Improving Healthcare Together – Consultation 2020

Qualitative Research Report

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1 Methodology

1.1.1 Improving Healthcare Together (IHT) brings together clinicians and professionals from NHS Surrey Downs, Sutton and Merton CCGs with the aim of improving service provision by Epsom and St Helier University Hospitals NHS Trust.

1.1.2 Emergency services are at the centre of this improvement, and a consultation with local people (from within the three CCG areas and the wider trust catchment) has been underway since January 2020. Alongside the open public consultation and listening events, IHT commissioned a number of targeted research activities.

1.1.3 YouGov were commissioned to conduct 11x 90 minute focus groups, aimed at reaching those who may face a greater impact from the proposed changes to services – recent users of maternity services, people aged 65+ (and people aged 55+ with long-term health conditions), parents of children aged 16 and under, and young people up to age 24.

1.1.4 A series of three day-long workshops were also commissioned, to include a sample more reflective of the general population. 6x individual depth interviews were used to speak with people who identify as transgender and those in the Gypsy Roma Traveller (GRT) community, as these individuals are known to be harder to reach.

1.1.5 At the project outset, all research activities carried out by YouGov were scheduled to be held face to face. However, due to the timing of COVID-19 and the associated restrictions around face to face gatherings, the final focus group (Young People) was carried out online. The final workshop (Merton) was also impacted, meaning 4x 90 minute online focus groups were carried out with participants who had initially opted in to the face to face event. 3x individual depth interviews were carried out by telephone.

1.1.6 During face to face discussions, participants were shown consultation information about the proposed changes to local hospital services using a projector and / or a printed information pack. Online focus groups were held as text-based chats using a secure online platform, and participants were shown consultation information on a series of whiteboards before discussing the information with the moderator. For telephone depth interviews, consultation information was sent to participants via email and read out over the telephone. Participants were also shown a short video outlining the proposed changes.

1.1.7 In all discussions, consultation information was covered one stage at a time – looking first at the case for change, followed by the proposed model of care, and finally the three site options. This was to ensure that participants had opportunity to ask questions and clarify information, before discussing their immediate and more considered reactions.

1.1.8 The following research report outlines the findings from qualitative research carried out by YouGov in February-March 2020.

1.2 Sample

1.2.1 The broad sample frame for each of the focus groups is shown below.

Focus Group	Sample Criteria
1 - 18th Feb at 4:00-5:30pm, Surrey Downs	• All aged 65+ or 55+ with limiting long-term condition • Living in Surrey Downs CCG
2 - 19th Feb at 4:00-5:30pm, Merton	• All aged 65+ or 55+ with limiting long-term condition • Living in Merton CCG
3 - 20th Feb at 4:00-5:30pm, Sutton	• All aged 65+ or 55+ with limiting long-term condition • Living in Sutton CCG
4 - 20th Feb at 6:00-7:30pm, Sutton	• All aged 16-24 • Living in Merton / Sutton / Surrey Downs CCGs
5 - 25th Feb at 6:00-7:30pm, Merton	• All women aged 18-44 • Using / have used obstetric services in past 18 months (some to have used maternity Epsom & St Helier) • Living in Merton CCG
6 - 25th Feb at 8:00-9:30pm, Merton	• All parents of children U16 • Living in Merton CCG
7 - 26th Feb at 6:00-7:30pm, Surrey Downs	• All women aged 18-44 • Using / have used obstetric services in past 18 months (some to have used maternity at Epsom & St Helier) • Living in Surrey Downs CCG
8 - 26th Feb at 8:00-9:30pm, Surrey Downs	• All parents of children U16 • Living in Surrey Downs CCG
9 - 27th Feb at 6:00-7:30pm, Sutton	• All women aged 18-44 • Using / have used obstetric services in past 18 months (some to have used maternity at Epsom & St Helier) • Living in Sutton CCG
10 - 27th Feb at 8:00-9:30pm, Sutton	• All parents of children U16 • Living in Sutton CCG
11 – 31st Mar at 6:00-7:30pm, Online	• All aged 16-24 • Living in Merton / Sutton / Surrey Downs CCGs

1.2.2 In addition, the focus groups were recruited to include a mix of wards within the relevant CCG catchment (including deprived wards), mix of social grade, mix of household income, mix of gender (except obstetrics) and a mix of ethnicity. A number of additional criteria were recorded including: benefits received, carer status, health status / disability, religious affiliation, sexuality, whether they would use Epsom / St Helier hospital services, and whether they had used hospital services at any of the sites in past 12 months.

1.2.3 Workshops were recruited to be more reflective of the general population, and as such included some people who fall into the wider Trust catchment, going beyond the core CCG catchment areas.

Workshop	Sample Criteria
1 - 7th March at 10-3pm, Surrey Downs	• All to live in Surrey Downs CCG catchment (inc. some who live in wider trust catchment) • Mix of wards within catchment areas • Mix of social grade, gender, age 18+, ethnicity, health status / disability, urban / rural
2 - 14th March at 10-3pm, Sutton	• All to live in Sutton CCG catchment (inc. some who live in wider trust catchment) • Mix of wards within catchment areas • Mix of social grade, gender, age 18+, ethnicity, health status / disability, urban / rural
3 – Rearranged to 4x online focus groups w/c 23rd March	• All to live in Merton CCG catchment (inc. some who live in wider trust catchment) • Mix of wards within catchment areas • Mix of social grade, gender, age 18+, ethnicity, health status / disability, urban / rural

1.2.4 Additional demographic information was recorded for those attending the workshops: Employment status (including some students), benefits claimed, household composition, use of local hospitals in past 18 months, sexuality and religion. Participants were recruited from a mix of wards within each catchment area, including some from deprived wards.

1.2.5 In addition to focus groups and workshops, 6x individual depth interviews were conducted with those who identify as transgender or those identifying as Gypsy Roma Traveller. Interviewees were recruited from the three core CCG catchments plus the wider Trust catchment.

1.3 Recruitment

1.3.1 A majority of participants were recruited using the YouGov online panel – participants were targeted using a screening questionnaire, which initially screened participants in or out depending on their postcode. Additional information was then collected and participants were selected to include a mix of demographics, as outlined in the sample frame for each method.

