

SURGERY RECONFIGURATION

Public Engagement Report



EXECUTIVE SUMMARY

After an extended period of public engagement, over 18 weeks from 16th October 2014 to 9th February 2015, the feedback has been collated in this report.

Overall, there appears to be an acceptance that the Trust cannot continue to provide surgical services in the current form given the external factors influencing healthcare delivery and the evidence that centralisation of services improves clinical outcomes.

It is clear that the population is passionate about the retention of their local hospitals and the proposal to keep all outpatient appointments and investigation services delivered locally is popular.

Concern remains over transport and travel and whilst the Trust is exploring possible solutions to this there is a degree of public scepticism that the issues will be resolved satisfactorily, which is likely to remain until such time as concrete plans have been developed and implemented.

There has been almost no feedback from patients or the public relating to how the changes will affect the likely outcomes of undergoing surgery. This was explained at events with provision of the evidence on the website and so the lack of feedback may indicate it is not a contentious issue.

There is little difference between the feedback received from each site although there has been a better response from Good Hope in terms of numbers, possibly due to the additional awareness created by local lobby groups.

Whilst there appears to be acknowledgement that redesigning surgical services is the right approach, it is likely that individuals will resist change when it directly affects them or the services they access.

METHODOLOGY

The public engagement on the proposed surgery reconfiguration was launched on Monday 13th October 2014. During the week prior to this email correspondence was sent to a number of key stakeholders including MPs and local councillors advising of the launch of the public engagement and on the 13th October booklets and letters sent out to:

- All CCGs
- All MPs
- All GPs
- All councillors and council leaders (c200)
- Parish Councils
- Support groups (93)
- Temples (99)
- Voluntary groups (82)
- All staff (11,000)

A special edition copy of Heart and Soul was also distributed to all 100,000 members, which included dates of public engagement meetings and details of what the proposals would mean for patients.

Between 13th October and 4th February 15 public meetings were held across South Staffordshire, East Birmingham, Solihull and Sutton Coldfield and members of the Board and the Surgery Reconfiguration project team attended a public meeting held by Andrew Mitchell MP in Sutton Coldfield on the 23rd October.

Staff from the Trust attended 12 ward committee meetings by invitation, all of which were attended by between 20-30 members of the public.

Nine public information events were arranged in shopping centres and local supermarkets in North Solihull, Sutton Coldfield and Solihull with the objective of distributing booklets and advertising public meetings.

Two community patient and carer groups and nine LCN meetings were attended by the Trust by invitation.

During December approximately 30 copies of the public engagement booklet were sent to each GP surgery, library and pharmacy in Solihull, Birmingham and South Staffordshire with a letter requesting they be placed in waiting areas. Copies of the booklet were also distributed to all waiting areas and patient information stands across the Trust.

In total, over 500 patients and members of the public were directly engaged with through public and private meetings and 120,000 copies of the booklet distributed.

