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Improving Healthcare Together 2020-2030

Independent analysis of feedback from public engagement

The Campaign Company

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1 Executive Summary

1.1 Introduction

This report is an independent analysis of engagement responses from the Improving Healthcare Together engagement from July to October 2018. TCC, a research and engagement consultancy, were commissioned to conduct this analysis by Surrey Downs, Sutton and Merton Clinical Commissioning Groups (CCGs). The report details findings from engagement conducted from July to October 2018 by Improving Healthcare Together to provide evidence and information to help develop options for changes to health services in the area.

1.2 Engagement process

NHS Surrey Downs, Sutton and Merton clinical commissioning groups (CCGs) are the organisations responsible for making decisions about how healthcare services should be provided in their local areas.

The three CCGs have come together to develop the Improving Healthcare Together 2020-2030 programme which aims to deliver care closer to patients' homes through integration of health and care services, ensure high standards of healthcare and ensure services for patients with serious or life-threatening conditions are kept operating within the local area.

The CCGs are keen to involve the public throughout the process of developing solutions to meet these challenges. As a first step, they published an *Issues Paper* in Summer 2018, as a starting point for engagement and discussion with local people. The *Issues Paper* sets out the key challenges facing the local healthcare system, an emerging clinical model, and provisional short list of potential solutions for consideration.

Engagement took place from July to October to seek staff and public feedback on the *Issues Paper*. This included: public discussion event, mobile pop-up street events, specialist focus groups, and feedback forms. By the end of the engagement, responses from over 800 people have been received.

The issues raised and evidence gathered in this report, alongside other information, will inform the next stage of the CCG's development of options for healthcare in the area.

1.3 Methodology

As with all public engagement, the overall response cannot be seen as representative of the population and is by its nature a partial picture of perceptions and views. The purpose of this analysis is to explain the opinions and arguments of those who have given feedback as part of this engagement process but it is not to recommend any solution. To do this each response, captured through a number of data sources including social media comments, discussion notes, meeting minutes and post-it notes from meetings, has been coded. These have been organised and analysed to cover the following areas based on the issues paper: the case for change, clinical vision for care, developing potential solutions, views on potential solutions, other considerations, views on process, alternative proposals and involving patients and the community.

It is noted that this is the first part of a longer process should formal consultation progress.

1.4 Summary of key findings

The below summary sets out the key findings from the engagement analysis.

- There is dissatisfaction with current health services and a recognition of key elements of the case for change, such as workforce challenges and the problems with current buildings.
- There was support given for the main areas of the clinical vision – such as the focus on integration and prevention. However, there were concerns over deliverability, specifically with regard to financial sustainability.
- There was not a clear consensus of the type of change that should be delivered, with comments made both in favour of consolidation of services and retaining the status quo.
- People tend to advocate for services they are familiar with and solutions that are closer to them with no clear consensus over a single site for acute services.
- There is a particular concern around the transport and accessibility between different sites, such as from St Helier to Epsom and vice versa. This included the need to consider bus routes, the impact of traffic on travel times, and the cost and availability of parking.
- It was felt that those who are perceived to be most in need - in particular older and less mobile people and those in areas of higher deprivation – would be most impacted by potential changes. Consideration of these factors was felt to be important when developing solutions.
- When consulting or engaging in the future, a need was expressed to use approaches and channels that allow all groups in the population to respond in ways that suit their circumstances. It was also felt that the process should be promoted more visibly and for clear, detailed information to be provided to ensure patients and communities can make informed contributions going forward.

1.5 Thematic findings

1.5.1 Views on the Issues

The *Issues Paper* posed key questions for people to consider. The common themes that were raised for each of these across all the engagement activities are summarised below.

The case for change *(pages 4-6 of Issues Paper)*
The key question for consideration was:

In addition to solving the challenges of clinical quality, financial deficit and poor quality buildings in our local NHS, are there any other challenges you think we may need to solve?

Key themes arising in response to this include:

- universal recognition that the buildings needed to be improved not least because of the impact on patient experience
- recognition of the workforce challenges that existed and needed to be overcome to ensure high quality care could continue to be provided

- the need for more transparency and information about the current situation and assumptions underpinning the case for change – especially those relating to finances – in order for patients and public to make informed comments about potential solutions

Our clinical vision for care *(pages 6-10 of Issues Paper)*
The key question for consideration was:

Do you think our vision, based on greater prevention of disease, improved integration of care and the delivery of enhanced standards in major acute services, is the right vision for this area?

Key themes arising in response to this include:

- broad support for the vision and in particular the benefits of integration of care and the need for more focus on prevention
- concerns expressed about how realistic it is to deliver the vision given current structures and ways of working, the financial situation in primary and secondary care and staff shortages across the NHS

Developing potential solutions *(pages 11-15 of Issues Paper)*
The paper describes the process used to come up with a shortlist of 3 potential solutions from a longlist of 78 solutions. This includes testing the longlist against three initial tests:

- does the potential solution **maintain major acute services within the combined geographies**?
- can the agreed **quality standards** for major acute services be met? This considers whether there is likely to be a **workforce solution**.
- from which **sites** is it possible to deliver major acute services? This considers whether different sites are feasible for the delivery of major acute services.

The key question for consideration was:

Do you think we should consider any other initial tests – apart from those described in this document – as we develop the long list of ideas into a final short list?

Key themes arising in response to this include:

- the importance of quality of care received - across the whole patient journey - as a test for consideration
- the need to take into account accessibility and transport infrastructure supporting the sites
- making sure the proposals are sufficiently future-proofed to take into account the needs of growing local populations and not just meet current needs

Views on potential solutions *(pages 11-15 of Issues Paper)*
The paper describes the three potential solutions in the provisional shortlist if the tests above are used:

- locating **major acute services at Epsom Hospital** and continuing to provide all district services at both Epsom and St Helier Hospitals
- locating **major acute services at St Helier Hospital** and continuing to provide all district hospital services at both Epsom and St Helier Hospitals
- locating **major acute services at Sutton Hospital** and continuing to provide all district services at both Epsom and St Helier Hospitals

Key themes arising from comments to these include:

- Epsom Hospital – arguments for major acute services to be located here focused on the fact that there is a building and land ready to accommodate this solution and it is accessible for people particularly in the Surrey Downs area. Arguments against included it being viewed as inaccessible and not easy to get to, especially for people in the Merton area.
- St Helier Hospital - arguments for major acute services to be located here focused on accessibility and closeness to more deprived areas. Arguments against included the fact that it is not accessible to people from Surrey Downs; is poorly maintained and would need a huge investment to refurbish; and that there are other more local alternatives if people needed to access acute services.
- Sutton Hospital - arguments for major acute services to be located here focused on it being accessible and well served by public transport networks, and having strong links to cancer services. Arguments against included that it was not accessible to people from Surrey Downs; that the road networks are often very busy; and that the lack of current provision would mean it would cost more to set-up.

Other considerations *(pages 15-16 of Issues Paper)*
The paper describes a number of other important considerations for patients, their families and carers that the CCGs will consider. These include: travel and access; impact on deprived communities; an equality impact analysis; and impact on other hospitals.

The key question for consideration was:

Do you think there are other important things we should consider as we take this work forward?

Key themes arising in response to this include:

- universal support that transport and accessibility are the most important things to consider particularly for those who are more isolated or less mobile
- making sure that the needs of people in deprived communities were understood and addressed
- making sure the needs of older people and people with disabilities were also met

Views on the process *(pages 16-17 of Issues Paper)*
The key question for consideration was:

Do you have any questions about the process we are proposing to follow or any suggestions for improving it?

Key themes arising in response to this include:

- the need for transparency and inclusivity around the decision-making process
- the need for open and honest communications about the potential solutions and the reasons why certain solutions were being proposed

Alternative proposals to address the challenges *(pages 16-17 of Issues Paper)*
The key question for consideration was:

Can you think of any other ways of tackling the challenges described in this document, within what the document describes as possible?

Alternative proposals identified included:

- keeping the status quo
- investing in transport solutions to make it easier for patients in less accessible areas (eg free shuttle buses between sites)
- looking at other ways to raise money (eg taxes, lobbying Government, etc)

Involving patients and the community *(pages 16-17 of Issues Paper)*
The key question for consideration was:

What are the best ways for involving our patients and community in developing ideas to address the challenges described in this document?

Key themes arising in response to this include:

- using and offering a range of engagement channels to allow different audiences to respond in ways that suited their circumstances
- promoting involvement at hospital sites, GP practices and other public places to reach patients as well as the wider community
- providing more detailed and clear information about the reasons for change to make sure people can make informed contributions.

2 Introduction

2.1 Background

NHS Surrey Downs, Sutton and Merton clinical commissioning groups (CCGs) are the organisations responsible for making decisions about how healthcare services should be provided in their local areas. Their stated aims are to provide the very best quality of care is available to their patients and communities and that these services are sustainable and fit for the future.

In order to achieve this, the three CCGs have come together to develop the **Improving Healthcare Together 2020-2030** programme which aims to:

- deliver care closer to patients' homes by integrating health and care services so they work together in the most effective way
- ensure high standards of healthcare by meeting the clinical standards set for the local area
- ensure services for patients with serious or life-threatening conditions are kept operating within the local area

The Improving Healthcare Together 2020-2030 programme builds on previous work and public engagement carried out by health commissioners and providers. The programme seeks to address three key long-standing challenges:

- improving clinical quality
- providing healthcare from modern buildings
- achieving financial sustainability

The CCGs are keen to involve the public throughout the process of developing solutions to meet these challenges. As a first step, they have published an *Issues Paper*, in Summer 2018, as a starting point for engagement and discussion with local people. The *Issues Paper* sets out:

- the key challenges facing the local health system in the combined areas and describes why change is necessary
- an emerging clinical model for the combined geographies based on clinical standards and evidence based best practice
- a provisional short list of potential solutions for consideration

More information about the Improving Healthcare Together programme including the Issues Paper can be found here: http://www.improvinghealthcaretogether.org.uk.

A number of engagement activities took place from July to September, to seek public feedback on the *Issues* Paper. This report is an independent analysis of the feedback received during this period.

2.2 The engagement process

NHS Surrey Downs, Sutton and Merton CCGs each developed tailored communications and engagement plans for getting feedback on these issues in their local areas.

The main forms of planned engagement throughout the period were:

- Discussion events – members of the public were invited to have their say at 6 discussion events in July and August 2018 (two in each of the CCG areas). These were independently facilitated by Traverse and discussion focussed on key questions raised in the *Issues Paper*. Following these, a further 6 discussion groups were held in September (also two in each of the CCG areas). These were also independently run by Traverse in a market place format with five 'workstations' focussed on: the programme; the clinical model and workforce; deprivation and equalities; travel; and evaluation criteria.
- Mobile pop-up events – 6 events (two in each CCG areas) were organised in public areas of high footfall to encourage local people to engage with the issues. Feedback was captured through a survey.
- Service user conversations on clinical model - 6 focus groups were organised and independently facilitated by Traverse with service users of maternity services; paediatric services and emergency services. These were supplemented by 6 depth interviews with people who had used A&E services.
- Equalities focus groups – Healthwatch Merton, Healthwatch Surrey and Healthwatch Sutton are organising 9 groups with different audiences including older people, carers, young carers, BAME and people with learning difficulties. NB: These will be reported on separately by the local Healthwatch organisations. The IHT programme have also organised targeted focus groups in areas with higher levels of deprivation, with the LGBT+ community and people in poor mental health. These will also be reported on separately.
- NHS employee survey – a bespoke survey was circulated to staff of each of the CCGs, Epsom and St Helier NHS Trust, GP practices and pharmacists. Although not analysed here, there was also clinical engagement with GPs and trust staff through Clinical Reference Groups and other forums.

People were also invited to provide feedback through:

- A feedback form – available online at http://www.improvinghealthcaretogether.org.uk. and in print format.
- Written submissions – in the form of letters and e-mails
- social media – comments were received through the programme's Facebook and Twitter channels

2.3 Feedback received

There is a record of the participation of over 800 people in the engagement process. The number of responses received from different channels is shown in Table 1. It should be noted that this does not account for the possibility of individuals being counted multiple times through involvement in more than one form of engagement, for example, attending more than one event or attending an event and making a social media comment.

Table 1: Responses to the public engagement

Method	*Total number of responses / events*
Public discussion events	12 events (296 attendees)
Mobile pop-up events	6 events (81 forms and over 70 engaged)
Feedback form (online and paper)	14
Service user focus groups (emergency care, maternity services and paediatric services)	6 events (50 attendees)
Service user depth interviews (emergency care)	6
Written submissions from individuals	12
Written submissions from organisations and elected representatives	4
NHS staff survey	205
Stakeholder Reference Group meetings	4 meetings
Social media comments – Facebook and Twitter	169 comments (57 Facebook and 112 Twitter)

NB: This table does not include attendance at the equalities focus groups being organised by local Healthwatch organisations and the IHT programme team.

