

April 2020

Improving Healthcare Together

**Report on a representative telephone
survey**

Benjamin Brewer, Freddie Gregory, Eileen Irvin, Kate Duxbury

Ipsos MORI



Contents

1 Executive Summary	4
1.1 Awareness of the proposals	4
1.2 Views of the overall proposal	4
1.3 Considerations when selecting the hospital site	5
1.4 Views of the three hospital sites.....	5
1.5 Perceived impact of each site.....	5
1.6 Ease of access to each site.....	6
1.7 Conclusions	6
2 Introduction	7
2.1 Background and objectives	7
2.2 Methodology	8
2.3 Questionnaire.....	9
2.4 Note about presentation and interpretation of the data	9
3 Perceptions of the overall proposal	11
3.1 Awareness of proposed changes	11
3.2 Views of the overall proposal	13
3.3 Reasoning underpinning views on the overall proposal	14
4 Participants’ views on the optimal site for the new hospital	17
4.1 Considerations when selecting the hospital site	17
4.2 Views of each site.....	18
5 Perceived impact of each proposed site	22
5.1 Impact each site would have on individual and family	22
5.2 Reasoning for thoughts on impact.....	24
5.3 Ease of access for each individual site.....	26
6 Conclusions	29
7 Appendices	30
Appendix A: Statistical reliability	30
Appendix B: Profile of the sample	32
Appendix C: Topline survey data	34

1 Executive Summary

In 2017, the Surrey Downs, Sutton and Merton Clinical Commissioning Groups (CCGs) launched the Improving Healthcare Together (IHT) programme, which intended to find a solution to the challenges facing Epsom and St Helier University Hospitals NHS Trust. In January 2020, the IHT programme began its public consultation to gather feedback on its proposals to improve the buildings at both Epsom and St Helier hospitals, as well to build a new specialist emergency hospital. As part of this consultation, the CCGs commissioned a telephone survey to explore public attitudes and views of the current proposals.

This report highlights key findings from survey data collected from telephone interviews with 655 residents from across the Surrey Downs, Sutton and Merton CCGs and 96 residents from areas surrounding the CCGs. Fieldwork was conducted between 20th February and 18th March 2020.

1.1 Awareness of the proposals

Approaching half of people knew nothing about or had not heard of the IHT programme or proposals before the survey (46%), while a quarter (25%) say they knew a great deal or a fair amount. Lower levels of awareness are found among men (51% say they knew nothing about or had not heard of them), younger people aged 16 to 34 years (61% say they knew nothing about or had not heard of them), and people from black and minority ethnic (BAME) backgrounds (53% say they knew nothing about or had not heard of them).

Awareness of the proposals also varies depending on use of hospital and CCG, with awareness higher amongst people who have recently used any of the three Epsom and St Helier University Hospitals NHS Trust than those who have not used them in the past year. Linked to this, people in Sutton CCG are more aware of the proposals than those in Merton CCG.

1.2 Views of the overall proposal

Participants were given some further information about the proposed changes and the reasoning behind them. Overall, three-fifths (60%) think the current proposals are a good or very good solution, with just under one fifth (17%) stating they are a very poor or poor solution. Some groups within the CCGs are particularly positive, including younger people (71% say it is a good or very good solution), people from BAME backgrounds (71% say it is a good or very good solution), and those living in more deprived areas (73% say it is a good or very good solution)¹.

However, higher reported levels of awareness appear to result in a more negative view of the proposals with people who are less aware more likely to view them as good or to be unsure (20% of those who say they know a great deal or fair amount about the proposals think it is a poor or very poor solution, compared with 12% of those who have not heard of the proposals or know nothing about them). There are also differences in views of the proposals between CCGs, with those living in Merton CCG more positive and Surrey Downs CCG more negative, although this may be related to differences in demographics between the two CCGs (66% of those living in Merton CCG think it is a good or very good solution, compared with 55% of those living in Surrey Downs CCG).

In terms of the reasoning behind views of the proposal, around half of people who view it as a good solution (51%) agree with the case for change, saying that they understand the current situation needs to improve or that there is a clear need to improve the quality of care, staffing levels and the Trusts estates

¹ Please treat result with caution as it is based on a smaller number of participants (81), although results are significant

and facilities. In addition, two-fifths (41%) agree with the proposed model of care in terms of centralising services and bringing key services together into a single specialist hospital.

People who view the proposals as poor are mainly concerned about travel time to the hospital. This includes 35% saying the new hospital would impact negatively on travel and journey time, 22% pointing to specific concerns around emergency response journey times and traffic congestion, and 22% citing a lack of appropriate transport links. In addition, some of those viewing the proposals as poor disagree with the principles underpinning them. Three in ten (30%) disagree with the proposed model of care and are against the idea of centralising services into a single hospital, while one in five (19%) suggest that there do not need to be any changes and that all services should be kept at existing hospitals or money spent on existing sites.

1.3 Considerations when selecting the hospital site

The public think that how far people have to travel is the most important factor when deciding where the new site should be located (56%). Other important factors include around one in ten saying that it should be in a central location or close to where the population density is greatest (12%), that parking should be available (10%) and that there should be ease of access (10%).

1.4 Views of the three hospital sites

Looking at views of the three possible sites for the new specialist emergency care hospital (Epsom, St Helier or Sutton), the public are most likely to view St Helier (55%) as a good or very good solution, followed by Epsom (47%) and Sutton (43%). The proportion of people who are negative about the sites and think they offer a poor or very poor solution is consistent across the three sites, with around one in five saying each site is a poor or very poor solution: 22% for Epsom, 19% for St Helier and 18% for Sutton.

People's proximity to each location and previous usage of hospitals influence their support for each individual proposal. They tend to be more positive about the hospitals that are closer to them and those that they have used in the past year. As for views of the overall proposal, those who are less aware of the proposals tend to be more positive about each site. In addition, younger people aged 16 to 34 years and people from BAME backgrounds are more likely to be positive about each site.

1.5 Perceived impact of each site

Participants were also asked about the impact they think the new specialist emergency care hospital being based at each site would have on them and their families. St Helier (46%) is seen as the site which would have the most positive impact followed by Epsom (41%) and then Sutton (32%). Around one-quarter of the public say each site would have a negative impact and one-third say the site location would have no impact on them. People are more positive about sites where they have recently accessed the hospital, and where the site is close to them and is easy to travel to. Reflecting this, those living outside the three CCGs and those living outside the catchment area are more likely to say each site would have no impact on them.

Where the public think a site would have a positive impact on them and their family, this is generally because of the convenience and accessibility of the location, or because it is the hospital they prefer and go to regularly. Similarly, reasons for believing a site would have a negative impact are related to travel time, how accessible the location is and a concern about reduced access to services.

1.6 Ease of access to each site

Just under three-fifths (58%) think that St Helier Hospital would be very or fairly easy for them to travel to, with 49% saying Epsom Hospital would be fairly or very easy to travel to, and 44% for Sutton.

As to be expected, reported ease of access to each site is also influenced by proximity, with people finding it easier to travel to a site when they live closer to it. There are differences in ease of travel by ethnicity and deprivation. People from BAME backgrounds and the most deprived areas are more likely to say it will be easy to travel to St Helier (69%, compared with 53% of people from white backgrounds), while people from white backgrounds and in the least deprived areas are more likely to say it will be easy to travel to Epsom.

1.7 Conclusions

The importance of the location of the new specialist emergency hospital runs through the findings as a key theme. How far people have to travel is identified as the most important factor when deciding where the new site should be located. People's proximity to the potential sites strongly influences views on each location both in terms of whether it is a good or poor solution, and the impact it would have on them. The public is also more positive about sites they have recently used.

The findings therefore indicate that the CCGs should consider ease of access in terms of journey times, particularly during emergencies, and public transport as part of the decision-making process regarding the site options. It also suggests that communications about the changes will be important for the population, since their familiarity with hospitals forms an important part of their judgements about the proposed solution.

2 Introduction

This chapter outlines the context to the research, including an overview of the proposals put forward as part of the Improving Healthcare Together programme. It also provides a summary of the research objectives and methodology.

2.1 Background and objectives

2.1.1 Improving Healthcare Together programme

The Epsom and St Helier University Hospitals NHS Trust operates from three hospitals, Epsom, St Helier and Sutton. Epsom and St Helier hospitals are general hospitals that currently provide a range of services, while Sutton Hospital provides fewer services. In 2017, Epsom and St Helier University Hospitals NHS Trust published a strategic outline case for investment in both Epsom and St Helier hospitals, relating to concerns around the numbers of qualified staff, financial sustainability and the condition of buildings. As a result, the Improving Healthcare Together (IHT) programme was launched by Surrey Downs, Sutton and Merton Clinical Commissioning Groups (CCGs) – who are responsible for planning the majority of NHS hospital and community services for local people.

IHT was allocated £500 million in September 2019, to improve the buildings at both Epsom and St Helier hospitals, as well to build a new specialist emergency hospital. Under these proposals this would mean:

- Refurbishing Epsom and St Helier hospital buildings to deliver the majority of services – including 24/7 urgent treatment centres, outpatient and diagnostic services, planned care procedures and rehabilitation beds.
- Bringing together six services for the sickest patients and those giving birth into a new specialist emergency care hospital – including a major emergency department, acute medicine for patients, critical care for those with life threatening conditions, emergency surgery, births and inpatient paediatric services.

The IHT programme identified that the new specialist emergency care hospital could be located at Epsom, St Helier or Sutton Hospital, and selected Sutton as the preferred option. The IHT programme launched a public consultation to gather feedback on the proposals, from those in the local area who could potentially be impacted by these changes. Further details about the programme can be found at <https://improvinghealthcaretogether.org.uk/>.

To help inform this consultation, the IHT programme commissioned Ipsos MORI to explore public attitudes and views on current proposals. This research was conducted via telephone interviews with a representative sample of the general public across the CCGs.

2.1.2 Research aims and objectives

The principle aim of the research was to engage with members of the general public, who use health services across Surrey Downs, Sutton and Merton CCGs, to gather their views on how they feel about the proposals for change.

More specifically, the research sought to achieve the following objectives:

1. Engage with a representative sample of the general population to explore attitudes towards the proposals.

2. Reach beyond those most engaged and informed, to people whose views may not otherwise have been heard.
3. Provide insight into if and how attitudes vary in different regional contexts and across different sub-groups of participants.

This approach was designed to capture an overall view from the general public towards the proposals, as put forward under the Improving Healthcare Together programme.

2.2 Methodology

In total, 751 members of the general public aged 16 and over were interviewed via telephone between 20th February and 18th March 2020.