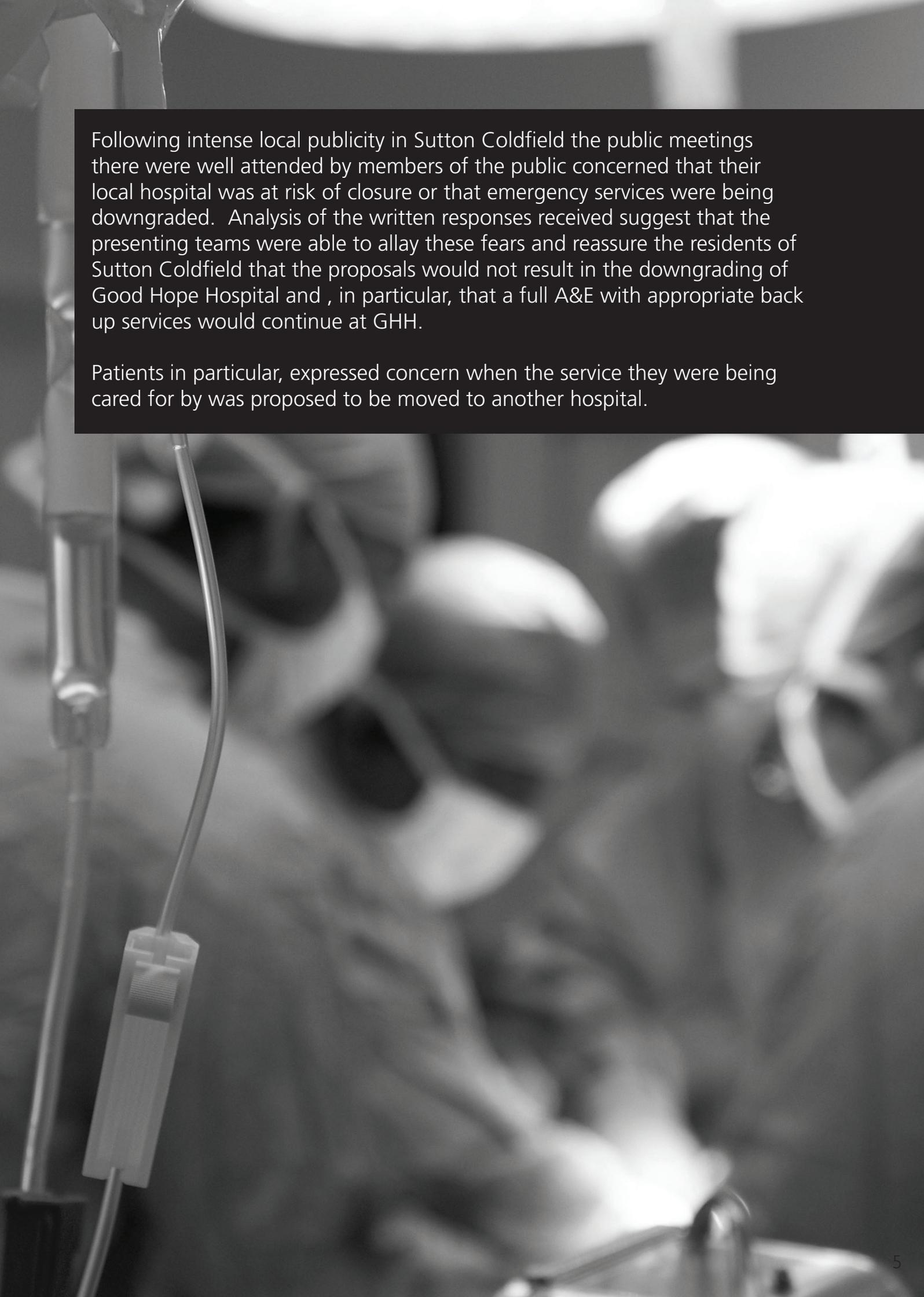
Feedback from Public Engagement Meetings

Each of the Public Engagement meetings were led by a member of the surgery reconfiguration project management team supported by thoracic surgeon and Associate Medical Director for Surgery, Richard Steyn and Professor Matthew Cooke, Deputy Medical Director for Strategy and Transformation.

At almost every public meeting, transport and travel was raised as an issue, not only for patients, who would be able to access ambulance care for appointments, but for elderly relatives wishing to visit a patient who may be in a hospital other than their local one for specialist surgery. Concern was also raised regarding the potential negative effect on outcomes for patients with life-threatening conditions having to travel longer distances by ambulance to access appropriate emergency care.

Many questions were regularly asked regarding services unaffected by the proposals such as cardiac and stroke care and clarification was provided on what part of the patient pathway would be affected and for what type of treatment.

The subject of capacity with regard to the Trust's current performance on A&E and elective surgery waiting times was raised at a number of meetings with concern expressed that each local hospital would not be able to deliver additional activity for elective surgery in centres of excellence.



Following intense local publicity in Sutton Coldfield the public meetings there were well attended by members of the public concerned that their local hospital was at risk of closure or that emergency services were being downgraded. Analysis of the written responses received suggest that the presenting teams were able to allay these fears and reassure the residents of Sutton Coldfield that the proposals would not result in the downgrading of Good Hope Hospital and , in particular, that a full A&E with appropriate back up services would continue at GHH.

Patients in particular, expressed concern when the service they were being cared for by was proposed to be moved to another hospital.