2.4 Interpreting the response

The Campaign Company was commissioned to provide an independent analysis of the feedback received from the public engagement. This report sets out the findings from this analysis.

The methods used to collect feedback are designed to allow everyone to contribute to the engagement around issues, but the evidence collected is not representative of the population as a whole. For all of the engagement channels (other than focus groups where attendees were recruited), responses are self-selecting: only people who choose to attend give their views. Typically, in public engagement and consultations, responses tend to come from those who feel they are more likely to be impacted by any proposals and more motivated to express

their views. The responses must therefore be seen as representative of those who wanted their views heard.

Open questions and free text responses were analysed using a qualitative data analysis approach. All text comments have been coded thematically to organise the data for systematic analysis. To do this, a code frame was developed to identify common responses; this was then refined throughout the analysis process to ensure that each response could be categorised accurately and could be analysed in context.

It is important to note that where open text comments have been analysed using qualitative methods, these aim to accurately capture and assess the range of points put forward rather than to quantify the number of times specific themes or comments were mentioned. Where appropriate, we have described the strength of feeling expressed for certain points, stating whether a view was expressed by, for example, a large or small number of responses. However, these do not indicate a specific number of responses that could be analysed quantitatively.

The analysis has been presented thematically based on the method through which the responses were received.

The findings from this feedback, as well as other relevant evidence, will be used by the CCGs to inform any future review of potential solutions.

3 Analysis of discussion events responses

3.1 Introduction

Throughout the engagement period, a number of public discussion events, were held at different locations across each of the CCGs. These were held in two waves: 6 were held in July and August and sought feedback on the different subjects raised in the *Issues Paper*; a further 6 were held in September and focussed on detailed discussion around specific topics raised by the public in the previous events.

Each wave of discussion events is reported on separately. The key issues discussed at these events are summarised below.

3.2 Summary of responses from July / August events

Introduction

Six public discussion events took place in July and August across each of the CCG areas. These events were run by *Traverse*, an independent research company. The times and locations of these events were as follows:

- Monday 23rd July, 13:00, Epsom Methodist Church, Surrey Downs
- Tuesday 24th July, 13.30, Trinity Church, Sutton
- Wednesday 25th July, 18:00, Trinity Church, Sutton
- Thursday 26th July, 14:00, Chaucer Centre, Merton
- Thursday 26th July, 18:00, Epsom Methodist Church, Surrey Downs
- Thursday 2nd August, 18.30, Tooting and Mitcham Community Football Club, Merton

Discussion events comprised of table top discussions, captured through notes, with the opportunity for residents to ask questions and receive answers from members representing the IHT programme. The content of these discussions is summarised below.

Summary of responses

The case for change

A number of those attending the events did accept the case for change presented to them. A range of views were expressed in terms of financial sustainability, service demand, staffing, and the quality of buildings.

The financial challenges saw a significant amount of discussion. A number of attendees felt that services were stretched and mentioned hospital closures in the national context.

Current quality of care also received significant discussion. This focused largely around the personal experiences of attendees, such as difficulties in getting tests, poor standards of nursing, inability to access treatment, long waiting times, and low standards of care, although some did say that quality was improving.

In terms of the quality of the local NHS estate, many agreed that the buildings were old and needed refurbishing or replacing. They felt that changes to the population since they were built meant they no longer matched up with local needs. Others felt that the buildings were

in an acceptable condition or that existing sites should not be forgotten about if investment to converge acute services on a different site was made.

The challenge of securing sufficient staff numbers to match the demands of the area was also raised as well as the impact this was having upon care. There was also recognition that every hospital was struggling to recruit and that it might not be possible to improve the situation.

The clinical vision for care

General support was expressed for more prevention and better integration of care. It was viewed as playing an important part in reducing demand for the most overstretched parts of the local health system. However, there were a number of comments highlighting the practical problems in keeping people out of hospitals given GP closures and generally perceived poor signposting of local primary care services.

Questions were raised over how healthcare providers would liaise better, share records quicker, deliver a more personalised service, and how social care providers would be integrated into the system. Comments also included scepticism that there was not sufficient capacity and numbers of staff available to deliver the vision which had been set out.

Others also expressed the view that the vision was wrong if it involved the reconfiguring of acute services.

Some attendees also raised youth mental health services and patient choice as areas which did not appear to have been expressed as part of the vision, and a question around how the whole programme fitted into the bigger picture of the STP.

Some put it into a national context of stretched NHS budgets and consequent hospital closures. Objections to using private money to solve issues was also raised.

Developing potential solutions

Comments relating to what should be taken into account when developing solutions included the importance of considering: the needs of different populations; transport and access; financial sustainability; the impact on other hospitals; and quality of care.

Comments on assessing the needs of populations included reference to future population growth, with some areas experiencing faster population growth than others; and the demographics and level of deprivation affecting health service needs.

Assessing transport times and accessibility was mentioned by a number of attendees with specific reference to reviewing bus times, Tramlink services and road congestion.

The importance of a solution being financially viable was mentioned with concerns over whether the funding has yet been secured for the proposals. Concern around the cost of new buildings compared to renovating or maintaining current buildings was mentioned.

The quality of care was mentioned by some attendees, with reference to care quality standards and the need to balance this need with that of cost. The number of beds was also mentioned as an important criterion.

It was suggested that staffing would be impacted by which area was chosen.

At Merton events, attendees specifically suggested that the desirability of the site and the local area to staff and the cost of building and demolition should not be used as evaluation criteria.

Views on potential solutions

A large number of views were expressed over the three potential solutions in the provisional short list described in the *Issues Paper.* Comments focused on accessibility to the different sites with a preference for more local services expressed by attendees at events held at each location.

Arguments for Epsom Hospital

Epsom was described as being more accessible and better for residents in living in Surrey. Sutton Downs and Sutton attendees mentioned that the presence of an existing hospital was seen a benefit in terms of reducing costs and minimising disruption, with land readily available for expansion.

The proximity to the M25 was highlighted as another potential benefit by Sutton and Surrey Downs Attendees.

Attendees in Sutton mentioned a concern that losing major acute services in Sutton could cause capacity problems for nearby hospitals such as Kingston Hospital.

The geographical area covered by Epsom was described by Surrey Downs attendees as spanning a larger area than other potential solutions. Reference was also made to deprived communities being located close to Epsom Hospital.

Arguments against Epsom Hospital

Accessibility to Epsom Hospital, especially by public transport was described as challenging for those living in areas such as Merton especially by attendees at Sutton and Merton events. There was reference to the hospital being outside the Oyster Card zone, having little public transport access for large parts of the affected population.

Locating a single acute service at this hospital was also felt by some to be a particular disadvantage for those living in more deprived areas.

The condition of buildings was criticised by some and there were questions raised over whether the NHS's land had been sold off and also about the high cost of acquiring new land in the area.

The cost of living in Surrey was also seen as a potential disadvantage in trying to recruit staff.

Arguments for St Helier Hospital

The main comments in favour of a St Helier Hospital site were the proximity to an older, more diverse and more deprived community, who might struggle to access the other sites. Inequality in the north of the catchment area was mentioned at events in all CCG areas. Some respondents described the site as having good public transport links and road infrastructure.

Merton attendees felt that the lower cost of housing in the area might make it easier to attract staff.

The existence of a current hospital on the site was described as providing an opportunity to minimise disruption and be more cost effective.

A view was expressed that the condition of the buildings was not as bad as others had claimed and that it had been deliberately run-down.

The impact on neighbouring hospitals such as St. George's in Tooting, if major acute services were no longer provided there was also mentioned.

There was a view at events in Merton that buildings were in better condition than was generally reported.

Arguments against St Helier Hospital
Transport and accessibility was felt to be poor by attendees, especially those attending Surrey Downs events. Comments included that parking is limited, roads are often congested, and uncertainty over a Tramlink.

The condition of the buildings was a cause for concern for many attendees, with feelings that it would cost more to improve than other hospitals and that there would be limited room for expansion.

Attendees in Surrey Downs mentioned lack of public transport links from Surrey Downs to St Helier.

Some attendees felt that the area was more unattractive and consequently would put staff off joining the hospital.

Arguments for Sutton Hospital
Some attendees felt that the site would be accessible both in terms of road networks and public transport. Some comments also felt that the population in Sutton had high needs in terms of age and socio-economic need.

Connections to the Royal Marsden Hospital were seen as a potential opportunity to strengthen links with cancer services, with the possibility for more efficient referrals between them.

It was mentioned by some attendees that there was empty land available for the hospital, potentially making the process of locating acute services there easier, less disruptive and cheaper than building on an existing site.

Arguments against Sutton Hospital
Transport and accessibility challenges were mentioned by a number of attendees. These comments mentioned the lack of bus routes and traffic and congestion.

The area around the hospital was described as having lower health needs due to being wealthier than areas in more northern parts of the combined geographic areas.

Due to not being a current hospital, the lack of any current community connection to the facility and potentially higher costs to deliver the new facility were mentioned by some attendees. There was also uncertainty expressed as to how provision would be coordinated with the Royal Marsden Hospital.

Other views on possible solutions
Some attendees gave a preference for retaining the status quo or making more minor changes. The main argument made was the importance of retaining services closer to patients.

There was a concern that changes could be part of a wider privatisation agenda. There was also a concern expressed that once a hospital no longer had acute services this could be a stepping stone to being closed, with a reference to Ealing Hospital being made.

Attendees also mentioned the specialities built up in current hospitals that could be lost through changes.

There was also criticism about the geographical catchment area being used.

Other considerations
Attendees gave a number of suggestions of issues that they felt should be also considered. These centred around travel and access and the impact of changes on people with disabilities, less mobile and disadvantaged patients.

Concerns relating to travel and accessibility included: concern about the physical distance of their home to the proposed services, how central each site is to the catchment of the three CCGs; the quality of road infrastructure and public transport to that site; traffic levels; and the impact upon those who lacked access to a car or the ability to afford a taxi. Specific comments on transport links include that there are not good links between Epsom and Sutton; that trams are more reliable than buses so sites served by trams are easier to access quickly; and experience of travelling from alternatives, such as St George's from St Helier, being over an hour.

The importance of considering parking, both in terms of amount of parking available and cost, when reconfiguring services was also mentioned.

A number of comments connected to transport and accessibility, with concerns about the impact on these different groups. The impact of changes on older groups was mentioned. Comments included: that since Epsom is not in the Oyster Zone, older patients would not be eligible to free travel. Also the need to consider how easy it would be for carers was mentioned.

There was a focus on how changes would impact on groups perceived as more deprived and more diverse, for whom St Helier was their local hospital. Comments referenced health inequality concentrated in the St. Helier area. However, some in Sutton were of the view that the Sutton area had a more elderly population across a more dispersed area who would benefit from more centrally provided services.

The potential impact of all the proposed solutions on others hospitals, such as Kingston Hospital and St George's Hospital, was also raised.

Additional considerations include: the impact on younger people; how Brexit could impact on the stockpiling of drugs and availability of capital; the impact for people for whom English is

second language who may have additional challenges negotiating a complex system; and the requirements of ex-military populations.

Views on the process

There were a number of comments on the process conducted so far and proposed next steps. These included: transparency around decision-making; the level of engagement in the current process and in the past; and the importance of clear information.

There was a fair amount of cynicism expressed, based upon the level of engagement which had taken place around potential restructures in the past. It was felt that this had led to a level of engagement apathy, with a feeling that the process was taking too long and that the results of past processes were not being listened to because they had not produced the outcome decision-makers had wanted. A number of comments were made as to the cost involved in the process and a perception that it was wasteful expenditure.

In commenting on the existing engagement process, it was felt that a number of community groups had not been reached out to and that those living in deprived areas had not been adequately engaged. It was felt that there had been insufficient publicity around the events, with other concerns including their timing. location, poor parking arrangements and the semi-structured nature of the discussion. Specifically, it was mentioned that the events being held in the summer holidays meant some people were not able to attend.

At several points the importance of highlighting the distinction between a hospital losing a service and it closing was raised due to concerns it might confuse the public. There was also a view that mixed messages were being given, with refurbishment work taking place at St Helier while the engagement process was ongoing. One attendee objected to the programme's name, feeling that it was too abstract.

With regards to CCGs and Trusts, attendees had concerns over the nature of each set of structures, who was driving the process and whether the visions of each were aligned. The risk of having too many organisations involved was also raised. However, there were positive comments around the leading role of clinicians in the process and that they were more likely to get it right when deciding where to locate service

Attendees also mentioned the need for clear information to be provided. It was mentioned that there was a need to clearly explain what acute services meant and the differences between CCG's and hospital trusts.