1.3.2 Where necessary, trusted recruitment partners were used to free-find participants, using the same screening questions.

1.3.3 Community groups were also contacted in order to schedule interviews with those identifying as Gypsy Roma Traveller, and the sample was recruited by snowballing from initial contacts made.

1.3.4 In line with MRS guidelines, all participants were incentivised for their time with either cash or retail vouchers (dependent on the method used).

2 General perceptions of local and national health provision

2.1 National healthcare provision

2.1.1 Across the groups spoken to, a majority acknowledged that the NHS is currently under strain. Some had seen this first hand - as individuals with chronic health conditions, having supported family and friends to access services, or having heard anecdotally from others. Many had also seen information on the news about underfunding and staff shortages, and spoke about the impact of this in terms of patient care and the resources available to NHS staff.

2.1.2 In particular there was concern over waiting times for GP appointments. Some believed that this leads individuals to over-use A&E to gain access to treatment, and commented that this can mean longer waiting times for those seeking urgent hospital care.

"The time it takes to be seen when you go into hospital is much longer than it used to be." – Focus Group, Young people, Sutton

2.1.3 Participants were quick to sympathise with NHS staff, especially given the current world health context, and emphasised that more should be done to ensure that good quality healthcare services remain accessible. Some mentioned privatisation of services and were concerned about what healthcare will look like in future.

2.1.4 In terms of hospital services specifically, many participants commented that underfunding can be seen in terms of understaffing and lack of bed capacity. For a number of participants across groups, quality of care is key and they acknowledged that these issues could have a knock-on effect on safety.

2.1.5 Some also acknowledged that the pressures faced could mean reduced staff morale. Many emphasised the need for services to work together better - especially given the ageing population and perceptions of poor mental health as an ever growing issue - to really take care of population health.

2.2 Local healthcare provision

2.2.1 A majority of participants said that, naturally, the challenges faced by the NHS as a whole have an impact on their local healthcare. However, when speaking specifically about hospitals, fewer participants were aware of how these challenges are being played out on a local level.

2.2.2 Some said they have not had to use hospital services yet, but that Epsom or St Helier would be their nearest hospital geographically should they need urgent medical support. Others have had experience of using Epsom and St Helier hospitals, and of these a majority said that their experiences have been positive - they were quick to comment that the quality of care received and interaction with staff was good. Indeed, in some cases participants seemed particularly loyal to the hospitals they had used as a result of this good experience.

"I broke a vertebra two months ago and was sent to St Helier for MRI – it looks a mess, but nothing else to complain about - two years ago I went for treatment and again had very good service." – Online group, Merton

2.2.3 While some participants have had negative experiences, these tended to be a result of issues such as waiting times for appointments or hospital transfers, or challenges posed by the old buildings that house services, rather than the care provided itself.

"It's been good (at Epsom) but a bit of a waiting time when you go there for emergency…I'm a bit accident prone…they referred me to St Helier to get an operation done and I was there from 6 in the morning until 8 at night…They didn't have enough surgeons to get it done." – Interview, GRT, Surrey

2.2.4 Many mentioned spontaneously that the hospital buildings at Epsom and St Helier are a cause for concern – even those who were not overly familiar with the hospitals seemed to be somewhat aware of this. Some participants commented that they have noticed the rundown appearance of the hospitals when visiting family or friends. Others have attended appointments at the hospitals themselves, or have needed to be admitted. There was a general consensus from those familiar with both the Epsom and St Helier sites that St Helier is the most run down of the two.

"The lifts are always broken (at St Helier), even in labour I had to walk up the stairs" – Focus group, Maternity, Sutton

3 Understanding of changes to local health provision

3.1 Unprompted awareness

3.1.1 Many participants were aware that change has been proposed, however levels of awareness differed when it came to what these changes entail.

3.1.2 Participants who have lived in their local area for more than a few years said that the conversation surrounding improvements to Epsom and St Helier has been taking place over many years. While they weren't always familiar with the latest proposals, they were aware of the plans in a broader sense from things they had seen or heard over the years, and some were sceptical about whether proposals will really go ahead.

"But this has gone on far too long...years." – Online group, Merton

3.1.3 Some had actively engaged with information provided by Improving Healthcare Together (some mentioned seeing door drops, others had seen information in primary care settings) – they spoke of creation of a new 'super hospital' and the combining of some services on one site. A minority were aware that the preferred option is Sutton.

3.1.4 Others had seen messages in the media (including social media), from local political figures and campaign groups, warning that A&Es will be closing completely – which was a cause of concern for many. Participants had heard rumours of local hospitals being 'downgraded' and worried that this meant they would be left without the care that they, or their loved ones, need.

"Facebook sites are talking about meetings all the time – write to your MP etc." – Focus group, Parent, Surrey

'The MP for Mitcham and Morden has been talking about changes to St Helier' – Focus Group, Young Person, Sutton

3.1.5 There appeared to be greater awareness amongst participants of messages from campaigns and public figures to 'save our A&E' – fewer had seen messages from IHT directly. When talking through the consultation information, many participants commented that the information was reassuring, and that it sounded more positive than what they had seen more generally.

3.1.6 While participants across groups and across the Trust catchment areas tended to have some awareness of the proposals, participants from the Gypsy Roma Traveller community were the least familiar with the broader conversation about change and the specific proposals. Others were unfamiliar with Epsom and St Helier due to their location; those from the wider trust catchment, and some areas of Merton, commented there are other hospitals nearby which they are more familiar with.

3.2 Reactions to the case for change

3.2.1 The case for change was well received and understood across groups. Information around quality (including staffing), buildings and finance did not come as a surprise, as it fits with spontaneous comments made about the challenges being faced - by hospitals both nationally, and locally.

3.2.2 While fewer participants felt that quality of care had been impacted at this stage, it was clear to many that the existing buildings at Epsom and St Helier are a challenge to providing good care. They acknowledged that investment is needed to ensure the hospitals can operate safely in the long run. Some also raised the issue of continuity of care for those with ongoing healthcare needs, and the efficiency of hospital services overall, if reliance on temporary staff continues.

"If the hospital doesn't have regular healthcare workers, and have to use temporary ones, this can get in the way and slow things down." – Interview, Transgender, Merton

3.2.3 There was particular support for investment at St Helier hospital, as the site has a reputation for being run down and unwelcoming, and some had experienced the challenges of this first hand.