RESPONSE TO PROPOSALS

Contained within the booklet was a questionnaire regarding the proposals, which members of the public were invited to complete and submit to the Trust. To date 150 responses have been received via this mechanism. An additional 13 emails were received through the dedicated email address, some of which were asking for clarification on particular services, some relaying personal experiences, particularly with regard to travelling and some refuting the Trust's position that the majority of the public were in favour of the proposals. Whilst it has not been possible to include these responses in the analysis of the questionnaires returned, it should be noted that a significant proportion of the emails received were expressing concern regarding the proposals with only one respondent in favour.

A formal response to the proposals was received from Christopher Pincher MP for Tamworth which raised transport and the better utilisation of the Sir Robert Peel Hospital as concerns but broadly supported the proposals subject to the concerns being addressed.

Correspondence was received from Julian Knight, Conservative parliamentary candidate for Solihull expressing concerns relating to urology services being relocated from Solihull as a number of his constituents had raised this with him.

Jack Dromey MP for Erdington requested additional public engagement meetings be held in Erdington, Kingstanding and Stockland Green.

A response to the proposals was received by The Holly Trust, a charitable organisation in Sutton Coldfield which raises funds for colorectal services at Good Hope Hospital, raising concerns that the removal of this service from Good Hope would have a negative impact on patients in Sutton Coldfield with bowel cancer.

ANALYSIS OF QUESTIONNAIRES

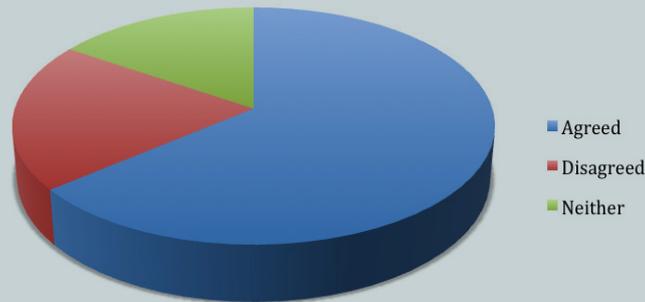
Methodology

The responses from each questionnaire were logged on a database recording the individual response to each question and which hospital was local to the respondent. Where the question required a direct response these have been analysed as positive, negative or undecided and have been further analysed in the same way but by local hospital. Where the question required an indirect response, key themes from the responses have been extracted and are detailed below but this should not be seen as an exhaustive list of the concerns patients and the public have raised. Not every respondent answered every question and attached is the breakdown of the exact number of responses which have been analysed to provide context to the percentages quoted in the graphs contained within the report. Where responses covered a wide range of themes this has been reported through narrative rather than a graph as a more meaningful way of acknowledging the concerns raised.

A number of questions were asked of respondents and this report seeks to analyse those that relate to the willingness of patients and the public to accept the changes proposed within the surgical reconfiguration. 150 responses were received, 92 from Good Hope residents, 43 from Solihull and 15 from Heartlands. As every respondent did not complete every question, the respondents where no response was given are included in the 'neither' category.

