



LGBTQ+ and Deprived Communities Focus Groups

Summary Report

31/10/2018



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1. Introduction

The Improving Healthcare Together 2020-2030 programme, led by NHS Surrey Downs, Sutton and Merton clinical commissioning groups (CCGs), is working to improve healthcare sustainably into the future for the local area.

The CCG's have proposed three solutions to address the three main challenges that it is facing.

- Locating major acute services at Epsom Hospital
- Locating major acute services at St Helier Hospital
- Locating major acute services at a new facility on the Sutton Hospital site

District services will continue to be provided at Epsom and St Helier hospital in all three proposed solutions.

As part of their work to ensure that all affected groups are heard, Improving Healthcare Together 2020-2030 commissioned Traverse to run three focus groups with people living in the most deprived wards in each of the CCG areas and one focus group with members of the LGBTQ+ community.

This independent report summarises what was said at these four focus groups.

Deprived Communities Focus Groups

Date	Location	CCG
Tuesday 23rd October	Cheam Sports Club	Sutton
Wednesday 24th October	Vestry Hall	Merton
Thursday 25th October	St Georges Christian Centre	Surrey Downs

LGBTQ+ Focus Group

Date	Location	CCG
Tuesday 23rd October	Sutton Life Centre Team	Mixed

Table 1 List of Focus Groups

2. Methodology

2.1. Overall approach

The research activities comprised the following

- Four focus groups with adults, each lasting two hours.

2.2. Sampling and recruitment

Participants were recruited via recruitment agency to specifications provided by Traverse. Participants received an incentive for their time.

We aimed to include at each group a spread of age, gender and people with/without dependent children.

In order to ensure that the voices of people in the most deprived communities were heard we recruited participants for the three deprivation groups based on geographical location. All participants lived in the most deprived areas, as measured in the standard DCLG Index of Multiple Deprivation¹.

CCG	Ward	LSOA code	IMD score (higher = more deprived)	Health Deprivation and Disability decile (where 1 is most deprived 10%)
Sutton	Beddington South	019c	51.26	2
Sutton	Belmont	021a	42.3	1
Sutton	Wandle Valley	001d	41.83	3
Sutton	Beddington South	019a	40.49	3
Merton	Pollards Hill	019d	39.85	5
Sutton	Sutton Central	012b	39.7	1
Merton	Cricket Green	018a	36.42	3
Sutton	St Helier	002e	35.05	3
Merton	Cricket Green	012c	34.58	4
Sutton	Beddington South	019d	34.27	3
Merton	Figge's Marsh	018d	34.22	3

Source: DCLG, English indices of deprivation 2015

Note: DCLG guidance is that for the Health Deprivation and Disability domain, decile (or rank) is a better measure than score

Figure 2 LSOAs in the combined geographies in the most deprived quintile in England

Demographics

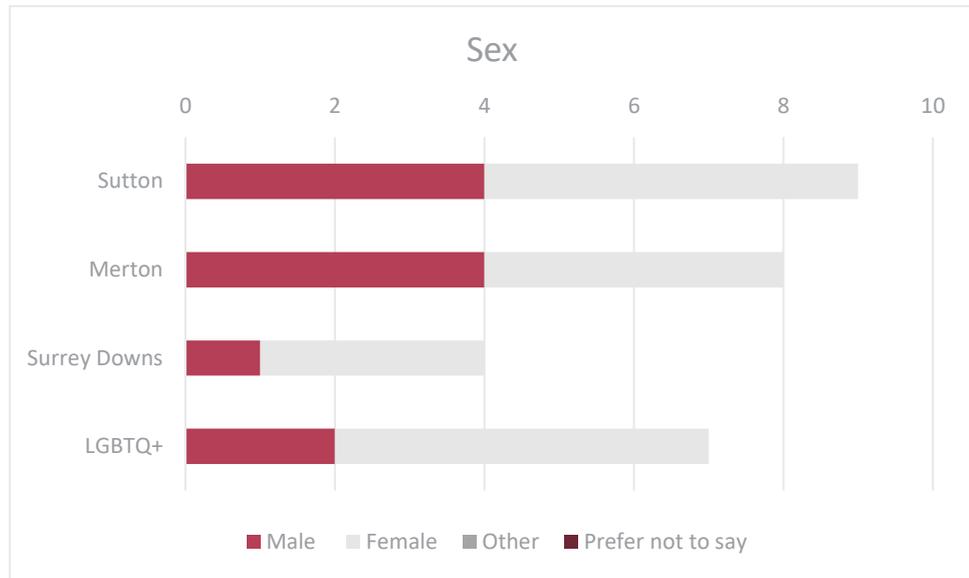
28 adults in total attended the four focus groups