There were a number of views expressed about next steps. These included: that those attending the sessions should see feedback on the interim findings; the need for more data evidencing the case for change to be published; for the process to date to be mapped out; for clarity on timelines; for the output from earlier engagement processes to be incorporated into the decision-making process; for the output from earlier engagement processes to not be incorporated into the decision-making process; and for the CCG to take all views into account including non-medical arguments, such as community pride.

Alternative proposals to address the challenges

Alternative proposals to address the challenges from attendees included: building a cottage hospital between Epsom and Ewell to serve the local community; making hospitals more

efficient; using NHS-owned land to deliver keyworker housing to recruit more members of staff; training more doctors and nurses with more affordable fees; building a heliport to help with traffic delays; using polyclinics to take the pressure off hospitals; and providing step-down services to reduce bed blocking.

Involving patients and the community
Attendees made a number of suggestions for involving patients and the community in further engagement activities.

The importance of involving hard-to-reach groups was made by a number of residents, including young people, those suffering from chronic illnesses, individuals living in deprived communities and residents with long working hours. In tackling this it was suggested that a number of groups were approached directly to try to secure their input into the process, such as Black, Asian and Minority Ethnic groups, carers forums, pensioner associations, Patient Participation Group's, Special Educational Needs and disability organisations (including Swail House and Seeability for the blind).

Recommendations for wider public involvement included: approaching organisations with local expertise and a more general reach into the community, residents' associations, religious organisations, housing associations, youth clubs, playgroups, local authorities, voluntary organisations, and schools.

More events like these were felt to be a good idea by some, with a proposal that different times and locations were selected. They also felt the process should be advertised more widely. Suggestions for advertising the process included placing flyers on community noticeboards and advertising or engaging at GP surgeries, outpatient departments, libraries and major shopping locations. It was also felt that local magazines/newspapers, school newsletters, fostering newsletters and newspapers for the blind would help to spread the word.

Other suggested means of reaching out to the community included: talking to patients in each hospital; sending a leaflet to every household in the area; canvassing houses in areas with low response rates; and using new media. The risk of excluding parts of the community through focusing on online advertising or by using excessively complicated language was also raised as considerations.

Attendees also expressed the view that they would like to see more data or more detail of what is being proposed before coming to a firmer position as to whether or not they support them.

3.3 Summary of responses from September events

Introduction

Six discussion events ran in September 2018 These were independently facilitated by Traverse. The times and locations of these events were as follows:

- Wednesday, 12th September, 19:00-21:00, Sutton Masonic Hall, 9 Grove Road, Sutton SM1 1BB
- Tuesday, 18th September, 19:00-21:00, Commonside Community Development Trust New Horizon Centre, Mitcham CR4 1LT

- Wednesday, 19thSeptember, 10:00-12:00, The Thomas Wall Centre, 52 Benhill Avenue, Sutton, SM1 4DP
- Wednesday, 19th September, 19:00-21:00, Bookham Baptist Church, Lower Road, Great Bookham, Leatherhead, KT23 4DH
- Thursday, 20th September, 14:00-16:00, Banstead Methodist Church, The Drive, Banstead, Surrey, SM7 1DA
- Tuesday, 25th September, from 19:00-21:00, The Parish Centre, Mitcham, London, Mitcham CR4 3BN

The objectives of these events were to:

- inform attendees about how the programme has evolved since the Trust engagement last year and how it will proceed, including since July/August events
- explore in more detail the areas of most interest raised in the summer events
- collect feedback on the evaluation criteria that will inform the selection of proposals for the pre-consultation business case

The events used a 'marketplace' format with a number of stations for attendees to discuss different areas in turn. These areas where selected following the July/August engagement. The stations consisted of:

- Introduction - this set out what happened in July/August and was an opportunity for general questions
- Deprivation - with information provided about how the impact on deprived communities is being analysed
- Clinical model and work force - with information provided about how the proposal will change the way services are delivered
- Travel - with information provided about the impact on travel times is being analysed
- Evaluation criteria - with information about the decision making process that will help choose a potential solution

Attendees views and questions were recorded through notes from discussions and post-it notes completed by attendees. The record of these was used to provide the summary of responses below.

Summary of findings

The outputs of each discussion event have been analysed and using the issues framework of the *Issues Paper* to ensure consistency in reporting.

The case for change

Some elements of case for change were accepted by attendees. Key challenges around financial sustainability, staffing, and service demand pressures were mentioned.

Attendees described increased demand and budget cuts as placing pressure on current services. Challenges relating to financial deficit of the hospital trusts was also mentioned.

Comments on specific services included mention of demand pressures with pharmacy services; the need for more carers; the standard and frequency of staff training and quality of patient care; provision of Children and Adolescent Mental Health Services (CAMS); availability

of physiotherapy services; and the closure of Epsom Secure Unit. It was mentioned that service pressures in the health sector were in the context of wider public service cuts in areas such as fire and police and social care.

The condition of the St Helier Hospital building was also mentioned, with attendees referencing its poor condition.

There were a number of comments relating to the need for more staffing. Attendees referred to a need for more doctors and consultants in general as well as a view that the quality of care and training to support this needed to be improved. There was reference to staff conducting training in their own time.

Clinical vision for care

There were a number of comments that related to the clinical vision for care with general support expressed in favour of prevention and integration. A large number of comments provided suggestions for additional elements to consider or areas to prioritise as part of this, rather than either showing support or opposition to key elements of the clinical vision.

Key areas of comments include: further ways to achieve a preventative approach; views around integration and consolidation of services; and factors relating to the quality of care. There were also concerns over the deliverability of the vision in terms of staffing levels and financial sustainability.

Attendees referenced a range of different ways to focus services based on prevention. Models such as social prescribing that utilised the voluntary sector were viewed as important, as well as changing services to have greater involvement of the community. Ensuring better investment and connection with other services such as nursing, alcohol and drug dependency care was also mentioned. Examples cited include the involvement of community and voluntary groups with regard to issues such as loneliness and social isolation to reduce admittances.

Additional comments were made that referenced wider preventative factors such as the importance of healthy eating, the role of education on health, and that community days could foster better health outcomes.

Different views were captured that relate to the integration of care. Attendees supported wider integration with services such as GPs and health and social care, as well as related services such as job centres and social services.

Some comments were sceptical about the model being proposed, commenting that it would be less efficient to have district services in a hospital without acute care services whereas other comments suggested that the acute and district model seemed the correct approach. In one group in Surrey Downs there was a broad consensus around consolidation of services. Another comment suggested that integration should provide a way to assess what people need and provide services responsive to this.

Specific comments were made with regard to maternity care. One comment stated that there is no evidence that concentrating maternity improves outcomes. Another questioned why maternity is included under acute services when a lot of births are straightforward.

The importance of mental health as an area related to the vision was also made.

The way acute services interact with ambulances transfers was also raised as relevant to the clinical model.

A number of factors were mentioned as being important to realising clinical aims for improved acute care standards. These included: the importance of new buildings with facilities required for modern healthcare services; relationships with staff; specialisation of staffing; focus on reducing waiting times; having more beds and places; having all tests available; and following the Kings Model for staff handover.

Developing potential solutions

A significant focus of discussion across the events centred on key factors that should be considered when assessing potential solutions. This was the particular focus on the station on evaluation criteria that considered which tests should be included. The main areas of comment related to: how the different geographic areas could be covered and how plans meet capacity demands; workforce and staffing requirements; the feasibility of different sites; and the standard of care.

A number of comments related to the importance of assessing the population of different areas currently, and anticipated future population growth; as well as factors such as housing allocations and local planning. Specific comments about population growth in different areas included reference to the need to meet maternity service demands due to a higher birth rate in the Mitcham area; the impact of immigration in Surrey; new dwellings that have been built in Hackbridge; and that the Epsom population has grown. There was an additional comment around the combined geographic areas that it felt odd that the catchment area went over regional boundaries.

A key factor relating to which sites could deliver major acute services was transport. Attendees recommended the need to forecast travel traffic in the future once population increases had increased congestion; considering ambulance transport as the most important form of transport for acute services; not analysing travel times based on timings for a young, healthy person; considering frequency and ease of public transport services; considering staff travel; looking at public transport in terms of the number of transfers; modelling based on an ageing population; and considering transport in different weather conditions.

Workforce capacity and staffing was also a frequently mentioned factor. A number of comments stressed the importance of attracting and retaining the best staff and ensuring that staff are not over-worked. The importance of attracting staff with the right attitudes was also mentioned with the need for them to treat patients with respect, treat patient's equality, and also not pursue regulations at the expense of quality of care. It was argued that staffing levels are key to efficiency, with agency staff costing more if adequate staffing levels are not in place.

Whilst quality of care was mentioned as the most important factor for a number of attendees, mixed views were recorded as to different rankings of criteria. Comments included: that attachment to places should come second to the priority of safety and having good care; that having acute services closer to people is most important; that clinical outcomes should come first, then safety, then patient experience; and that having a centre of excellence is most important even if further away. The need to consider meeting targets for

the number of beds as part of quality standards was also mentioned as well as the need to meet the 7 days standard.

Other factors for inclusion as key criteria include: the amount of capacity available; financial sustainability; efficiency; the importance of relationships with doctors; the time that district services will be open; and whether wider services such as social services are in place before changes take place.

Views on potential solutions

Arguments were put forward in favour and against locating major acute services at Epsom Hospital, St Helier Hospital and Sutton Hospital. These often centred on transport and access challenges of reaching particular hospitals. There were also concerns expressed about all proposed changes.

Arguments for Epsom Hospital

The main argument in favour of the Epsom site was made by attendees at Surrey Downs events that felt St Helier and Sutton sites were too far away and would be hard to access. The different barriers to access are noted in the arguments against the other sites.

At the Surrey Downs events, Epsom Hospital was described by some as being the geographic centre of the area and easy to get to for those in the area. Connected to this, it was also argued that for capacity reasons, a case could be made for an additional new hospital in Surrey.

At Surrey Downs events', satisfaction with Epsom Hospital was expressed by some attendees. One attendee mentioning visiting Epsom for two years and being very satisfied and another mentioned that they felt the current system works well and that the community hospital in Epsom works effectively with Epsom Hospital.

An additional comment made at Surrey Downs events was that Epsom might be a more attractive place for clinicians which may help with staff recruitment.

Arguments against Epsom Hospital

Attendees at Merton and Sutton events argued that transport and accessibility to Epsom Hospital would be challenging. Epsom was described as having poor public transport access and congested traffic to get to the hospital. Specifically, transport between St Helier and Epsom was described as being poor by Sutton and Merton event attendees. Car parking was described as expensive.

Other comments made included that Epsom hospital has had 20% of the land sold off and would be expensive. There were mixed views over whether there was enough space for this option to be feasible.

Arguments for St Helier Hospital

Arguments in favour of locating major acute services at St Helier Hospital focused on the accessibility of the hospital for current residents alongside the proximity to areas of higher deprivation and health needs and lower life expectancy such as Mitcham. Specifically, attendees mentioned that the population in the area has lower levels of car use and those in areas such as the St Helier estate would be impacted most if acute services were moved to another hospital.

Pride and connection to St Helier Hospital alongside public support for acute services to remain at the hospital was mentioned. Accessibility of the Hospital was remarked on positively.

Attendees mentioned that St Helier has cheaper accommodation options that may assist with staff recruitment which might not be feasible in other locations.

Arguments against St Helier Hospital
The main arguments made against St Helier regarded transport and accessibility. Surrey Downs attendees described St Helier as too far away and difficult to access. Examples include, that it would take attendees 1.45 hours to get to St Helier and that public transport from Cobham would require three buses. Parking including disabled parking and bus services were described as poor at St Helier.

The sale of land for a school and the cancer hub was felt to mean there would be large amounts of traffic and congestion.

Arguments for a new Sutton Hospital
Arguments in favour of a new hospital being built in Sutton included the comment at events in Sutton that there would be a benefit of building alongside other services.

Against a new Sutton Hospital
The site was described as being difficult to access by attendees at all events. Access and traffic was mentioned, with an attendee in Merton estimating that it would take an hour to get to Sutton. The nature of the area and congestion at times such as the school run was mentioned.

Sutton was described as an affluent area at the Merton event with comparisons given to areas such as Mitcham. There was also concern that there would be private funding as part of a new Sutton Hospital.

Other views on possible options
There were a number of broader concerns that refer to all options as well as support for maintaining the status quo. These focused around the number of beds, the structure and financing of healthcare as well as how a single hospital would cope with the pressure. Concern about increased waiting times was mentioned in this context.