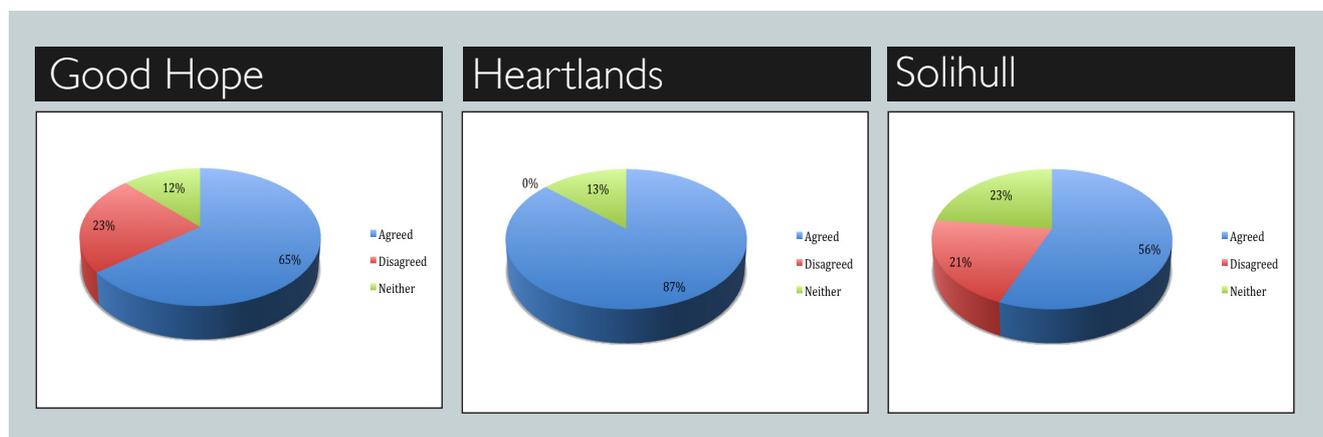
QUESTIONNAIRE

Do you understand and agree with the reasons why these changes are being planned?



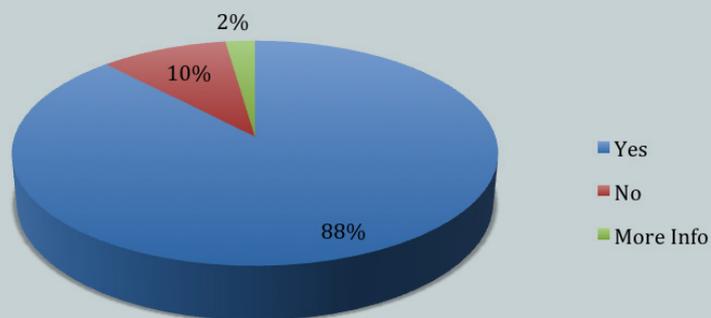
In response to this question of the 150 respondents, 65% (98) responded positively that they agreed with the reasons why the changes were being planned. A further 21% (31) of respondents reported that they did not agree with the reasons why the changes were being planned and suggestions were made that a driver for the changes were financial savings. 16% (24) did not express an opinion either way.

The above figures represent the Trust-wide view and below is a breakdown by site which demonstrates that whilst there are different percentages of responses by site the overall position remains that the majority agree with the reasons why the changes are necessary.



Do you know where to go for the information you need to give us your comments and views.

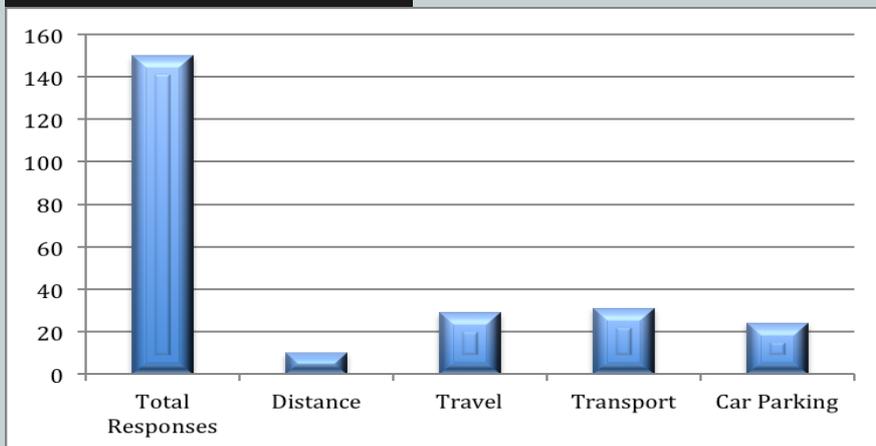
Of the 150 respondents, 117 reported that they did know where to get information. 16 individuals either did not know where to go for information or questioned the detail of the information that had been provided.



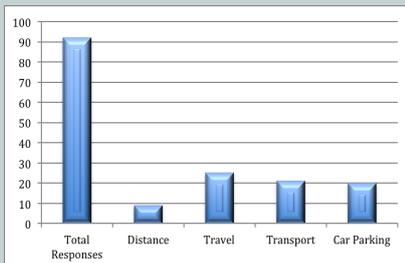
What do you think the Trust should consider before making any changes?

