TRAVERSE

Options consideration process

Improving Healthcare Together 2020-2030

November 2018

Client	Improving Healthcare Together 2020-2030
Title	Options consideration process
Subtitle	Improving Healthcare Together 2020-2030
Dates	last published 06/12/2018 last revised 20/12/2018
Status	Final
Classification	Published
Author(s)	Lucy Farrow, Duncan Grimes
Quality Assurance by	Lucy Farrow
Main point of contact	Duncan Grimes
Telephone	0207 239 7800
Email	Duncan.grimes@traverse.ltd

If you would like a large text version of this document, please contact us.

t. 0207 239 7800 p. 252b Gray's Inn Road, London WC1X 8XG

e. info@traverse.ltd w. www.traverse.ltd

Contents

1. About this report

Traverse is an employee-owned engagement and research organisation that was commissioned by the Improving Healthcare Together 2020-2030 (IHT) programme to act as an independent facilitator for the options consideration process in October and November 2018. This independent report, prepared by Traverse, describes the process that was undertaken and the outputs of each workshop.

1.1. Background

NHS Merton, Surrey Downs and Sutton 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 IHT 2020-2030 programme which aims to address long-standing challenges at Epsom and St Helier Hospitals. In Summer 2018 the programme published an issues paper setting out the challenges, a vision for addressing them, and some potential solutions. By October 2018 the programme had collected feedback from over 800 people in the local area, as well as evidence on a range of potential impacts. As part of the process, the IHT programme wanted to work together with local residents and healthcare professionals to assess this evidence and evaluate each option.

1.2. *The Process*

Following best practice advice from The Consultation Institute, the IHT programme developed a process for working collaboratively with local people and professionals. The overall objective of the process was to inform the Governing Bodies decision making process with information about how the community and professionals assessed the options.

The aims of each workshop were to:

1) Decide the criteria to test the potential solutions
2) Decide the weighting for each criteria in terms of importance
3) Apply the criteria to score the options

Each workshop included a different group of stakeholders to represent a range of perspectives (see the participation section below for more detail).

Each workshop was guided by an independent facilitator to consider information presented by clinicians and other professionals. This information included feedback from the engagement reports, information from the programme issues paper, NHS and mayoral assurance tests, the deprivation impact analysis, the equalities scoping report and evidence prepared by the IHT team about the likely impacts of the projects.

The workshop process focused on evaluating the quality of each option, it did not consider their financial merits. The IHT programme chose to consider

the financial criteria separately to the quality criteria, recognising the difficulty of developing financial metrics within the workshop process.

The process for the workshops, and a draft Terms of Reference which set out how participants would be asked to work together were approved by the Stakeholder Reference Group. The terms of reference is in Appendix 1, and everyone attending the workshops was asked to sign a copy.

The workshops took place over the space of three weeks across three separate locations:

- Tuesday 30th October 13.00-17.00, Bourne Hall, Ewell
- Tuesday 6th November 13.00-17.00, The Sutton Life Centre
- Wednesday 14th November 13.00-19.30, Everyday Church, Wimbledon

Community members were compensated for their time, with a payment of £50 per session. Additional costs were covered upon request such as childcare for participants who would not otherwise have been able to attend.

1.3. Facilitator notes on the process

In each of the workshops participants discussed the case for change and the clinical model as well as the potential solutions proposed. Participants had a range of views on the need to relocate services, on the engagement process and on the suitability of the options. Facilitators confirmed that taking part in this process would not preclude participants from expressing these views during any future consultation. All participants who attended a workshop agreed to take part on this basis and in line with the terms of reference.

2. Participation

2.1. Types of participant

Each workshop involved three groups of people with distinct roles.

- **Participants:** Workshop participants were the decision makers, they weighed and discussed the evidence and issues presented, and made decisions on the criteria, weighting and scoring.
  - Each workshop was made up of around 60% community members and 40% professionals involved in the programme
- **Advisors:** Each workshop also had a smaller number of professional staff who provided evidence to inform the participants. Advisors did not have a decision-making role in the workshops.
  - Each workshop had appropriate advisors for the topics under discussion, drawn from the technical and clinical professionals supporting the programme
- **Observers:** In order to ensure that the process was fair and transparent a range of observers were invited to attend each workshop and oversee the process. Observers did not have a decision-making role in the workshop.
  - Observers were drawn from the programmes Stakeholder Reference Group, local Healthwatch groups and JHOSC officers.

A full list of participants is detailed in the appendix. The table below indicates the number of each type of participant in each workshop:

	Community participants	Professional participants	Observers	Advisers
Criteria workshop	11	8	4	5
Weighting workshop	13	3	5	5
Scoring workshop	14	10	5	10

2.2. Recruitment of community members

Members of local communities were key participants in this process. Decisions about recruitment were made by Traverse without involvement of the IHT programme team, and were made based on demographic criteria described below. The aim was to ensure participants represented a cross-section of the community, and residents of each of the three CCG areas.