The characteristics of the samples were as follows:

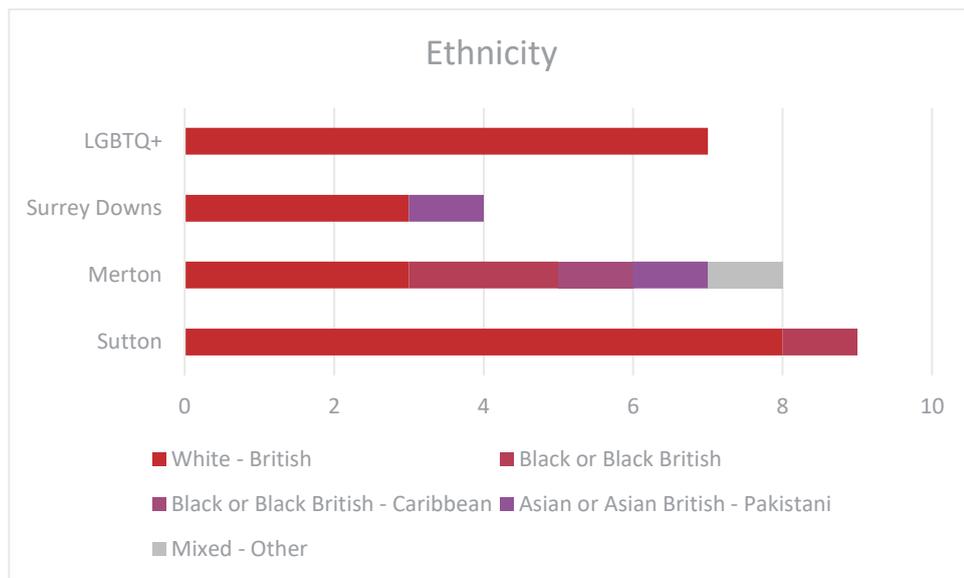
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<https://ons.maps.arcgis.com/home/item.html?id=ef72efd6adf64b11a2228f7b3e95deea>