"Not surprised. Haven't been to Epsom, but St Helier is pretty scruffy." – Online group, Merton

3.2.4 However, while many agreed that the Trust is under strain due to the challenges presented, some say that in reality their local services are no more or less burdened than services nationally. They see the challenges being faced by Epsom and St Helier as part of a wider issue.

4 Support for the new model of care

4.1 Positive reactions

4.1.1 Participants were introduced to the proposed model of care using information from the consultation documents. On the face of it, many said that the model sounds positive.

4.1.2 Plans for refurbishment were also positively received. Many agreed that the existing buildings at Epsom and St Helier are in need of an update, and said they would welcome an injection of cash to ensure that their local hospital services can continue to run efficiently and effectively, long into the future.

4.1.3 Sustainability came out as key for the majority, and participants acknowledged that services cannot continue to operate at Epsom and St Helier as things currently stand. Some also suggested that if the local picture improves in terms of the urgent and emergency care available, there may be a knock-on effect on other healthcare services, too.

"Seems quite reasonable. If it's A&E that 'requires improvement', that should be the focus." – Online group, Merton

4.1.4 Some also commented positively on the introduction of Urgent Treatment Centres and the continuation of District Hospital services – given that the majority of people will never need to use the specialist emergency care hospital, it makes sense to have the *most* used services located nearby. In this way, the new model was believed to take into account all levels of care needed in participants' communities.

"There's support from day-to-day to emergency. It's the sort of thing, I think, given an hour, that's the blueprint we might have written." – Workshop, Surrey

4.1.5 Participants also commented that it makes sense to split up emergency care so that core emergency services are situated together. They acknowledged that the combining of these services onto one site may help to alleviate pressures in staffing, by housing emergency staff under one roof rather than across two sites.

4.1.6 A pivotal point of agreement was the potential for the new model to deliver care more efficiently – both for those needing urgent but non-emergency care and those requiring life-saving treatment. With waiting times in A&E a top of mind issue, participants were keen to see these times cut and agreed that, in theory, the separating out of A&E services could mean more timely support in the long run.

"It's a specialised hospital that just deals with more serious cases, so maybe, people will be seen quicker." – Workshop, Sutton

"They could deal with you quicker couldn't they, if people are being seen to [at the UTC], so it would be better if they separated it." – Interview, GRT, Surrey

4.1.7 Participants also commented on the importance of specialist teams being able to work together to ensure that patients with complex needs are met – parents in particular, commented that if their child(ren) needed emergency treatment, having specialists in one place would be a reassurance to them.

"There's people around if anything goes wrong. That's the crucial thing. If anything goes wrong, you've got someone there." – Workshop, Sutton

4.1.8 Many also commented that creating a new SECH could help to bring in more newly qualified staff, who may be drawn to a state of the art, purpose built setting where they can gain valuable experience from specialists. In this way, the new building represents an opportunity to build a new reputation – something which Epsom and St Helier are seen to struggle with, currently.

"I guess there is an appeal on a professional level if you are in a specialist centre." – Focus group, Parent, Merton

4.1.9 Housing these core emergency services in a purpose built hospital also makes sense in terms of the patients being cared for – participants were keen to ensure that medical staff have the best working environment, and the best equipment, in order to care for the most difficult cases.

"If the most at risk patients are in a newer facility, there is less potential for things to go wrong based on building infrastructure, so that's positive." – Online group, Merton

"I think it would be good because at least you can go to one place providing everything, the treatment people need. And if they have better facilities they will be able to see more people." – Interview, Transgender, Merton

4.1.10 While some questioned where the specialist emergency care hospital will be located, others were clear that the key factor for them is the quality and timeliness of the care received – including having access to the right specialists. In cases of emergency, it is likely that they would be transported to hospital in an ambulance, in which case they would be receiving care en route.

"You don't always end up at your local hospital. Where we are, I quite often end up in London because the specialists are at special hospitals…the more hospitals we can have, I think the better the country will be. A specialist emergency care hospital, fantastic." – Workshop, Surrey

"The issues will be around initial responses - I guess that if an ambulance is called the service will decide if District Hospital or the Main A&E - a bit of planning is required, but if they get it right then the service may actually improve." – Online group, Merton

4.2 Negative reactions and concerns

4.2.1 Across groups, the primary concern was about knowing which hospital to go to in an emergency. Many participants said that there is work to be done around educating local communities on where their new emergency services will be situated – making the right decision when it comes to accessing care is a big responsibility, and some were worried about the consequences of going to the wrong place. Participants, in all strands of the research conducted, shared concern about possible delays in getting the right treatment if they were to go to a UTC rather than the SECH.

4.2.2 Many needed reassurance that there would be the right resources available at their nearest UTC (e.g. equipment, specialist knowledge) to ensure that they / their loved one could be stabilised before being transferred to the SECH, if their condition were to worsen. Many also needed reassurance that there would be ambulance capacity to enable safe and timely transfer should the need arise. While there was an assumption that ambulance capacity has been considered to an extent, this was overshadowed by stories seen in the media about people facing long waits for ambulances already.

"I had acute appendicitis in August - I was in Epsom then diagnosed and moved to St Helier – I didn't know I had appendicitis, I wouldn't have known which one to go to." – Focus group, 65+, Surrey

4.2.3 Some said that, even with UTCs at both Epsom and St Helier, too many people may go straight to the site of the SECH, because all levels of care will be available there. This deliberate bypassing of the system could leave the SECH site operating over capacity. Within this, some participants highlighted a need for careful planning of the SECH and UTC to ensure that patients can be efficiently moved between the two if needed after triage.

4.2.4 Participants also mentioned the risk of positioning the SECH as the 'best' hospital in the area, given that this is where specialist doctors will be located, in purpose built hospital buildings.

"I'm concerned about the footfall of people choosing the shiny new hospital because they know it's new, and then fewer people end up at Epsom and St Helier."– Focus group, Maternity, Sutton

4.2.5 Some were also cynical about the model's ability to address staffing issues. While the new SECH could be beneficial in terms of attracting newly qualified staff to the area, some were concerned that attracting the 'best' or most qualified doctors to one site will leave UTCs understaffed. Participants needed reassurance that enough resource would be put into recruitment of staff to cover these new units, across (potentially) three sites, in order to support the smooth running of this new model.