Traverse used two methods to identify local residents who were interested in attending:

1) **Re-contacting previous participants in engagement events**. Traverse contacted local community members who had previously participated in IHT engagement events run by Traverse. This guaranteed the participation of certain key demographics; residents in deprived areas, users of paediatrics and maternity services as well as LGBTQ+ residents. This was either done directly by Traverse, sub-contracted to professional recruitment agency Plus4 if the participants had not agreed to Traverse holding their contact details or by members of the IHT team at events they were conducting with local groups of people with protected characteristics.
2) **Open advertisement** through community groups, social media and newsletters. Local community members responded to open advertisements to attend the workshops. A public advert (see appendix A) was disseminated through the IHT engagement lead and residents were asked to contact Traverse for further details. The advert was shared with a number of local community groups to raise awareness of the events e.g. Action for Carers. As part of the programme's work across the three CCG areas to involve equality groups, the opportunity to participate in these workshops was also shared with the service users engaged (this process reached 122 service users and 18 local support groups).

Once a local community member expressed interest in attending (either through re-contact or open advert) a member of the Traverse team conducted a screening interview. This interview aimed to obtain basic demographic and protected characteristic information to ensure that the workshops were attended by a broad cross-section of the community.

Observer participation was managed by the stakeholder reference group (SRG). As the SRG had a specific role in scrutinising the process they were invited to attend as observers rather than as participants.

Traverse also advised local participants in advance what was expected from them during the workshop in terms of decision-making and participation. Relevant background reading materials were shared with all participants in advance of the session.

For further information on the demographic breakdown of community participants see appendix A. In total there were 38 community and 21 professional participants, which met the 60/40 ratio of voting participants as agreed by CCG Governing Bodies.

Across the three workshops there was a good mix of participants from each of the three areas, and of most demographic characteristics. There were more participants in the older age groups than younger. There was a good mix of participants with disabilities and carers, groups which had been identified as potentially being affected most by any proposed changes in

services.

3. Criteria workshop results

In the criteria workshop participants were provided with information on:

- Evidence from engagement activities
- case for change,
- clinical model
- and potential solutions, as well as an overview of the feedback provided in the engagement to date.

While this information was familiar to many participants it was important that everyone taking part had a shared understanding of the background and context. The same information was presented in each of the three workshops, with time for discussion and clarification questions.

In order to develop criteria participants started by discussing the question 'if the proposed changes went ahead, how would we know that they were working?'.

This generated a large number of ideas for potential criteria. Participants were then asked to consider whether any of the evaluation criteria suggested by the programme board should be included and suggestions made by one of the technical advisors about how criteria should be formulated to be effective (e.g. they should be measurable, and differentiate the options). This generated a long list of over 30 criteria which participants were asked to consider before allocating green or red markers to the criteria they thought were most and least appropriate. Each criteria was then discussed with the full group and either included or excluded, to leave a final list of 16 criteria.

As the criteria identified in the workshop were often made up of several initial ideas grouped together on multiple post-its, the version below was developed following some drafting to clarify the definitions. This drafting was carried out jointly by the independent facilitators and technical advisors from PA Consulting, with the aim of capturing as clearly as possible the criteria agreed in the workshop.

Criteria	Definition
Accessibility	The extent to which the option allows patients, staff and visitors to access the site whether using public or private transport, in terms of travel time and cost
Availability of beds	The extent to which the option allows for an appropriate number of beds to meet the needs of the population
Delivering urgent and	The extent to which the option allows patients to access urgent and emergency care when needed

emergency care	
Staff availability	The option can be staffed appropriately, meeting rota requirements
Workforce safety, recruitment and retention	The extent to which the option retains a sustainable level of staffing with good staff experience and reduced sickness and absence rates
Alignment with wider health plans	The extent to which this option supports local, regional and national healthcare goals
Integration of care	The extent to which this option improves patient journeys through the health and social care systems via effective discharge planning, better communication between professionals and patients, and clarity about pathways
Complexity of build	How challenging is the build of the option, considering the impact on existing services and the local community
Impact on other providers	Impact on finance and workforce for other health and social care providers
Time to build	Length of time taken to build the option
Deprivation	The extent to which this option affects the most deprived communities in the area
Health inequalities	The extent to which this option helps to reduce health inequalities
Older people	How well this option meets the needs of the aging population
Clinical quality	The extent to which the option prevents people from dying prematurely, enhances quality of life and helps people recover from episodes of ill-health
Patient experience	The extent to which the option ensures patients are confident they are being treated by the right staff and are empowered in decision-making about their treatment and care, are treated with dignity and respect in an environment that is welcoming
Safety	The extent to which the option ensures patients are treated safely, with fewer serious incidents and lower excess mortality

There were a few factors which participants in the criteria workshop identified as being important considerations without necessarily being useful criteria to differentiate the options. This included

- the importance of any chosen option having adequate parking arrangements, and
- mental healthcare provision being considered.