Concerns relating to transport, travel and car parking featured in a high number of responses, particularly for elderly or disabled patients and visitors. Concern was also raised regarding the travelling distance between each site, particularly between Good Hope and Solihull. Also mentioned on a number of occasions were fears that staffing levels could be maintained and that the opinions of staff and the public had been taken into account.

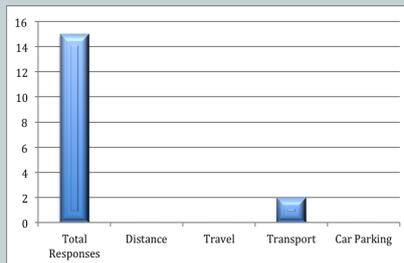
Trust Wide



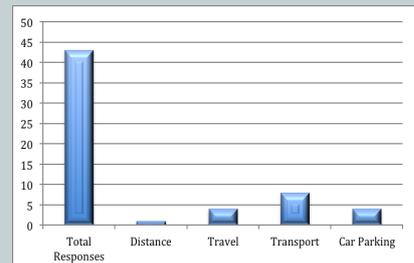
Good Hope



Heartlands



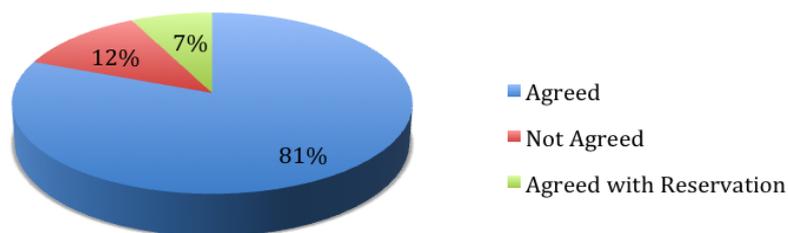
Solihull



Do you support our idea to create centres of excellence for surgery with outpatient appointments remaining at your local hospital?

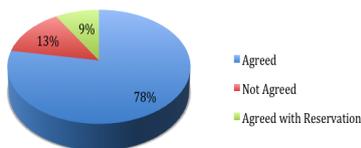
The overwhelming majority of respondents were in support of the idea to create centres of excellence (81%) although some with the caveat on the basis that they would deliver the improvements that had been presented and the concerns raised regarding transport would be addressed satisfactorily. 16 (12%) of the 150 respondents disagreed with the idea with some stating that all services should be available at their local hospital.

Trust Wide

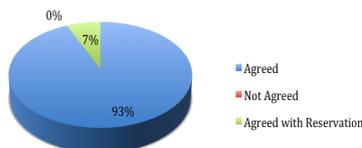


When broken down by site, the responses to this question demonstrate little difference between the views of patients and public from Good Hope and Solihull and more acceptance of the proposals from Heartlands, albeit on a much smaller sample of views.

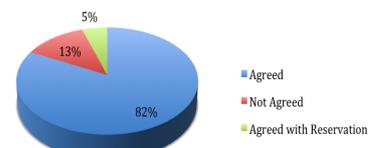
Good Hope



Heartlands



Solihull



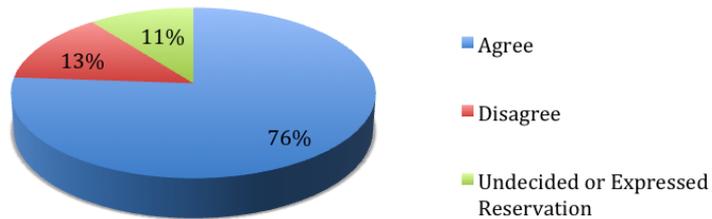
If any of these proposals worries you, what is it?

A significant number of the respondents raised travel and/or parking as an issue, particularly with regard to the lack of public transport and the cost of taxis. The perceived reputation of hospitals in the Trust other than the respondents' local hospital was also mentioned as a concern by a small number. It was a worry for a small number that the plans would not be implemented and services would remain as they currently are. For both Good Hope and Solihull there were concerns raised that the proposals were a pre-cursor to the hospitals either being downgraded or closed completely or that the reconfiguration would have an impact on the current levels of A&E provision or emergency care. Capacity at all hospitals to manage additional activity was mentioned on a number of occasions, not only for planned and emergency surgery but also for emergency care generally, given the current pressure each of the hospitals finds itself under. The number of specialities planned for Solihull was raised both in the written responses and on a number of occasions at public meetings held in the area.