A concern expressed at a number of events centred around whether changes would mean privatisation, with private hospitals taking up places in buildings or payment being required for services. Connected to this, there was a view that the changes would be part of a reduction in NHS services in general which would impact negatively on patient safety and health outcomes. There was specific mention of concern that Marsden would go private and there would be private funding for a Sutton Hospital.

There was also a view that all the services across the three hospital sites should meet 21st standards not just acute care services.

There was a view that focus on primary rather than acute care would have a greater impact on health outcomes.

There was also concern over the finances of different hospital trusts. Sutton deficits were mentioned in Surrey Downs.

Other considerations

Attendees suggested a number of additional considerations. These focused on: travel and access to the different sites; the impact on deprived communities; impact on other hospitals and services; mental health services; and the importance of age as a factor.

A number of comments mentioned the transport needs of different groups of service users. There was a concern that older, less mobile and less affluent people would find it harder to travel further distances to reach hospitals. Specific comments included: that older people are more reliant on buses, that small changes such as how far away bus steps are from hospital can make a big difference, and that station steps can cause barriers.

Attendees mentioned the need to consider accessibility for family members - with receiving visitors described as aiding recovery for patients. Attendees also mentioned the need to consider how factors such as potholes and weather could impact on timings, and the need for public transport services to cover different times and be fully functioning on Sundays. The need to analyse the impact of change on community transport was also mentioned.

Attendees in Surrey Downs commented on the lack of public transport options in more rural areas and that the routes to alternative sites should be considered.

Parking was felt to be an important consideration by a number of attendees. The need to have adequate spaces, especially for blue badge holders, and that costs for parking for less affluent patients was viewed as an important consideration.

The importance of considering how changes would impact on deprived communities was discussed at a dedicated workstation at each event. Attendees suggested further consideration on a number of aspects of this, including: how deprivation correlates with density; how deprivation is defined; how the work should link to the research of Richard Wilkinson in the book The Spirit Level; how there were pockets of deprivation even in the most affluent areas; that carers as well as older people should be included in analysis of deprivation; that a definition of deprivation should include more than just income; and that inequality and housing were key factors linked to deprivation. However, there was scepticism from one attendee that deprivation is used as a front for other motivations.

Other issues were raised that relate to deprivation, including: homelessness (specifically in relation to Merton); education; employment; and the impact of universal credit issues on people with learning difficulties. Social isolation was also mentioned as an important issue to consider.

There were different views about which areas were most deprived and how this relates to the location of services. At events in all areas, Sutton and the more northernly areas were described as having more deprivation. At the Merton event, it was commented that areas such as Pollard Hill and Mitcham have higher deprivation. At the Surrey Downs event comments included: that although the area is prosperous, there are food banks and areas such as Preston and Court Lodge are more deprived parts of the area. At a Merton event, Pollard Hill and Mitcham were described as having lower life expectancy than Sutton and Epsom, with foodbank use in Pollard Hill mentioned.

The importance of mental health services was mentioned at a number of events. Comments included: the need to factor in the demand for mental health services; that there is currently insufficient provision of mental health services; that mental health services are linked closely to A&E and ambulance services; the need for 24/7 or longer hours services relating to mental health; and that there is a need for more training for staff around mental health. At the Surrey Downs there was mention of crime in the area and a view that this was linked to the increase in mental health illness in the area.

Age and disability
The impact on older people and patients with disabilities was specifically mentioned by number of attendees. Comments mentioned the different service and access needs of different ages, the impact of a high percentage of older people living alone, and the need for care pathways for effective discharge from hospital.

Impact on other hospitals
There was a concern about how changes would affect other hospitals. Attendees suggested there is a need to consider the impact on St George's Hospital, Croydon University Hospital, other service services, and the Royal Surrey Hospital. Attendees in Merton in particular mentioned using St George's Hospital.

Process
Attendees made a number of comments about the process conducted so far and the proposed next steps. These focused on how information is presented, particularly around funding, and how the decision making should be conducted.

A comment made by a number of attendees was that it felt that a course of action was already being prescribed since at least one acute hospital would no longer be providing those services and beds would be lost as a consequence.

More clarity and information was requested around a number of areas, such as around the evidence that informed the *Issues Paper*; where funding was coming from and how this would be secured; and the timeline for the process. Comments were made that the issues paper was not clear enough and that it should refer to a viability case rather than pre-consultation business case.

There was a view expressed by attendees that the decision has already been made. The sale of land in Epsom and St Helier was cited as evidence of this. Another comment made was that it felt that the decision is being rushed. There was also interest in who would be making the final decisions.

The need for a process for independent scrutiny of the proposals that included patients was also suggested.

Alternative proposals to address the challenges
A range of alternative suggestions to address the challenges were made. These included: increasing taxes to pay for the NHS and social care; reducing outsourcing of services to save money; putting pressure on the government or lobbying to improve services; saving money through less outsourcing; and in Sutton it was suggested that St Helier should be rebuilt instead. Specific suggestions in terms of travel and access included investing in hospital

shuttle buses as part of any proposed changes and free car parking for patients, staff and patients with disabilities through a ticketing system.

Involving patients and the community

There were a number of issues raised relating to the engagement and involvement methods used so far as well as ways of involving patients and the community in the future.

Attendees comments around engagement so far focused on groups that have not been engaged so far, that the reach of engagement has not been wide enough, or comments on specific engagement activities and materials. The timing of consultation events in August was criticised due to people potentially being away and unable to attend at this time of year.

The programme document was described as being not easy to read and dishonest and the language used in reports and video as misleading. Attendees described hearing about the events through email and Twitter.

There were mixed views about the format of this set of discussion events. While some enjoyed the opportunity to visit different stations, others stated they would have preferred to stay in the same place or attend a larger public meeting with a Q&A rather than discussions. The venue for the event on the 12th September 2018 in Sutton was criticised with the civic centre proposed as a preferable alternative.

A range of different channels and mentioned as ways to engage patients and the community in the future. These include: promoting engagement on the back of hospital parking tickets; an SMS mailshot; leaflets at hospitals, GP practices and mail outs; daytime events; a hospital feedback box; direct engagement with deprived people; door knocking to reach those most at risk; direct engagement on the St Helier estate; and an email via schools.

Suggestions for future materials included providing colour-blind maps, clearer materials, and greater explanation of funding.

4 Analysis of service user conversations on clinical model

4.1 Introduction

During the engagement period, Traverse were commissioned to independently facilitate focus groups with services users from three acute services: accident and emergency (A&E); maternity services and paediatric services. In addition, 6 depth telephone interviews were conducted with residents who had used St Helier or Epsom Hospital A&E services in the past 6 months.

The groups were designed to get feedback on how the proposed solutions might impact on them as service users. Attendees were also asked how they would like to be involved in future discussions. (Note: there is currently no acute service provision at Sutton).

The key issues discussed for each of these service areas are summarised below.

4.2 A&E focus group and interview responses

One focus group was held with 8 users of the A&E unit at St Helier and one group was held with 8 users of the A&E unit at Epsom Hospital. 6 people were interviewed by phone. Attendees were asked to comment on how the potential solutions would affect them personally and how they would affect other users.

Overall comments on potential solutions

There was concern that locating acute services to one of the three hospitals only would place more pressure on the 'chosen' hospital for example, increases in waiting times at A&E (especially based on current experience). Some also thought that there would be pressure on the ambulance service with people potentially misusing ambulances because they would not be able to get to the hospital using normal transport.

There was also a view that if these solutions were being proposed to alleviate pressure on A&E services then there should be more education to stop people using A&E as a 'walk-in' centre. This included improving booking systems for GP appointments instead to encourage people to go there in the first instance.

There was a feeling that the status quo should remain – the services were well established and money should be spent on improving them instead.

Some also felt that the needs of older people should be taken into account when considering the solutions. It was recognised by people in both groups that there was probably an older, less mobile population near St Helier.

Views on Epsom Hospital

People who were familiar with the hospital had a preference for keeping all acute services there. They felt it would be a cheaper option of the three since it was cleaner / needed less refurbishment than St Helier

It was mentioned that retention of A&E here was important since it was the only trauma centre near the M25.

Users of St Helier were concerned about going to Epsom Hospital as an alternative – especially if they have to rely on public transport. Parking was also cited as being expensive.

Views on St Helier Hospital
While some recognised that St Helier had a poor reputation and felt run-down, it would still be a loss to the community not to have easy access to A&E services. Of those who has used it, they praised the quality of staff and care that they had received. Their preference was to invest in the infrastructure to improve the buildings.

Population growth in the area was expected so many felt that acute services should stay there.

People familiar with Epsom Hospital were not pleased at the prospect of going to St Helier – they cited the distance, its reputation and its state of disrepair as key factors. Some felt that even if it became "a shiny new place" that people would not go there.

People also felt that parking was not good at St Helier.

Views on Sutton Hospital
Some people in both groups felt that Sutton Hospital could also be a suitable alternative for them. They saw the benefits of building a new hospital there and felt it was fairly central. However, there were concerns raised about the levels of traffic.

There was concern that if there was a new hospital in Sutton that there would no longer be investment in St Helier or Epsom Hospitals.

Involving patients and public in the future
People welcomed the opportunity to take part in discussions like this – they had learnt more about the process and it was interesting for them to look at issues from other people's perspectives. They felt there should be more opportunities like this.

Other ways of giving feedback were raised including surveys, forums with elected representatives, etc.

The need to give feedback to attendees was also mentioned.

There was a comment raising scepticism about public involvement because they felt the weight of financial decisions was much stronger than that of 'public voice'. Only one attendee would not take part in future events.

4.3 Maternity focus group responses

Drop-in sessions were held at Newminster Children's Centre (close to St Helier's) and the Epsom Sure Start Centre. 19 people were interviewed. Some of the attendees at the Newminster Children's Centre had language or other communications issues but trusted third parties brokered the conversations.

Overall comments on potential solutions
People in Newminster had slightly more pragmatic views on the solutions – some used neighbouring hospitals such as Kingston Hospital, Queen Mary's Hospital and St George's Hospital so did not feel they would be impacted by this. Some others felt that as long as they could get somewhere then it would not be an issue.

Travel and childcare were seen as important considerations when making a final decision about potential solutions. It was recognised that many of the people near both the St Helier and Epsom areas did not drive so a more local solution was preferred. Making sure the place was accessibility to family visitors was also cited as being important.

There was also recognition that if there was going to be change then this should be communicated widely to avoid confusion among people at critical times.

Views on Epsom Hospital
People who were familiar with the hospital had a preference for keeping all acute services there because it was more local. Positive experiences of the maternity services were also mentioned including the fact that it was compact and family orientated.

However, even though it was cited as a preference there was still a concern that if all the maternity services were located there, then it would become even busier and more chaotic than usual.

Potential service users near St Helier were concerned about going to Epsom Hospital as an alternative because of the time and the cost to get there. They felt this would not be suitable for vulnerable and deprived families. There was also a recognition that people who were more likely to use that hospital needed access to translation services which they may not be able to get at Epsom. Merton residents said they would probably use St George's Hospital as an alternative but this would increase pressure on that hospital.

Views on St Helier Hospital
People who had used the services there praised the high quality care and service and good waiting times at St Helier's (comparing it with bad experiences at Croydon and elsewhere). They had been concerned about the potential changes planned at the hospital which they had previously heard about through the *Keep Our St Helier's Hospital* campaign.

People familiar with Epsom Hospital were not pleased at the prospect of going to St Helier – they felt that travelling further away would cause more distress / stress for the mother and her birth. They also felt it would be more expensive to get too. Parking was also seen as problematic. Some people mentioned its' reputation and 'state of disrepair'.

Views on Sutton Hospital
Some people in the St Helier group felt that Sutton Hospital could also be a suitable alternative for them.

People in the Epsom group were not too keen and one had a friend who had contracted an illness during childbirth at Sutton Hospital in the past so they were cautious.

Involving patients and public in the future
People felt that face-to-face discussions at places where 'mums to be' would be at such as children's centres should be used in the future.

Communicating with people on apps or social media groups such as WhatsApp groups or Facebook groups was also suggested.

Leaflets were not felt to be a good form of communication with this busy audience.

4.4 Paediatric focus group responses

One focus group was held with 7 parents of users of paediatrics services at St Helier and one group was held with 8 parents of users of paediatric services Epsom Hospital. Some of the conditions that their children needed specialist support for included autism, Down's Syndrome, diabetes, cancer, ADHD and anxiety. Attendees were asked to comment on how the potential solutions would affect their families personally and how they would affect other users.

Overall comments on potential solutions
There was concern across both groups about the impact of all the solutions on travel times and potentially increased waiting times (both to get an appointment and to be seen on the day). This could also impact on their children's education since they would have to be taken out of school for longer periods of time to accommodate hospital visits.

It was also felt that any change would be particularly difficult for their children to understand or adjust to.