In other cases, like patient safety, participants felt that criteria might not differentiate between options, but were too important not to include in the consideration process.

4. Weighting workshop results

In the weighting workshop participants had the same introduction to the case for change, clinical model and potential solutions as in each of the other two sessions. Then participants were introduced to the criteria and had a chance to indicate the level of priority they would assign to each criteria (high/medium/low) with coloured markers. As with the criteria workshops technical advisors from PA Consulting provided advice about weighting and examples from other healthcare programmes. Participants went on to assign individual weightings to the options, which were collated, and an average weighting calculated and presented back to the group. A further discussion was held, where participants decided that there was not enough consensus on the weightings to agree them as a group and they preferred to revise their individual scores and use the average. The weightings below are the average of all participants' individual scores.

Criteria	Weighting
Accessibility	8.4%
Availability of beds	5.0%
Delivering urgent and emergency care	8.6%
Staff availability	7.1%
Workforce safety, recruitment and retention	6.9%
Alignment with wider health plans	3.9%
Integration of care	6.8%
Complexity of build	5.0%
Impact on other providers	5.3%
Time to build	3.0%
Deprivation	6.3%
Health inequalities	6.0%
Older people	6.0%
Clinical quality	7.8%
Patient experience	6.6%
Safety	7.3%
Total	100.0%

5. Scoring workshop results

In the scoring workshop participants had the same introduction to the case for change, clinical model and potential solutions as in the other two sessions. After this the group worked through each criteria in turn. One of the professionals gave a five-minute presentation of the best available evidence on each criterion, followed by ten minutes of discussion and clarification questions at tables before participants recorded their scores. Participants were asked to score each of the three options (major acute services at Epsom, Sutton and St Helier) and for the 'no change' scenario for comparison. It is important to note that the CCG's do not believe the 'no change' scenario is possible, and this was explained in the workshop, it is presented purely for comparison.

The table below shows the average scores for each criterion and each option. You can see the full criteria descriptions in chapter 4, and you can review the evidence presented for each criterion in the appendices. To calculate the average score, we added up each participant's scores and divided the total by the number of scores[1].

	Epsom	Sutton	St Helier	No change
Accessibility	5.39	6.17	5.26	6.70
Availability of beds	6.57	7.48	7.39	5.65
Delivering urgent and emergency care	5.86	7.00	6.23	6.36
Staff availability	7.48	7.83	7.91	3.22
Workforce safety, recruitment and retention	6.52	6.91	6.74	4.00
Alignment with wider health plans	6.91	7.17	6.74	2.74
Integration of care	6.17	6.74	6.17	5.30
Complexity of build	5.91	8.04	5.00	4.61
Impact on other providers	3.52	6.70	6.48	5.59
Time to build	5.70	7.57	4.61	4.87

[1] For all criteria except 'Delivering urgent and emergency care' and the 'impact on other providers' for the no change option, this is the average of all 23 participant scores. One participant did not provide scores for all 'delivering urgent and emergency care' and the no change option for 'impact on other providers' and so the average is of the remaining 22.

Deprivation	4.13	5.57	5.30	4.87
Health inequalities	3.70	4.13	3.87	3.52
Older people	6.35	5.91	5.57	5.43
Clinical quality	6.48	6.35	6.91	3.74
Patient experience	6.04	6.26	6.65	4.30
Safety	7.04	7.43	7.39	4.61
TOTAL	**93.78**	**107.26**	**98.23**	**75.52**

6. Combined outputs

The final step of the process, which did not take place during the workshop, was to combine the scores and weighting for each criterion to produce a weighted score, as shown in the table below. These figures have been scaled to give scores out of ten, so they are directly comparable with the unweighted scores.

Criteria	Weighting	Epsom	Sutton	St Helier	No change
Accessibility	8.4%	0.45	0.52	0.44	0.56
Availability of beds	5.0%	0.33	0.37	0.37	0.28
Delivering urgent and emergency care	8.6%	0.50	0.60	0.54	0.55
Staff availability	7.1%	0.53	0.55	0.56	0.23
Workforce safety, recruitment and retention	6.9%	0.45	0.48	0.47	0.28
Alignment with wider health plans	3.9%	0.27	0.28	0.26	0.11
Integration of care	6.8%	0.42	0.46	0.42	0.36
Complexity of build	5.0%	0.30	0.40	0.25	0.23
Impact on other providers	5.3%	0.19	0.35	0.34	0.29
Time to build	3.0%	0.17	0.23	0.14	0.15
Deprivation	6.3%	0.26	0.35	0.33	0.31
Health inequalities	6.0%	0.22	0.25	0.23	0.21
Older people	6.0%	0.38	0.36	0.33	0.33
Clinical quality	7.8%	0.50	0.49	0.54	0.29
Patient experience	6.6%	0.40	0.42	0.44	0.29
Safety	7.3%	0.51	0.54	0.54	0.34
Total	**100.0%**	**5.89**	**6.65**	**6.21**	**4.79**