The majority of numbers for the survey were generated using Random Digit Dialling (RDD). For landline numbers, this involved generating a phone number by randomly adding the last set of digits to known valid area codes and exchange numbers to produce a telephone number. Other than the approximate geographical location of this number based on the area code and telephone exchanges, nothing else was known about the number. In order to make sure the research reached a wider mix of participants and mobile-only households, this was supplemented with a sample of mobile numbers. Mobile sample was targeted to the CCGs or outer postcodes within the outlined interview area – this was based on a mixture of electoral roll and other lifestyle databases. At the start of a telephone interview, the participant was asked to verify their postcode in order to make sure that they lived within an outlined interview area, and if so, to then attribute their responses to their corresponding region.

The sample was designed to be representative, to include participants across Surrey Downs, Merton and Sutton CCGs, as well as a smaller proportion of interviews with those who fell outside of the IHT CCGs but may well still use the services within the Epsom and St Helier University Hospitals NHS Trust. As a result, based on population size from census data, the following number of interviews were achieved in each area:

- Surrey Downs (274);
- Merton (195);
- Sutton (186);
- Non-IHT CCGs (96).

Quotas were also set within each of these areas based on age, gender, ethnicity and working status, adjusted to reflect the demographic profile of each area outlined above. This means targets were set for the number of interviews achieved within each group, to reflect the demographic profile of each area as closely as possible – the results are representative within each area, as well as overall.

Data were weighted as a final adjustment to match the population profile of the areas. Data for Surrey Downs, Merton and Sutton CCGs were all weighted according to the demographic profile of the individual CCG, based on gender, age, ethnicity and working status – these profiles were then aggregated when combining the data for the three IHT CCGs. For the non-IHT CCGs, data were also weighted on gender, age, ethnicity and working status, aggregated from the eligible postcodes outside Surrey Downs, Merton and Sutton CCGs.

Additionally, work was conducted by Mott MacDonald to define a catchment area for the Epsom and St Helier University Hospitals NHS Trust by assigning Lower Layer Super Output Areas (LSOAs) to the catchment area based on travel time to the nearest hospital. This means the telephone survey can be used to analyse if findings for the catchment area (i.e. all participants whose nearest hospital is Epsom, St Helier or Sutton) differ from findings across the three IHT CCGs. Data for participants in the catchment area have been weighted to the aggregated profile of LSOAs falling within the catchment area, by gender, age and working status.

For the purpose of this report, the focus of our analysis is on the combined CCG area, so including all participants in the Surrey Downs, Merton and Sutton CCGs as the survey was designed to be reflective of resident views across the CCGs. Findings for the participants outside the three IHT CCGs are also commented on. Where there are significant differences, findings for the catchment area are drawn out in the commentary.

2.3 Questionnaire

The questionnaire was adapted from the version the IHT programme developed for the public consultation. The finalised questionnaire included the following:

- Screener demographics – this verified that the participant was eligible to take part due to postcode and age, plus gathered more detail based on gender, ethnicity and working status.
- Local NHS – this section aimed to understand participants' usage of hospitals in the local area.
- IHT overall proposals – designed to explore awareness of the IHT programme, and briefly outline proposals before asking for their overall view and their reasoning for this.
- Views of sites – this asked participants to consider the factors they deemed most important when considering the site for locating the new hospital, plus their thoughts on each individual site as a solution.
- Impact of sites – explored the impact each proposed site could have on participants and their family, the reasons for this, and how easy or difficult it would be to travel to the new hospital (based on each site scenario).
- Key demographics – additional sub-group data was gathered based on pregnancy, whether the participant was a parent to a child under the age of 16 and whether they had a disability.

In the questionnaire, where pre-coded questions were used the codes were based on an initial code frame provided by Opinion Research Services (ORS). ORS was running the wider consultation and was able to provide codes they developed when analysing initial responses to the wider public consultation. A full copy of the survey questions and topline results data can be found in the Appendices to this report.

2.4 Note about presentation and interpretation of the data

This report presents the data from the Improving Healthcare Together telephone survey. It comments on differences in the data between different sub-groups within the total sample surveyed, for example differences in views between men and women. A difference has to be of a certain size in order to be statistically significant and only differences which are statistically significant at the 95% confidence interval are commented on in this report. In addition to being statistically significant, only sub-group

differences which are interesting and relevant to the question being analysed are commented on in the report.

For the most part, only sub-groups with 100 or more participants are commented on in this report. It should be noted, however, that the smaller the size of the sub-group, the less we can rely on the survey estimates to be true representatives of the population as a whole. Findings for groups with as few as 100 participants can be subject to confidence intervals of +/-10% (please see the appendices for more details). In some cases, sub-groups comprising fewer than 100 participants are commented on in the report and these should be treated with particular caution.

Survey participants are permitted to give a 'don't know' answer to most of the questions and these responses are not excluded from the analysis. These responses are referred to in the report where they form a substantial proportion.

Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of 'don't know' categories, or participants being able to give multiple answers to the same question. Throughout the volume an asterisk (*) denotes any value of less than half of one per cent but greater than 0%.

3 Perceptions of the overall proposal

This chapter focuses on perceptions of the overall proposal put forward by the Improving Healthcare Together programme. It details previous awareness of the proposed changes, views of the overall proposal and the reasoning underpinning these views.

3.1 Awareness of proposed changes

Around half of the public knew nothing about or had never heard of the IHT programme or proposals

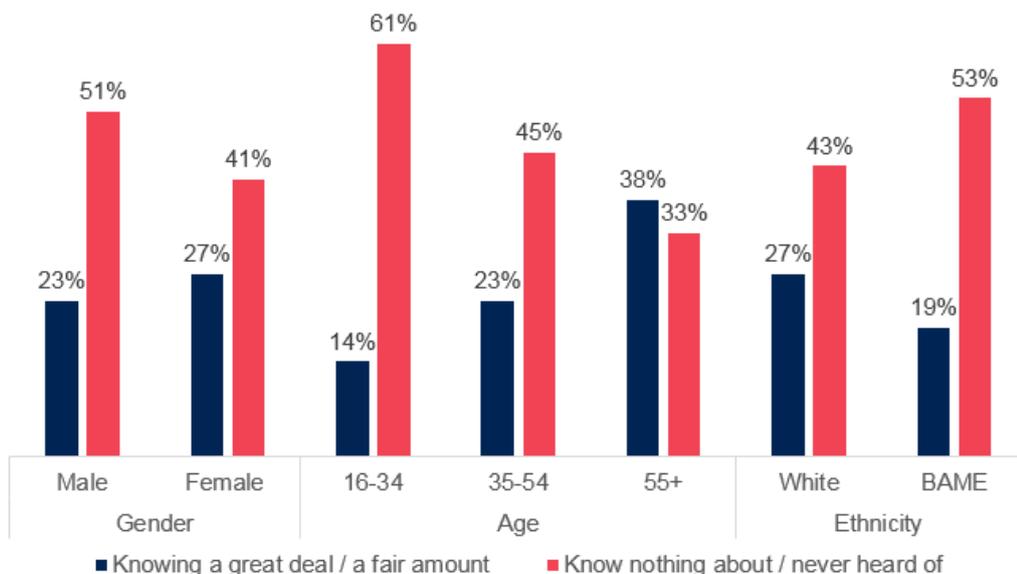
Participants in the survey were asked how much, if anything, they had heard about the Improving Healthcare Together programme or proposed changes to Epsom, St Helier and Sutton hospitals before taking part in the survey.

Overall, one-quarter of people (25%) say they knew a great deal or fair amount with around three in ten (29%) saying they knew just a little. Just under half (46%) say they knew nothing or had never heard of the programme or proposals.

Awareness differs across gender, age and ethnicity

Looking across demographics there are some clear differences in awareness of the proposals. Groups with lower awareness of the proposals include:

- **Men:** Just over half of men (51%) say they knew nothing about or had never heard of the programme, compared with 41% of women.
- **Young people:** 61% of people aged 16-34 knew nothing about or had never heard of the programme compared with 45% of those aged 35-54 and 33% of people aged 55+.
- **People from black and minority ethnic (BAME) backgrounds:** 53% say they knew nothing about or had never heard of the programme compared with 43% of people from white backgrounds.



Question(s): IHTP.1. How much, if anything, had you heard about the Improving Healthcare Together programme or proposed changes to Epsom, St Helier and Sutton hospitals before today?
 QGENDER: Do you identify yourself as male, female or in another way?
 QAGEBANDS: Please can you confirm which age band you fall into?
 QETHNICITY: Which ethnic group do you consider yourself to belong to?
 Base: Gender Males (293) Females (363), Age: 16-34 (160) 35-54 (267) 55+ (228), Ethnicity: White background (542) BAME background (113)

Awareness also varies depending on use of hospitals and the CCG people fall into

As to be expected, people who have not recently used Epsom, St Helier or Sutton Hospitals have limited awareness of the IHT programme or proposed changes, with three-fifths (61%) stating they knew nothing about or have never heard of the proposals. The following table shows that awareness is higher amongst people who use any of the three hospitals compared with the overall population.

Public awareness of proposals amongst those who use the three hospitals and those who have not in the last year			
	All participants (655)	Used any of the three hospitals in the last year (415)	Used none of the three hospitals in the last year (240)
Know a great deal/ a fair amount	25%	31%	15%
Know nothing about/ never heard of	46%	37%	61%

Looking across the CCGs, those living in Sutton CCG are more likely to say they knew a great deal or fair amount about the proposals (32%, compared with 25% overall). In contrast, those living in Merton CCG are less likely to be aware compared with the other CCGs (56% say they are not, compared with 46% overall).

People living outside the three IHT CCGs are also less likely to be aware compared with IHT CCGs overall (80% say they are, compared with 46%)². Similarly, people outside the Epsom and St Helier

² Please treat results with caution as they are based on a small number of participants (96)

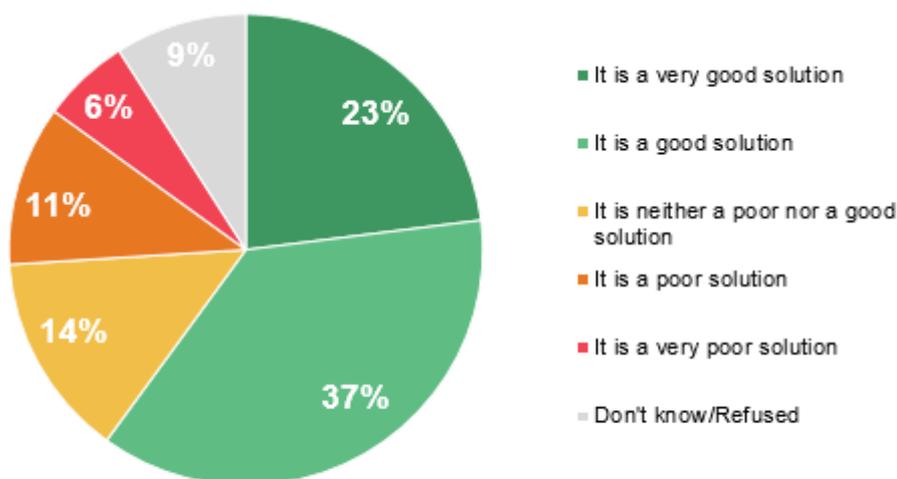
catchment area are less likely to have heard about the proposals, with 65% saying they know nothing about the programme compared with 40% of people inside the Epsom and St Helier catchment area. As most of the people in the survey outside of the catchment area are in Merton CCG this may explain the low awareness in Merton.

