.)</i>
Question time events	2 events were held in Sutton and Merton and 1 event was held in Epsom.	Around 200 people attended these events. <i>(Findings sourced from CLEAR report on Question time events, December 2004.)</i>
Citizens' Panels	6 Citizens' Panels were held (4 in Sutton and Merton and 2 in Mid-Surrey).	Altogether 65 people took part in the Panels. <i>(Findings sourced from CLEAR report on Citizens' Panels, December 2004.)</i>
Virtual Health Panel	An online questionnaire was opened to a random sample of residents of Sutton, Merton, East Elmbridge and Mid-Surrey.	383 people took part in the panel. <i>(Findings sourced from CLEAR report on Virtual Health Panel, December 2004.)</i>

(*CLEAR is an independent communications organisation who worked alongside the Programme team on implementing specific aspects of the consultation)

Table 3: Further feedback

Other types of responses	Description	Responses
Letters	Members of the public sent in letters to the Programme office giving their views on the consultation.	Over 200 letters were received. <i>(Findings sourced from Article 13 analysis of the letters sent to Programme office, December 2004.)</i>
Reply slips / feedback forms / other local meetings	MPs, other politicians, and local groups across the region generated feedback forms / reply slips / petitions which their representatives / constituency used to express their views on specific aspects of the consultation.	Over 5000 responses were received from across the region. <i>(Findings sourced from Article 13 analysis of the additional feedback sent to Programme office, December 2004.)</i>
Organisational responses*	As mentioned above, the consultation documents were sent to a range of organisations in the area and in the surrounding area. These responded by sending in detailed letters and reports.	40 detailed organisational responses from health organisations, local authorities etc. were received. <i>(Detailed analysis report produced by the Programme team.)</i>

*The incorporation of the organisational responses within this report was based on a summary thematic analysis only. It does not incorporate quantitative analysis, nor does it impact on the numerical weighting. This is because many of the organisations did not respond to the questions posed in the consultation questionnaire directly but deliberated on a wider basis. A detailed analysis of these responses will be provided by the Programme Office and will be available for deliberations alongside this and other reports.

FINDINGS

Q1. The model of care

Question 1 from the consultation questionnaire asked respondents: **Do you agree that the model of care being proposed is the right one for this area?**

Our findings are based on the outcomes of the following activities and feedback, each of which has been given equal weighting in the analysis:

Consultation method (see p.7-9 for more detail)	Responses
Consultation questionnaire responses	3054 questionnaires
Focus groups	Around 140 participants
Citizens' panels	65 panel members
Virtual health panel	383 panel members
Local public events	Over 4200 attendees / participants
Staff events	Over 900 attendees
Question time events	Around 200 participants
Special groups questionnaires	77 young people responded 11 prisoners responded
Further feedback	See Table 3, p.9 for more details

Overall findings from the feedback received:

The findings show the majority of respondents agree with the proposed model of care.

Of these over half did not qualify their agreement. However some of those that did qualify their agreement, reflected the concern that was also raised by some of those respondents not agreeing with the model of care namely that 'this area is too large for one CCH'. Positive feedback included comments on the need for change, the benefits of more healthcare being provided closer to where people lived and the separation of acute and specialist treatment from other services. There were also questions and concerns which respondents felt would need to be taken into consideration when implementing the model. The most consistently mentioned ones were:

- Where the critical care hospital would be located and the impact of this location on people's ability to access services. Would there be adequate transport links to the critical care hospital and to the local care hospitals?
- Could the model of care (local care services and critical care hospital) be adequately resourced in terms of staff and financial resources?

FINDINGS BY TYPE OF RESPONSE MECHANISM:

FINDINGS: Questionnaire responses

Most questionnaire respondents in all areas answered "Yes" to this question. As the summary figures below show, the level of support varied according to where respondents live. Where no response was indicated, the response was noted as "Nil".

Response	Number of Merton responses	% for Merton responses	Number of Sutton responses	% for Sutton responses	Number of Surrey responses	% for Surrey responses	Number of "other" responses*	Total	% for total numbers
"Yes"	490	86%	606	81%	911	54%	31	2038	67%
"No"	46	8%	93	12%	573	34%	8	720	24%
"Don't Know"	23	4%	40	5%	127	7%	1	191	6%
Nil	9	2%	13	2%	80	5%	3	105	3%
Total	568	100%	752	100%	1691	100%	43	3054	100%

*These were responses where people did not indicate which area they were from

Based on these quantitative results of the consultation questionnaire responses:

- More than 80% of respondents from Sutton and Merton indicated that the model of care proposed was the right one for the area. (Responses from both these areas accounted for just under half of all responses.)
- 54% of people who responded from Surrey answered "Yes" to question 1 and 34% answered "No".

For those that agreed with the model of care, around half added comments which included:

- The prospect of personal and specialised healthcare provided locally.
- Enhancement of what local healthcare centres could offer.
- Potentially increased cost effectiveness.
- The easing of pressure on A&E services by dealing with minor injuries locally.

Concerns raised in the comments included:

- Access, in relation to the critical care hospital, and in particular, accident and emergency, linked to public and private transport links.
- Is one critical care hospital adequate for the area - both in terms of the geographic size of the area and the implications on travel and access?
- Will local care have sufficient resources? Will there be adequate staffing for local care hospitals to be able to deliver this range of services?

FINDINGS: Focus groups

- Of the total 20 focus groups run with "hard to reach" groups, 15 out of the 20 focus groups expressed support for the model of care in principle.
- Those that did not express clear support tended to have very specific needs and were concerned how these would be accommodated.
- The biggest general concern was whether GP practices had the capacity (and in some cases inclination and ability) to cope with handling more specialisms and treatments (mentioned in 8 groups).
- Others had concerns about whether there would be sufficient staff available.
- There was also concern that people would not know where to get the treatment they needed and that a major communications campaign would be needed to address this.
- Some groups felt that wherever the critical care hospital was located, it would disadvantage some sections of the community. Some felt it would be impossible for an emergency ambulance to achieve target response times over these distances.
- Several groups mentioned the importance of co-ordination of services / specialisms, such as integrating health care with social care and the voluntary sector. People with specific needs had experienced problems getting community equipment etc, which they felt may get exacerbated if they received more care from home.

FINDINGS: Citizens' Panels

- 74% of Citizen panel members favoured the model of care.
- In several panels, questions were asked about access, staffing and financing of the model of care and the site of the critical care hospital.
- Some panel members felt that two critical care hospitals would be needed in the area.
- The importance of communicating to the public clear guidelines of which services would be provided where, was mentioned by one panel.