"Whoever is at the top will want to work in this SECH." – Workshop, Sutton

"I worry about recruiting for the DH – if I'm a nurse, I want to go to the place where all the good cases are at the specialist hospital." – Focus Group, Maternity, Surrey

4.2.6 While refurbishment was welcomed on the face of it, participants did question what is meant by this term. Many wanted to know more about the extent to which existing buildings at Epsom and St Helier will be refurbished, as many of the structural issues seem too great to be fixed. To some, this part of the model seemed to be at odds with the challenges presented earlier in the case for change – a short term fix rather than a long term, sustainable solution. A minority suggested that money could be better spent by rebuilding the existing hospitals completely.

"It also depends on what refurbish means in the context of a hospital? Are we talking cosmetic or structural? At what cost?" – Online group, Merton

'What about the level of refurbishment – will it include the power and communications in the hospitals as part of this? Would it not be easier just to knock it down and start again?' – Focus Group, Parent, Sutton

4.2.7 Many were also concerned that incorporating both refurbishment and a new SECH building could stretch the funds available too far. Participants wanted to know what the contingency was if the project overruns and therefore goes over budget. The concern for many is that the refurbished buildings promised at their local hospitals could be overlooked in favour of the new SECH, leaving them worse off in terms of quality of care nearby.

"So, what are the timescales? Also, slightly cynically, what happens if it goes over budget? Now, nothing has ever been built to budget in this country, so what

gives? Is it the £80 million for refurb that we use for this new building to go ahead?" – Workshop, Surrey

4.2.8 For some, the concern around refurbishment of the existing hospitals went beyond the consequences of funding falling short. Participants across groups also worried that this could be the first step in paring down hospital services in their area – given the talk of downgrading they have heard in campaigns and local politics, it is unsurprising that some highlighted this as a risk.

"We mostly use Epsom for existing treatments. My concern would be that if you lose the A&E that's the thin end of the wedge – slowly erode services until there is no hospital there." – Focus Group, Parent, Surrey

4.3 Effect on them as individuals

4.3.1 Many participants commented that the new model of care would have little direct impact on them, as they do not currently use hospital services. Alongside this, many also said that if needed in future, the quality and timeliness of care would be the most important factors in an emergency.

4.3.2 When speaking of concerns and raising questions about the new model of care, many focussed on others who may be more disadvantaged than them. A majority of the people spoken to said that they had access to a vehicle – either in their household, or through a close friend or family member driving – allowing them to get to and from the SECH as needed. However, for those who do not own a car, there were concerns that the centralisation of emergency services at a location far away, could make the logistics of visiting the SECH difficult. This could impact patients, visitors and staff.

"Geographically it doesn't seem that far, but as you say, if you've got friends and family that-, you're in St Helier and you've got friends around Epsom area that can't travel that easily, then you won't get a visit." – Workshop, Surrey

4.3.3 Participants who do use their local hospital more frequently tended to be supportive of the model. Keeping the majority of hospital services open in their local area, as they are offered currently, out of refurbished buildings was welcomed. This point was especially reassuring for those who previously believed they would have no access to services locally at all.

4.4 Differences by groups

4.4.1 When it came to the model of care, groups on the whole were similar in their responses – while they acknowledged that there may be a number of benefits from the new model, there were a number of questions about how it will work in practice, and many need reassurance around some of these issues before buying in completely. However, there are some key differences between groups.

4.4.2 A small majority of participants with young children, particularly those who had recently used maternity services or are still using these, raised concerns about moving hospital births to one location. While it was reassuring to hear that specialists will be on hand at the SECH to provide support as needed, many said that increased travel time for a hospital birth would be anxiety inducing, especially for new mothers, those with a high risk pregnancy, and those who have experienced a difficult birth in the past.

4.4.3 The potential for added travel time, especially if women go into labour prematurely, was a key sticking point – many said that in the case of births, the SECH would need to be close by. Some also raise concerns that moving all hospital births to the SECH may pressure some mothers into opting for a home birth, and wondered whether this had been considered.

"I personally think that the Specialist Care hospital is a good idea only when births is not included." – Online group, Merton

"So will they be expecting more home births and fewer hospital births?" – Focus group, Maternity, Sutton

4.4.4 There were also questions around the continuity of care received, if women have their appointments at their local district hospital but give birth at the SCEH. More information on this issue is important to help reassure participants in this area.

"But if you have your ante natal care and your birth at different places it might seem that there is no carry through care" – Focus group, Young people, Sutton

4.4.5 Some participants with young families also raised the issue of children's beds being located in one place. Again, while many agreed that they would feel reassured by having specialists on hand to provide the best quality care for their child at the SECH, there is potential for families to be impacted if this hospital is far from home – increased travel times, cost of travel and parking could be a burden to those having to split their time between hospital visits and caring for family.

4.4.6 In some groups, while the proposed model of care was understood, there were questions around why the funding allocated cannot be split three ways to ensure that each hospital is improved. Some suggested that there could be a UTC built at each of the three sites, and questioned why Sutton loses out in the Epsom and St Helier options. Participants, while less concerned about their own ability to access the hospitals, acknowledged that transportation will be key for some groups – especially the elderly.

"Not sure why only one hospital can provide these core services. Also impacts family who want to visit. Especially elderly people." – Online group, Merton

4.4.7 Some of those based in Merton said that, ultimately, the location of the SECH will decide whether they are likely to use it or not. With St George's in close proximity, many said that they would opt for this hospital as it stands simply due to its reputation as a 'new' and 'specialist' hospital. Some, who had used St Helier hospital before, said that this was a case of catchment area only rather than personal choice.

"The distance for me to St Helier and St Georges is roughly the same maybe St Helier is closer, but at the moment I would go to St Georges, bigger hospital more resources etc." – Online group, Merton

4.4.8 The views of participants aged 18-24 spoken to tended to be in line with comments from other groups – however, as many did not foresee having to use hospital services, they spoke from a more distanced perspective than other groups. The model of care was positively received, on the whole, and participants could see the logic behind splitting up of services to drive efficiency and improve patient care.