3.2 Views of the overall proposal

Once participants were asked how much they had heard about the IHT programme, they were given some further information about the proposed changes and the reasoning behind it. This includes the challenges Epsom and St Helier University Hospital Trust are facing (difficulty finding qualified staff, finances and old buildings/estates), the need to find a long-term solution, which services would be available at the new location and which would remain at current sites (full information provided to participants in the survey can be found in the appendices). Participants were then asked to rate the proposal on a scale of very good to very poor.

Overall, a majority of the public believe the proposals are a good solution

Three-fifths (60%) think the current proposals are a good or very good solution, with just under one fifth (17%) stating they are a very poor or poor solution. However, 14% think it is neither a good nor poor solution, and around one in ten (9%) don't know, suggesting that around one-quarter of the public are unsure of the merits of the proposal.



Question(s): IHTP2. How good or poor do you think this solution would be for people living in the Surrey Downs, Sutton and Merton areas?

Base: All participants in Surrey Downs, Merton and Sutton CCGs (655)

People from BAME backgrounds, younger people and those living in more deprived areas are particularly positive about the proposal

Most people aged 16-34 view the proposal positively, with around seven in ten (71%) saying it is a very good or good solution, more so than participants aged 35-54 (54%) and 55+ (56%). Similarly, people from BAME backgrounds are also more positive, with a similar proportion (71%) saying that the proposal is very good or good, compared with 55% of people from a white background.

Views of the proposal are also more positive amongst people living in more deprived areas³ with around three-quarters (73%)⁴ saying the proposals are very good or good compared with people who live in the least deprived areas⁵.

People with higher levels of awareness are more likely to view the proposal negatively

Those who say they know a great deal or fair amount and just a little bit about the proposal are more likely to say it is a poor or very poor solution, compared with people who knew nothing about or have not heard of the proposals (20% and 22% respectively, versus 12%). This is because those with lower levels of awareness are more likely to say they don't know if the proposals are good or poor, rather than that they are more positive: those viewing the proposals as a good or very good solution is consistent regardless of level of awareness. Overall, this suggests that as the public become more aware of the proposals this could lead to a more negative view of them.

People living outside the three IHT CCGs, and those inside and outside the Epsom and St Helier catchment area are positive about the proposals, but those inside the catchment area are more likely to be negative

Around two thirds of people living outside the three IHT CCGs⁶, and those inside the catchment area and outside view the proposals positively (63%, 57%, 62%). However, the proportion of people viewing the proposals are very poor or poor varies, with people living outside the three IHT CCGs and outside the catchment area less likely to view the proposals as poor (nine per cent and 12% respectively) compared with those inside the catchment area (19%). This reflects a greater level of awareness amongst the people inside the catchment area, who are more likely to give an opinion of the proposals.

People living in Merton CCG are more positive about the overall proposal whilst people in Surrey Downs CCG are more negative

Those living in Merton CCG are more likely to rate the proposal as very good or good compared with people in Surrey Downs CCG (66% versus 55%). This may be linked to the higher proportions of people in Merton CCG from black and minority ethnic backgrounds and living in more deprived areas than in Surrey Downs CCG. As previously mentioned, both groups are more likely to take a positive view of the proposal.

3.3 Reasoning underpinning views on the overall proposal

After people gave their initial views of the overall proposal, they were asked why they held this view.

Half of the public who view the proposal as a good solution agree with the case for change and two-fifths agree with the proposed model of care

People who view the proposal as a good or very good solution are particularly positive about the case for change, with just over half (51%) saying that they understand the current situation needs to improve or that there is a clear need to improve the quality of care, staffing levels and the Trusts estates and facilities.

³ Second quintile of the multiple deprivation index – 73% very good or good proposal

⁴ Please note that the results for the second quintile should be treated with some caution since they are based on a smaller number of participants (81), although results are significant

⁵ Fourth and fifth quintile of the multiple deprivation index – 59% and 59% very good or good proposal

⁶ Please treat results with caution as they are based on a small number of participants (96)

Among people who are positive about the proposal, there is also support for a key principle of the solution, with 41% saying they agree with centralising services and bringing key services together into a single specialist hospital.

Around one-third of people who view the proposal as a poor solution are concerned about travel time to the new hospital and disagree with the idea of centralising services

Concern around travel time is one of the main issues for people who see the proposals as a poor solution, with 35% saying the new hospital would impact negatively on travel and journey time. Just under one-quarter (22%) say they also have concerns around emergency response journey times and traffic congestion, with a similar proportion of people citing a lack of appropriate transport links (22%). People who view the proposal as poor are also more likely to disagree with the proposed model of care and to be against the idea of centralising services into a single hospital, with 30% of people citing this reason. One in five (19%) also suggest that there do not need to be any changes and that all services should be kept at existing hospitals or money spent on existing sites.

There is also some concern around putting pressure on other hospitals, value for money and clinical sustainability

One in ten people (10%) who view the proposal as a poor solution suggest that it will put extra pressure on other hospitals, with a similar proportion (nine per cent) saying that they are concerned about the transfer of patients between hospitals in instances where there is an emergency or patients go to the wrong hospital.

Just under one in ten people (eight per cent) also question the value for money the proposals offer, with a further nine per cent agreeing with the building of a specialist hospital but saying it should be in a different location.

Around one-quarter of people who view the proposal as neither good nor poor are concerned about travel time to the new hospital⁷

Travel time to the new hospital is the key concern for one-quarter of those who say the overall proposal is neither good nor poor (23%). These people are also concerned about a lack of accessible travel links to the new hospital (14%). A similar proportion (14%) don't feel they have enough information to make an informed comment, and a further 16% say they 'don't know' or refused to answer.

Section Summary

- Half of people had not heard of the IHT programme or proposals before the survey, with lower levels of awareness for men, younger people and people from black and minority ethnic backgrounds.
- Awareness of the proposals also varies depending on use of hospital and CCG, with awareness higher amongst people who use any of the three Epsom and St Helier University Hospitals NHS Trust and people in Sutton CCG more aware than those in Merton CCG.

⁷ Please treat results with caution as they are based on a small number of participants (94)

- Overall, most people believe the proposals are a good or very good solution, with people from BAME backgrounds, younger people and those living in more deprived areas particularly positive.
- However, higher levels of awareness appear to result in a more negative view of the proposals with people who are less aware more likely to view them as good or to be unsure.
- Views of the proposals also differ between CCGs, with those living in Merton CCG more positive and Surrey Downs CCG more negative, although this may be related to differences in demographics between the two CCGs.
- Those living in the catchment area are also more negative than those living outside it, or outside the three IHT CCGs. This is linked to higher awareness in the catchment area and being more likely to give an opinion.
- In terms of the reasoning behind views of the proposal, around half of people who view it as a good solution agree with the case for change and two-fifths agree with the proposed model of care in terms of centralising services.
- People who view the proposals as poor are mainly concerned about travel time to the hospital and disagree with the idea of centralising services.

4 Participants' views on the optimal site for the new hospital

This chapter explores key considerations for selecting the hospital site, as well as providing a view for each proposed location.

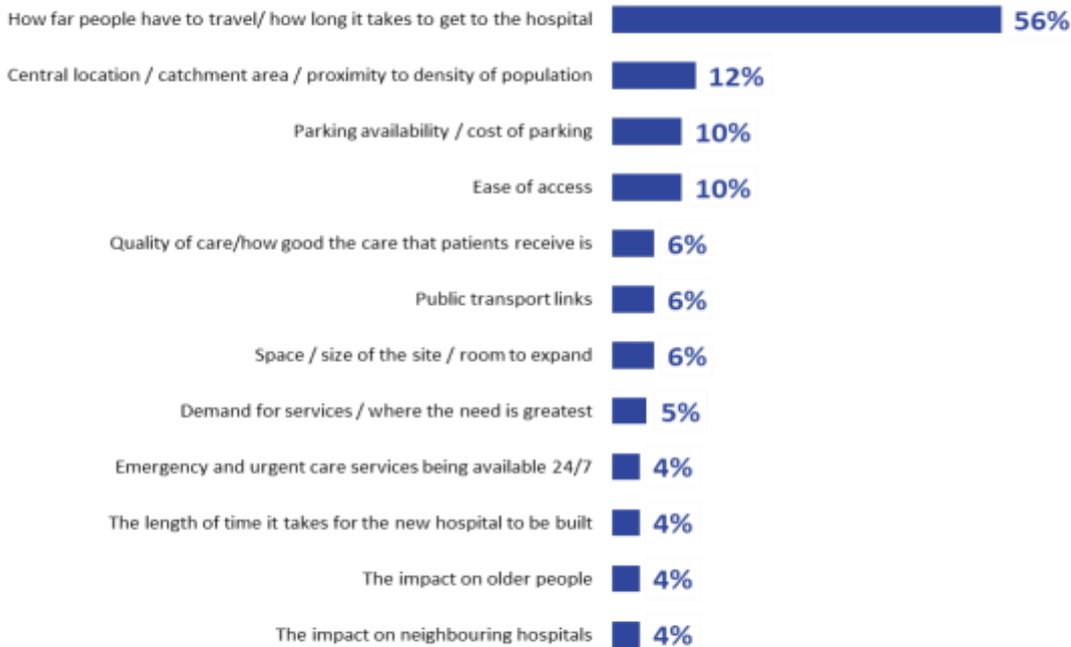
4.1 Considerations when selecting the hospital site

The public think that how far people have to travel is the most important factor when deciding where the new site should be located

Before participants were asked for their thoughts on the individual sites suggested as part of the IHT proposals for the new specialist emergency care hospital, they were asked to consider what would be the most important factor when deciding where the new hospital should be located.

Overall, just under three-fifths of the public across the three IHT CCGs (56%) indicate that travel time is critical when making any decision on where the new site should be located. The public tend to focus on location and accessibility, with around one in ten saying that a central location (12%) and parking availability (10%) and ease of access (10%) are also important factors. The findings are similar across those living outside the three IHT CCGs and when comparing those living within and outside the catchment area. However, people based in Merton are less likely to say that parking is an important factor to consider (five per cent, compared with 10% overall).