FINDINGS: Virtual Health Panel

- The virtual health panel supported the model of care by a ratio of over 4 to 1. 66% of the total panel members said they agreed or strongly agreed that the proposed model of care was the right one for the area. 14% said that they disagreed or strongly disagreed with the model of care.
- Support for the model was stronger than average among women and 18 - 29 year olds.
- It was weaker than average among people living closest to Epsom General Hospital.
- People over 50 years expressed stronger than average support for the model (70%) and stronger than average opposition (20%).

FINDINGS: Public events

Feedback recorded during public meetings reflected a range of responses on this question:

- There was overall positive feedback from public events on the model of care, in particular:
 - Care being provided closer to home
 - Alternative ways of thinking about healthcare
 - Seeing the growing role for local care hospitals.
- Where there were concerns expressed, these included:
 - Questions on whether the model had been tested before
 - Questions around staffing and funding of the new model
 - Questions around bed capacity.

FINDINGS: Staff briefings and road shows

Records of staff meetings and road shows indicate that there was support for the principles of the new model of care. This support was described as follows:

- Under the new model there was potential for staff development into specialities.
- Staff expressed approval for the rebuilding of hospitals, as some sites were seen to be “beyond upgrading”.
- Splitting the treatment of major and minor injuries was seen as a positive step and increasing the range of specialist services at critical care hospitals was seen positively.

Questions and concerns expressed include:

- How the model would be resourced in terms of funding and staffing requirements.
- How the local care network would work - would GP's and primary care staff be able to cope?
- How would connections between local care hospital and critical care hospital work?
- Would the public understand the reduction in the number of beds?
- Staff also questioned whether the changes would mean a waste of the recent investment in specialist health services.

FINDINGS: Question time events

Question time events allowed participants to raise questions around the proposals, the feedback gives no evidence of people's overall views on whether they supported the model of care or not. Comments during these events included:

- Transport was a key consideration, especially accessibility of the critical care hospital, and public transport links between the local care hospitals and critical care hospital.
- Financial implications were also raised as a potential issue.
- There were questions on why two critical care hospitals could not be built and how the criteria for assessing the critical care hospital site had been devised.
- Other options were also mentioned, for example splitting Epsom General Hospital and St Helier Hospital.

FINDINGS: Special groups questionnaires

- Survey of young people in Epsom found that 49 out of 77 respondents supported the model of care. However this was qualified by comments suggesting the need to consider where people live.
- Survey of prisoners found that 10 out of 11 respondents supported the model of care.

FINDINGS: Further feedback

From the letters received, common themes from those in favour of the model of care were that more health care would be provided locally and that non-critical services would be transferred to local centres. Questions and concerns generally outnumbered comments supporting the model of care and these included:

- Access and transport were seen as an issue, dependent on where the critical care hospital would be located.
- Provision of adequate numbers of beds.
- Good access and parking facilities to the critical care hospital.
- Provision of more than one critical care hospital.
- 75 feedback cards initiated by a local Councillor of which all 75 respondents answered 'no' to the question: “Do you agree whether the model of care being proposed is the right one for this area?”

Q2. The range of services at local care hospitals

Question 2a from the consultation questionnaire asked respondents: **Do you agree with the range of services we are planning to provide from local care hospitals in Sutton and Merton?**

Question 2b from the consultation questionnaire asked respondents: **Do you agree with the range of services we are planning to provide from local care hospitals in East Elmbridge and Mid-Surrey?**

Our findings are based on the outcomes of the following activities and feedback, each of which has been given equal weighting in the analysis:

Consultation method (see p.7-9 for more detail)	Responses
Consultation questionnaire responses	3054 questionnaires
Focus groups	Around 140 participants
Citizens' panels	65 panel members
Virtual health panel	383 panel members
Local public events	Over 4200 attendees / participants
Staff events	Over 900 attendees
Question time events	Around 200 participants
Special groups questionnaires	77 young people responded 11 prisoners responded
Further feedback	See Table 3, p.9 for more details

Overall findings from the feedback received:

The findings show the majority of respondents agree with the proposed range of services at local care hospitals in Sutton and Merton as well as in East Elmbridge and Mid-Surrey.

There was positive feedback on the proposed range of healthcare that would be provided locally, the split between the services provided at local care hospitals and the critical care hospital and the potential for reduced waiting times for minor injuries. This support was more prominent from respondents in Sutton and Merton than those in Surrey. There were some comments and questions in the consultation feedback around how this range of services would be delivered. These included questions around staffing and funding as well as the number of beds available and the opening hours of urgent treatment centres. Respondents also questioned whether patients and service users would know where they needed to go to get the service or treatment they needed. Special needs groups wished to see greater integration of local healthcare services with social services and therapy services.

FINDINGS BY TYPE OF RESPONSE MECHANISM:

FINDINGS: Questionnaire responses

The majority of respondents agreed with the range of services local care hospitals would provide under the proposed model of care. Where no response was indicated, the response was noted as "Nil".

Summary of responses to Question 2a

Response	Number of Merton responses	% for Merton responses	Number of Sutton responses	% for Sutton responses	Total numbers for Sutton and Merton	Total % for Sutton and Merton
"Yes"	511	90%	656	87%	1167	88%
"No"	25	4%	53	7%	78	6%
"Don't Know"	17	3%	32	5%	49	4%
Nil	15	3%	11	1%	26	2%
Total	568	100%	752	100%	1320	100%

Summary of responses to Question 2b

Response	Number of Surrey responses	% for Surrey responses
"Yes"	1140	67%
"No"	302	18%
"Don't Know"	119	7%
Nil	130	8%
Total	1691	100%

In response to Question 2a, 88% of all questionnaire respondents from Sutton and Merton indicated that they agreed with the range of services local care hospitals would provide under the proposed model of care. In response to Question 2b, 67% of all questionnaire respondents from Surrey indicated that they agreed with the range of services local care hospitals would provide under the proposed model of care.

For those that agreed with the range of services, common themes were:

- Respondents felt more importance could be given to community hospitals and that local care would deal with more than it does currently.
- Quicker treatment for minor injuries.
- The need to decrease waiting times and pressure on the main A&E department in the area.