"The hospital is desperately in need of refurbishment, we just need to suck it up for 9 months." – Focus group, Young Person, Sutton

4.4.9 Participants from the GRT community also gave similar feedback to other groups. For them, quality of care and shorter waiting times are key – they can therefore see the benefit of having UTCs locally and directing emergency cases to one SECH. As with other groups, a key question was how they would know which hospital to go to, for themselves or their families. As this group had the least spontaneous awareness of the proposed changes, it is important to ensure that changes are communicated adequately to this group.

"You wouldn't know if [children] needed to stay overnight – you'd have to go to one and then the other?" – Interview, GRT, Surrey

5 Location of the new SECH

5.1.1 Across all groups and workshops, participants were shown the three site options, along with a comparison of the relative merits and drawbacks of each option. They were shown architectural plans of the three sites to give them a sense of how they would look once built, and they were given comparison data on costs, timescales, and hospital capacity – all of which was designed to allow them to make informed, objective, decisions.

5.2 Epsom

5.2.1 While many living in Surrey Downs initially said that Epsom would be their preferred option for the location of the new SECH, this was usually a preference based solely on convenience, and tended to feature most prominently at the start of the qualitative discussions in these areas. Their final adjudication, once all the facts had been presented, tended to be much more nuanced. Later into the discussions they acknowledged that other options may better serve the population of the three CCG areas, and, frequently, they ended the session thinking much more altruistically, as citizens rather than as individuals, when weighing up the options.

5.2.2 Indeed, many reflected that, if it meant that they would be treated in state of the art buildings, they would be content to travel further to the SECH, as long as quality of care is assured there – and the UTC and district hospital services continuing at Epsom were guaranteed. This guarantee was important, and many in Surrey were concerned about a 'two tier' NHS provision, with their district hospital at Epsom providing only a very basic service, and a 'premium' standard of care being delivered in one of the other sites. Though this concern was also present amongst residents of Merton it seemed more acute amongst residents of Surrey Downs, perhaps due to concerns that the best health provision is moving into the capital and away from the surrounding areas.

5.2.3 Furthermore, they were concerned about this divergence in care quality becoming more marked over time. This tended to be a concern based on the further deterioration of the buildings at Epsom, and the effect of the 'best' staff wanting to work further afield at the new SECH. Also, some were concerned that if the project goes over budget (above the £500 million allocated) then the service provided at Epsom will be reduced even further, as the most important part of that spend would be focused on the new SECH.

"I think you'd end up getting more junior doctors based there. Just from experience, there are a lot more junior doctors available to work more out of hours because a lot of the consultants don't particularly want to work those hours and they can pick and choose. Whoever is at the top will want to work in this SECH or whatever it's called" - Workshop, Sutton

5.2.4 Despite most of those living in Surrey being prepared to travel further, a minority, especially those with young families, say that other sites would be too far for them to reach, and they would resort to alternative emergency departments in Surrey before heading towards London.

5.2.5 For those living in Sutton and Merton, Epsom tended to be a much less popular choice than St Helier or Sutton – for them, the distance is too far and the public transport options are not currently sufficient to support non-vehicle households. Much of the lack of support for building the SECH at Epsom was due to a lack of familiarity with the hospital – it was only really familiar to participants from Surrey Downs with the exception of one or two from other areas who had been there for elective surgery. For most, it seemed hard to recommend a hospital that they are unfamiliar with as the site of the new SECH over other hospitals that they were familiar with.

5.2.6 That said there was some support for the Epsom option based on cost - as the capital costs for building the site at Epsom come in under the £500 million, there was a hope that some of this money could be used to retain and recruit more NHS staff.

5.2.7 While some do acknowledge that having the SECH in Epsom would be best for the elderly, who may find it more difficult to get to hospital, others say that the SECH should be located nearer to more densely populated areas. It was also pointed out that it seems counter-intuitive to build an SECH with a dedicated maternity function closer to the area which has the oldest population.

5.2.8 Amongst those who are familiar with Epsom, some question the capacity of the existing hospital site, and suggest that building the SECH there would be more cramped than in other options due to the density of buildings in a relatively small geographical space. It was also noted that, on the plans shown, the footprint of the SECH seems smaller compared with the Sutton option.

"Epsom seems far smaller, so although it will be closer together-, I mean the way they've put that there it's hard to determine, unless they are wiping out right the way up to the BP, where the petrol station is at Epsom, I don't see how they are going to get that new building in." - Workshop, Surrey

5.2.9 There were also concerns raised based on the fact that Epsom is seen, particularly by those in Merton, as a more affluent area. Therefore, there were concerns that property prices would be high and preclude key workers such as nurses from being able to buy or rent. There were related concerns that hotel rooms would be too expensive for family visiting relatives in the area, though these concerns were also present when discussing the Sutton option as well.

5.2.10 More notably, however, were the concerns around impact on traffic flow in the area – with many who feel that Epsom is already too congested, meaning that it would be harder for emergency vehicles to get to the hospital. It was also pointed out that Epsom hospital is based just outside the town centre, making it less accessible to some public transport users, particularly rail users. Also, there is a one way system in place which may not be well suited for emergency vehicles that need to travel at speed.

"The traffic in Epsom, they've just recently in the last year done their traffic control things. I get on the bus, because I'm working outside Epsom, and it's not good. It's already very, very bad traffic in the centre of Epsom". - Workshop, Sutton

"How the ambulances would get in and around that traffic I just don't know how it could be done." - Workshop, Surrey

'I'm a bit worried about these babies being born, if you've got someone going into labour in Merton, having to travel to Epsom.' - Focus group, Sutton

5.2.11 There were also concerns around the impact of ongoing building works – both to patients and the surrounding community – with six years sounding like a long time to those who may have to live with the disruption. This is particularly true if construction overruns, with concerns about cost escalation, and having to relocate more beds to other hospitals for longer. Those who were more familiar with the proposals say that the deliberation has been going on for long enough, and they are keen to see the state of the art SECH up and running as quickly as possible, further making Epsom a less attractive option.

5.2.12 More broadly, the utilitarian principle was at the forefront of participants' minds, and, upon being presented with the facts that locating the site at Epsom would mean the most travel disruption, it proved very hard for participants to support this option.