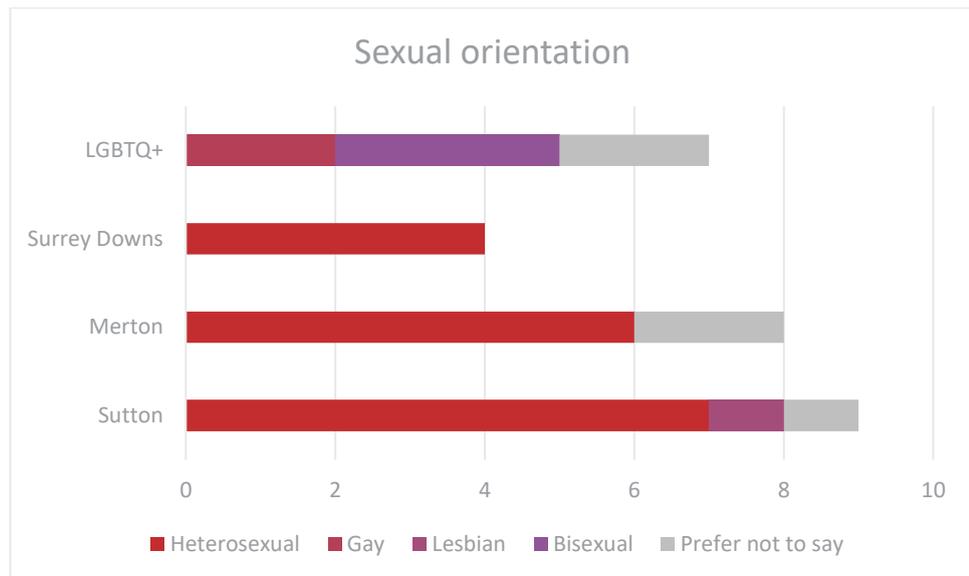
Sex



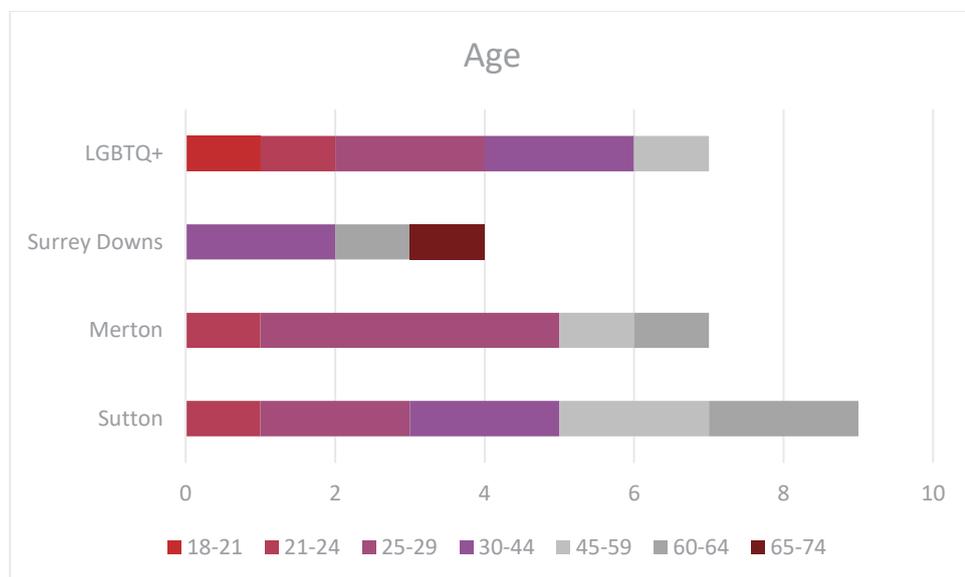
Ethnicity



Sexual orientation



Age



2.3. Design of research tools

After an initial icebreaker, we designed a set of simple topics for discussion, supported by information and visual materials, as follows:

- **The case for change:** we introduced participants to the background to the IHT programme, via handouts, a video and a quiz.
- **How each proposed solution could affect them in their personal situation:** participants were asked to share their personal experiences with acute services and how that could be different with the proposed solutions; if they recognise the case for change and what are the specific needs on healthcare from their community. They were also invited to give their views on the advantages and disadvantages of each potential solution.
- **How the potential solutions could affect other patients and**

communities: participants were asked to reflect on what types of people use acute services most and how those people would be impacted by each potential solution

2.4. Analysis and reporting

Focus group notes were typed up into a template and analysed thematically. Findings are presented in two chapters, one summarising the findings from the three groups in the most deprived wards, and one on the LGBTQ+ group.

3. Findings from deprived community groups

This section covers the information gathered from the events ran with people from deprived wards in each of the three CCG areas, with key differences between the groups highlighted where these were found.

3.1. Case for Change

When asked if they recognise the case for change, most participants across the groups agreed that these issues were found in the local system. However, one participant argued that no changes should be made, in their view the services are good as they are now.

Participants used previous experiences using the acute services to illustrate that the buildings are deteriorating, that there are long waiting times and not enough staff.

“We need a major acute service to offer the best treatment and care possible and this can be done by getting more staff, etc.”

3.2. The proposed solutions

3.2.1. Epsom

Arguments for Epsom

Participants from Sutton and Surrey Downs groups think that Epsom hospital is a newer building with newer equipment and they consider this to be an advantage of moving acute services to that site.

The group from Surrey Downs believe that locating the acute services in Epsom hospital would be the fairest option because it is central to the catchment areas of the three CCGs, and because Epsom hospital currently covers a very big area. Some members of the group argue that emergency services are a matter of life or death and journey times are crucial. The group in Sutton acknowledged that residents in Epsom don't have other options.

The group from Merton didn't identify any specific benefits to locating all the major acute services at Epsom hospital.

Arguments against Epsom

Participants in both Sutton and Surrey Downs groups have concerns about parking spaces near Epsom hospital and they believe that the high cost of parking and limited spaces would affect patients if all major acute services are located at that hospital.