Some questioned why acute services were being 'merged' rather than district services – they felt that any changes to the latter would be easier to accommodate.

While the benefits of having specialist services in one place (a "super" hospital) was recognised, there was also a feeling that the scope of paediatric services was so vast that patients might lose out from centralisation and that there would be a benefit in retaining both sites. Some also felt that "super hospitals" would work if they were centrally located but none of the proposed solutions were.

Members from both sets of service users stated that they had been concerned about proposed changes before attending the discussion groups: some members of the St Helier group had signed up to the *Keep Our St Helier Hospital* campaign and members of the Epsom group had heard murmurings that the land at Epsom Hospital was being sold. They felt that it was important to have clear communication and information about changes from trusted sources.

Views on Epsom Hospital
People who were familiar with the hospital were keen to continue to use services there. They did recognise that people from St Helier might struggle though, and that it was outside the 'Oyster Card' zone so could be more expensive for them.

Users of St Helier were concerned about going to Epsom Hospital as an alternative because they felt it was too far. The cost of parking, as well as the limited parking (only 6 disabled parking bays was mentioned) was also a cause for concern.

Views on St Helier Hospital
Accessibility by transport and free road parking were mentioned as positive features of St Helier Hospital.

There was concern by some who used services there regularly that there would have to be a huge investment to cope with the additional demands on the system if they were to take on additional acute services.

People familiar with Epsom Hospital were not pleased at the prospect of travelling further to go to St Helier. They thought the unfamiliar surroundings would also destabilise their children.

People also felt that parking was not good at St Helier.

Views on Sutton Hospital
There was question about whether Sutton Hospital was a viable option given the fact that there was not an existing infrastructure to support paediatric services in place. The construction of a new school at the Sutton Hospital site (mentioned by both groups) also made some people feel that the Sutton Hospital site was not an 'honest' option.

Involving patients and public in the future
Channels such as Facebook and What'sApp were mentioned as ways of promoting involvement opportunities in the future. Promoting engagement at GP practices and other health-settings was also mentioned.

5 Analysis of pop-up events responses

5.1 Introduction

Over the course of the consultation period 6 mobile pop-up engagement events were held in public locations across the footprint of the three Clinical Commissioning Groups to secure greater involvement in the process from the wider community. These events took place on:

- Saturday 8th September at Mitcham Market
- Monday 10th September at St Helier Hospital
- Tuesday 11th September at the Nelson Health Centre
- Thursday 13th September at Epsom Hospital
- Friday 14th September at Asda Superstore, Sutton
- Saturday 15 September at the Ashley Shopping Centre, Epsom

The aim of these mobile pop-up engagement events was to:

- Engage local residents in areas of high footfall to hear a wider variety of voices
- Seek public feedback on the challenges we face and potential solutions
- Raise awareness of the September discussion events and other ways of giving us feedback

As part of the engagement process, members of the public were asked to complete a short survey. The programme staff who were present at the events also captured qualitative feedback from respondents.

In total there were 81 responses for this survey. The breakdown of these respondents is detailed below. Only headline findings are shown due to the small sample size. The number of respondents for each question are shown below each graph. Percentages may not add up to 100% due to rounding and questions that allowed multiple responses.

5.2 Summary of qualitative findings

Most of the qualitative data captured at these events focused on the competing issues of needing ease of access to healthcare versus the potential benefits of accessing higher quality care and more modern equipment in a centralised location.

Arguments in relation to travel included the importance treatment times can play in health outcomes; the difficulties for those without a car in accessing hospital sites via public transport - particularly for older people; the cost of parking at hospitals; the availability of parking in Sutton and a willingness to travel whatever distance in order to access the best quality of treatment.

Those discussing more centralised provision raised the potential for better quality facilities, access to everything on a single site, greater efficiency of money and staffing, the ability of paramedics and logistics to overcome issues with transport. However, others commented that smaller facilities could offer more relevant care, that services should be spread around, that

there could be difficulties accessing post-surgical care; potential problems with the ability to access tests at night and close to home; and past successes with stroke services.

Several respondents registered concern that reductions in hospitals providing acute services would mean insufficient beds for treatment; while others raised the importance of patient choice and case studies of other trusts maintaining A&E provision despite tough financial circumstances. One respondent felt that St Helier's needed additional clinics in the vicinity in order to alleviate current pressures.

Current waiting times were also raised as a concern, both in terms of accessing immediate treatment in the event of an emergency and for surgical procedures.

Large numbers of respondents provided anecdotal evidence, either of themselves or a relative, involving local healthcare facilities, both expressing positive and negative views.

More negative accounts in relation to treatment or the physical condition of the infrastructure appeared to relate to St Helier's than to other hospitals. However, various other respondents also indicated that they supported campaign efforts to keep the hospital open, with a public view that St Helier and Epsom Hospitals were at risk of closure.

Various respondents raised the age and condition of the building at St Helier, highlighting a need for investment in the estate.

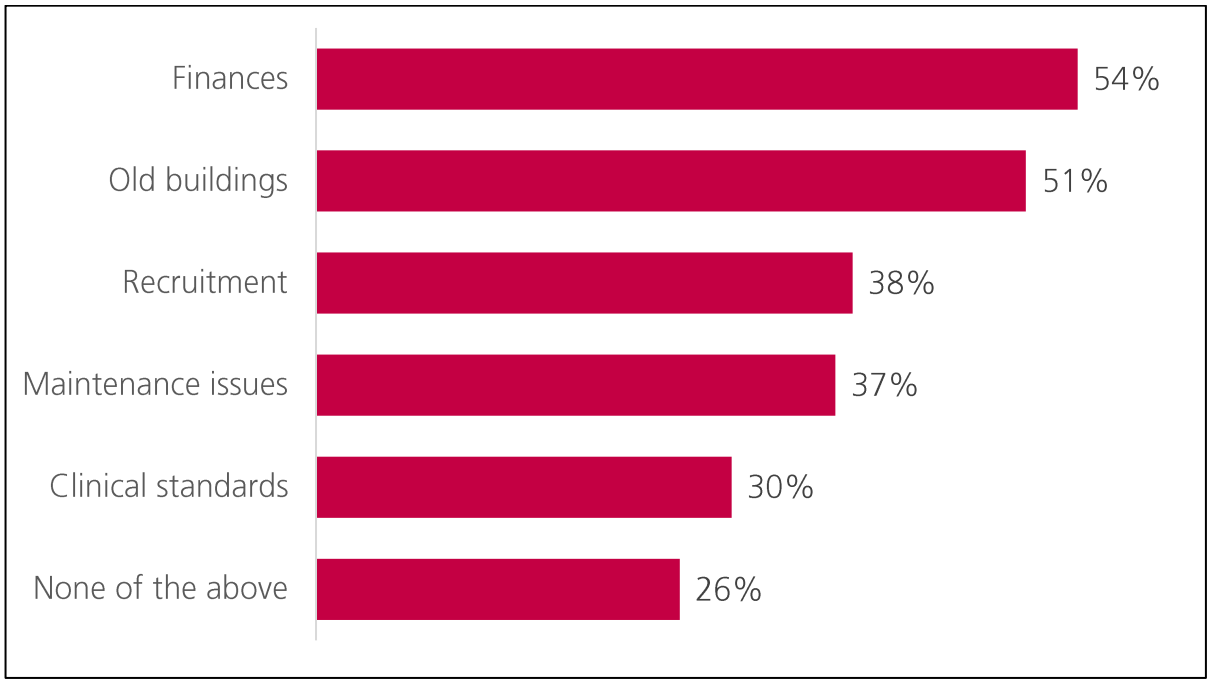
There was also a view from several respondents that Sutton was in need of its own facility.

5.3 Summary of quantitative findings

A bespoke survey for the mobile engagement events had been developed. The findings are described below

i) *There are a lot of longstanding challenges at Epsom and St Helier hospitals. Which ones are you aware of?*

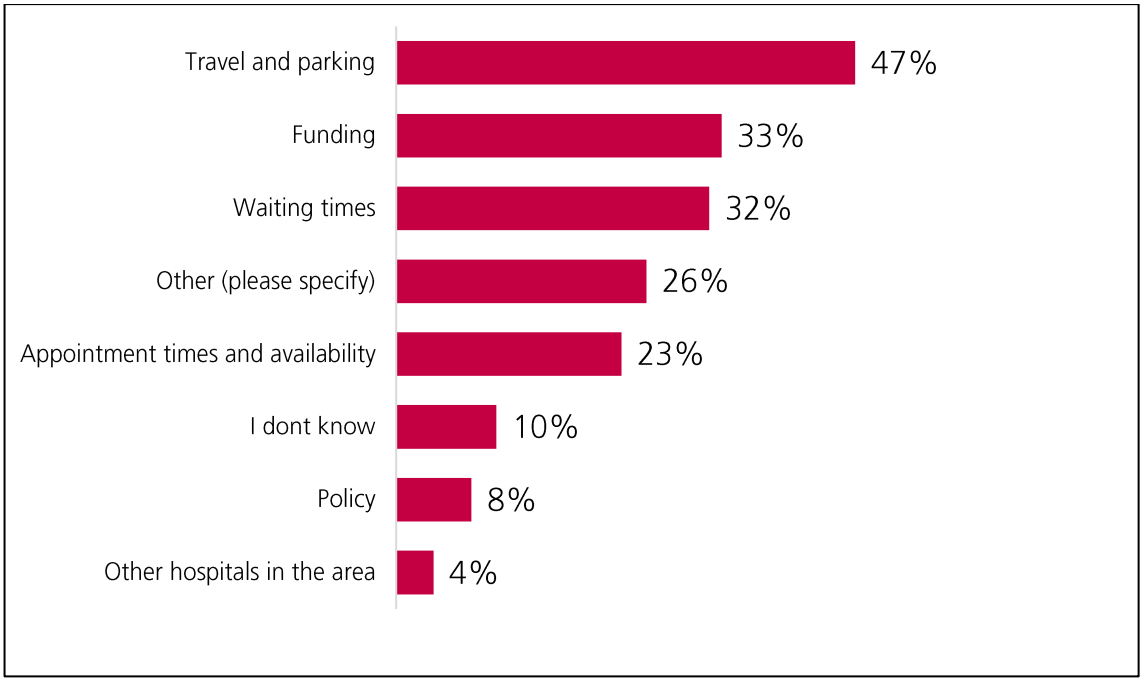
More than half of respondents were aware of financial and building challenges. Just over a quarter (26 per cent) were not aware of any of the challenges.



Total responses: 81; skipped 0

ii) What other issues do you think there are?

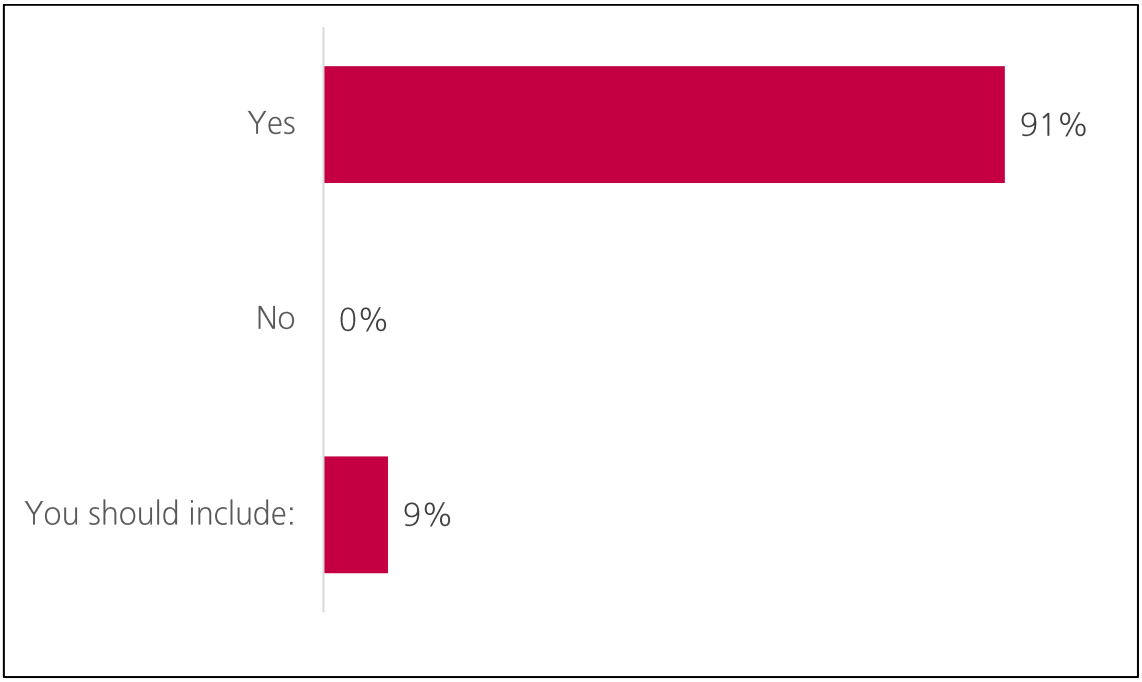
The main additional issue selected was travel and parking, followed by funding and waiting times. Comments that referred to 'Other' included a range of issues included specific service challenges such as crowding in physio, A&E waiting times, and lack of information about the future



Total responses: 78; skipped 3

iii) Do you think our vision is the right one?