What factors, if any, do you think would be most important to consider when deciding where the new hospital should be?



Source: Improving Healthcare Together Survey, Fieldwork (telephone): 20th February to 18th March 2020

Question(s): COH1. What factors, if any, do you think would be most important to consider when deciding where the new hospital should be?

Base: All participants in Surrey Downs, Merton and Sutton CCGs (655)

There are some differences across demographics

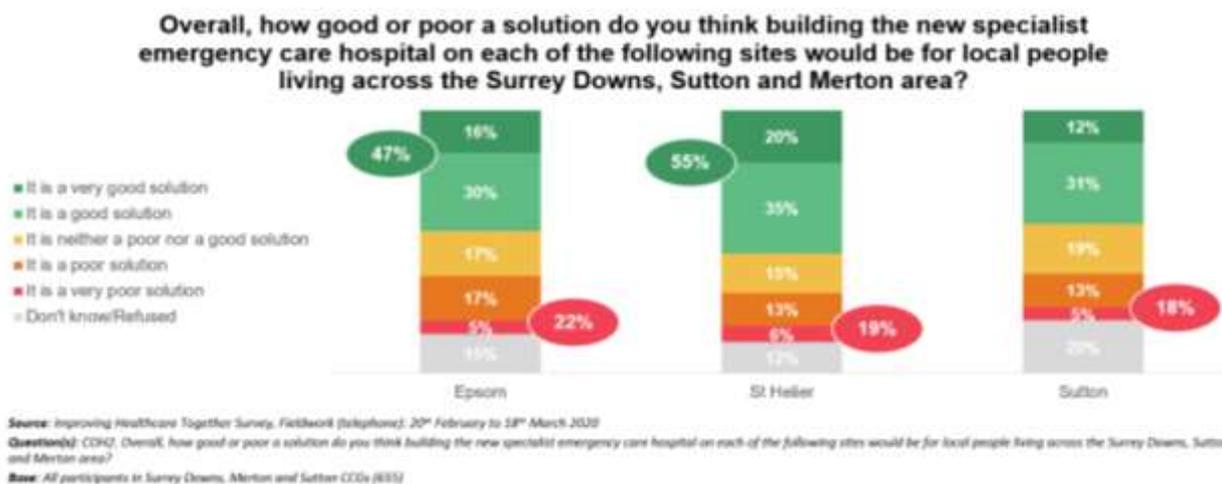
There are limited demographic differences in views of the important factors to consider when deciding where to locate the new hospital, although travel time is particularly important for women (60%, compared with 52% of men).

4.2 Views of each site

There is most support for basing the new hospital at St Helier, followed by Epsom and Sutton

Once participants had been asked about what factors they considered most important when deciding where the new site should be located, they were asked how good or poor the proposed solution would be if the new hospital was located at each site (Epsom, St Helier and Sutton).

The St Helier site receives the most support with just over half (55%) saying that St Helier offers a good or very good solution, compared to a little under half for the Epsom site (47%) and around two-fifths for the Sutton site (43%). The proportion of people who are negative about the sites and think they offer a poor or very poor solution is consistent across the three sites, with around one in five saying each site is a poor or very poor solution: 22% for Epsom, 19% for St Helier and 18% for Sutton. This is also consistent with the views of people living inside the Epsom and St Helier catchment area.



Looking at people who live outside the three IHT CCGs⁸, there is also a slight preference toward St Helier or Sutton with around two fifths saying St Helier (38%) or Sutton (37%) offer a very good or good solution compared with just under a third (30%) for Epsom. However, a similar proportion of people also answered ‘don’t know’ for each site (Epsom, 38%, St Helier, 31% and Sutton 33%) suggesting that many outside the three CCGs do not have strong preferences.

Of those living in Merton CCG, there is a clear preference for St Helier Hospital (60% say it would be a good solution) and findings are consistent among those inside and outside the catchment area. However, the views of Epsom and Sutton differ between people living in Merton CCG within the catchment area and those living in Merton CCG but outside the catchment area⁹. Those living in Merton CCG and within the catchment area are more negative about the Epsom site (35% say it would be a poor solution, compared with 23% of those living in Merton CCG but outside the catchment area). They are also more negative about the Sutton site (22% compared with nine per cent), although this is

⁸ Please treat results with caution as they are based on a small number of participants (96)

⁹ Please treat results with caution as they are based on a small number of participants (104 outside the catchment area and 91 within)

because those outside the catchment area are much more likely to say they 'don't know' (31% compared with 11% of those inside).

People's proximity to the potential sites and prior use strongly influences views of each location

As may be expected, the public are more positive about the new hospital being located at the site that is closest to them, and that they have used before. For example:

- Those who live nearest to Epsom Hospital are more likely to think the new hospital being based at Epsom (66%) is a good solution, than if it was based at St Helier (40%) or Sutton (35%). In line with this, people based in Surrey Downs CCG are more positive about the Epsom Hospital proposal than those based in other IHT CCGs (61% think it is a good solution versus 47% overall). In addition, those who have recently used Epsom Hospital are more likely to think it is a good solution (57%, compared with 47% overall).
- Those who live closest to St Helier and Sutton Hospitals are more likely than those nearer Epsom Hospital to describe St Helier as a good or very good solution (74% and 64% respectively, compared with 30%). Similarly, those based in Merton CCG (71%) or Sutton CCG (73%) are more likely than those in Surrey Downs CCG (31%) to think this proposed solution is good or very good. Recent users of St Helier are also more positive about this solution (64%, compared with 55% overall).
- People living nearest to Sutton Hospital are more likely to think that locating the new hospital in Sutton is a good or very good solution (56%), while those living nearest to St Helier Hospital (54%) are also more positive about the Sutton site than those living closest to Epsom Hospital (27%). Reflecting this, those living in Sutton (57%) and Merton (48%) CCGs view the Sutton site more positively than those living in Surrey Downs CCG (31%). However, there is lower familiarity with the Sutton site as only a small number of clinics run from Sutton Hospital (such as a phlebotomy service). Only five per cent report having used Sutton Hospital in the last year (compared with 47% for St Helier and 35% for Epsom). This lower familiarity with Sutton Hospital is likely to affect views of its suitability as a site and may partially explain why those living nearest the Sutton site are less likely to say their closest site is a good solution than those living closest to the St Helier and Epsom sites.

Comparison of views of each proposed site depending on people's nearest hospital

	Proposed site - Epsom		Proposed site – St Helier		Proposed site – Sutton	
	Nearest hospital is Epsom	All participants within CCGs	Nearest hospital is St Helier	All participants within CCGs	Nearest hospital is Sutton	All participants within CCGs
Good / very good solution	66%	47%	74%	55%	56%	43%
Poor / very poor solution	12%	22%	10%	19%	14%	18%

Those who report higher awareness of the proposals are more negative about each site

People reporting higher awareness of the proposals tend to be more negative about each site than those with lower awareness. For example, people reporting greater awareness of the proposals are more negative about the St Helier site (27% say it would be a poor solution, compared with 11% of those with limited awareness). For the Epsom site, people with lower awareness are also more likely to say the Epsom proposal is good – for the St Helier and Sutton sites, they are equally positive as those with higher awareness but more likely to say they don't know.

Demographic differences tend to be consistent across most proposed locations

There are some consistent demographic differences by age and ethnicity:

- Younger people tend to be more positive about each site (for example, 54% of 16-34 year olds think the Epsom site is a good or very good proposal, compared with 47% overall).
- People from black and minority ethnic (BAME) backgrounds tend to be more positive about each site than people from a white background (for example, 71% think the St Helier site would be a good solution, compared with 47%). This is also seen for the other sites.

In addition, men are more positive about locating the new hospital at Sutton than women (48% versus 39%). This difference does not hold for the other sites.

Section Summary

- When considering key factors for deciding where the new emergency care hospital should be located, the public focus on travel time, location and accessibility.
- Looking at views of the three possible sites for the new specialist emergency care hospital (Epsom, St Helier or Sutton), the public are most likely to view St Helier as a good or very good solution, followed by Epsom and Sutton.
- Participants' proximity to each location and previous usage of hospitals influence their support for each individual proposal.

- In addition, those who are less aware of the proposals tend to be more positive than negative about each site.
- Differences amongst demographics are consistent across responses for each site, with those aged 16-34 and people from BAME backgrounds most likely to be positive about proposals.

5 Perceived impact of each proposed site

This chapter looks at views of the impact the new hospital being based at each site would have on people and their families, the reasoning underpinning these views and perceptions of how easy it would be to access each site.

5.1 Impact each site would have on individual and family

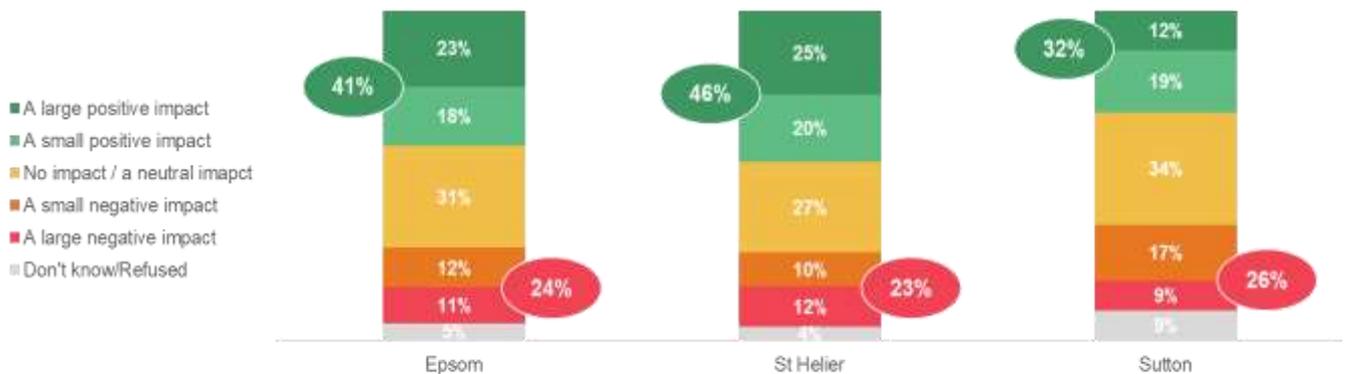
Having considered the main factors that were important when deciding where to build the new hospital, and whether building a new specialist emergency care hospital at each site was a good or poor solution, participants were asked about the perceived impact of the location of the new hospital on them and their family.