From both sets of responses (from Question 2a and 2b) there were some common questions that were raised by respondents who did not agree with the proposed range of services:

- Some mentioned the need to have access to A&E locally, not at "a distant critical care hospital".
- Respondents commented on the number of beds and questioned whether these would be adequate.
- The opening hours of the hospital, in particular the minor injuries unit.
- Staff recruitment was seen as a key challenge.
- What level of diagnostic services would be available where? This was another area of potential confusion.
- Some respondents felt that children's services had not been given sufficient focus in the proposal.

FINDINGS: Focus groups

These groups discussed the range of services at local care hospitals in depth. The specific question may not have been asked at every group. However, comments regarding the range of services at local care hospitals were recorded and included the following:

- Three groups felt that the concept of local care hospitals was very similar to the cottage hospitals that served the area ten years ago and worked well.
- Five groups were concerned that minor injuries provision should be available on a 24 hour basis. These tended to be parents of small children and people with specific needs, especially mental health service users.
- Several wanted to see integrated services provided in the local care hospitals, with them functioning as a base for advice and advocacy services, and providing community facilities for playgroups etc.
- Participants in three groups had experienced severe problems accessing NHS dentistry and this is something they would like to see provided at local care hospitals.
- Others expressed a desire to see podiatry and optometry provided at local care hospitals.
- There is also a concern about a lack of pharmacists (in Sutton and Merton area). Several groups wanted to see this service provided at local care hospitals. One group wanted to have access to a 24 hour pharmacy, as a source of health advice that young people could access.

FINDINGS: Citizens' Panels

These panels discussed the range of services at local care hospitals in depth. This specific question was not asked at the panels. However, comments regarding the range of services at local care hospitals were recorded and fed back and included the following:

- Panel members were asked where they would expect to get certain healthcare needs met. In many cases these responses matched the way services would be provided under the new model of care.

- One panel's preference to receive minor injuries treatment at a local care hospital depended on these units being open for 24 hours a day.
- Another panel felt that a lot of money would be spent on the critical care hospital with not enough spent on primary care.
- One panel was concerned about there not being enough staff to deliver the services.

FINDINGS: Virtual Health Panel

- There was strong support among panel members for the type and level of care being proposed for local care hospitals (almost 9 to 1). 77% of panel members agreed or strongly agreed with the type and level of care being proposed for local care hospitals. Just 9% disagreed or strongly disagreed.
- Support was strongest among women in the panel and those on the panel who were 18-29 year olds and those living closest to St Helier Hospital.
- Panel members living close to Epsom General also expressed clear support for the type and level of care being proposed for local care hospitals with 68% agreeing or strongly agreeing, with the proposals and 19% disagreeing or strongly disagreeing.

FINDINGS: Public events

Positive comments of support at public meetings mentioned:

- Support for local out-patients clinics/care.
- Support for developing extra services in community hospitals.

Questions and concerns expressed:

- There were concerns expressed about community hospitals being as close as possible to where people live.
- There were questions and concerns from respondents about how staffing needs would be met for these hospitals and the impact of the proposals on GP workload and capacity.
- Respondents felt a need for more co-ordination and integration of local, community based care.
- There were also queries regarding where certain services would be provided, such as labs, mental health services, renal dialysis, dental services and physiotherapy.

FINDINGS: Staff meetings

There was some very positive feedback on:

- The splitting of urgent and non-urgent services.
- The potential for staff to develop their roles and functions into specialities.

Concerns included:

- How multiple centres would be staffed, including the perceived impact on GPs locally.
- There were also queries around the whether urgent treatment centres would be open 24 hours a day, 7 days a week.

FINDINGS: Question time events

Positive comments included: "The proposals represent the best way to keep the majority of services close to patients' homes – hospital services will also be greatly improved".

Some of the questions around this issue included whether local care hospitals would become "second class hospitals" compared to the critical care hospital. Others questioned whether more treatment in GP surgeries and at home was necessarily a good idea. There were questions around the funding and staffing of the model as well as the risk of "bed-blocking" at local care hospitals.

FINDINGS: Special groups questionnaires

- The overwhelming majority of the 77 young people surveyed agreed with the range of services at local care hospitals.
- 10 out of 11 prisoners agreed with the range of services proposed for local care hospitals.

FINDINGS: Further feedback

- In letters, recurring themes for questions include:
 - Respondents asked whether there would be adequate staffing for local care hospitals.
 - A recurring question was whether patients would be able to diagnose their own problems and whether they would know where the right place to seek treatment would be.
- 534 feedback cards generated by local politicians of which 361 respondents (68%) said 'yes' to 10 local care hospitals.

Q3. Location of local care hospitals

Question 3a from the consultation questionnaire asked respondents: **Do you agree with the proposed locations for the local care hospitals in Sutton and Merton?**

Question 3b from the consultation questionnaire asked respondents: **Do you agree with the proposed locations for the local care hospitals in East Elmbridge and Mid-Surrey?**

Our findings are based on the outcomes of the following activities and feedback, each of which has been given equal weighting in the analysis:

Consultation method (see p.7-9 for more detail)	Responses
Consultation questionnaire responses	3054 questionnaires
Focus groups	Around 140 participants
Citizens' panels	65 panel members
Virtual health panel	383 panel members
Local public events	Over 4200 attendees / participants
Staff events	Over 900 attendees
Question time events	Around 200 participants
Special groups questionnaires	77 young people responded 11 prisoners responded
Further feedback	See Table 3, p.9 for more details

Overall findings from the feedback received:

The majority of respondents supported the proposed locations of local care hospitals in Sutton and Merton as well as East Elmbridge and Mid-Surrey. This support was stronger from respondents from Sutton and Merton than from those in Surrey. Respondents stressed that the location of these local care hospitals should take into account accessibility for people in all areas, as well as transport links and availability of parking. There were also specific comments regarding particular areas and sites, where there was a perceived lack of coverage.

FINDINGS BY TYPE OF RESPONSE MECHANISM:

FINDINGS: Questionnaire responses

The majority of questionnaire respondents agreed with the proposed locations of the local care hospitals. Where no response was indicated, the response was noted as "Nil".

Summary of responses to Question 3a

Response	Number of Merton responses	% for Merton responses	Number of Sutton responses	% for Sutton responses	Total numbers for Sutton and Merton	Total % for Sutton and Merton
"Yes"	514	90%	588	78%	1102	84%
"No"	20	4%	55	7%	75	6%
"Don't Know"	16	3%	80	11%	96	7%
Nil	18	3%	29	4%	47	3%
Total	568	100%	752	100%	1320	100%

Summary of responses to Question 3b

Response	Number of Surrey responses	% for Surrey responses
"Yes"	1139	67%
"No"	256	15%
"Don't Know"	152	9%
Nil	144	9%
Total	1691	100%

90% of questionnaire respondents from Merton and 78% of respondents from Sutton agreed with the proposed location of local care hospitals in their area. 67% of respondents from Surrey agreed with the proposed sites of the local care hospitals in their area.