More than nine in ten respondents feel that the vision is the right one. Nine per cent (7 respondents) suggested elements that should be included for the vision to work, these included: suggesting that there should be engagement and participation of patients, that it will cost a lot of money to deliver, a need for shorter waiting times, better liaison between GP surgeries and hospitals and retention of hospitals in the local area.

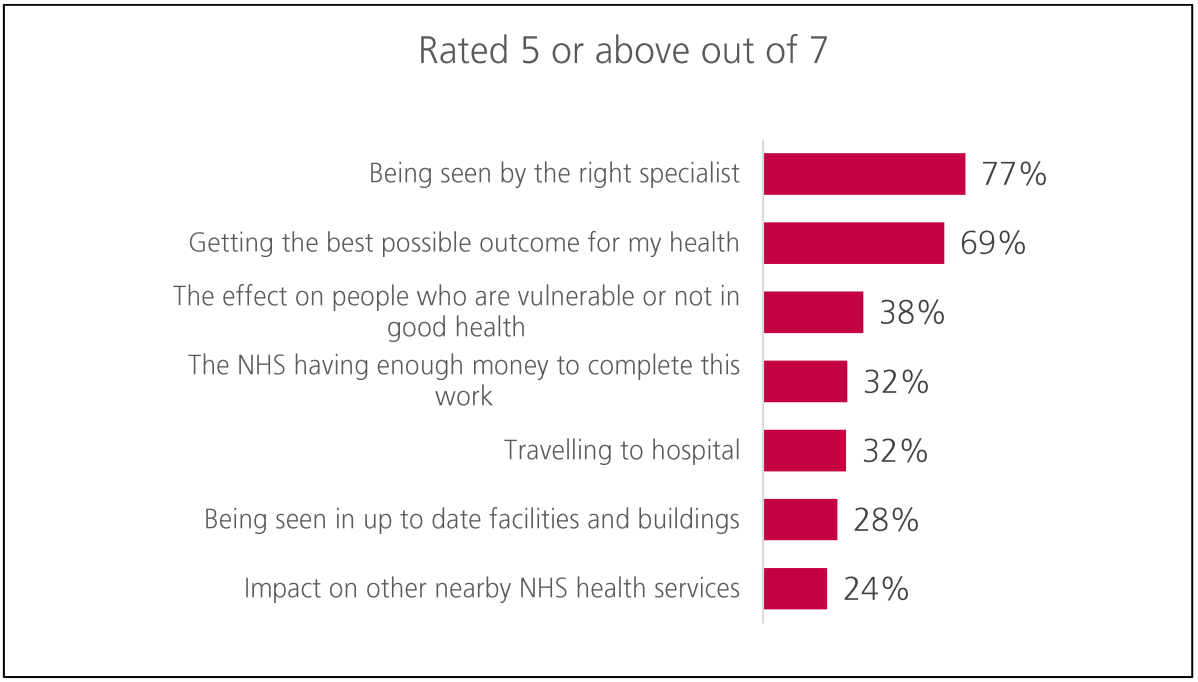


Total responses: 81; skipped 3

iv) **In terms of our proposed solutions, please rank what are the most important considerations for you (Please score as 1 being the lowest and 7 being the highest priority)**

Being seen by the right specialist was the top priority for respondents (42 per cent scored it 7 out of 7, and 77 per cent rated it 5 or more). This was followed by getting the best outcome for my health (scored more than 5 by 69 per cent of respondents).

	1	2	3	4	5	6	7
Being seen by the right specialist	10%	6%	4%	3%	10%	24%	42%
Getting the best possible outcome for my health	3%	13%	4%	12%	23%	25%	21%
The effect on people who are vulnerable or not in good health	3%	14%	18%	26%	17%	12%	9%
The NHS having enough money to complete this work	21%	12%	24%	12%	17%	6%	9%
Travelling to hospital	30%	13%	12%	13%	7%	18%	7%
Being seen in up to date facilities and buildings	23%	8%	18%	23%	14%	8%	6%
Impact on other nearby NHS health services	9%	32%	20%	14%	14%	7%	4%



Total responses: 79; skipped 2

Sample Profile

16 respondents were from Epsom, 14 from Sutton, 13 from Mitcham and 10 from Carshalton. A further 29 were from other areas.

Responses were overwhelmingly from female respondents (82 per cent). More than three quarters were over 45 and 39 per cent over 65. Over three quarters were White, 10 per cent Asian and 9 per cent Black.

Which area are you from?

Answer Choices	Responses	
Epsom	20%	16
Sutton	17%	14
Other (please specify)	16%	13
Mitcham	15%	12
Carshalton	12%	10
Wimbledon	6%	5
Wallington	5%	4
Morden	5%	4
Other	3%	3
Total		81
Skipped		0

Gender

Answer Choices	Responses	
Female	82%	65
Male	18%	14
Other (please specify)	0%	0
Total		79
Skipped		2

Age

Answer Choices	Responses	
18 and under	1%	1
18 to 24	3%	2
25 to 34	13%	10
35 to 44	8%	6
45 to 54	15%	12
55 to 64	22%	17
65 to 74	15%	12
75 or older	24%	19
	Total	79
	Skipped	2

Sexuality

Answer Choices	Responses	
Heterosexual	95%	74
None of the above, please specify	4%	3
Pansexual	1%	1
Total		78
Skipped		3

What is your ethnic group

Answer Choices	Responses	
White	77%	60
Mixed or multiple ethnic groups	0%	0
Asian or Asian British	10%	8
Black/ African/ Caribbean/ Black British	9%	7
Other ethnic group	4%	3
Total		78
Skipped		3

Do you have a long term health condition or illness?

Answer Choices	Responses	
Yes	47%	35
No	48%	36
Prefer not to say	5%	4
Total		75
Skipped		6

6 Analysis of feedback forms

6.1 Introduction

During the engagement period, stakeholders have had the ability to make submissions via the 'Feedback' facility on the Improving Healthcare Together website, with 14 responses received in this way. The online feedback system required respondents to provide answers to eight set questions, in addition to their name and optional contact details. These questions were also included in a freepost paper survey which was circulated at some discussion events, containing the same questions. These responses to these questions, received electronically or on paper, are summarised together below.

6.2 Summary of findings

Do you have any general comments about Improving Healthcare Together 2020-2030?

A range of comments were included in response to this question covering a number of healthcare issues and perspectives.

A concern was raised about liaison between health and social care providers leading to situations where people are discharged without a proper care package, leading to future hospitalisation and the need to properly connect with social care.

Views were put forward including: that both hospitals should be kept; that staff and patients do not want to close hospitals; that it is sensible to concentrate expertise for acute care; that St Helier too far north and difficult to access from Surrey Hills and St George's is relatively close by in areas closer to centre of London; that the growing population in Epsom is creating a need for more medical facilities; that there are challenges with the cost of agency staff and bed blockers; that there should be modern estates built and a combined workforce for the next 10-50 years; that waiting times should be improved; that there is a need for more fluid services, with each department speaking to each; and that the Red Bag scheme should be used for care at home as well as improving experience in care homes.

Individual experiences included: capacity problems at St Helier and clinicians being unwilling to visit non-surgical day wards to see 'overflow' patients; challenges arranging appointments with consultants; experience as a carer being frustrated by having to repeat information again and again that can be frustrating and upsetting, and that plans are reliant on communication and information and it is important to hold records electronically to avoid this.

In addition to solving the challenges of clinical quality, financial deficit and poor quality buildings in our local NHS, are there any other challenges you think we may need to solve?

Challenges raised include: more available and convenient appointments for various services; improvements in car parking; an ageing population; increased population levels with older people living longer; the increased use of expensive technology due to improved clinical techniques; the need for more GP facilities; low morale and vacancies in the workforce, especially at trainee doctor level; inefficiency with the booking system; a need for later and early GP appointments to not be given to non-working patients; and the need for better provision for those with mental health issues. A view was also expressed that senior management were out of touch and too close to property developers.

Do you think our vision, based on greater prevention of disease, improved integration of care and the delivery of enhanced standards in major acute services, is the right vision for this area?

Some respondents felt that the vision which had been outlined was the right one for the area, but that it would require a larger, better resourced and more motivated workforce to deliver. Others expressed general opposition.

Specific comments include: that there is a need to see the best specialist possible, that you should be able to have tests and results at all times of the day; that for residents in the Bookham area, they feel left out and on the edge of the area and Sutton is far away – over an hour by car; that a more logical area for a plan would be for the northern areas to be included as part of London and the southern ones as part of Surrey; that the old Sutton Hospital site should be sold off to fund new buildings; and that there should be plans for staff accommodation and convalescent facilities.

Do you think we should consider any other initial tests – apart from those described in this document – as we develop the long list of ideas into a short list?

Submissions raised a number of areas where service improvements were felt to be desirable, including: ease of access to specialists, round the clock tests and results, and better protection for whistle-blowers. Others felt that the knock-on impact upon ambulance services needed to be considered and the risks involved if longer travel times reduced their availability. The importance of consulting with NHS workers in taking ideas forward was also highlighted.

Other comments include: do not penalise whistleblowers, finding out what is going wrong is vital to changing procedures to improve safety and reduce waste; need to consider the impact of house building in Mole Valley on the population; the need to consider what medical facilities are needed in the short and long time; how to resolve the shortage of qualified staff; how to remove bed blocking; and how a solution would respond to a major incident without Epsom Hospital A&E's proximity to M25 and Gatwick.

Do you think there are other important things we should consider as we take this work forward?

In answer to this question, respondents highlighted the need to consult with the public, patients and staff members as far as possible. They also raised the importance of considering those with protected characteristics such as people with disabilities or older people who needed support, with particular concerns that the reduction in workers from the EU would have a serious impact upon social care. In addition, the potential impact of deprivation upon people's health was raised as something which should be factored in. Other responses included: that NHS property should be retained for a healthcare use rather than being sold off; the need to consider patient access on public transport; the importance of access for carers who may need to travel back and forth each day; that St Helier has had substantial improvements; and criticism over the selection of venues for resident engagement in the process and a question over whether a change of Government would have any impact.

Do you have any questions about the process we are proposing to follow or any suggestions for improving it?

It was felt to be important that those working in the local NHS were able to participate fully in the process in order to ensure frontline experience helped to ensure the best possible outcome. The importance of reaching carers in their home environment was mentioned. Some scepticism over the engagement process was also raised in response to this question with a request for reassurance that the process is not just a paper exercise.

Can you think of any other ways of tackling the challenges described in this document, within what the document describes as possible?

Amongst the submissions was the idea that the Government should change its policy on public spending and that a new A&E was built upon a local car park with the existing site being turned into a car park.

What are the best ways for involving our patients and community in developing ideas to address the challenges described in the document?

Responses to this question suggested involving a range of different community, NHS staff and care worker groups, ambulance drivers, and using methods such as door to door leaflets and social media to reach out to people. There was also some criticism of the cost involved in the engagement process.

7 Analysis of written submissions

7.1 Introduction

Throughout the engagement programme Improving Healthcare Together and its consultation partners have publicised an email account 'hello@improvinghealthcaretogether.org.uk', a telephone number and a freepost address as a means for individuals and organisations to feed thoughts, questions and comments into the process. 12 submissions were received from individuals in total and four were received from organisations and elected representatives. A summary of these is shown below.

7.2 Summary of findings from individual submissions

Individual submissions were received in two formats: 9 written submissions have been received by post the form of a model survey (created by a member of the public) which has been circulated for people to respond to and a further 3 individual submissions sent to hello@improvinghealthcaretogether.org.uk email address which contained responses with content referring the issues paper.

7.1.1 Unstructured responses

Comments received included: that geography, time, distance and difficulty of travel are the most important factors to be considered and that it is not solely how easy or difficult it is for ambulances to travel quickly to hospital in an emergency but also how those visiting loved ones access the hospital by car or public transport; that it is challenging for those in the south of the combined geographies to access St Helier; that the vision is right for the area but needs to be qualified by financial constraints and transport issues; that there is a need to consider how compatible the process is with separate work going on for developing and updating Epsom Hospital, Sutton Hospital and St. Helier Hospital; that involvement of patients and community in progressing the challenges is vital; that there should be more publicity for the engagement; that closing hospitals will make it more difficult for people in the area, particularly older people; and that Epsom Hospital would be a good site due to its location to Epsom Rail Station and the M25.