Appendix A: Workshop participation

A.1 Names of professional participants and observers

The criteria workshop was attended by 11 community members and:

Advisors (5)	Professional participants (8)	Observers (4)
Dr John Clarke, ESHT Andrew Demetriades, IHT programme Charlotte Keeble, IHT programme PA Consulting (x2 colleagues)	James Blythe, Managing Director Merton CCG Michelle Rahman, Managing Director, Sutton CCG Jeff Croucher, Clinical Chair Sutton CCG Karen Worthington, GP Clinical Governing Body Member Merton Susan Gibbins, Lay member Sutton CCG Jacky Oliver, Lay member Surrey Downs CCG Clare Gummett, Lay member Merton CCG Simon Williams, Clinical Director Surrey Downs CCG	David Clayton-Smith, independent chair IHT programme board David Williams, Healthwatch Sutton Pete Flavell, Healthwatch Merton Nigel Colin, IHT Stakeholder Reference Group and College Ward RA Committee

The weighting workshop was attended by 13 community members and:

Advisors (5)	Professional participants (3)	Observers (5)
Dr John Clarke, ESHT Andrew Demetriades, IHT programme PA Consulting (x3 colleagues)	Dr Douglas Hing, Clinical Director Merton CCG Sue Tresman, Lay member Surrey Downs CCG Pippa Barber, Lay member Sutton CCG	David Williams, Healthwatch Sutton Saffron Pineger, Freshwater communications Melanie Martin, Sutton CCG James Blythe, Managing Director Merton CCG Simon Williams, Clinical Director Surrey Downs CCG

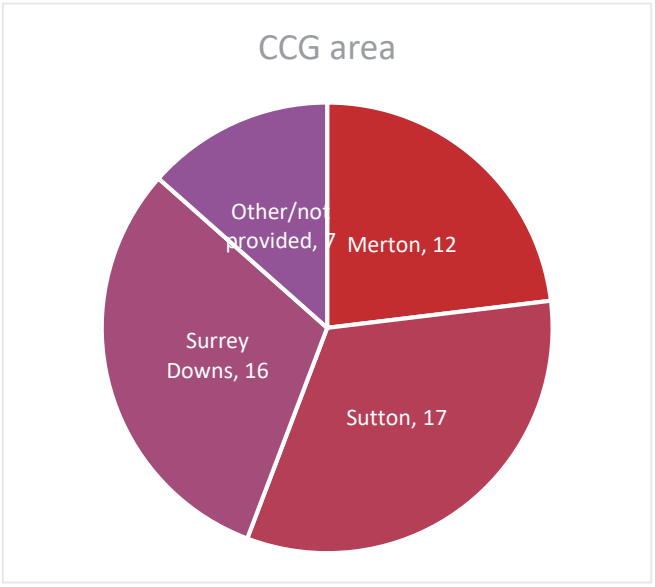
The scoring workshop was also attended by 14 community members. The

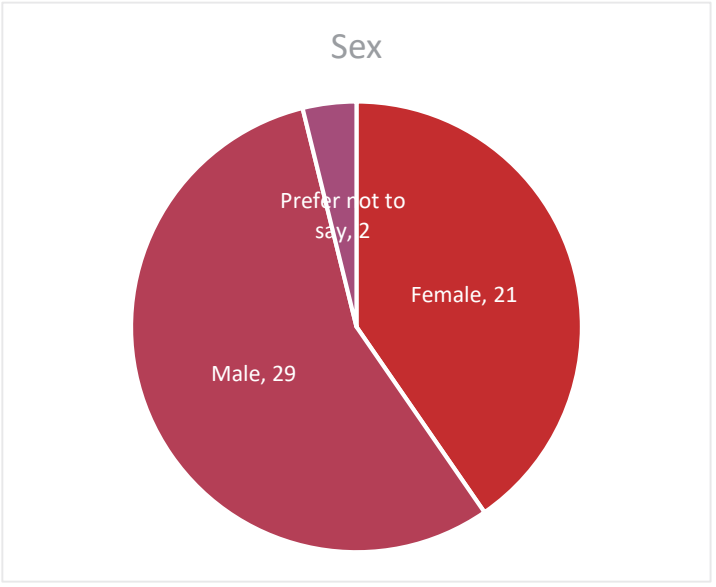
scoring workshop had a larger number of advisors than the previous workshops in order to present evidence on particular criteria, for example the consultants who prepared the deprivation and travel time analysis.