Respondents generally cited the local community hospital nearest to them as the best option. Key factors which influenced support for the proposals were proximity of hospitals to respondents' place of residence and past experience of using these hospitals as well as availability of free / low cost parking, good transport links and cost implications of building the new hospitals.

FINDINGS: Focus groups

- Most groups felt in general terms the proposed locations for the local care hospitals are right.
- Three groups in the EEMS PCT area felt they needed more, particularly in the south of the area with some people saying they would have to travel further to reach their nearest hospital.
- Specific issues around these locations were:
 - Lack of coverage for people living on the edge of Merton where it adjoins Wandsworth and Lambeth;
 - None are seen to be accessible to people living in Thames Ditton and surrounding villages;
 - Transport issues were raised in relation to the Wilson, Nelson and Molesey Hospitals.

FINDINGS: Virtual Health Panel

- 74% of the panel members agreed or strongly agreed with the proposed locations for the local care hospitals while 12% disagreed.
- Support for the locations was slightly weaker among people in the panel who were aged over 50.

FINDINGS: Staff and public events

There were fewer specific comments made regarding the location of local care hospitals, but these included:

- Questions regarding the future of certain hospitals, such as Nelson Hospital and Cobham Hospital.
- Support was also expressed for local hospitals such as Wallington Hospital.

FINDINGS: Question time events

This question was not specifically asked to participants. However analysis shows that some comments mentioned at these events include:

- Would Nelson Hospital remain two storeys high? Would there be car parking in light of new proposals?
- Other comments suggested that too few decisions had been made about where local care hospitals would be located and the services they would provide.

FINDINGS: Special groups questionnaires

- Survey of young people found that 66 out of the 77 respondents supported the proposed locations of the local care hospitals.
- Survey of prisoners found that 10 out of 11 respondents supported the proposed locations of the local care hospitals.

FINDINGS: Further feedback

- In the letters received, there were questions regarding whether people would still be able to use hospitals outside the area, which were closer to them e.g. Kingston Hospital. Several letters expressed concern about access to services and number of beds available for people from the Thames Ditton area. Feedback also indicated the wish to see Cobham Hospital improved.
- Additional feedback included:
 - Around 1900 feedback questionnaires generated by a local politician in Merton, of which over 90% of respondents said "yes" to the question: "Do you agree there should also be a Local Care Hospital at the Wilson in Mitcham?" and around 90% of respondents responded "yes" to the question: "Do you agree there should be a Local Care Hospital on or next to the current St Helier?"
 - 534 feedback cards generated by local politicians of which 361 respondents (68%) said 'yes' to 10 local care hospitals.

Q4. Beds in Emberbrook Care Centre

Question 4 from the consultation questionnaire asked respondents: **Do you agree with the proposal that the East Elmbridge and Mid-Surrey PCT should cease to maintain beds in Emberbrook Care Centre and deliver intermediate care services from community hospitals?**

Our findings are based on the outcomes of the following activities and feedback, each of which has been given equal weighting in the analysis:

Consultation method (see p.7-9 for more detail)	Responses
Consultation questionnaire responses	3054 questionnaires
Focus groups	Around 140 participants
Citizens' panels	65 panel members
Virtual health panel	383 panel members
Local public events	Over 4200 attendees / participants
Staff events	Over 900 attendees
Question time events	Around 200 participants
Special groups questionnaires	77 young people responded 11 prisoners responded
Further feedback	See Table 3, p.9 for more details

Overall findings from the feedback received:

The findings demonstrate that the majority of respondents do not agree with the proposal to cease to maintain beds at Emberbrook Care Centre. How these responses were delivered is a finding in itself, as those who responded in favour of the proposal did so via the main consultation questionnaire. Those respondents who did not agree with the proposals did so principally through additional feedback cards generated by local groups. Concerns from these respondents included what was seen as a lack of access to local care for residents in the area, if beds at Emberbrook were to be closed. Those that were in favour of the proposal to no longer maintain beds at Emberbrook Care Centre supported their views with comments on cost effectiveness.

FINDINGS BY TYPE OF RESPONSE MECHANISM:

FINDINGS: Questionnaire responses

This question was directed specifically at those residing in the East Elmbridge and Mid-Surrey areas.

Response	Total number of Surrey responses	Total %
"Yes"	834	49%
"No"	175	10%
"Don't Know"	550	33%
Nil	132	8%
Total	1691	100%

On this question, the rate of response was slightly lower than on other questions. 49% of respondents were in favour of ceasing to provide beds at Emberbrook Care Centre. As the figures above show, more than 40% of respondents either didn't respond or responded saying "Don't know".

Some comments by those that were in favour of the proposal to no longer maintain beds at Emberbrook Care Centre, included benefits related to cost effectiveness. In the view of some respondents, the funds and resources used to maintain these beds could be reallocated elsewhere.

However those questionnaire respondents that expressed reservations about this proposal mentioned among others, the following concerns:

- Respondents felt that there would be a negative impact on health service provision in the area.
- There was mention of funds raised locally to support these beds and that if they were no longer maintained at Emberbrook, then respondents felt beds would have to be provided elsewhere.
- Others felt they needed more information before expressing a view.

FINDINGS: Focus groups

The focus groups were not designed to address the Emberbrook question. However one group that met in Esher, made comments relating to this question. There was concern over the loss of Thames Ditton hospital. Participants felt that people living in Thames Ditton, Long Ditton, Claygate and Hinchley Wood would be unable to access any of the local care hospitals by public transport. Also mentioned were the local efforts to maintain the 14 beds at the "new Thames Ditton hospital as part of permission to build houses and flats there".

FINDINGS: Further feedback

- Not all letters referred to this question (less than 10%). Those letters that did mention the issue, expressed concern around the proposed changes. Some mentioned that money had been raised locally for these beds. Other comments expressed the view that the explanation in the consultation document on this question was misleading.
- 1308 feedback cards were received that had been generated by local groups and asked: "Do you agree with the proposal that the East Elmbridge and Mid-Surrey PCT should cease to maintain beds in Emberbrook Care Centre and deliver intermediate care services from community hospitals?" All 1308 responses responded to say "no" to this question. The comments on the feedback cards included mainly the local need for beds (over half of these slips mentioned this), and difficulty for residents to reach other locations (especially older people). The publicly raised funds and the "promise" of bed provision is also a consistent theme from the feedback.