For some attendees, the proposed solution to locate major acute services at Epsom hospital would put services out of reach. Some participants say that in that case they would be forced to use an alternative hospital.

“I don't see any benefit in having improved acute services if I cannot access it.”

They were also concerned that by being forced to use another hospital there would be further problems in staff accessing their data, particularly regarding safeguarding children, and suggested having a universal system so data can be transferred between trusts.

Some people expressed concerns around poor public transport links to Epsom hospital, participants worry that members of deprived communities, elderly people and parents with young children wouldn't be able to afford taxis to go to the hospital and the lack of public transport would impact on their ability to access acute services.

3.2.2. St Helier

Arguments for St Helier

In all groups, there were some participants who think that St Helier hospital serves more people as the area is densely populated. They also think the area has more deprived people who would benefit if the major acute services are located at St Helier hospital.

Some attendees think that another advantage of locating the major acute services at St Helier hospital is that it is well served by public transport from and to other locations.

A few participants think that locating all major acute services at St Helier hospital would be the best option due to the larger site available for development.

Arguments against St Helier

When considering locating all major acute services at St Helier hospital, some participants from Merton and Surrey Downs groups expressed concern about long journeys, especially by public transport.

A few people think that locating all major acute services at St Helier hospital may be the most expensive option due the extent of repairs needed.

One participant expressed concerns that if all major acute services are located at St Helier hospital, it wouldn't cope with the demand for the area covered by the three CCGs based on their perceptions of the current availability of beds at the hospital.

One person worries that the parking available in St Helier hospital will not be adequate if all major acute services are located at that hospital.

3.2.3. Sutton

Arguments for Sutton

Some participants think that locating all major acute services at a new hospital in Sutton would be accessible for most people as it is central to the catchment area. The Sutton group unanimously concluded that Sutton would be the fairest option in terms of access as it is most central.

The group in Surrey Downs think that the advantage of locating all major

acute services at a new hospital in Sutton is the opportunity to start from a clean slate and build facilities that are fit for purpose.

Arguments against Sutton

A few people expressed concerns that locating all major acute services at a new hospital in Sutton would take time to build, it would require staff to relocate, staff would need to be trained, the site may not be big enough, and that the area would not cope with traffic generated.

3.3. Concerns about the proposed model

Several people expressed concerns about the volume of patients using the proposed solution and they worry that this would affect waiting times. Some participants think that none of the proposed solution alone would cope with population growth and people living longer.

A few attendees worry that in any of the proposed solutions, there would be an increase on the demand for ambulance services. A few participants mentioned that already, the police service is sometimes called to take patients to A&E.

A few people expressed concerns about the ability of the proposed model to deliver paediatric services and number of beds (would the proposed solution offer enough beds?).

Some people would like to have improved major acute services at both sites. A few attendees think that locating all major acute service at one site could put patient safety at risk, due to longer times to access the services – in terms of taking longer to arrive/be seen and driving dangerously to compensate. The group in Merton raised deep concern over 'experimenting with patient lives on a concept that may not work, and negative effects on staff stress'.

There was also concern that focus would be given to the new hospital, and as such the other hospitals would be neglected. Further concern was raised that whichever hospital is chosen won't cope, and others will be left behind – particularly in terms of closing wards and wastage.

People in Merton also raised deep concern around gang warfare and domestic violence, which is prevalent in their community, stressing that if there is only one hospital then perpetrators will know where to find them. They also felt there would be disproportionate impacts on their community as those who are victims of stabbings and cannot afford taxis would be at risk.

3.3.1. Other issues raised

Several attendees think that elderly people have a higher need for major acute services. Concerns about accessibility of services were raised in relation to all three proposed solutions.

Most participants think that any of the solutions will have travel impacts for some people. Some participants suggested shuttle services between hospitals as alternative solution for travel time issues and accessibility.

A few people suggest that the decision-making process should consider parameters such as: costs, population covered/ affected and area available for development.

Some participants from Surrey Downs group think that although everyone prefers the nearest proposed solution, if the only way to get the right care, at the right time by the right professional is by selecting one option then the location doesn't matter.