5.3 St Helier

5.3.1 Unlike the views of those in Surrey Downs towards Epsom hospital, there was more favourability in Merton towards locating the new SECH at their local hospital, namely St Helier. But is should be noted that not all were familiar with it – though most had been there at least once, for many in Merton their nearest hospital, and the one that they use the most, is St. George's in Wandsworth.

5.3.2 The role of nearby hospitals was an important factor in participants' adjudication around which was the best site option, but led to some quite complex and nuanced responses. For some Merton residents who are more geographically and emotionally attached to St George's hospital, locating the site at St Helier was a good idea as it meant that more 'traffic' would be taken away from St George's hospital, freeing up capacity.

"I was going to say one thing that's both a positive and a negative. It's the fact that it's near St George's Hospital, which offers a very similar service. So, it's good because it will take the strain off St George's. Also, if you were blue-lighted in an ambulance it would take, like, ten, or fifteen minutes between the two." - Workshop, Sutton

5.3.3 But for others it was a bad idea, as it they felt it would mean a 'diversion' of staff and resources away from St George's to the new SECH – whether by design, or insidiously over a longer period. This is an important finding as it shows that Merton residents are not just concerned about the improvement in services at St Helier, should that be the chosen site, but the possible deterioration of services at nearby St. George's.

"I feel that this would then put more pressure on other hospitals, eg. St George's, as more people from Morden/Mitcham would choose to go there instead." - Online group, Merton

"St George's would be overwhelmed (and Croydon) by people voting with their feet and not wanting to travel to Belmont" – Online group, Merton

5.3.4 As might be expected there were differences in views across different areas, with participants living in Surrey saying that St Helier is too far for them to travel, and even those living in Merton and Sutton acknowledge that those living further into Surrey would be heavily impacted by increased travel times.

5.3.5 However, while those living in Sutton and Merton say that St Helier is more convenient than Epsom in terms of travel, many comment that St Helier is too old for refurbishment. While they can see the benefit of operating services out of refurbished buildings, they question how feasible this is in practice.

5.3.6 Where this concern was, to some extent, matched in Epsom, much of that infrastructure is post war, whereas the bulk of St Helier was built in 1934, and is very different structurally to other hospitals. Participants wondered how issues around the width of corridors and lift shafts could be addressed without *structural* refurbishment. This however, is more of a general observation with less bearing on where the new SECH is built – as that will be separate from the main building in any instance.

"I just don't think you can refurbish…[it]…you can see from the outside all the big cracks in the wall, and it's just a dark, dingy, nasty soulless place to be, really. Yes, you're just going to be forever repairing it. It's just no good, is it?" - Workshop, Surrey

"I think location wise it could work, but like you say there is a danger with depreciation etc. in terms of finances and how much it would cost in total". – Online group, Merton

5.3.7 For many across all areas there was also an issue of reputation – some say that, even with a state of the art SECH, the existing buildings at St Helier do not create a positive impression on the visitor. Many describe the site as foreboding, and, when shown plans that the new SECH will be located at the back of the existing buildings, they felt that the visual impact of such new facilities is hidden.

5.3.8 Furthermore, it was recognised across the groups that St Helier is situated in a deprived neighbourhood with few facilities. The problems here are twofold – firstly, there is not enough catering and accommodation for an influx of new staff, visitors and patients alike in the surrounding areas. Secondly, some raised concerns about crime and safety in the local area, particularly for those using public transport or those who are unable to park in secure hospital facilities.

5.3.9 Related to this, and as explored earlier, many local residents have a negative impression of the standard of care that is offered at St Helier compared with St George's (and even, to some extent, Epsom). This sense of being a 'damaged brand' in many people's eyes certainly affects their perception of whether St Helier should be 'rewarded' as such by the building of a new SECH.

"It sounds like it's a hospital fraught with problems, I'm not sure adding a massive building site next door would help". – Online group, Merton

5.3.10 That said, there was some support for the idea of allowing the new SECH to regenerate the area, bringing badly needed jobs (both in nursing and care but also in construction and maintenance) to an area with high levels of economic inactivity.

5.3.11 Participants read with great interest that St Helier would take the longest to build of the three different options, and it was felt across the board that seven years is too long a time. Indeed for many, this was the deciding factor that changed their preference to Sutton as they were concerned about the disruption to patients and visitors who would continue to use the hospital site.

5.3.12 There was more positivity towards the fact that the St Helier option is the least expensive capital cost, with the suggestion that, if money were left over from the £500 million allocated, this could be spent on recruiting new staff to the SECH and the UTC and DH services. However others felt that the project is likely to over-run and go over budget, so while St Helier looks the cheapest on paper, this may not stay the case in practice.

5.3.13 In terms of the wider picture of traffic and transport, like Epsom, there were concerns about the existing levels of traffic congestion and how they would be impacted further by the building of a new facility. However it was felt that there are more public transport options around the St Helier site than at Epsom.

5.4 Sutton

5.4.1 Across all groups and workshops, participants recognised that a key benefit of having the SECH at Sutton is the additional UTC, meaning more people would have quicker access to urgent treatment in non-life threatening situations. In many participants' minds this simply equated to more medical professionals in the area, and effectively a 'brand new' hospital in Sutton where there is very little at the moment. This argument was, for many, the most compelling of all, and indeed, served to persuade many who had previously supported the St Helier option to support the Sutton option.

5.4.2 However this did lead to many wondering why Sutton would only have a UTC if the SECH were located there too – with some suggesting that, if there were a UTC at Sutton under all three site options, they may feel more positively about having the SECH based elsewhere.

5.4.3 There were, though, concerns about transport and access even amongst the majority who supported this option. It was felt that the public transport links by road in Belmont are poor, with few regular buses. However, some saw opportunity in this, and many comment that, while public transport would need to be improved, Sutton could benefit from having tram links as well as a more connected bus network. Many felt that tram links to the area are long overdue, and have been mentioned numerous times across the years.

5.4.4 Relatedly, there were also concerns about the potential increase in traffic flow in the area, as many roads are narrow, residential, with schools nearby. Indeed many were concerned about the narrow B-road through which the Royal Marsden is currently accessed. However none of these issues meant that participants felt the SECH should be located elsewhere – it was more that they wanted reassurances that, should Sutton be the chosen option, that there will be a joined up approach between public health and infrastructure providers to ensure that the hospital can be accessed.