Locating the new hospital at St Helier is seen to have the most positive impact, followed by Epsom and then Sutton

Looking across all three sites, just under half (46%) say that the new hospital being located in St Helier would have a large or small positive impact on them and their family. This is closely followed by the new hospital being located in Epsom, where two-fifths (41%) state that the new hospital would have a large or small positive impact. Sutton Hospital has the lowest proportion of participants saying this site would have a positive impact with 32%.

The negative impact of each site is also fairly consistent, with around one-quarter saying the new hospital being based at each site would have a large or small negative impact on them (Epsom 24%, St Helier 23% and Sutton 26%). A significant minority think that the site location would have no impact or a neutral impact on them and their family (Epsom 31%, St Helier, 27% and Sutton, 34%).

Please now think about you and your family. Overall, what impact, if any, do you think the new hospital being based at each of the following sites would have on you and your family?



Source: Improving Healthcare Together Surrey, Fieldwork (telephone): 20th February to 18th March 2020
 Question(s): Q51. Please now think about you and your family. Overall, what impact, if any, do you think the new hospital being based at each of the following sites would have on you and your family?
 Base: All participants in Surrey Downs, Merton and Sutton CCGs (655)

People living outside the three IHT CCGs¹⁰ are much more likely to say there would be a neutral impact on them and their family (Epsom 61%, St Helier 52% and Sutton 55%), as are those living outside the catchment area (Epsom 48%, St Helier 45%, Sutton 52%).

There are some demographic differences, especially for the St Helier site

Younger people tend to point to a less negative impact of the new hospital, regardless of which site. For example, 32% of those aged 35 and over think the new hospital being based at Sutton would have a negative impact, compared with 13% of those aged 16 to 34.

There are more demographic differences that apply for the St Helier site. People from black and minority ethnic (BAME) backgrounds are also more likely to say that the new hospital being located at St Helier would have a large or small positive impact (56%) compared with people from white backgrounds (41%), although this difference by ethnicity is not apparent for Epsom or Sutton hospitals. People living in more deprived areas are also more likely to say that the hospital being located at St Helier would have a positive impact compared with those living in the least deprived areas¹¹. Again, this trend is not seen when participants were asked about the impact of the new hospital being located in Epsom or Sutton.

The perceived impact of the new hospital location is linked to hospital usage, proximity and how easy it is to travel to the site

The public are more likely to be positive about the impact of the new hospital the more familiar they are with the site. This can be seen when looking at the hospital that participants use, which hospital they live closest to and how easy they would find it to travel to.

For instance, two-thirds (66%) of people who have used Epsom Hospital in the last year say that the new hospital being located at Epsom would have a large or small positive impact, compared with 41% overall. Similarly, most people whose nearest hospital is Epsom (81%) say it would have a positive impact if the new hospital was here, compared with 41% overall.

People who say it would be easy to travel to Epsom are also more likely to say the new hospital being based at Epsom would have a positive impact compared with those who would find it difficult to travel to Epsom (71% compared with 11%). Conversely, people who would find it difficult to travel to Epsom are more likely to say this would have a negative impact than those who would find it easy (47% compared with eight per cent).

A similar pattern can also be seen for St Helier. For example, people who have used St Helier Hospital in the past year are more likely to say this site would have a positive impact (59%, compared with 46% overall). Three-quarters of people (75%) whose nearest hospital is St Helier also say the new hospital being located here would have a positive impact, compared with 46% overall. Finally, around two thirds (68%) of those who say it would be easy to travel to St Helier say it would have a positive impact, compared with 10% of those who would find it difficult to travel to St Helier.

Views of the impact of locating the new hospital at Sutton Hospital differs to the pattern seen for Epsom and St Helier hospitals as there is a significant proportion of people whose nearest hospital is Sutton but who say that a new hospital at St Helier would have a positive impact. Half (50%) of people whose nearest hospital is Sutton say that a new hospital at St Helier would have a positive impact, with a similar

¹⁰ Please treat results with caution as they are based on a small number of participants (96)

¹¹ Second, third and fourth quintile of the multiple deprivation index compared with the fifth quintile (61%, 54%, 51% v 36%)

proportion of people saying the new hospital being located in Sutton would have a positive impact (54%). Conversely, 41% of people whose closest hospital is St Helier also say that a new hospital at Sutton would have a positive impact. This close overlap between the preference of people whose nearest hospital is St Helier and Sutton may explain why St Helier is seen to have the highest potential positive impact. It is not possible to look at the results according to those who have used Sutton Hospital recently because only a small number have done so (since it currently provides fewer services than Epsom or St Helier).

The perceived impact of the new hospital location also differs by CCG

A similar pattern can also be seen when looking at the CCGs that participants fall into. For example, most participants in Surrey Downs CCG (72%) think that the new hospital being based in Epsom would have a large or small positive impact with just under half of participants (46%) in Sutton CCG saying that it would have the same positive impact. Again, this reflects people's preference toward hospitals they have used and live nearest to. For example, 61% of those living in Surrey Downs CCG use Epsom Hospital.

5.2 Reasoning for thoughts on impact

Participants were also asked about the reasoning behind their answer, and why they believed the sites would impact them and their family in a positive or negative way, or have no impact.

Continuing with the theme of proximity, travel and accessibility the positive and negative reasons most often cited by participants are related to travel time.

5.2.1 Reasoning for positive impact

People who suggest one of the three sites would have a positive impact most often cite the convenience of the location and accessibility to them and their family (Epsom 78%, St Helier 76% and Sutton 70%). Around one in five people who believe a site would have a positive impact also say that their answer is based on the hospital they prefer and go to regularly (Epsom 20%, St Helier 22%, and Sutton 20%). Linked to this, one in ten say their reasoning is based on the good quality care they have previously received at the hospital (Epsom 10%, St Helier 10% and Sutton seven per cent).

5.2.2 Reasoning for negative impact

Similarly, people who think the location of the new site would have a negative impact on them and their family also commonly mention the location and travel time, with just under two thirds citing this reason for each site (Epsom site 63%, St Helier 59% and Sutton 59%). A similar proportion are concerned that the site of the new hospital would be too far away and that they need services to be closer (Epsom site 56%, St Helier 47%, and Sutton 54%). A smaller proportion of people also mention concerns around poor public transport links (Epsom site 18%, St Helier 17% and Sutton 15%).

5.2.3 Reasoning for no impact

Around one in five people who said the location of the new hospital would have no impact or a neutral impact on them and their family gave the response of don't know, suggesting that some participants find it difficult to judge the impact of the proposals (Epsom site 22%, St Helier 20%, Sutton 22%).

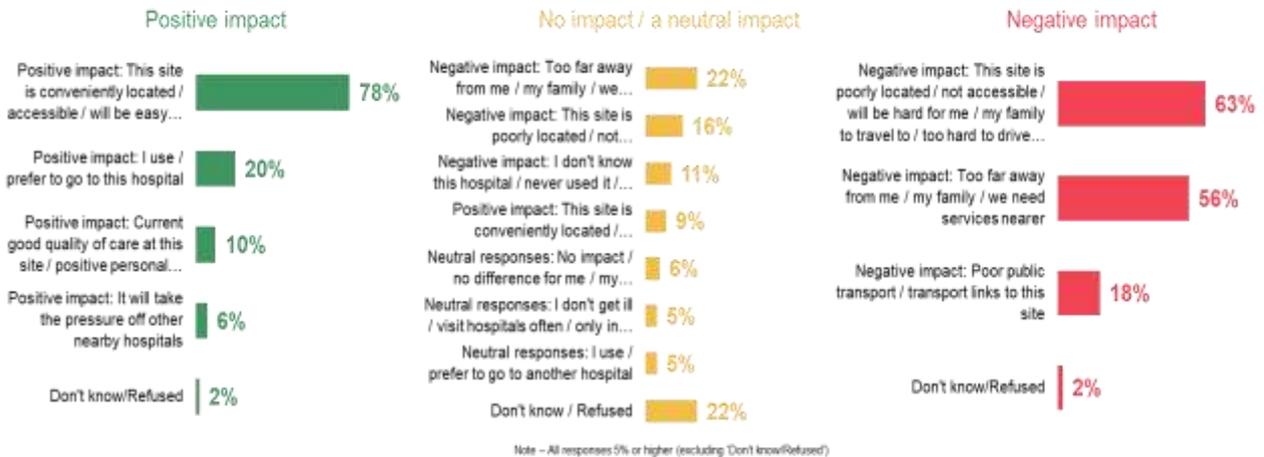
However, people who believe the new site will have no impact are more likely to give a negative than a positive reason for this. For example, people are concerned about how far away the hospital would be and that they would need services to be closer (Epsom site 22%, St Helier 18% and Sutton 19%), with a

slightly smaller proportion being concerned about the hospital being poorly located and inaccessible (Epsom site 16%, St Helier 11% and Sutton 19%).

This suggests that although people are not sure of the impact on them and their family, they are mainly concerned with the negative impacts of any changes, particularly to travel.

Around one in ten also say that they are unfamiliar with the hospital or have never used it (Epsom 11%, St Helier 12% and Sutton 11%) which may reflect that people find it difficult to judge the impact of a site if they are not familiar with it.

Why do you say that? – Epsom Hospital

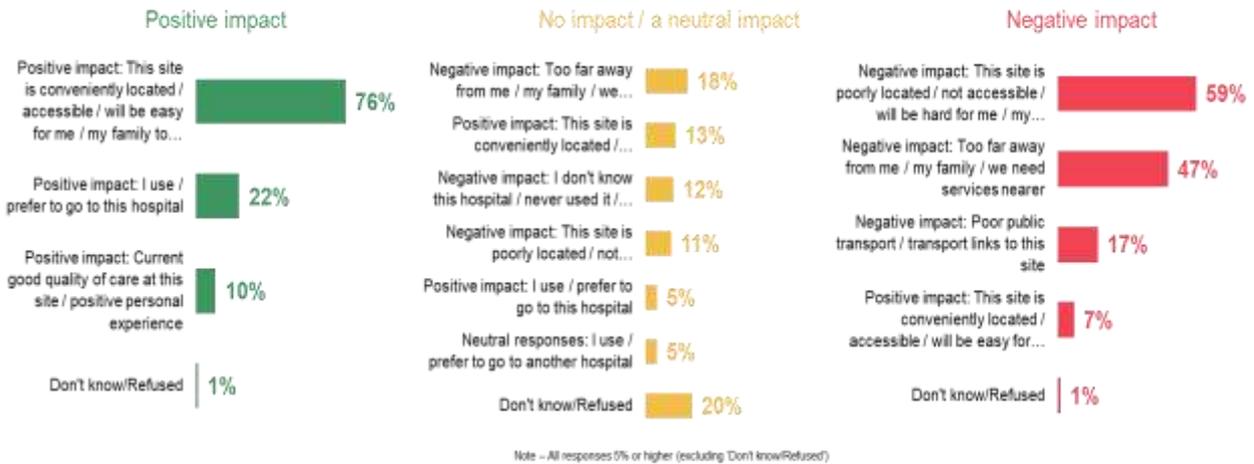


Source: Improving Healthcare Together Survey, Fieldwork (telephone): 20th February to 18th March 2020

Question(s): IOS2. Why do you say that?/IOS1. Please now think about you and your family. Overall, what impact, if any, do you think the new hospital being based at each of the following sites would have on you and your family?