Q5. Birthing Centre

Question 5 from the consultation questionnaire asked respondents: **What is your view on whether or not there should be a Birthing Centre?**

Our findings are based on the outcomes of the following activities and feedback, each of which has been given equal weighting in the analysis:

Consultation method (see p.7-9 for more detail)	Responses
Consultation questionnaire responses	3054 questionnaires
Focus groups	Around 140 participants
Citizens' panels	65 panel members
Virtual health panel	383 panel members
Local public events	Over 4200 attendees / participants
Staff events	Over 900 attendees
Question time events	Around 200 participants
Special groups questionnaires	77 young people responded 11 prisoners responded
Further feedback	See Table 3, p.9 for more details

Overall findings from the feedback received:

Of the people who commented on this issue, the majority of respondents were in favour of setting up a Birthing Centre. Those in favour saw it as the way forward in terms of midwife-led maternity care, which would offer women more choice and the option for giving birth in a non-hospital setting. However, common concerns expressed included the availability of emergency back-up in the event of complications during birth. Respondents also questioned whether the Birthing Centre was a priority and whether a thorough cost / benefit analysis had been carried out.

FINDINGS BY TYPE OF RESPONSE MECHANISM:

FINDINGS: Questionnaire responses

This was an open ended question in the questionnaire and there was a wide range of feedback. The majority of respondents were in favour of a Birthing Centre. The Birthing Centre was perceived to be a "good idea", although adequate emergency back up was felt to be necessary.

However these Centres were not regarded as being a priority by some respondents, and so they felt that it did not need to be considered in the short term.

Those in favour listed the following benefits:

- Some respondents mentioned that in their view, most women didn't require critical care and would rather receive more personal care.
- A Birthing Centre would provide women with more choice. Birthing centres were seen as a good alternative for low-risk pregnancies to be able to give birth in a non-hospital setting.
- Respondents felt that there would be less risk of infection for mother and child at a Birthing Centre
- Respondents also felt that a Birthing Centre would release beds at the main hospital.

The key considerations in implementing such a Birthing Centre raised by consultation responses were: the availability of full emergency back up in case of complications during birth, proximity to people's homes, as respondents felt that pregnant women would be less able to travel long distances. Another emerging theme was that there may need to be more than one Birthing Centre in the area.

Those that did not think that a Birthing Centre should be set up cited the following main reasons:

- Maternity care should remain at the main critical care hospital.
- Good idea but could this funding be used elsewhere?
- This is a nice to have, and can be provided privately.

FINDINGS: Focus groups

This question was not discussed specifically at all focus groups. However the responses of one focus group gives feedback on this question. This group included members of the National Childbirth Trust. Feedback from this group included the following comments:

- Members of the group were unhappy about the birthing centre being sited next to the critical care hospital.
- Participants felt that a Birthing Centre was a good idea, but that these or mid-wife led maternity care services should be located at each local care hospital.
- Participants also felt that only high-risk pregnancies should be dealt with in a unit based at the critical care hospital.

FINDINGS: Citizens' Panels

This question was not discussed specifically at citizens' panels. However panel members were asked as a specific exercise to indicate where they thought was the best place to get treated for certain healthcare needs. When asked where the best place to get treatment if a woman was expecting a normal baby in a straightforward birth, there were a range of responses. Local care hospitals were mentioned by each group, critical care hospitals was the second most mentioned option. Some groups also suggested that such a birth could occur at home or in a Birthing Centre.

FINDINGS: Staff meetings

This question was not asked at all meetings, however some feedback was obtained:

- There was evidence of support for Birthing Centres, but in the view of some participants there could be access issues if there was only one Birthing Centre.
- Feedback from consultants indicated that they did not approve of a stand alone Birthing Centre.

FINDINGS: Further feedback

Not all letters and telephone calls referred to this question. Of those that did, some respondents felt that a Birthing Centre was a good idea as it promoted a midwifery-led approach to birth and not a medical-led approach. This, it was felt, improved outcomes for both staff and women. However questions and concerns included whether it would be accessible for everyone. Some respondents felt that transferring women from a Birthing Centre to a critical care hospital in case of emergency would be difficult and potentially risky.

Q6. Range of services at the critical care hospital

Question 6 from the consultation questionnaire asked respondents: **Do you agree with the services we are planning to provide in the critical care hospital?**

Our findings are based on the outcomes of the following activities and feedback, each of which has been given equal weighting in the analysis:

Consultation method (see p.7-9 for more detail)	Responses
Consultation questionnaire responses	3054 questionnaires
Focus groups	Around 140 participants
Citizens' panels	65 panel members
Virtual health panel	383 panel members
Local public events	Over 4200 attendees / participants
Staff events	Over 900 attendees
Question time events	Around 200 participants
Special groups questionnaires	77 young people responded 11 prisoners responded
Further feedback	See Table 3, p.9 for more details

Overall findings from the feedback received:

The overall findings show that the majority of respondents agree with the range of services proposed for the critical care hospital. Respondents felt that it was a good idea to separate acute and critical care services from other treatments. The cost-effectiveness of concentrating specialist services and equipment at one site was also mentioned by respondents. There were concerns expressed around how this range of services would be delivered as well as concerns around access for patients and emergency services. Other factors mentioned were adequate staffing of the model and enough beds being provided.

FINDINGS BY TYPE OF RESPONSE MECHANISM:

FINDINGS: Questionnaire responses

The findings show that the majority of respondents agreed with the proposed range of services at the critical care hospital. Most questionnaire respondents answered "Yes" to this question. As the summary figures below show, this varies according to where respondents live. Where no response was indicated, the response was noted as "Nil".

Response	Number of Merton responses	% for Merton responses	Number of Sutton responses	% for Sutton responses	Number of Surrey responses	% for Surrey responses	Number of "other" responses*	Total	% for total numbers
"Yes"	505	89%	679	90%	1286	76%	31	2501	82%
"No"	11	2%	22	3%	197	12%	4	234	8%
"Don't Know"	25	4%	28	4%	96	5%	1	150	5%
Nil	27	5%	23	3%	112	7%	7	169	5%
Total	568	100%	752	100%	1691	100%	43	3054	100%

*These were responses where people did not indicate which area they were from.