Do you support the proposals in principle if we can address the worries you have raised?

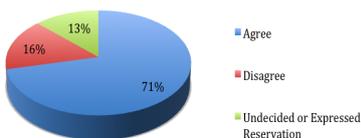
Whilst 81% of respondents supported the idea of centres of excellence, only 76% supported the proposals even if the worries they expressed could be addressed. This may suggest that there are some details within the proposals that are less favourable than the concept but this could be a response from individuals reluctant to see the particularly speciality they are currently accessing moving away from their local hospital.

Trust Wide

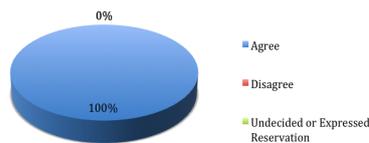


When broken down by site the respondents from Good Hope appear slightly less willing than the other sites to accept the changes proposed but a significant majority still support the proposals put forward.

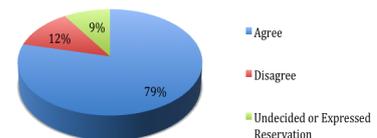
Good Hope



Heartlands



Solihull



CONCLUSION

Overall, there appears to be an acceptance that the Trust cannot continue to provide surgical services in the current form given the external factors influencing healthcare delivery and the evidence that centralisation of services improves clinical outcomes. It is clear that the population is passionate about the retention of their local hospitals and the proposal to keep all outpatient appointments and investigation services delivered locally is popular. Concern remains over transport and travel: whilst the Trust is exploring possible solutions to this there is a degree of scepticism that the issues will be resolved satisfactorily, which is likely to remain until such time as concrete plans have been developed and implemented.

There has been almost no feedback from patients or the public relating to how the changes will affect the likely outcomes of undergoing surgery. This was explained at events with provision of the evidence on the website and so the lack of feedback may indicate it is not a contentious issue.

There is little difference between the feedback received from each site although there has been a better response from Good Hope in terms of numbers, possibly due to the additional awareness created by local lobby groups.

Whilst there appears to be acknowledgement that redesigning surgical services is the right approach, it is likely that individuals will resist change when it directly affects them or the services they access.

Do you understand and agree with the reasons why these changes are being planned?

	Agreed	Disagreed	Neither
Trust-wide	102	33	9
Good Hope	59	21	7
Solihull	29	12	2
Heartlands	14	0	0

Do you know where to go for the information you need to give us your comments and views?

	Yes	No	More Info
Trust-wide	117	13	3
Good Hope	75	4	3
Solihull	29	7	0
Heartlands	13	2	0

If not, tell us what you need to know and we will get back to you (Don't forget to give us your contact details. (Responses not analysed)

What do you think the Trust should consider before making any changes?

	Distance	Travel	Transport	Car Parking
Trust-wide	10	29	31	24
Good Hope	9	25	21	20
Solihull	1	4	8	4
Heartlands	0	0	2	0

Do you support our idea to create centres of excellence for surgery, with outpatient appointments remaining at your local hospital?

	Agreed	Not Agreed	Agreed with Reservation
Trust-wide	110	16	10
Good Hope	63	11	7
Solihull	33	5	2
Heartlands	14	0	1

If any of these proposals worries you, what is it?

Do you support the proposals in principle, if we can address the

	Agree	Disagree	Undecided or Expressed Reservation
Trust-wide	102	18	14
Good Hope	62	14	11
Solihull	26	4	3
Heartlands	14	0	0

Are there any other changes that you think we should make? (Responses not analysed)

Would you like to help us plan these changes? (Responses not analysed)

Please feel free to add any other comments you wish to make regarding these proposals. (Responses not analysed)



If you would like a copy of this document in an alternative format, please contact us by email at: surgeryreconfiguration@heartofengland.nhs.uk or telephone (0121) 424 3838.