Base: All participants in Surrey Downs, Merton and Sutton CCGs (655)/Positive impact (270); No impact / a neutral impact (201); Negative impact (155)

Why do you say that? – St Helier Hospital

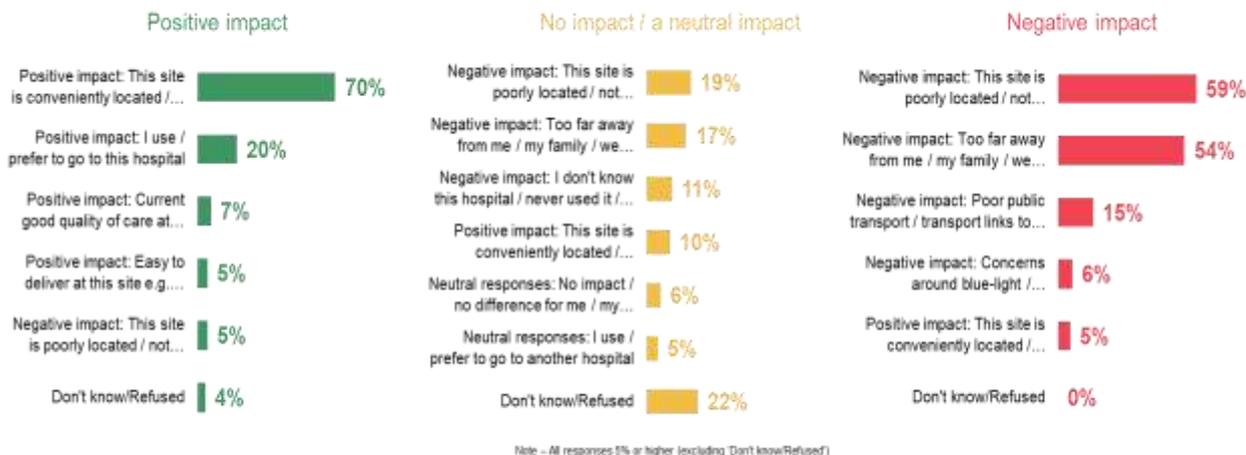


Source: Improving Healthcare Together Survey, Fieldwork (telephone): 20th February to 18th March 2020

Question(s): IOS2. Why do you say that?/IOS1. Please now think about you and your family. Overall, what impact, if any, do you think the new hospital being based at each of the following sites would have on you and your family?

Base: All participants in Surrey Downs, Merton and Sutton CCGs (655)/Positive impact (299); No impact / a neutral impact (180); Negative impact (150)

Why do you say that? – Sutton Hospital



Note – All responses 5% or higher (excluding Don't know/Refused)

Source: Improving Healthcare Together Survey, Fieldwork (telephone): 20th February to 18th March 2020

Question(s): IOS2. Why do you say that?/IOS1. Please now think about you and your family. Overall, what impact, if any, do you think the new hospital being based at each of the following sites would have on you and your family?

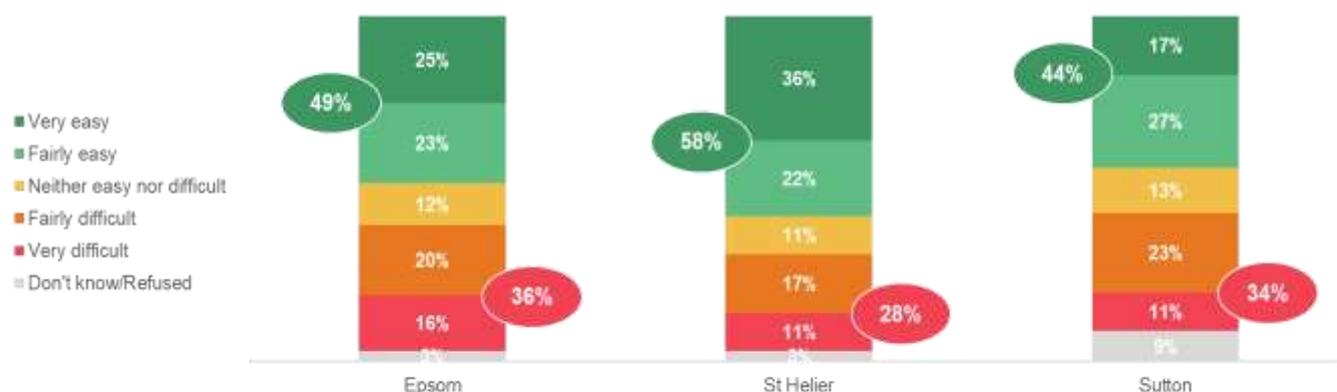
Base: All participants in Surrey Downs, Merton and Sutton CCGs (655)/Positive impact (208); No impact / a neutral impact (221); Negative impact (170)

5.3 Ease of access for each individual site

Survey participants were then asked how easy or difficult it would be travel to the new hospital if it was located at Epsom, St Helier or Sutton Hospitals.

Overall, just under three-fifths (58%) think that St Helier Hospital would be very or fairly easy for them to travel to. Epsom Hospital is the second easiest location, with just under half (49%) stating it would be very or fairly easy, followed by a slightly smaller proportion of those saying it would be easy to travel to Sutton (44%).

How easy or difficult would it be for you to travel to the new hospital if it was based at...?



Source: Improving Healthcare Together Survey, Fieldwork (telephone): 20th February to 18th March 2020

Question(s): IOS3. How easy or difficult would it be for you to travel to the new hospital if it was based at...?

Base: All participants in Surrey Downs, Merton and Sutton CCGs (655)

Again, proximity to each site is linked to how easy or difficult it is to travel

As to be expected, people are more likely to state that a site was easier to travel to when they live closer to it. For example, participants who live near Epsom Hospital are more likely to say that it would be easier for them to travel if the new hospital was located at Epsom compared with other sites (93%, compared with 49% overall).

People living inside the Epsom and St Helier catchment find it easier to travel to St Helier

Around three-fifths of people (61%) living in the Epsom and St Helier catchment area say it would be easy to travel to St Helier, easier than either of the other sites (Epsom 53% and Sutton 50%).

Looking at the different CCGs, participants living in Merton and Sutton CCGs say they would find it very or fairly easy to travel to St Helier (76% and 90% respectively) compared with Epsom (19% and 28%) and Sutton (39% and 71%). In line with proximity to the hospitals, most participants (84%) in Surrey Downs CCG say that the new hospital being located in Epsom would be very or fairly easy for them to travel to, although over half of Merton and Sutton CCG residents feel that it would be very or fairly difficult to travel to (58% and 52%).

People living outside the three IHT CCGs¹² are also more likely to say it is easy to travel to St Helier or Sutton compared with Epsom (36%, 40% and 29% respectively). Reflecting that most of these participants' nearest hospital is not one of the three Epsom and St Helier University Hospitals NHS Trust hospitals (88%), the three sites are generally all thought to be less easy to travel to.

Ease of access also differs for Epsom and St Helier across age, ethnicity and levels of deprivation

There are differences in ease of travel by ethnicity. Around seven in ten people from BAME backgrounds (69%) say it will be easier to travel to St Helier compared with half of people from white backgrounds (53%). The opposite pattern holds for Epsom, with 55% of people from white backgrounds saying it would be easy to travel to Epsom compared with 34% of people from BAME backgrounds.

People living in the least deprived areas also find it easier to travel to Epsom compared with people in the most deprived areas¹³. Again, this pattern is reversed for people travelling to St Helier where those in the most deprived areas find it easy to travel to this site compared with the lowest area of deprivation¹⁴.

Section Summary

- St Helier is seen as the site which would have the most positive impact followed by Epsom, with around one-quarter of the public saying each site would have a negative impact and one-third saying the site location would have no impact.
- People living outside the three IHT CCGs and outside the catchment area are more likely to say each site location would have no impact on them.
- Younger people tend to be less negative in relation to St Helier, with people from BAME backgrounds more positive than people from white backgrounds.
- The perceived impact of each site is linked to hospital usage, proximity and how easy it is to travel to, although there is some overlap between the preferences of people whose nearest hospital is St Helier and Sutton which may explain why the public view St Helier as most positive site location.

¹² Please treat results with caution as they are based on a small number of participants (96)

¹³ In the fourth and fifth quintile are more likely to find Epsom easy to travel to compared to participants in the second and third (48% and 61% v 27% and 32%)

¹⁴ In quintiles two, three and four of the multiple deprivation index are more likely to find it easy to travel to St Helier compared with quintile five (79%, 60% and 68% v 44%).

- Positive views of each site are related to the convenience and accessibility of the location. The public perception of impact is also informed by the hospital they are most familiar with.
- Similarly, reasons for believing a site would have a negative impact are related to travel time, how accessible the location is and a concern about reduced access to services.
- Ease of access to each site is also influenced by proximity, with people finding it easier to travel to a site when they live closer to it.
- People living inside the Epsom and St Helier catchment area also find it easier to travel to St Helier.
- Ease of access to Epsom and St Helier also differs by demographics such as age, ethnicity and levels of deprivation.

6 Conclusions

Overall, the proposal to build a new specialist emergency hospital is viewed as a good solution to the challenges facing Epsom and St Helier University Hospital Trust. Younger people, people from black and minority ethnic (BAME) backgrounds and those living in more deprived areas tend to be more positive about the proposal. Those with a positive response to the proposal agree with the case for change and the principle of centralising services.

However, where the solution is viewed as being poor, this is largely linked to concerns around access, for example journey times (particularly in an emergency) and public transport links. In addition, some do not accept the principle of centralising services and think the services should be provided at both existing sites.

The importance of the location of the new specialist emergency hospital runs through the findings as a key theme. How far people have to travel is identified as the most important factor when deciding where the new site should be located. In addition, people's proximity to the potential sites strongly influences views on each location. Overall, St Helier is the preferred site, followed by Epsom and Sutton, with people tending to favour the site that is closest to them.

However, the public is also more positive about sites they have recently used, suggesting that familiarity with hospitals is also important to views of its suitability to be the site for the new hospital. Sutton Hospital is currently used by fewer patients, which likely partially explains why those closest to Sutton Hospital are more positive about the St Helier site than the Sutton site. Corroborating this, one-fifth of the public say they 'don't know' if Sutton is a good or poor site and a further one-fifth say it is neither a good nor a poor solution, more so than for the other sites. This suggests that people are unsure rather than negative about the Sutton solution: all three sites are viewed as poor solutions by a similar proportion of the public.