The quantitative results show that overall, 82% of respondents are in favour of the range of services proposed for the critical care hospital. This support is strongest from respondents from Merton and Sutton.

Those that agreed with the range of services, felt that it was a good idea to separate acute services from minor injuries. From the perspective of cost-effectiveness, some respondents also stated that there was a need to concentrate specialist services and equipment at one site.

Those that agreed with the range of services also mentioned the following factors and questions, some of which also reflect comments made by those that did not agree with the range of services proposed:

- Some respondents asked whether there could be two critical care hospitals; one in the EEMS area and one in the Sutton and Merton area.
- Feedback also stressed that A&E services should be provided in all localities.
- Issues around access and transport for patients and visitors (including cheap and adequate parking) were consistent themes from respondents.
- Staffing, both in terms of number of staff and expertise and qualifications of staff, was also seen as a key factor in being able to deliver the range of services.
- Concerns were expressed by respondents on effective diagnosis and moving very ill people from non-critical to critical sites.
- Concerns were also expressed around the reduced number of beds at the critical care site.
- Some respondents expressed support for different options such as Option 2 from the consultation. This reflected the view that the current structure should be retained and the money used to enhance it.
- Some of the specific comments included questions around where mental health / psychiatric services would be provided. Staff responses had more detail, for example, on the need for a neuro-surgery unit in the critical care hospital for head injuries.

FINDINGS: Focus groups

- There was concern expressed that people would not know where to go to get the treatment they needed.
- Several groups expressed concern about a lack of mental health services in the area, particularly in terms of patient beds. There was concern about where mental health service users suffering crises would go. Service users felt that mental health should have been dealt with within this consultation and not separately.

FINDINGS: Citizens' Panels

Participants were not asked directly about the range of services at the critical care hospitals but they conducted an exercise whereby they judged where the best place was for treatment of a list of illnesses / therapies. These generally mapped well against the organisation of services in the new model of care. For example, one injury that all groups agreed required treatment at the critical care hospital was someone who had been badly injured in a road accident. There was some discrepancy between panel members on whether "perfectly straightforward births" would need to take place in a critical care hospital or not. The majority of people did not believe that they did.

FINDINGS: Virtual Health Panel

Panel members agreed with the proposed level of care and services for the new critical care hospital, 67% agreed or strongly agreed, compared with 18% who disagreed or strongly disagreed. While the proportion of younger people and older people who agreed with the proposals was approximately equal, a considerably smaller proportion of younger people disagreed with the proposals (11%) compared with the proportion of older people who disagreed (24%).

FINDINGS: Public meetings

There were comments at public events on what was seen as the reduction in the total number of beds. There were also questions about where patients would need to go with various health episodes, such as a heart attack.

FINDINGS: Staff meetings

Concern around the number of beds was also a consistent theme at staff events. Other issues which arose included what would happen to SWLEOC, for example, if Epsom became a local care hospital? There were also questions around how diagnostics would be organised e.g. would pathology be based at the critical care hospital? How the critical care hospital would be adequately resourced was also a recurring theme.

FINDINGS: Question time events

Questions around the range of services at critical care hospitals included whether the model could work without a critical care hospital at all. Could the services be split between the local care hospitals?

FINDINGS: Special groups questionnaires

- Survey of young people found that 51 out of 77 respondents supported the range of services being proposed for critical care hospitals. Further comments included:
 - “Will there be enough room for patients at the new hospital?”
 - “Will the new hospital be only A&E?”
- Survey from prisoners found that 10 out of the 11 respondents supported the range of services being proposed for critical care hospitals.

FINDINGS: Further feedback

Some comments from letters and phone calls on the range of services include:

- Would there be enough staff (diagnostic and consultant level) to provide this range of services?
- Where would nursing staff come from for the “super hospital”?
- There was also uncertainty around how mental health services would fit.

Q7. Considerations when choosing the site for the critical care hospital

Question 7 from the consultation questionnaire asked respondents an open-ended question: **What do you think are the important considerations when choosing the site for the critical care hospital?**

Our findings are based on the outcomes of the following activities and feedback, each of which has been given equal weighting in the analysis:

Consultation method (see p.7-9 for more detail)	Responses
Consultation questionnaire responses	3054 questionnaires
Focus groups	Around 140 participants
Citizens' panels	65 panel members
Virtual health panel	383 panel members
Local public events	Over 4200 attendees / participants
Staff events	Over 900 attendees
Question time events	Around 200 participants
Special groups questionnaires	77 young people responded 11 prisoners responded
Further feedback	See Table 3, p.9 for more details

Overall findings from the feedback received:

Access for all people, central location, public and private transport links and parking were the most consistently mentioned considerations put forward by respondents. There were other less mentioned considerations such as ambulance access, staff recruitment and retention, minimising disruption during and after construction and not building on greenfield land.

FINDINGS BY TYPE OF RESPONSE MECHANISM:

FINDINGS: Questionnaire responses

The responses to this question were qualitative and themes were analysed and grouped. There was a strong consistency of themes across regions and stakeholder groups. Listed below are the most mentioned and recurrent themes:

- *Accessible for all people*
- *Central location*
- *Public transport links*
- *Parking* (both in terms of cheap / free parking as well as quantity of parking).

Smaller numbers of respondents mentioned the following factors:

- Minimise blue light (ambulance) access time
- Staff recruitment and retention
- Space to build / Room for expansion
- Minimise disruption during and after construction
- Minimise impact on environment (e.g. by not building on greenbelt).

FINDINGS: Focus groups

- The most critical issue for 16 out of the 20 groups is accessibility – by public transport and road.
- 13 groups said that adequate parking space with affordable parking is another critical issue.
- Four groups said it would be important to locate the hospital in an area where staff could access affordable housing.
- Six groups said it would be important to place the hospital in a densely populated area, where there would be a higher level of demand for critical care services.
- However three groups considered that a more pleasant, rural environment would be better, to help patients recover.
- Six groups said that it should be geographically central / should be located on the basis of “fair and equal access for the entire community”.

FINDINGS: Citizens' Panels

The panels were not asked this question directly, but their comments included the importance of ensuring that the site was a fair choice for all, it was near most of the population and that transport links had been worked through properly.

FINDINGS: Virtual Health Panel

Panel members detailed a wide range of considerations they felt should be taken into account when choosing the site for the critical care hospital. The four most frequently mentioned considerations were: ease of access for patients and emergency services (39% of respondents), good public transport links (31% of respondents), proximity to the population served (17% of respondents) and adequate parking facilities (15% of respondents). A small number of panel members mentioned other factors including the avoidance of green belt, overnight accommodation for staff and visitors, scope for future expansion, proximity to affordable housing for staff and health equality considerations.