A few participants would like to know if there will be any development in St Helier Hospital if all major acute services are located at Epsom hospital.

A few people raised general concerns around traffic, parking, lack of staff, staff capacity and physical capacity of the buildings.

Some people raised concerns around systemic issues like having segmented budgets which must be spent in certain timeframes and in certain ways and having too many managers involved who do not work cohesively together. They were concerned that this proposed solution would be 'rolled out' to other areas, thus simply reducing the amount of services and accessibility.

Some suggested introducing more equipment and training for ambulance services to compensate in terms of patient safety as they are travelling.

There were also requests for a more detailed proposition, in plain language, with accessible meeting times that fit well with jobs and school pick up times.

4. Findings from LGBTQ+ community

This section covers the information gathered from the focus group with people from LGBTQ+ community, recruited from across the three CCG areas.

4.1. Case for change

When participants were asked if they recognise the case for change, most of them said that they agree that both hospitals are under staffed and buildings require several repairs.

One person does not recognise the case for change and argued that St Helier and Epsom hospitals are in good condition and have enough staff.

4.2. The proposed solutions

4.2.1. St Helier

Most attendees believe that locating all major acute services at St Helier hospital is the best option because it serves a densely-populated area with the highest level of deprivation. It is a bigger site than Epsom and it has good transport links including public transport, easy roads with lower traffic in comparison to the other two options and car parking.

One person mentioned that St Helier hospital has a separate entrance for ambulances which is in their opinion an advantage over the option in Epsom.

A few participants mentioned the need for better trained staff to deal with situations of conflict, they think that there is lack of sympathy and empathy from staff at St Helier currently.

4.2.2. Epsom

The group didn't identify specific advantages to locating all major acute services in Epsom hospital.

Most attendees think that there are less deprived people living in Epsom and Surrey Downs than there are in Merton, therefore locating all major acute services in Epsom would affect more deprived people. They also believe that locating all major acute services in Epsom hospital may increase significantly the number of families calling for ambulances, due to lack of provision of public transport serving Epsom hospital and unaffordability of taxi and private vehicles for people in the area.

The group expressed concerns about the one-way road system and lack of car parking around Epsom hospital.

4.2.3. Sutton

Some attendees expressed concerns that Sutton area would not cope with the increased traffic if all major acute services are located there. They also expressed concerns about parking in the area.

A few participants expressed concerns about the costs involved in the option to locate all major acute services at Sutton, as services would have to be built from scratch.

4.3. Feedback on the proposed model

A few people in this group suggest that the CCG's should work more on prevention to reduce the number of patients that require major acute services.

Some participants don't feel that either proposed solution would impact on their access to major acute services, most of those say that they live centrally to the three proposed options. In contrast one person thinks that considering the population growth and people living longer, both Epsom and St Helier hospitals should benefit from improved acute services. Another participant would like to be able to access services such as cardiology and trauma in the selected option.

Several participants said that they wouldn't mind having to choose between one of the solutions if that means one site with improved and efficient major acute services and where they would be seen faster and by the right professional. One person suggested that improved major acute services in one place would improve the reputation of that site by treating more patients and providing higher standards of care, which would result in attracting good professionals to work there.

In contrast, some participants are concerned that bringing together major acute services would generate longer waiting times and crowding of patients. Some attendees are concerned about the size of each site and they think that the new site would have to be much larger to cope with the demand for the entire area.