A similar pattern is seen for the perceived impact on people and their families of the new hospital being based at each site. The hospital being based at St Helier is seen to potentially have the largest positive impact, followed by Epsom and then Sutton. Again, the proportions thinking each site would have a negative impact is similar across all three sites, suggesting that people are less sure about the Sutton site. Views of the impact are influenced by which hospital is their closest, and also by recent hospital usage.

The findings therefore indicate that the CCGs should consider ease of access in terms of journey times, particularly during emergencies, and public transport as part of the decision-making process regarding the site options. It also suggests that communications about the changes will be important for the population, since their familiarity with hospitals forms an important part of their judgements about the proposed solution.

7 Appendices

Appendix A: Statistical reliability

Because a sample, rather than the entire population, was interviewed the percentage results are subject to sampling tolerances – which vary with the size of the sample and the percentage figure concerned. For example, for a question where 50% of the people in a (weighted) sample of 655 respond with a particular answer, the chances are 95 in 100 that this result would not vary more than two percentage points, plus or minus, from the result that would have been obtained from a census of the entire population (using the same procedures). An indication of approximate sampling tolerances is given in the table below.

Approximate sampling tolerances applicable to percentages at or near these levels (at the 95% confidence level)			
Size of sample or sub-group on which survey result is based	10% or 90%	30% or 70% ±	50% ±
655 residents (IHT CCGs)	2	4	4
96 residents (outside IHT CCGs)	6	9	10
491 residents (in the catchment area)	3	4	4
180 residents (outside the catchment area)	4	7	7
274 residents (Surrey Downs CCG)	4	5	6
195 residents (Merton CCG)	4	6	7
186 residents (Sutton CCG)	4	7	7
<i>Source: Ipsos MORI</i>			

Strictly speaking, the tolerances shown here apply only to random samples with no design effects; in practice good quality quota sampling has been found to behave in the same way.

Tolerances are also involved in the comparison of results between different elements of the sample. A difference must be of at least a certain size to be statistically significant. The following table is a guide to the sampling tolerances applicable to comparisons between sub-groups.

Differences required for significance at the 95% confidence level at or near these percentages			
	10% or 90%	30% or 70%	50%
491 (in the catchment area) vs. 260 (outside the catchment area)	5	7	8
274 (Surrey Downs CCG residents) vs. 195 (Merton CCG residents)	6	8	9
274 (Surrey Downs CCG residents) vs. 186 (Sutton CCG residents)	6	9	9
195 (Merton CCG residents) vs. 186 (Sutton CCG residents)	6	9	10
293 (male) vs. 362 (female)	5	7	8
160 (16-34 year olds) vs. 228 (55+ year olds)	6	9	10
542 (white) vs. 113 (BAME)	6	9	10
<i>Source: Ipsos MORI</i>			

Appendix B: Profile of the sample

Survey sample profile for CCGs (weighted and unweighted)

		Weighted (%)	Unweighted (%)
Gender	Male	49%	45%
	Female	51%	55%
Age	16-34	30%	24%
	35-54	37%	41%
	55+	33%	35%
Working status	Working	63%	62%
	Non-working	37%	38%
Ethnicity	White	70%	77%
	Black, Asian, minority ethnic (BAME)	30%	23%

Survey sample profile for Non-IHT CCGs (weighted and unweighted)

		Weighted (%)	Unweighted (%)
Gender	Male	49%	51%
	Female	51%	49%
Age	16-34	35%	24%
	35-54	36%	35%
	55+	28%	41%
Working status	Working	64%	56%
	Non-working	36%	44%
Ethnicity	White	59%	69%
	Black, Asian, minority ethnic (BAME)	41%	31%

Appendix C: Topline survey data

- Results are based on a telephone survey of members of the general public aged 16 and over across. Fieldwork took place between 20th February and 18th March 2020.
- Quotas were set by age, gender, working status and ethnicity within the three IHT CCGs (Merton, Surrey Downs and Sutton).
- The results in the 'IHT CCGs' column are based on 655 interviews completed with members of the general public within Merton, Surrey Downs and Sutton CCGs. The data are weighted by age, gender, working status and ethnicity within each CCG.
- The results in the 'Non-IHT CCGs' column are based on 96 interviews completed with members of the general public outside of Merton, Surrey Downs and Sutton CCGs. The data was weighted by age, gender, working status and ethnicity according to an aggregated profile of all eligible postcodes combined.
- Results are based on all respondents unless otherwise stated.
- Where percentages do not sum to 100, this may be due to respondents being able to select multiple responses, computer rounding or the exclusion of 'don't know'/ not stated.
- On questions where no 'Other specify' option is given, the total bases have been recalculated to remove those who responded, 'Don't know'. This is in order to make sure that results match the wider consultation.
- An asterisk (*) represents a value of less than half of one percent, but greater than zero.

LNHS1 - Which of the following hospitals have you used or visited in the last 12 months?

	IHT CCGs (655)	Non-IHT CCGs (96)
Any of the three hospitals [NET]	64%	12%
None of the three hospitals [NET]	36%	88%
Epsom Hospital	35%	7%
St Helier Hospital	47%	7%
Sutton Hospital	4%	1%
Ashford Hospital	2%	2%
Corydon Hospital	4%	35%
East Surrey Hospital	4%	16%
Kingston Hospital	16%	18%
Royal Surrey County Hospital	3%	1%
St George's Hospital	32%	29%
St Peter's Hospital	3%	5%
Other (Please specify)	10%	9%
Crawley Hospital	*	1%
Dorking Hospital	1%	-
Leatherhead Community Hospital	1%	-
Nelson Hospital	1%	-
Purley War Memorial Hospital	*	2%
Queen Mary's Hospital	*	-
Royal Marsden Hospital	2%	-
St Anthony's Hospital	*	-

Princess Royal University Hospital	-	4%
St Thomas' Hospital	*	1%
None of these	12%	16%
Don't know	*	-

IHTP1 - How much, if anything, had you heard about the Improving Healthcare Together programme or proposed changes to Epsom, St Helier and Sutton hospitals before today?

	IHT CCGs (655)	Non- IHT CCGs (96)
Know a great deal/a fair amount [NET]	25%	2%
Know nothing about/not heard of [NET]	46%	80%
A great deal	5%	1%
A fair amount	20%	1%
Just a little	29%	17%
Heard of, know nothing about	16%	18%
Never heard of	30%	62%

IHTP2 - How good or poor do you think this solution would be for people living in Surrey Downs, Sutton and Merton areas?

NOTE - 'Don't know' respondents removed from base size.

	IHT CCGs (594)	Non- IHT CCGs (80)
It is a very good solution/it is a good solution	60%	63%
It is a very poor solution/it is a poor solution	17%	9%
It is a very poor solution	6%	1%
It is a poor solution	11%	8%
It is neither a poor nor a good solution	14%	11%
It is a good solution	37%	41%
It is a very good solution	23%	22%
Don't know/Refused	9%	17%

IHTP3 - Why do you say that?

	IHT CCGs (655)	Non-IHT CCGs (655)
Agree		
Agree with case for change: Understand the current situation needs to improve / need to improve quality of care / staffing / buildings / finances	30%	34%
Agree with proposed model of care: Agree with centralising services / bringing key services together into a single specialist hospital	24%	31%
Agree with specific proposal CCG's preferred option: to build the specialist hospital at Sutton	4%	1%
Agree with general proposal: but believe the specialist hospital should be built at St Helier	3%	-
Agree with general proposal: but believe the specialist hospital should be built at Epsom	3%	4%
Disagree		
Disagree with proposed model of care: Disagree with centralising services / bringing key services together into a single hospital	7%	3%
Disagree with proposed model of care: Do not make changes / keep all services (A&E, Maternity etc) at existing hospitals / spend the money on existing sites	5%	1%
Disagree with specific proposal: Agree with building a specialist hospital but believe it should be at a different location	3%	-
Concerns		
Travel and Access: concerns around patients own vehicle journey times	12%	10%
Travel and Access: lack of appropriate public transport links	9%	10%
Travel and Access: concerns around blue-light / emergency journey times / traffic congestion	7%	6%
Clinical sustainability: Does not take into account / properly address growing / aging population and associated infrastructure	3%	5%
Clinical sustainability: Concerns about transferring patients between hospitals i.e. in emergencies or patients going to wrong place	3%	4%
Quality of care: proposals will put additional pressure on other hospitals	3%	2%
Finances: Concerns about cost / value for money	3%	2%
Deliverability: Concerns about delivery / transition e.g. disruption while hospital is being built	2%	3%
Other [SPECIFY]	38%	3%
Lack of information - insufficient details / can't make an informed comment	4%	4%
Location - concerns about distance to travel / too far away	3%	1%
Quality of the care	3%	-
Disagree - keep as it is / 3 hospitals / all services at all hospitals / no closures	2%	-
Reduce waiting time / waiting lists / overcrowding / coping with demand / volume	2%	2%
I use an alternate hospital / no concern / not impacted / not bothered	2%	3%
Access - access / availability of services	1%	2%
Access - ease of access	1%	-
Access - lack of A&E / emergency care services	1%	-
Disagree - one / specialist hospital serving large area / too many people	1%	1%

I don't live in the area / don't know the area	1%	3%
Lack of services / reduction of services	1%	-
Location - central location / good location	1%	-
Location - closest to me / my family	1%	1%
Location - depends where the hospital is	1%	-
Location - others	1%	-
Pressure / strain taken off other hospitals	1%	2%
Proposal will not improve service / quality	1%	1%
Serving the area / communities / people / population	1%	3%
Specific criticism of a hospital	1%	-
Will not be built / empty promise	1%	-
Lack of beds / more beds required	*	-
Access - parking availability	*	1%
Access - parking costs / car park charges	*	-
Agree - general agreement of proposals	*	4%
Don't know / Refused	9%	13%

C0H1 - What factors, if any, do you think would be most important to consider when deciding where the new hospital should be?