"If you are going to stick a hospital in an area that's not very well served by public transport it would be nice to think that public transport is in some way built into the plan." – Focus group, Sutton

5.4.5 Interestingly, however, some felt that, rather than being supportive of the proposals, there may well be more local opposition (due to the impact on roads and construction noise) than there would be in St Helier or in Epsom due to a more affluent local population.

"The residents are probably more likely to be more likely to start kicking up a fuss. They've already had to put up with a school there, sorry, academy. It's a more affluent area, so therefore those people are going to be more connected, and more liable to get themselves into some sort of, nimby protest" – Workshop, Sutton

5.4.6 As with all site options, participants needed reassurance that that there will be enough affordable parking on site to prevent roadside parking. Some spotted that there was no parking visible in the architectural plan, unlike with the other options. However, when one workshop group was told of plans to instate underground parking there was overwhelming positivity – for them it seemed safe and secure. It may be beneficial to publicise this aspect of the proposal more widely.

5.4.7 Despite articulating the above concerns, however, the presence of an additional UTC, as discussed, swung the balance in favour of Sutton for most participants. Many also see the benefit of building on a larger site from the ground up, rather than having to work around the existing buildings. Participants agreed that this seemed like the least disruptive of the three approaches, and were pleased to hear that it would involve the smallest number of hospital beds needing to be relocated.

"[my preferred option is] Sutton. It is the most central geographically, will be completed in the shortest amount of time and causes the least disruption." - Online group, Merton

5.4.8 They also saw how it might be able to attract the best clinicians as it would be a much more desirable place to work due to its cutting-edge, state of the art facilities, and therefore bring such clinicians into the area where they may have been reluctant to do so otherwise.

5.4.9 Many were also positive about the build time taking only four years – they were keen to start seeing the positive impact of the investment in services as quickly as possible, and also want disruption to be minimal. This is especially key for younger participants, some of whom said they may move out of the area in future for work or study, and therefore would be less impacted by the decision.

"I think I probably would have to choose the Sutton option on these points: can be built quickest, provides an extra UTC and is a hub that people can travel too fairly easily. I also quite liked the St Helier option but the seven year build (which could be delayed) causes me some concern." – Online group, Merton

5.4.10 A primary sticking point for some was the cost of this option, being 11 million pounds more than the £500 million they were told has been set aside. Some were concerned that starting over-budget would mean funds running out for the refurbishment of both Epsom and St Helier hospitals. As such, many need reassurance that funds are ring fenced for refurbishment as well as new builds, and a guarantee that running over budget would not impact the DH and UTC services being delivered at the remaining two sites. This is a particular cause of concern for those living in Epsom, who are sceptical about the long term vision for the Trust – a minority see this as the first step in downgrading and ultimately getting rid of services in the area.

"I'd worry that the cost of the specialist unit might go over and there would be nothing left for the refurbishments and it wouldn't get done." - Focus group, Maternity, Surrey

'Then they'll cut it. Will they say, actually we can't afford to refurbish Epsom and St Helier so that's not going to happen." – Focus group, Maternity, Sutton

5.4.11 However some pointed out that this additional cost was a good thing, as it meant that they knew that all of the £500 million would be used up. Many also felt that the Sutton option seemed like the most sustainable option, and that the additional cost would pay for itself going forward.

"Sutton on paper definitely seems to be the most accessible option and even though it's the most expensive option the fact it's the best value for the tax payer could mean it pays off in the future?" – Online group, Young People

5.4.12 Across groups, while there was an initial tendency to lean towards the option closest to home, when all factors are considered participants tended to say Sutton makes the most sense as the SECH site. For most, its location in the middle means that it is a fair compromise, whilst those living in the immediate vicinity were positive about having a 'new' hospital very close by.

"It's got to be somewhere in the middle hasn't it, somewhere where everyone can get to it. There are people who can't drive aren't there, some people can't even afford to [get public transport] so it needs to be in the middle." – Interview, GRT, Surrey

"I think it's better to invest in things like this. In the longer term this will be better financially. I think this sounds like a good option based on the information we've been given". – Online group, Merton

5.4.13 Many also comment that the proximity to The Royal Marsden allows for the site to become a 'centre of excellence' for the treatment of acutely ill children, which is another strong positive.

"To me Sutton is the best option - you get it quickest, it causes the least disruption, more people can get to it in the shortest possible time (particularly those from deprived communities), leaves you with a wider level of provision given the extra UTC and improved cancer care. Costs slightly more, but £81 million in the scheme of a hospital built to last more than 50 years is worth it." – Online group, Merton

5.5 Transport and accessibility

5.5.1 All groups and workshops were shown the information about the travel time to emergency care by public transport being longer for all options and, while there was some concern about this, there was also a realisation that the vast majority of the journeys to the new SECH would be made by car or by ambulance, and, as there was very little change to how long this journey would take by those two measures.

"We're talking about life-threatening emergencies though right, like major trauma or cardiac arrests. Most of whom would be blue-lighted in, so hopefully the time difference in minimal in a blue light ambulance". – Online group, Merton

5.5.2 Across all groups and workshops, the accessibility of the new SECH was of paramount importance, and participants needed a great deal of reassurance about accessibility. In weighing up the options they placed a huge amount of importance on how accessible the sites are.

5.5.3 With this in mind, it was generally considered that Epsom is the least accessible of the different options, not only because of its distance from the main urban centres where a majority of patients live, but also because it is slightly south of the centre of the town, on a congested A-"road. Were it not for this, then there would undoubtedly be more positivity towards Epsom as the site for the new SECH.

"Strangely, I think it's more difficult to get to Epsom from Sutton. I think there is one bus that goes all the way from Croydon to Epsom right into the hospital itself, but there isn't regular ones from Sutton I don't think which is really silly because Sutton is nearer than Croydon". - Workshop, Surrey

"Epsom was difficult on public transport but not impossible. Easy to Epsom itself but the hospital is about a 15 minute walk away from the train station". – Online group, Merton

5.5.4 By contrast, St Helier was felt to be much more accessible via a number of different arterial roads. Though Sutton is less accessible than St Helier, and accessed via a relatively narrow B-Road, its position at the end of the 'mad mile' (a fast moving dual carriageway leading north from the M25) makes it much more accessible to those outside London.