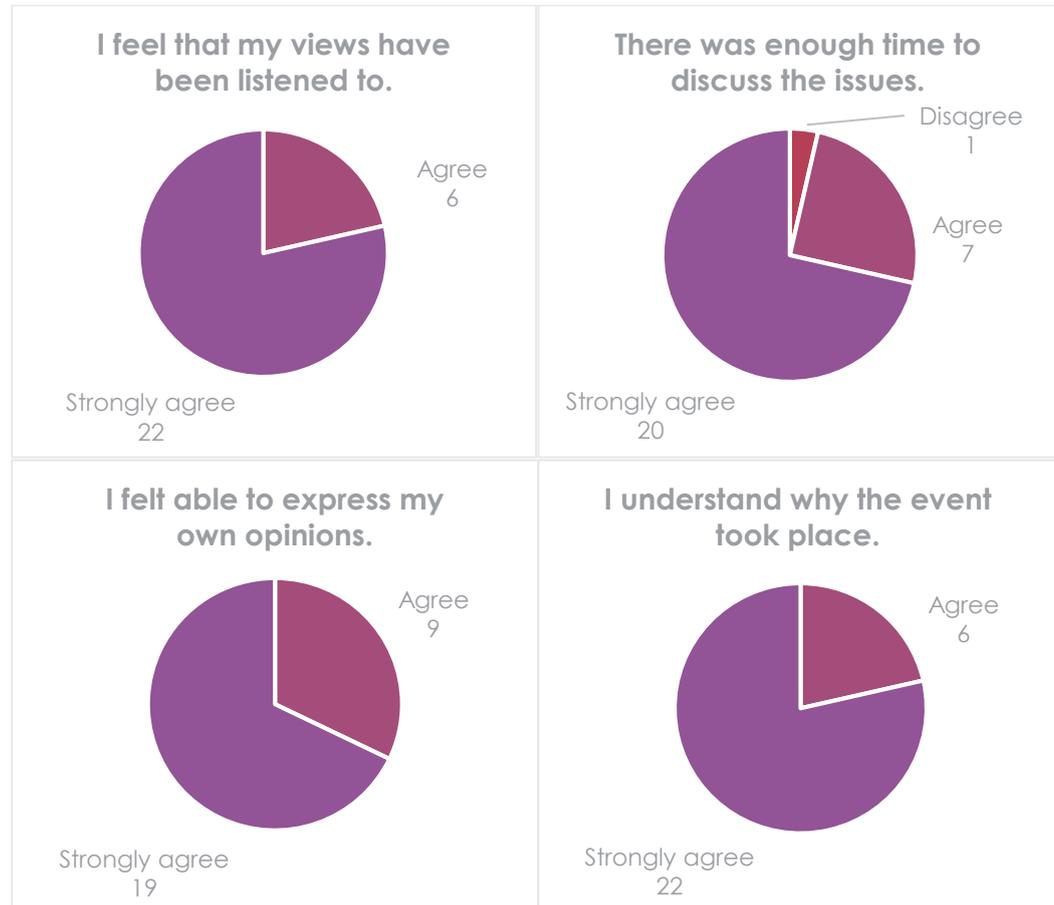
4.4. Other issues raised

Within general concerns, participants would like to know when the works are planned to happen; how long it would take; what time of the year the works would be carried out and would seasonal peaks of people using acute services be considered; would St Helier get extra space from the land it already own, such as the football field behind the hospital or its underground; Are there plans to add a heli-pad at St Helier; what happen to current service/demand during the works; if more ambulances would be required, how would this be considered; does the new acute service include trauma?

5. Feedback from the events

5.1. Feedback Forms

All participants completed a feedback form. The data below will be used to inform future engagement activities.

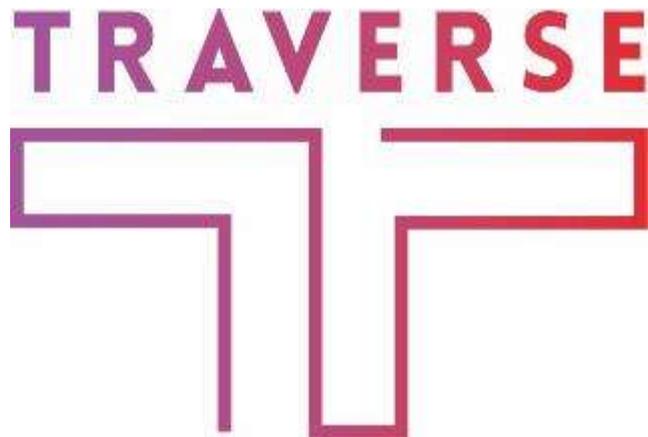


5.2. How participants should be involved

Attendees were asked how they would like to be involved in the decision-making process.

Several participants think that it is important to involve the community in the decision-making process. The main suggestions on how it should happen are:

- Local authority open house forum
- Local survey forms to residents to get true feedback from potential users.
- Community meetings to debate issues and may be have the ballot boxes
- Email and leaflets to inform people
- Vote from all residents in catchment area
- Meeting with head of hospital to see what they're doing



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