	IHT CCGs (655)	Non- IHT CCGs (655)
How far people have to travel / how long it takes to get to the hospital	56%	55%
Quality of care / how good the care that patients receive is	5%	9%
Emergency and urgent care services being available 24 / 7	4%	2%
The length of time it takes for the new hospital to be built	4%	1%
The impact on older people	3%	7%
The impact on people from deprived communities	3%	3%
How cost effective it is in the long-term	3%	1%
The impact on neighbouring hospitals	3%	1%
The initial cost of building the new hospital	2%	1%
Other [SPECIFY]	51%	7%
Location - central location / catchment area / proximity to density of population	12%	13%
Accessibility - ease of access	10%	11%
Accessibility - parking availability / cost of parking	10%	13%
Accessibility - public transport links	6%	3%
Location - space / size of the site / room to expand	6%	3%
Location - demand for services / where the need is greatest	5%	4%
Accessibility - roads / traffic / congestion on surrounding roads	3%	-
Availability of staff / enough doctors / nurses	2%	3%
Location	2%	1%
It should be at St Helier	2%	-
Location - proximity to schools	2%	-
Blue light time / how quickly an ambulance can get there	1%	2%
Demographic of the population	1%	-
It should be at Epsom	1%	-
It should be at Sutton	1%	-

Location - proximity to other medical facilities	1%	-
Location - suitability of the site / not green field / flood plain	1%	1%
It should not be at Sutton	*	-
Facilities - brand new / state of the art / modern medical facilities	*	2%
None – I don't agree with the plan	2%	-
Don't know	8%	13%

C0H2 - Overall, how good or poor a solution do you think building the new specialist emergency care hospital on each of the following sites would be for local people living across the Surrey Downs, Sutton and Merton area?

NOTE - 'Don't know' respondents removed from base size.

	Epsom Hospital (CCGs) (558)	Epsom Hospital (Non-IHT CCGs) (59)	St Helier Hospital (CCGs) (575)	St Helier Hospital (Non-IHT CCGs) (65)	Sutton Hospital (CCGs) (525)	Sutton Hospital (Non-IHT CCGs) (63)
It is a very good solution/it is a good solution [NET]	47%	30%	55%	38%	43%	37%
It is a very poor solution/it is a poor solution [NET]	22%	15%	19%	8%	18%	12%
It is a very poor solution	5%	5%	6%	2%	5%	4%
It is a poor solution	17%	9%	13%	6%	13%	9%
It is neither a poor not a good solution	17%	17%	15%	22%	19%	17%
It is a good solution	30%	24%	35%	22%	31%	32%
It is a very good solution	16%	6%	20%	16%	12%	6%
Don't know/Refused	15%	38%	12%	31%	20%	33%

IOS1 - Please now think about you and your family. Overall, what impact, if any, do you think the new hospital being based at each of the following sites would have on you and your family?

NOTE - 'Don't know' respondents removed from base size.

	Epsom Hospital (CCGs) (626)	Epsom Hospital (Non-IHT CCGs) (84)	St Helier Hospital (CCGs) (630)	Epsom Hospital (Non-IHT CCGs) (85)	Sutton Hospital (CCGs) (599)	Sutton Hospital (Non-IHT CCGs) (88)
A large positive impact/a small positive impact [NET]	41%	18%	46%	25%	32%	19%
A large negative impact/a small negative impact [NET]	24%	9%	23%	12%	26%	17%
A large positive impact	23%	11%	25%	10%	12%	5%
A small positive impact	18%	7%	20%	15%	19%	14%
No impact / a neutral impact	31%	61%	27%	52%	34%	55%
A small negative impact	12%	1%	10%	7%	17%	13%
A large negative impact	11%	8%	12%	4%	9%	4%
Don't know/Refused	5%	12%	4%	11%	9%	9%

IOS2 - Why do you say that?

	Epsom Hospital (CCGs) (655)	Epsom Hospital (Non-IHT CCGs) (655)	St Helier Hospital (CCGs) (655)	St Helier Hospital (Non-IHT CCGs) (655)	Sutton Hospital (CCGs) (655)	Sutton Hospital (Non-IHT CCGs) (655)
Positive impact: This site is conveniently located / accessible / will be easy for me / my family to travel to	33%	17%	36%	29%	24%	20%
Negative impact: This site is poorly located / not accessible / will be hard for me / my family to travel to / too hard to drive to or park near	20%	14%	16%	14%	19%	15%
Negative impact: Too far away from me / my family / we need services nearer	18%	20%	13%	14%	20%	19%
Negative impact: Poor public transport / transport links to this site	5%	2%	5%	2%	6%	5%
Positive impact: Current good quality of care at this site / positive personal experience	4%	2%	6%	3%	2%	1%
Positive impact: Easy to deliver at this site e.g. suitable for development, limited disruption	1%	-	2%	-	1%	-
Negative impact: Concerns around blue-light / emergency journey times / traffic congestion etc	1%	-	1%	-	2%	-
Negative impact: Current poor quality of care at this site / negative personal experience	1%	-	1%	-	0%	-
Negative impact: Hard to deliver at this site e.g. unsuitable for development / building; will cause disruption to services	1%	-	1%	-	0%	-
Positive impact: Other [SPECIFY]	9%	-	10%	-	7%	-
Negative impact: Other [SPECIFY]	3%	-	5%	-	4%	-
General disagreement: Disagree with proposed changes / centralising / specialist hospital	1%	-	1%	-	1%	-
Other positive responses						
I use / prefer to go to this hospital	9%	2%	12%	3%	7%	5%
It will take the pressure off other nearby hospitals	4%	-	1%	-	1%	1%

It will deliver the services / medical facilities we need	2%	-	1%	-	1%	-
It will deliver a better / improved / modern hospital / medical facilities	1%	1%	1%	1%	1%	-
It's a large hospital / will cope with the size of population / demand for services	1%	-	1%	1%	1%	-
It will deliver choice / give us options / an alternative	1%	1%	1%	-	*	-
It will deliver quality services / good medical care	1%	2%	*	-	*	-
It's centrally located	1%	1%	*	-	*	-
It's good for the local area / local economy / will provide jobs	*	-	*	-	*	-
It will deliver good parking facilities	*	4%	*	-	*	-
Other positives	1%	-	2%	-	1%	1%
Other negative responses						
I don't know this hospital / never used it / don't / won't use it	4%	7%	4%	5%	5%	7%
I don't know this area / don't know where it is / how to get there	*	5%	1%	2%	2%	3%
It will be expensive to use the car park	*	-	*	-	*	-
It will be too busy / serve to many people / create long waits for services	*	-	*	-	-	-
It will bring more traffic onto already congested local roads	*	-	*	-	*	-
The building / facilities / infrastructure are poor / too old	-	-	-	-	*	-
The site is unsuitable / too small / takes up open / green space	*	-	1%	-	*	-
It will impact on other hospitals in the area / nearby	-	1%	-	-	-	1%
Other negatives	1%	-	1%	-	1%	-
Neutral responses						
I use / prefer to go to another hospital	2%	1%	2%	1%	2%	1%
I don't get ill / visit hospitals often / only in an emergency	2%	5%	1%	4%	2%	4%
No impact / no difference for me / my family / this area	2%	1%	1%	1%	2%	3%
Distance - all the same distance	1%	1%	1%		*	
Location - unspecified further	*	1%	1%	1%	*	1%
Other hospitals are closer / easier to get to	1%	2%	-	3%	*	2%
Distance - unspecified further	*	-	*	-	*	-
Unsure of what the future holds	*	1%	-	-	*	-

Other neutrals	*	-	1%	-	*	2%
Others						
No answer / no comment	12%	23%	9%	26%	15%	24%

IOS3 - How easy or difficult would it be for you to travel to the new hospital if it was based at...?

NOTE - 'Don't know' respondents removed from base size.

	Epsom Hospital (CCGs) (633)	Epsom Hospital (Non-IHT CCGs) (83)	St Helier Hospital (CCGs) (633)	St Helier Hospital (Non-IHT CCGs) (85)	Sutton Hospital (CCGs) (598)	Sutton Hospital (Non-IHT CCGs) (83)
Very easy/fairly easy [NET]	49%	29%	58%	36%	44%	40%
Very difficult/fairly difficult [NET]	36%	45%	28%	36%	34%	35%
Very easy	25%	4%	36%	8%	17%	7%
Fairly easy	23%	24%	22%	28%	27%	33%
Neither easy nor difficult	12%	15%	11%	16%	13%	11%
Fairly difficult	20%	25%	17%	28%	23%	26%
Very difficult	16%	19%	11%	8%	11%	9%
Don't know/Refused	3%	12%	3%	12%	9%	14%

QAGE - May I just ask what your age was on your last birthday?

	IHT CCGs (655)	Non-IHT CCGs (655)
16-17	1%	1%
18-24	9%	10%
25-34	20%	24%
35-44	12%	13%
45-54	25%	23%
55-64	9%	11%
65-74	11%	11%
75 or older	13%	6%
Prefer not to say	-	-

QGENDER - Do you identify yourself as male, female or in another way?

	IHT CCGs (655)	Non-IHT CCGs (655)
Male	49%	49%
Female	51%	51%
In another way	-	-
Prefer not to say	-	-

QETHNICITY - What is your ethnic group?

	IHT CCGs (655)	Non- IHT CCGs (655)
White English/Welsh/Scottish/Northern Irish/British	70%	59%
Any other white background (including Irish, European, Gypsy or Irish Traveller)	8%	12%
Mixed / Multiple ethnic groups (including White and Black Caribbean, White and Black African and White and Asian)	2%	6%
Asian / Asian British (including Indian, Pakistani, Bangladeshi and Chinese)	13%	8%
Black / African / Caribbean / Black British (including African and Caribbean)	5%	13%
Any other ethnic group (including Arab)	2%	3%
Prefer not to say	-	-

QWORK - At present are you...?

	IHT CCGs (655)	Non- IHT CCGs (655)
Working – Full time (30+ hrs/wk)	42%	50%
Working – Part time (less than 30 hrs/wk)	12%	10%
Self-employed	9%	4%
Unemployed but looking for a job	3%	7%
Unemployed but not looking for a job/Long-term sick or disabled / Housewife/husband / Full-time carer	4%	3%
Retired	24%	20%
Pupil / Student / In full time education	5%	7%
Prefer not to say	-	-

QPREG - Are you or your partner currently pregnant, or have you or your partner given birth within the last year?

	IHT CCGs (655)	Non- IHT CCGs (655)
Yes	3%	4%
No	96%	93%
Prefer not to say	1%	3%

QPARENT - Are you a parent or a legal guardian for any children aged under 16 living in your home?

	IHT CCGs (655)	Non- IHT CCGs (655)
Yes	25%	19%
No	74%	81%
Prefer not to say	1%	-

QDISABILITY - Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

	IHT CCGs (655)	Non- IHT CCGs (655)
Yes	14%	12%
No	85%	87%
Prefer not to say	1%	2%

For more information

3 Thomas More Square
London
E1W 1YW

t: +44 (0)20 3059 5000

www.ipsos-mori.com
<http://twitter.com/IpsosMORI>

About Ipsos MORI Public Affairs

Ipsos MORI Public Affairs works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. Combined with our methods and communications expertise, this helps ensure that our research makes a difference for decision makers and communities.

Ipsos MORI