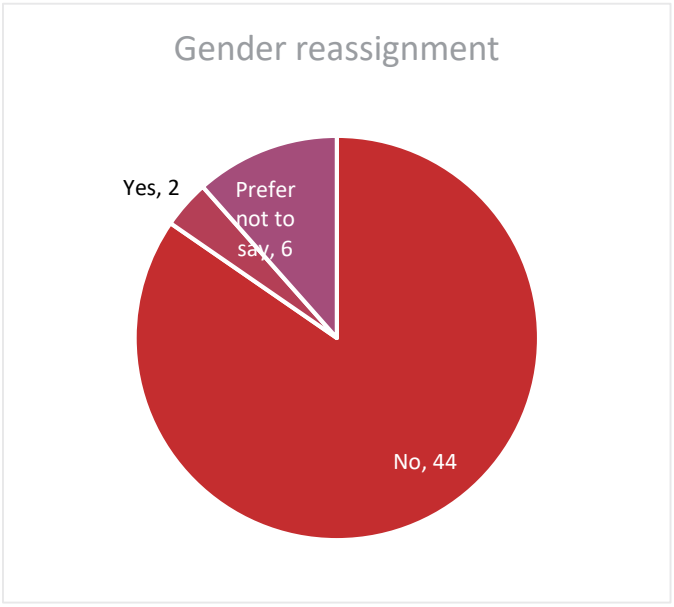
Advisors (10)	Professional participants (10)	Observers (5)
Andrew Demetriades, IHT Programme	Jonathan Perkins, Lay member Surrey Downs CCG	Pete Flavell, Healthwatch Sutton
James Marsh, Medical Director ESHT	Andrew Leigh, Lay member Merton CCG	David Clayton-Smith, Independent Chair IHT Programme Board
Trevor Fitzgerald, Director of Estates, ESHT	Les Ross, Lay member Sutton CCG	Saffron Pineger & John Underwood, Freshwater Communications
Frances Parrott & Neil Hurst, Mott McDonald	Dr Russell Hills, Clinical Chair Surrey Downs CCG	Barry Creasy, the Consultation Institute
Tim Pope & Toby Irving, PPL	Dr Jeff Croucher, Clinical Chair Sutton CCG	Suzi Shettle, Communications Lead Surrey Downs CCG
PA Consulting (x3 colleagues)	Dr Andrew Murray, Clinical Chair Merton CCG	
	Matthew Tait, Accountable Officer Surrey Heartlands	
	Sarah Blow, Accountable Officer SW London Alliance	
	James Murray, Chief Finance Officer SW London Alliance	
	Karen McDowell Chief Finance Officer Surrey Downs CCG	

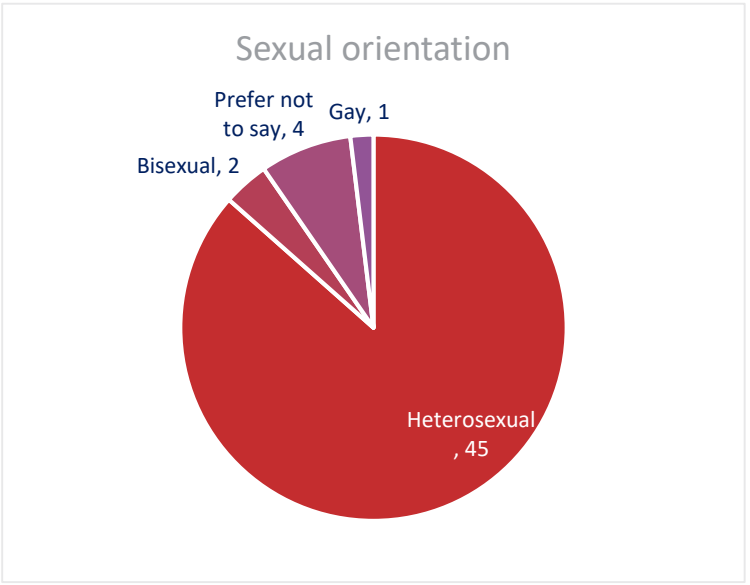
A.2 Participant demographics

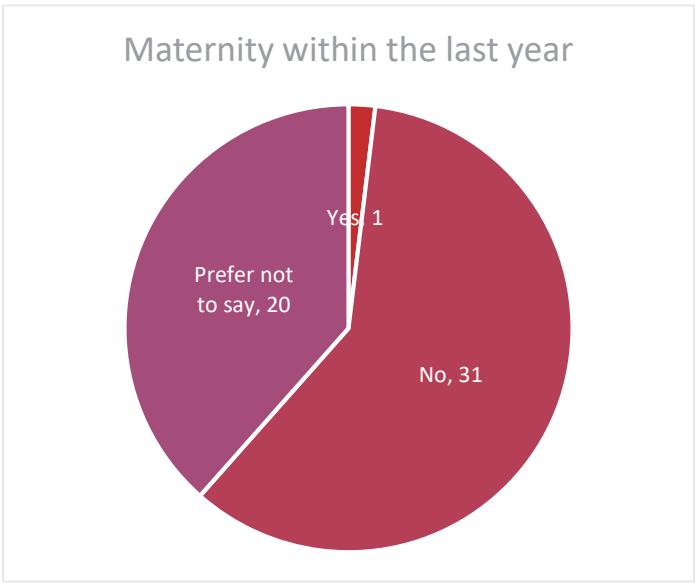
The data below outlines the key demographic information for community and professional participants across the three workshops. This information was gathered voluntarily through equalities monitoring forms, with 52 of the 59 participants completing the forms.