FINDINGS: Public events

Accessibility and transport were the two key concerns. Staff recruitment, retention and accommodation was also mentioned. Questions were asked around planning permission. Another consideration was the investment already made in Epsom in terms of the new A&E and orthopaedic department. Not building on greenbelt was also mentioned.

FINDINGS: Staff events

Transport and access for patients and emergency ambulances was a key consideration at staff meetings. The transport links for staff travel between sites was also mentioned as a consideration. Planning permission was a theme as was the need for parking.

FINDINGS: Question time events

This question was not asked directly to participants, and not many comments were made specifically regarding considerations on where to site the critical care hospital. Specific sites were recommended and the question was asked about public transport between local care hospitals and the critical care hospital.

FINDINGS: Special groups questionnaires

- Survey of young people found that key factors in determining the critical care hospital site include proximity to where most people live, good accessibility and spacious surroundings.
- Survey of prisoners found that key factors in determining the critical care hospital site include easy access, a tranquil setting yet also proximity to town.

FINDINGS: Further feedback

- The main themes from the analysis of the letters received include:
 - Accessibility for patients and visitors
 - Accessibility by public transport
 - Access for ambulances
 - Parking facilities for patients and visitors
 - Building on brownfield not greenfield land
 - Consider the money already spent on Epsom
- 2250 feedback cards generated by local Surrey politicians of which over 50% cited 'access' as a reason to keep Epsom General Hospital open.

Q8. The best site for the critical care hospital

Question 8 from the consultation questionnaire asked respondents: **Where do you think is the best site for the critical care hospital?** (The question gave five options to choose from and space to add additional comments.)

Our findings are based on the outcomes of the following activities and feedback, each of which has been given equal weighting in the analysis:

Consultation method (see p.7-9 for more detail)	Responses
Consultation questionnaire responses	3054 questionnaires
Focus groups	Around 140 participants
Citizens' panels	65 panel members
Virtual health panel	383 panel members
Local public events	Over 4200 attendees / participants
Staff events	Over 900 attendees
Question time events	Around 200 participants
Special groups questionnaires	77 young people responded 11 prisoners responded
Further feedback	See Table 3, p.9 for more details

Overall findings from the feedback received:

The response to this question varied according to where people live and generally respondents preferred the site nearest to where they live. The majority of respondents from Sutton and Merton indicated the St Helier site as a clear preferred option. The respondents in East Elmbridge and Mid-Surrey did not agree with this choice of site. The preferred option for respondents from East Elmbridge and Mid-Surrey was Epsom General Hospital, however this was a less clear cut preferred option. Input from Sutton and Merton respondents indicated Sutton Hospital as a clear second best option. Feedback from respondents in East Elmbridge and Mid-Surrey show that views are split between West Park and Priest Hill as the second best option for the critical care hospital.

There were many specific comments from all the types of responses received regarding specific sites, giving reasons why the critical care hospital should be sited there, and reasons why it shouldn't, which are summarised below:

Positive comments	Negative comments / concerns
Epsom General Hospital	
<ul style="list-style-type: none"> • Accessible for people in Surrey • Good past experience at Epsom • Recent investment in A&E, maternity and orthopaedic services • Already has mental health services 	<ul style="list-style-type: none"> • Not convenient for those in Sutton and Merton • Extra travel cost for those travelling on public transport and on "Freedom" passes
Priest Hill	
<ul style="list-style-type: none"> • Cost effective • Adequate space • Work could begin immediately 	<ul style="list-style-type: none"> • Need to preserve greenbelt • Poor road access • Poor public transport links
Land opposite St Helier Hospital	
<ul style="list-style-type: none"> • Good road access • Good bus links • Work could begin immediately 	<ul style="list-style-type: none"> • Difficult to get to for people in Surrey • Lose open area. Can the open land be replaced?
Sutton Hospital	
<ul style="list-style-type: none"> • Central to most people • Links to Cancer Unit at Royal Marsden 	<ul style="list-style-type: none"> • Access difficult • Poor transport links

Positive comments	Negative comments / concerns
West Park Site	
<ul style="list-style-type: none"> • Cost effective • Adequate space • Work could begin immediately 	<ul style="list-style-type: none"> • Need to preserve greenbelt • Poor road access • Poor public transport links

FINDINGS BY TYPE OF RESPONSE MECHANISM:

FINDINGS: Questionnaire responses

As the summary figures below show, responses to this question vary according to where respondents live. The table below shows by area how many respondents indicated each of the choices given in the consultation document.

Proposed site for critical care hospital	Number of Merton responses	% of Merton responses	Number of Sutton responses	% of Sutton responses	Number of Surrey responses	% of Surrey responses	Number of "other" responses*	Total	%for total numbers
Epsom General Hospital site	18	3%	30	3%	775	36%	3	826	22%
Priest Hill site	6	1%	56	6%	417	19%	7	486	13%
Open land opposite St Helier	390	65%	472	54%	145	7%	16	1023	28%
Sutton Hospital site	59	10%	233	27%	148	7%	15	455	12%
West Park Hospital site	7	1%	23	3%	467	22%	4	501	14%
Don't know	67	11%	34	4%	84	4%	5	190	5%
Nil (no response given)	53	9%	27	3%	114	5%	7	201	5%
Total	600	100%	875	100%	2150	100%	57	3682	100%

*These were responses where people did not indicate which area they were from. (The total numbers exceed the total numbers of respondents as many respondents indicated more than one choice.)

Surrey

- The largest cluster from responses from Surrey residents was around Epsom General Hospital. 36% of responses from Surrey highlighted Epsom General Hospital as the best location for the critical care hospital. 19% of responses from Surrey favoured the Priest Hill site and 22% of responses favoured the West Park Hospital site.

Sutton and Merton

- Respondents from residents of Sutton and Merton favoured primarily the open land near St Helier hospital. 54% of responses from Sutton favoured the St Helier site and 27% wanted Sutton Hospital to be the site for the critical care hospital.
- 65% of respondents from Merton want the open land near St Helier to be the site of the critical care hospital.