"Initially I veered towards St Helier because it's more central, the northern part of the area clearly has the greatest population. But I do see the advantage of Sutton, but my friend over there in Belmont has said something needs to be done with the roads. If you're talking about an emergency situation, minutes do count and the journey could take longer". - Focus group, Merton

5.6 Differences by groups

5.6.1 Across the groups and workshops there was little, if any, difference in views about the location of the new SECH by demographic or protected characteristic. Black and minority ethnic participants, who tended to be present mostly in the Merton groups and workshops, perhaps had a slightly greater inclination towards St Helier than the overall response, due to a higher reliance on public transport and due to living further into central London.

5.6.2 The only marked difference between different groups was around young mothers who had given birth recently. As discussed, they had concerns about the centralisation of maternity services generally, and this tended to mean that they were less accepting in Merton of such services being moved further away from them. One group of new mothers in Sutton expressed a preference for St Helier over Sutton (indeed they were the only group across the whole research to do so) and this was based, not on distance, but on cost – they were simply concerned that starting a build over budget is unsustainable.

"To start a project knowing it's already 11million over budget seems insane, use the money to improve the others, then they have money to play with." - Focus group, Maternity, Sutton

6 Conclusions and recommendations

6.1 Overall reflections

6.1.1 Throughout this research participants agreed, based on their experiences of local healthcare provision, that change was needed. They agreed on the whole with the idea of centralising emergency care, and, with the right reassurances given to them on providing a joined up multi-agency approach on transport infrastructure, they were prepared to accept the idea of a new SECH that was further away from their current A&E department.

6.1.2 The overwhelming consensus across the groups was that Sutton was the best option for the building of the new SECH. Participants were told that this was the preferred option amongst professionals, but were given every opportunity to voice an alternative preference, indeed some did.

6.1.3 And despite this overall prefererence there *was* some strong opposition to the Sutton option – particularly on cost. Having been told earlier on that £500 million was allocated then to be told that this option would cost £511 million was a difficult pill for some to swallow, and is a key learning on message management. Participants were told that Sutton represented the best value for money in the long term, but this proved a much more difficult idea to conceptualise in comparison to thinking about the capital cost – which many fixated on.

6.1.4 For this research, a deliberative qualitative methodology was chosen in both the focus groups and workshops. This was because it was necessary to feed participants a large amount of information and get their thoughts and opinions on both the case for change and also their preferred SECH location once that information had been supplied to them.

6.1.5 What this meant is that we were able to establish both their pre-existing understanding around changes to hospital service provision prior to the groups taking place, and the difference the information given made to their understanding of the situation and preferences.

6.1.6 Many, particularly in Merton, came to the groups having heard of the local protests and campaigns resisting change. But many had simply heard the slogan ‘Save St Helier hospital’ and assumed from that that the whole hospital was under threat of closure. When they were therefore told that the hospital was not under threat of closure, rather that money was being allocated for its redevelopment, they were pleasantly surprised. Furthermore, when they were told that a brand new SECH would be built on one of the sites they were even more positive – based on the assumption that it will be built at Sutton, this felt very much like the building of a new local hospital, as opposed to the closure of an existing one.

6.1.7 These findings are important as they demonstrate two things; firstly, that there is a campaign out in the community which has been, to some extent, effective in spreading misunderstanding and exaggeration, and that messaging from IHT and the CCGs may seek to counteract this. Secondly, it shows that, by presenting the facts and data rationally, it is not difficult to generate support both for the case for change and for the site location to be at Sutton.

6.1.8 Another key finding following on from this is that participants tended to think as *citizens* rather than as *individuals*. Though some gave their preferred option for the building of the SECH as the hospital closest to them, for most, having weighed up the evidence, the case to build the new centre at SECH seemed like the best option for the wider patient population;

"So originally I think I probably would have said Epsom because I live in Epsom and it would be quicker to get to but I think now, having found out more about it, I think Sutton because there is a lot of transport to get there, more parking spaces, least time to build, and, also, it's close to town as well and shops. There is so much traffic going through Epsom, to drive to work I have to go past Epsom Hospital, and it's a nightmare in the morning, so I think, yes, Sutton." F Surrey Downs workshop

6.1.9 Essentially we asked participants to temporarily park their emotional and individual responses and encouraged a more rational and altruistic response from them – and it was in this spirit that our attendees participated. Indeed, finding this state of mind amongst the wider public is perhaps the challenge for our clients at Improving Healthcare Together as they look to finalise their decision and complete their public engagement work.

7 Appendix

7.1 Sample

7.1.1 Across all strands of this qualitative research, 202 participants took part. A breakdown of these figures is included in the table below.

Focus Group	Sample
1 - 18th Feb at 4:00-5:30pm, Surrey Downs	9
2 - 19th Feb at 4:00-5:30pm, Merton	9
3 - 20th Feb at 4:00-5:30pm, Sutton	10
4 - 20th Feb at 6:00-7:30pm, Sutton	8
5 - 25th Feb at 6:00-7:30pm, Merton	8
6 - 25th Feb at 8:00-9:30pm, Merton	7
7 - 26th Feb at 6:00-7:30pm, Surrey Downs	8
8 - 26th Feb at 8:00-9:30pm, Surrey Downs	10
9 - 27th Feb at 6:00-7:30pm, Sutton	7
10 - 27th Feb at 8:00-9:30pm, Sutton	6
11 – 31st Mar at 6:00-7:30pm, Online	6
Workshop 1 – Surrey Downs	38
Workshop 2 - Sutton	37
Workshop 3 - Merton	33 (across 4x online groups)
Interviews	5x Gypsy Roma Traveller community, 1x transgender individual

8 Acknowledgements

8.1.1 This report was prepared by Jerry Latter and Natasha Ward, supported by the Qualitative research team at YouGov.

8.1.2 We would like to extend our thanks to all those who took part in the focus groups, workshops and interviews, for their time and valuable contributions; the clinicians / programme team at Improving Healthcare Together who attended the workshops; and the community groups who assisted with recruitment.