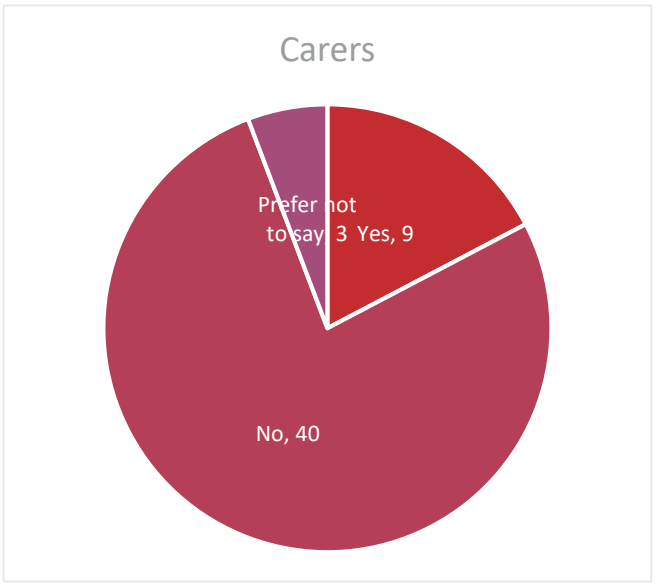

CCG area
Other/not provided, 7
Merton, 12
Surrey Downs, 16
Sutton, 17

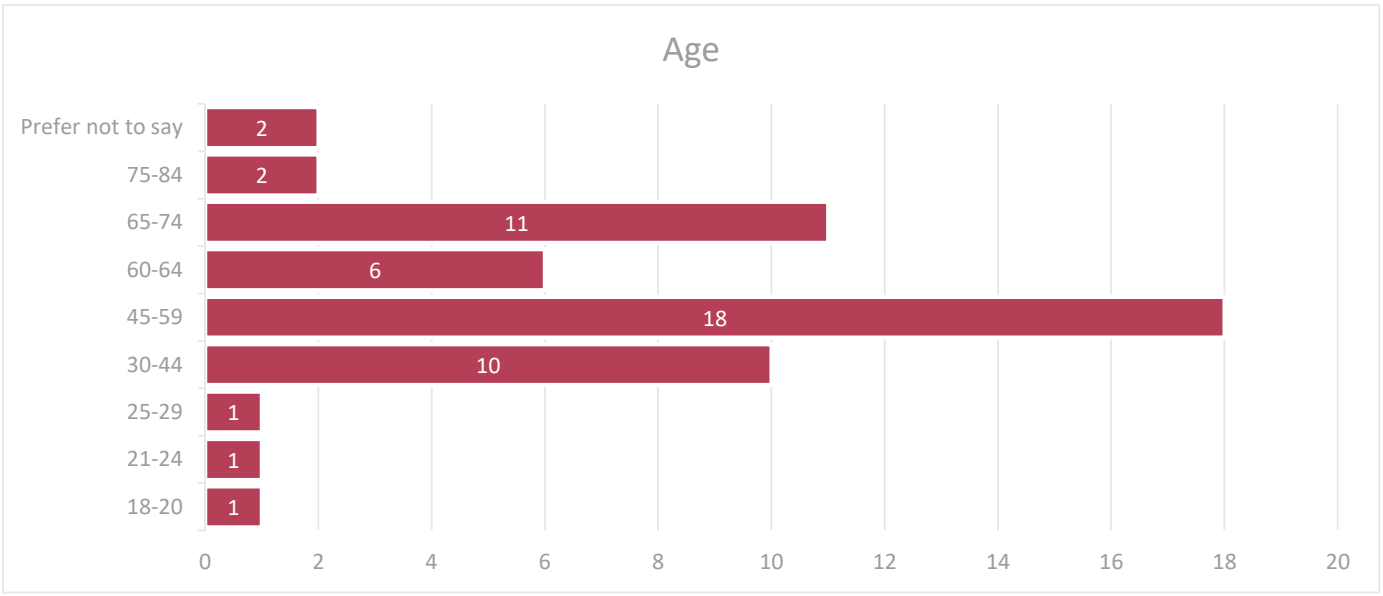

Sex
Prefer not to say, 2
Female, 21
Male, 29

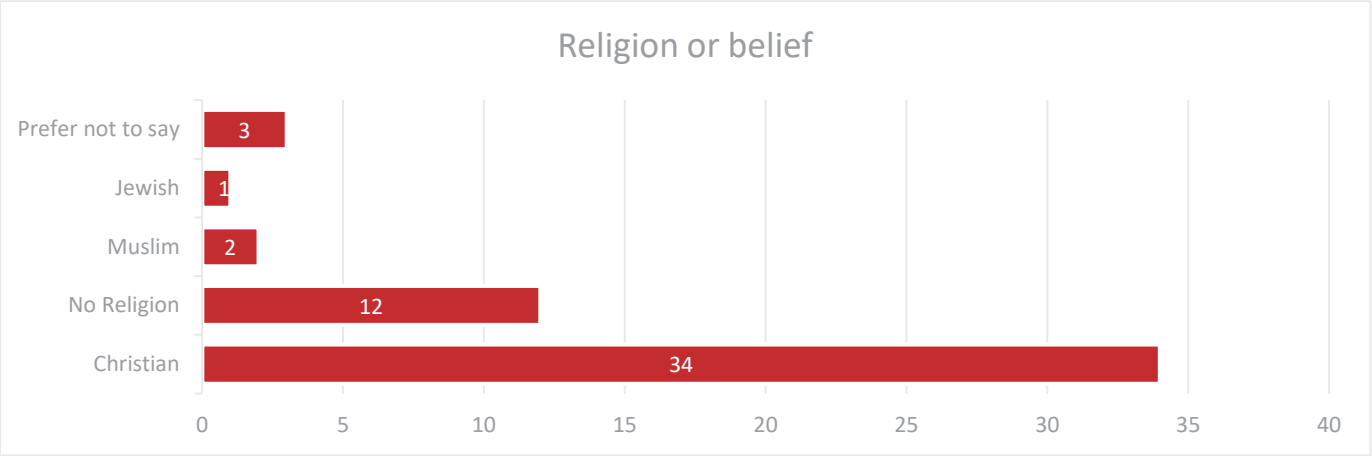

Gender reassignment
Yes, 2
Prefer not to say, 6
No, 44

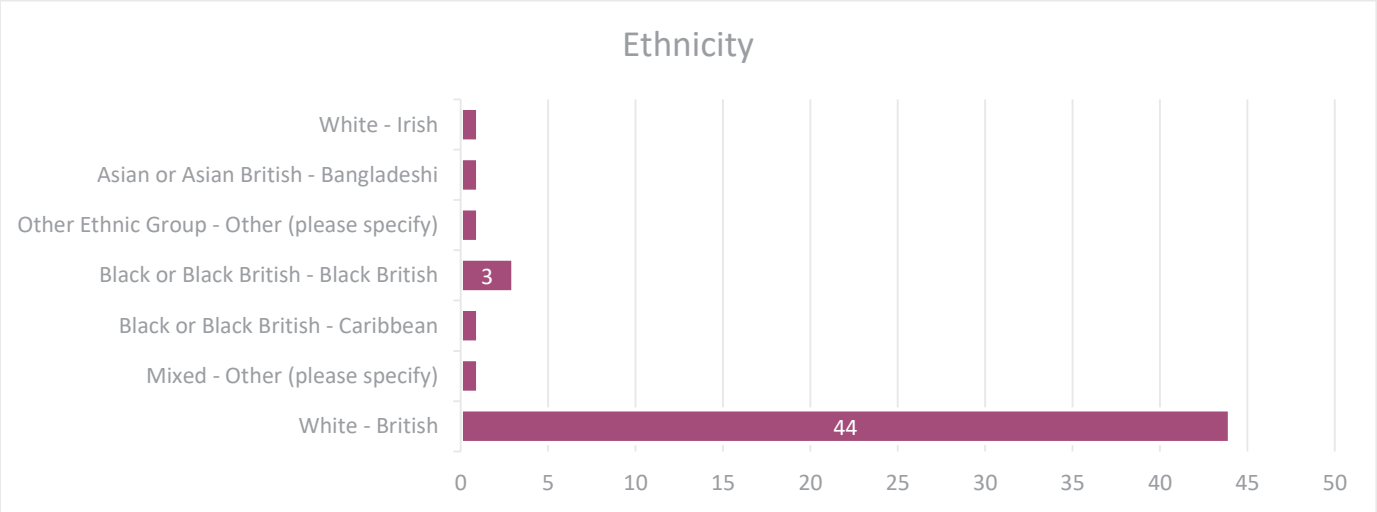

Sexual orientation
Prefer not to say, 4
Gay, 1
Bisexual, 2
Heterosexual, 45

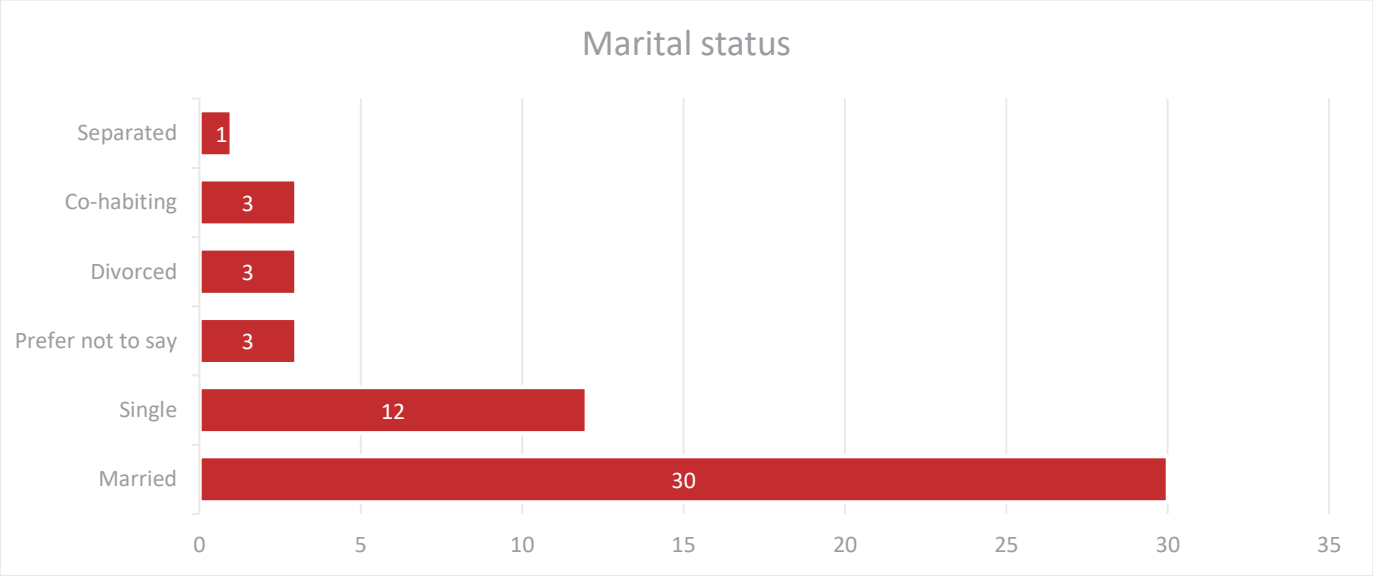

Maternity within the last year
Yes, 1
Prefer not to say, 20
No, 31


Carers
Prefer not to say, 3
Yes, 9
No, 40


Age
Prefer not to say
75-84
65-74
60-64
45-59
30-44
25-29
21-24
18-20
2
2
11
6
18
10
1
1
1
0
2
4
6
8
10
12
14
16
18
20


Religion or belief
Prefer not to say
3
Jewish
1
Muslim
2
No Religion
12
Christian
34
0
5
10
15
20
25
30
35
40


Ethnicity
White - Irish
Asian or Asian British - Bangladeshi
Other Ethnic Group - Other (please specify)
Black or Black British - Black British
3
Black or Black British - Caribbean
Mixed - Other (please specify)
White - British
44
0
5
10
15
20
25
30
35
40
45
50


Marital status
Separated
1
Co-habiting
3
Divorced
3
Prefer not to say
3
Single
12
Married
30
0
5
10
15
20
25
30
35