One submission was from a clinician commenting on their experience attending an engagement event at the Sutton Masonic Hall where they felt that the event was hijacked by "Save St Helier" campaigners. They suggested that more information be provided that explain the clinical reasons behind locating acute services in a single location, including reference to survival rates and outcomes.

7.1.2 Model survey responses

Q1a) How do you improve hospitals?

Respondents felt that hospitals should be regularly maintained so that are problems are fixed before they escalate. Some also felt that they should be refurbished to being them up to good standards. A number felt that a new hospital should be built on the St Helier site.

Q1b) How do you reduce costs?

There were a number of common responses including:

- providing care for older people in their homes to reduce the cost of hospital care
- reopening the Wilson Health Centre
- Put healthcare in areas of most need
- Holding contractors to account and reducing layers of management
- Stop wasting money on consultations

Q1c) How do you get enough trained staff?

Most responses advocated the abolishing of university/ training fees for student nurses. Some also felt that providing certainty about the future of St Helier would reassure staff.

There was a suggestion to ensure the Living Wage was being paid as a minimum and another suggestion to charge health visitors for services to pay for staff training.

Q1d) Are there any other challenges you think we may need to solve?

Most responses reflected the concern to patients and the community there would be if acute services at St Helier's were to be relocated.

Others also felt that the anxiety and stress of to the community caused by constant consultations on what appeared to be the same issue was a concern.

Ensuring the needs of a growing older population were met was also raised as a challenge.

Q2) Is our vision for healthcare services the right one for the area?

There was consensus that this was not the right vision unless a new fit for purpose hospital was built on St Helier site.

Q3) What tests should we consider in deciding to locate a hospital?

Recommended tests included:

- Close to those in most need
- Close to those with lowest income
- Somewhere with close transport links and accessible by car
- Impact on other local hospitals
- Ease of access – including level access
- population density against key demographics

Q4) How can we improve the consultation?

- Leaflet every home and advertise more widely
- Hold public meetings at convenient times
- Work with local MPs and councillors
- Listen to what people say and being willing to change your minds – this is the 5th /6th consultation on the same issue
- Give and publish feedback and make sure process is transparent

Q5) Are there other ways to tackle this problem?

The two main ways cited to tackle this problem were to build a new hospital on the current St Helier site and to focus on patient preferences (not management preferences).

Q6) How do we involve our community and patients?

Suggestions included:

- CCG board members live in and are representative of the communities they serve
- Listen to what patients and the community are saying
- Assess impact on neighbouring hospitals including St George's, Kingston, Croydon.
- Leaflets in public spaces.
- Clear information

7.3 Summary of findings from organisations and elected representatives

Four submissions were received from an organisation and elected representatives. Key themes and issues arising from these are summarised below.

Submission from Leatherhead Community Association and Leatherhead Residents Association

There was agreement with the case for change outlined in the *Issues Paper* and concern that there were currently acute services being provided in hospitals that were not fit for purpose. There was recognition that each potential solution would cause travel concerns for patients in different parts of the geographic areas. There was also recognition that none of these solutions would work if there were not enough staff so this was an important factor to address – particularly to ensure continuity in level of services provided going forward.

The submission expressed support for acute services to be provided at a new "independent" hospital at the Sutton Hospital site (even though Epsom Hospital was more convenient for them).

Whichever option was chosen to provide acute services, it was hoped that Leatherhead Hospital could be considered as a site for follow-up services for people who lived locally. It was also hoped that decisions would be made quickly and that regular progress updates would be given to patients and public.

Submission from Crispin Blunt MP

A letter from a constituent was forwarded on by Crispin Blunt MP (Member of Parliament for Reigate). This was making the case for retaining acute services at both St Helier and Epsom Hospitals to meet the current and future needs of communities they serve.

Submission from Siobhain McDonagh MP

Siobhain McDonagh MP (Member of Parliament for Mitcham and Morden) wrote a number of letters over the engagement period that sought clarification about:

- how the engagement was being communicated to the public and how 'seldom heard' groups would be engaged in this process
- the decision-making process and what weight this engagement process would have alongside the other evidence that would be considered as part of the decision-making process.

These clarifications were being raised to ensure that residents of Mitcham and Morden would be taking part in a fair and unbiased process.

Submission from the London Borough of Sutton

A number of additional challenges were referenced that relate to how the solutions can be sustained. These included mention of issues around workforce recruitment and retention; how local arrangements fit with and work well with broader London and national changes; and hand how other partners and the wider public are convinced to work with the solutions. Specific questions were raised with regard to how the proposals will affect waiting times, whether there is a compromise on patient care and service, how short-falls of consultants will be met, how additional finances will be secured, and how transport and parking issues will be addressed.

In response to the healthcare vision, questions were asked concerning how prevention will be achieved at the same time as continuing financial pressures and what progress has been achieved so far in terms of integration with examples cited being quite new. Comment on acute services included that this required issues of access and transport for patients, carers and visitors to get to a single acute quite quickly and at a reasonable cost to be met. And for the issues of sufficiency of workforce to be dealt with now and in the future.

Additional tests mentioned in the response include: factoring accessibility needs into Test or adding a new test relating to access/transport/parking.

Comments relating to involving patients and the community in the future include: that the document provides a good starting point but there is a need to indicate that this is a limited discussion with decisions effective being made already; and that both informal 'engagement' and consultation needs to be thorough, clear and very accessible and both phases need to be able to show that comments have been listened to and not just treated as steps on an already predetermined path.

8 Analysis of social media responses

8.1 Introduction

As part of their public engagement process *Improving Healthcare Together 2020-2030* appointed *Freshwater*, an independent communications consultancy, to capture public discussion of the programme online via two social media channels: Twitter and Facebook. This section of the report analyses the content of those online discussions.

In all, 112 Twitter posts discussed the programme in some way and 57 Facebook posts raised the programme, with a 169 posts in total.

8.2 Summary of findings

Much of the interaction on Twitter occurred between handles connected to either the media, politics, the NHS or local campaign organisations, whereas the messages on Facebook appear to have originated form personal accounts.

A large number of the comments related to poor experiences of care with current services. These included: experience waiting 4 hours in A&E; experience of relatives experiencing poor surgical care and having operations rescheduled a number of times; waiting times for a serious neurological appointment; need for better mental health services; long waiting times for Autism Spectrum Disorder diagnosis assessments; problems getting appointments for facet joint injections. There were a small number of comments that were positive about the care they received at St Helier.

Clinical trials taking place at the Royal Marsden were mentioned as a particular risk if patients were forced to move on to free up beds, as clinicians at other facilities would not have a complete understanding of their condition mid-trial. Several comments also commented on a need to see fewer operations cancelled and a view that reductions in services seem to be focused on more deprived communities.

Large numbers expressed cynicism or raised complaints over the engagement process, a number suggested that the outcome of the process had already been pre-determined, with others saying that they felt the events had been insufficiently well advertised, that there were accessibility issues and that groups had been denied the opportunity to speak.

Concerns were expressed with plans that would mean closing the St Helier site. Challenges were raised relating to this such as potential issues disposing land due to planning and lease condition constraints and that selling land would break local and London plan and be a break on 1938 lease conditions. Other comments stated preferences for more funding of NHS services; that given money has been invested in St Helier it should be managed better rather than a new hospital being built; and that both hospitals' services should be retained.

There were a number of comments relating to previous engagement events, such as that at the event in Pollards Hill many were vocal that St Helier should remain a critical care hospital with an A&E rebuilt on the current site in an area of greatest health need; that a church is not an equal setting for an event; problems with events where an interpreter was promised but not provided; that at an event in Mitcham most of the audience were very angry about the

perceived flawed nature of the process; and that a comment from a St Helier event on 25th June that someone from @Save_ST_Helier was denied a question by the chair.

Other social media comments include: concern that changes are part of privatisation; the there should be free defibrillator training for all with easy access to equipment; criticism of Surrey Downs being defined as a geographical area; and concern about the impact of potential changes on St George's Trust in Tooting.

9 Analysis of Stakeholder Reference Group Feedback

9.1 Introduction

The Stakeholder Reference Group (SRG) was set up to ensure appropriate stakeholder involvement in the development of local health services. The SRG is comprised of representatives from different communities of interest in the local area including patient groups, community groups, and voluntary groups that wish to be involved in the programme. The SRG's terms of reference written on the 13th June 2018 states the aims of the group as: to offer advice, views, suggestions or options on: plans for public engagement; the language, style and tone of public consultation materials; and which seldom-heard groups should be consulted and how.

The SRG was independently chaired with meetings of varying size of membership. The following meetings were held:

- 15th May, Epsom Hospital
- 13th June, Raynes Park Library
- 18th July, Sutton Life Centre
- 15th August, St Mary's Church, Surrey
- 19th September, Sutton Life Centre

9.2 Summary of findings

15th May

13 attendees and four programme representatives attended. Questions were raised over whether smaller changes could be made to continue delivery as it currently is rather than consolidating on one site. A concern was raised regarding transport and access for older people and people with disabilities. Some of the group felt that transport between Epsom Hospital and St Helier Hospital is not good and would need to be looked at closely.

13th June

13 attendees and five programme representatives attended. Comments included the suggestion that the programme have a more jargon-free name "Improving Healthcare together 2020-2030".

Comments were made around changes such as: how Alzheimer's was the cause of a high number of deaths and that care for older people should be a focus; concern about where palliative care would be delivered; the importance of transport and the need for reliable public transport to meet any significant changes; the need for information about how improvements are being funded and the importance of remaining within financial

parameters; and that staff are key and the programme must consider the uncertainty they face.

18th July

16 stakeholders and two programme representatives attended. The meeting included a presentation from Keep Our St Helier Hospital and an overview of a potential engagement and work plan.

Stakeholders raised questions a number of questions covering a range of areas. These included whether:

- a methodology was being used relating to winter times and winter weather
- both existing hospitals would continue until a new hospital is built if major acute services were located at Sutton Hospital
- services can be guaranteed beyond 2020
- there is a commitment to retaining the same number of beds
- there is clinical evidence that collocating acute services in one location brings any benefit
- there is a commitment to retain the same number of beds
- there is clinical evidence that collocating acute services in one location brings any benefit
- five acute hospitals will reduce to four or three
- the Best Service Value approach has fallen by the wayside or the current approach is similar
- Healthwatch groups talk together
- the board are aware of an American company trying to infiltrate UK boards with a view to taking them over.

There was also a comment that Epsom and St Helier University Hospitals Trust is not mandated to make a surplus and has a major deficit and that the NHS accepts this, and that this need to be reflected when modelling is carried out.

15th August, St Mary's Church, Surrey

14 stakeholders, three programme representatives and two participants from Mott McDonald attended the meeting. The main included an update on the programme; a presentation by Mott McDonald on the methodology and approach of travel analysis work; and a presentation on the objectives and next stages for the Integrated Impact Assessment.

Stakeholders raised questions a number of questions covering a range of areas. Questions included:

- Whether publicity material will be available in text and Braille for the visually impaired.
- What engagement with the voluntary sector will be conducted.
- How engagement events will be fed back

Comments made throughout the meeting included:

- That the discussion events appear to be London centric, especially those led by the Trust and that Epsom is in Surrey not London.
- The cost of car parking being one of the 3 key issues from a carers' perspective with St Helier costs £3.00/hour with a further £2.00 charge for being a minute over.
- That 14% of Ewell Borough in Surrey is from BAME communities and the programme is responsible for including those people.

19th September

Five stakeholders, three programme representatives and a participant from Mott McDonald attended the meeting. The agenda included and update on the programme and a presentation on the Integrated Impact Assessment.

Questions were asked around whether homeless people were included in assessments, the dates for the public consultation, how carers will be incorporated, what definition of carers will be used, whether life expectancy differences are being considered, and the need to consider the future demand of workforce and demographic change.

10 Staff survey

10.1 Introduction

A survey was emailed to staff members at Epsom and St Helier NHS Trust, NHS Merton CCG, NHS Sutton CCG, NHS Surrey Downs CCG, GP practice, community service and pharmacist. The questions were developed by Improving Healthcare Together with a mixture of open and closed questions. In total 205 responses were received.

10.2 Summary of Findings

There are challenges at Epsom and St Helier Hospitals around clinical standards, finances and buildings. Are there any other issues you are aware of?

106 respondents raised additional challenges at St Helier Hospitals. The main challenges mentioned concerned: workforce recruitment and retention; working conditions; quality of specific services; communication between departments; and lack of resources.

Recruitment and retention of staff was mentioned by a number of responses. Specific points referenced shortages of trained nursing staff and challenges in retaining BME staff at Band 6 and above.