FINDINGS: Focus groups

- Most groups in EEMS PCT area felt that Epsom would be the best site (5 out of the 8 focus groups held in Surrey).
- 4 out of these 8 EEMS PCT area groups viewed West Park as the second best option, however there were concerns about public transport.
- 9 out of the 12 groups held in Sutton and Merton said that the St Helier Hospital site would be the best site – generally because it is most accessible to them. However several would want guarantees that the land where the hospital currently stands would become green open space.
- 6 out of the 12 groups in Sutton and Merton said that Sutton would be the second best location but had concerns about road access and public transport.
- There was some support for Priest Hill, but several groups were concerned about loss of green belt land.

FINDINGS: Citizens' Panels

Panels in Merton (total of 20 people participated)

- Of the two panels run in Merton, 60% of both panels members favoured the land opposite St Helier Hospital as the best site for the critical care hospital. When asked which site they saw as the second best option, an average of 65% of panel members suggested Sutton Hospital.

Panels in Sutton (total of 25 people participated)

- Average of 90% of participants favoured the land opposite St Helier as the best site for the critical care hospital. Around 63% favoured Sutton hospital as the second best site.
- Those that favoured St Helier, gave as reasons, accessibility by road and public transport. The fact that a new transport plan had just been developed for the area and the fact that the land is an open space so work could start sooner. Those who preferred Sutton Hospital said that it is central and has good access by public transport. Those who favoured Priest Hill said that it was very accessible and liked the fact that as it was open land, it could be built on straight away.

Panels in Surrey (total of 20 people participated)

- Views were split between these two groups between the Epsom and West Park sites.
- The panel voting for West Park listed the following reasons for it being the best site for the critical care hospital:
 - It is an "established NHS site"
 - There is a lot of "land for parking and expansion if needed"
 - Availability of "local low cost accommodation for nursing staff etc."
 - "Good local roads"
 - "Away from urban conurbations"
 - "Good access from Esher and Cobham – areas currently not well served"
 - The new critical care hospital "could be built there without disturbing continued services at Epsom".
- Panel rejected other options as:
 - "Epsom can't expand, may have to take down to rebuild"
 - "St Helier – lots of hospitals already accessible to this area"
 - "Sutton too built up".

FINDINGS: Virtual Health Panel

There was found to be a close correlation between where people live and which site they favour for the critical care hospital. The majority of people living closest to a given site tended to favour it as the best site for the critical care hospital (the only exception was the Priest Hill site where 29% of those living closest to Priest Hill favoured the site but 43% of them favoured the Epsom site).

- 80% of those living closest to Epsom favoured Epsom, West Park or Priest Hill.
- 89% of those living closest to West Park favoured Epsom, West Park or Priest Hill.
- 57% of those living closest to Sutton favoured Sutton or St Helier (plus a high proportion of don't knows).
- 72% of those living closest to St Helier favoured Sutton or St Helier (plus a high proportion of don't knows).

FINDINGS: Public events

Support for all sites was expressed, with most people expressing preference for the site closest to where they lived.

- Concerns around building the CCH at St Helier were expressed with regard to "blue light" access for residents of Surrey (i.e. access in an ambulance). Participants asked about the option of going to other A&E departments in case of an emergency. For example respondents asked whether, if the critical care hospital was sited at St Helier, there was an option for Surrey residents to go to the Royal Surrey Hospital.

FINDINGS: Staff meetings

- Positive and negative comments were made for most sites under consideration.
- There was mention of potential de-merger, and what the implications for Epsom General and St Helier Hospital would be.

FINDINGS: Question time events

Question time participants were not asked to specifically answer this question, however comments did emerge regarding keeping a critical care hospital in Surrey as well as in Sutton and Merton.

FINDINGS: Special groups questionnaires

- In the survey of young people, most respondents favoured the site nearest where they lived. 69% of respondents lived nearest Epsom General Hospital, and 59% favoured that site.
- In the survey of prisoners, a wide range of views was expressed, with 4 out of 11 people not responding.

FINDINGS: Letters and phone calls

- Many people wrote in specifically to recommend or insist on their preferred site being chosen as the critical care hospital. This was generally the site that they lived closest to.
- The highest proportion of mentions (largely from residents of Surrey) were for Epsom Hospital to be made the site of the critical care hospital. A proportion of responses (also from Surrey) also wrote/called in specifically to express their concern about St Helier being chosen as a site for the critical care hospital. Specific concerns were that access would be difficult for patients and ambulances, due to the distance as well as the potential for congestion and traffic.
- Some letters also expressed concern and opposition to building on the greenfield land at the Priest Hill site.

FINDINGS: Further feedback

Feedback cards and questionnaires generated by local politicians which were sent into the programme office by members of the public, also express views on where the critical care hospital should be located.

Around 1800 feedback cards generated by Chris Grayling, Conservative MP for Epsom and Ewell, of which over 900 respondents (around 50%) cited 'access' issues as a critical reason to keep Epsom open and over 200 respondents (over 10%) suggested Epsom and St Helier should be 'split'.

Around 1900 questionnaires generated by Siobhain McDonagh, Labour MP for Mitcham and Morden, received mostly from people living in Merton. Over 85% of these responses expressed the wish to see St Helier become the site of the new critical care hospital.

305 feedback cards generated by Charlie Mansell, Labour Councillor, St Helier Ward, of which around 290 respondents (95%) said 'yes' to critical care hospitals at Epsom and St Helier.

406 feedback cards generated by Sir Paul Beresford, Conservative MP for Mole Valley, of which over 280 respondents (69%) cited 'access' in relation to transport and location as a reason to keep Epsom open and over 90 respondents (22%) suggested Epsom was a necessity for its A&E facilities.

229 feedback cards generated by Anand Shukla, Labour Parliamentary Spokesman for Sutton and Cheam, of which 228 (99.5%) respondents said 'yes' to critical care hospitals being sited at Epsom and St Helier.

Petition received from Priest Hill Action Group: Over 400 signatures to petition against the critical care hospital being built at the Priest Hill site.

Q9. Any other views on the options and proposals in the consultation document

As part of the analysis, all responses given under question 9 of the consultation questionnaire have been taken into consideration in the responses to questions 1-8.

Methodology

Article 13 reviewed the outputs of the consultation and the materials developed by the Better Healthcare Closer to Home programme team. The findings in this document are based on the quantitative and qualitative analysis of the outputs of each of the consultation feedback mechanisms, namely:

- Consultation questionnaire responses
- Focus groups
- Citizens' panels
- Virtual health panel
- Local public events
- Staff events
- Question time events
- Special groups questionnaires
- Further feedback (see Table 3 on page 9 for more detail).