A.3 Recruitment materials

The advert used to promote the events to local community members:

Improving Healthcare Together 2020-2030
NHS Surrey Downs, Sutton and Merton CCGs

NHS

Epsom and St Helier Hospitals – get involved in the future of your local hospitals

We face many challenges at Epsom and St Helier hospital around the staff, buildings and finances.

Sutton, Surrey Downs and Merton Clinical Commissioning Groups are looking at these challenges and trying to decide the best way to solve them. We have some potential options and we want local people to have a genuine say in how the best option is chosen.

An independent research company called Traverse (https://traverse.ltd/) will be running workshops on behalf of the NHS to **develop a recommendation about the options.**

You will be given information, to help you to give your opinion about how you think the NHS should make this decision.

Who do we want to speak to?

We'd like to hear from **residents who have used either Epsom or St Helier hospital in the last twelve months.**

We'd also like to hear from **local residents with disabilities and carers that use these hospitals.**

When do we want to speak to you?

There are three half-day workshops. You only need to attend one workshop, so please look at the following dates and see if you are available:

- Monday 29th October, 13.00-17.00, Bourne Hall, Ewell
- Tuesday 6th November, 13.00-17.00, The Sutton Life Centre

- Wednesday 14th November, 13.00-19.30, Wimbledon (exact location TBC)

Why should I take part?

The main reason to participate **is to be involved in this important decision** that impacts your area. So most of all we want people who take that responsibility seriously. We do recognise that we are asking you to give up your time, so we are offering **£50 to each participant**. If you incur additional costs such as childcare, we may be able to reimburse that as well. We can discuss that with you and make a decision on a case by case basis.

How do I take part?

If you are available on these days and would like to be involved. Please contact, Duncan Grimes, one of the independent researchers who will be running the discussion at:

Email: Duncan.grimes@traverse.ltd

Mobile phone: [removed for publication]

Thank you!

Your views are important and will help us to deliver better health care for local residents.