A range of service pressures were mentioned including: lack of acute beds to cope with winter pressures; poor provision of Community Paediatrics at St Helier/QMHC; lack of acute adult beds to cope with winter pressures with paediatric beds used for adults; less efficient pharmacy services provided at ward level; lack of capacity in operating theatres and surgical bed space; IT underfunding with legacy systems that pose a cyber security risk; and outpatient waiting times in neurology requiring patients being referred out of areas.

Respondents raised challenges around working conditions. These included: staff not feeling valued or being satisfied; challenges of multi-site working; relationships between professionals and departments; work load for junior staff; poor working hours for staff maintaining services with impact on work life balance and health and wellbeing; culture of low trust; and appropriate staff grading especially at levels 2-4, lack of recognition for working unpaid hours. Staff also mentioned anxiety caused by uncertainty over the future of services.

Negative views of leadership and priorities were also mentioned, such as a perceived lack of transparency and strategic direction; clinical staff not being listened to; and a focus on A&E targets and costs rather than the quality of care or patient safety.

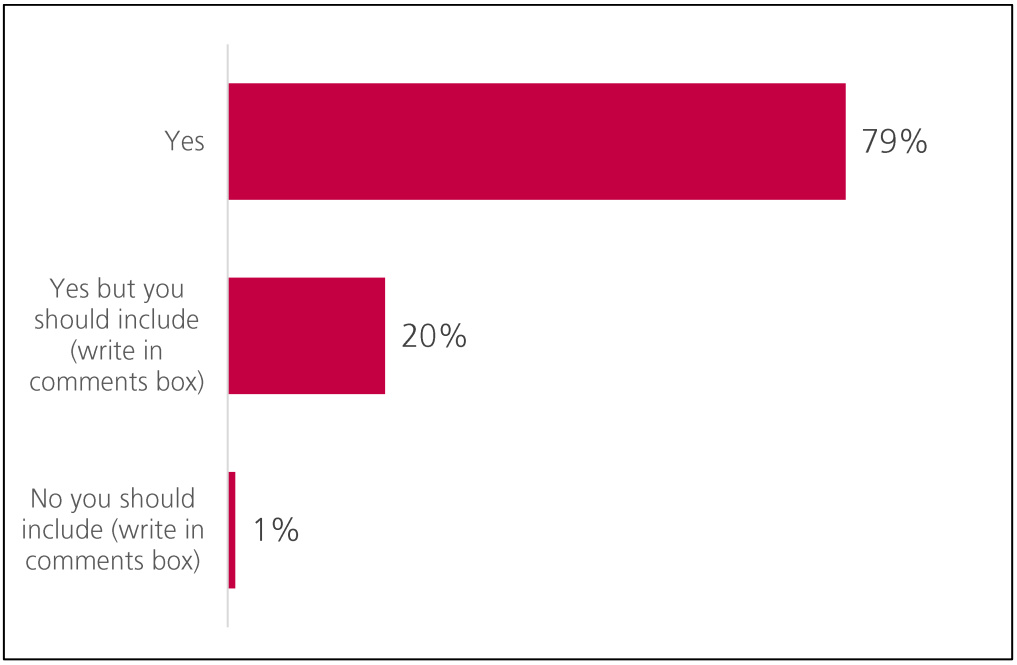
A lack of funding and resources for services was mentioned by a number of respondents.

Other challenges raised include: problems with heating at St Helier – with the temperature being either too hot or too cold; the IT system is not efficient; discharge issues with summaries not being provided; the inefficiency of a two site model; and parking.

i) Our vision is to make sure local people have the very best quality of care, in buildings that are suitable and safe, and available for the years ahead. At the heart of our vision we want to:· Keep people well· Deliver as much care as close to people's homes as possible· Make sure GPs and clinicians from hospitals, community and mental health organisations, are all working together alongside social care and the voluntary sector· And when people are seriously unwell or at risk of becoming seriously unwell, they have access locally to the highest quality care, available at any time of day or night and on any day of the week.

Do you think our vision is the right one?

Four out of five respondents described responded that the vision outlined is the right one.



Total responses: 204; skipped 1

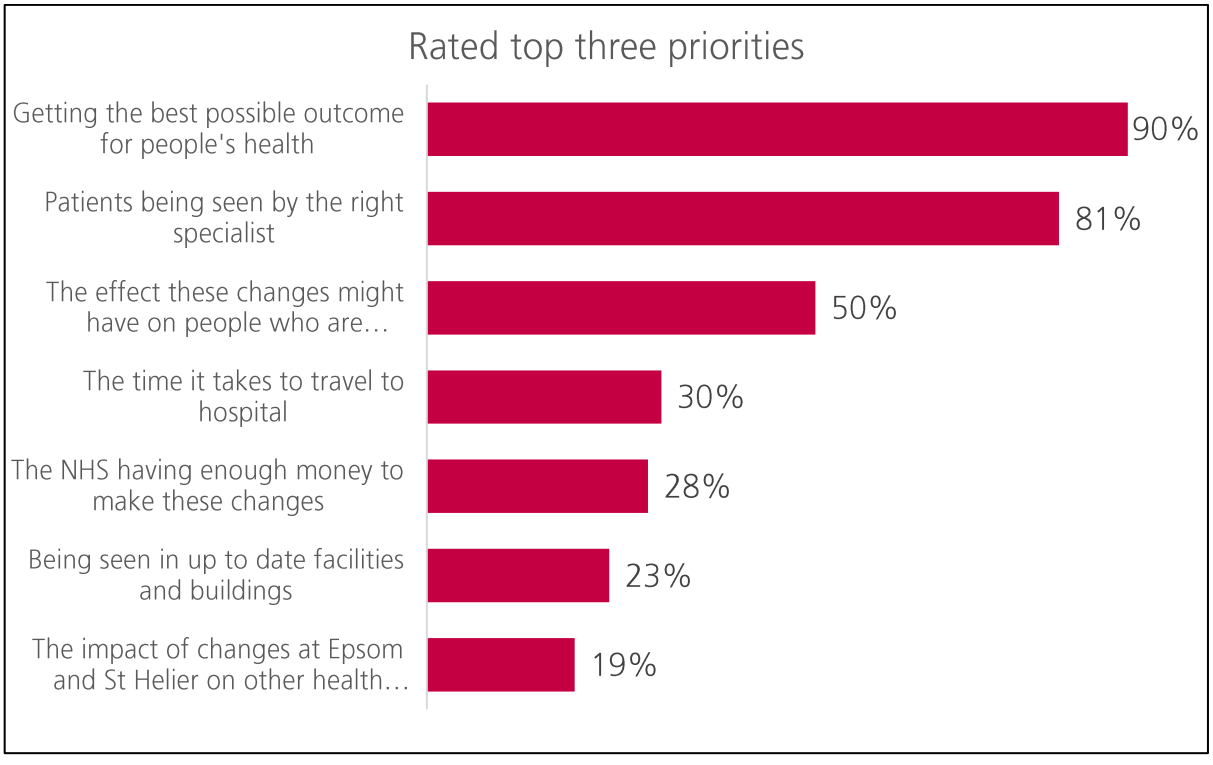
44 respondents made additional comments with suggestions of what should be included in the vision. These include suggestions that reference should be made to: good workplace and professional development; health inequalities; awareness of services and access to public transport; the geography of the areas – for example that Surrey residents are not residents of South West London; staffing; non-acute services such as Community Paediatrics as well as admin support; that this should tie into Community and Primary Care Level; effective referral pathways to state-of-the-art facilities and tertiary hospital s=sustainability; waste reduction;

Other responses commented on the vision. These included: that there should be a strategic alliance with the Royal Marsden Hospital; that the statement is too long; that the statement refers to services the public currently expect thus implying they are not currently being provided; more involvement of mental health services in the process; and that there is a hidden agenda to reduce secondary care services in the area.

ii) Our proposed solutions are: locating major acute services at Epsom Hospital, and continuing to provide all district services at both Epsom and St Helier Hospitals. Locating major acute services at St Helier Hospital, and continuing to provide all district hospital services at both Epsom and St Helier Hospitals. Locating major acute services at Sutton Hospital, and continuing to provide all district services at both Epsom and St Helier Hospitals. What are the priorities we should be taking into account when judging these solutions? (1 is the highest priority and 7 the lowest)

Nine in ten respondents selected getting the best possible outcome for people's health as a top three priority, followed by being seen by the right specialist (81%), then the effect these changes might have on people who are vulnerable (50%).

	1	2	3	4	5	6	7
Patients being seen by the right specialist	19%	45%	17%	10%	5%	5%	2%
The time it takes to travel to hospital	5%	10%	14%	15%	15%	15%	19%
Getting the best possible outcome for people's health	61%	20%	9%	4%	1%	1%	4%
Being seen in up to date facilities and buildings	2%	6%	16%	21%	16%	16%	21%
The impact of changes at Epsom and St Helier on other health services	1%	3%	15%	16%	23%	23%	16%
The NHS having enough money to make these changes	8%	9%	11%	15%	16%	16%	26%
The effect these changes might have on people who are vulnerable, e.g. on a low income, or not in good health, e.g. have a long term condition	15%	13%	21%	19%	18%	18%	7%



Total responses: 204; skipped 1

iii) Can you think of any other potential solutions to tackle the challenges at Epsom and St Helier? Are there any other priorities we should focus on when judging the potential solutions?

155 respondents suggested other solutions to tackle the challenges of Epsom and St Helier. These included comments around assessing the impact; accessibility; service quality; and site alternatives.

Responses mentioned the importance of assessing the impact on communities, vulnerable residents and in developing services that respond to the population needs of different areas. There was specific reference of the need to consider travel and public transport.

A number of responses referenced a need to consider issues relating to staffing, conditions and pay. There was mention of challenges to be overcome in terms of morale, the working environment and culture and the need to treat all demographic groups equally.

Comments around ways to improve quality of services included: 7 day working and extended GP working hours; more walk-in centres; cheaper and healthier canteen food; focus on social determinants to prevent disease; building more community hospitals; and approaches that have more integrated care.

A number of responses were given in support of a single site. One comment mentioned a potential benefit to patient care of having trauma networks under one roof. Another mentioned that a single site for Paediatrics and Queen Mary's Hospital would be preferred solution. Other's suggested a single site in Sutton would be better for the quality of care.

Alternative suggestions given included: demolishing and rebuilding both sites; splitting connection between both sites; and aligning with the Royal Marsden.

Additional comments include: having a local public vote; eliminating parking charges; giving everyone the freedom to share their views; considering the environmental impact; and reviewing the geographical and commissioning boundaries.

iv) Sample Profile

The overwhelming number of responses were from staff working for Epsom and St Helier NHS Trust. The sample is three-quarters Female, 65% over 45 in age; and 87% White.

Where do you work?

Answer Choices	Responses	
Epsom and St Helier NHS Trust	83%	171
NHS Merton CCG	7%	14
NHS Sutton CCG	2%	5
NHS Surrey Downs CCG	2%	5
GP practice	2%	4
Community service	0%	0
Pharmacist	0%	0
Other (please specify)	4%	8
Total		205
Skipped		0

Where do you live?

Answer Choices	Responses	
Carshalton	10%	21
Wallington	4%	9
Cheam	6%	13
Mitcham	0%	0
Wimbledon	4%	8
Morden	4%	9
Epsom	15%	30
Dorking	1%	2
Elmbridge	1%	2
Mole Valley	1%	3
Sutton	14%	28
Reigate	2%	4
Surrey Heath	1%	1
Ewell	1%	2
East Surrey	2%	4
Runnymead	0%	0
Weybridge	1%	2
Spelthorne	1%	1
Woking	1%	2
Guilford	0%	0
Esher	1%	2
Walton	0%	0
Other (please specify)	29%	59

Total	202
Skipped	3

Gender

Answer Choices	Responses	
Female	75%	154
Male	23%	47
Other (please specify)	2%	4
Total		205
Skipped		0

Age

Answer Choices	Responses	
18 and under	0%	0
18 to 24	1%	3
25 to 34	14%	29
35 to 44	18%	37
45 to 54	40%	83
55 to 64	22%	46
65 to 74	3%	7
75 or older	0%	0
Total		205
Skipped		0

Sexuality

Answer Choices	Responses	
Heterosexual	83%	168
None of the above, please specify	1%	2
Pansexual	2%	5
Queer	1%	2
Gay	12%	24
Bisexual	0%	0
Asexual	0%	0
Total		203
Skipped		2

What is your ethnic group

Answer Choices	Responses	
White	87%	174
Mixed or multiple ethnic groups	1%	2
Asian or Asian British	6%	13
Black/ African/ Caribbean/ Black British	2%	5
Other ethnic group	3%	7
Total		201
Skipped		4