











# Paper 2.b:

# **Consultation Feedback -**

Presentation of key findings to accompany the final consultation report

22<sup>nd</sup> May 2020

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With: Ipsos MORI and YouGov





## What is public consultation?



Consultation has been described as a dialogue, based on a genuine and purposeful exchange of views.

Consultation is not a vote or referendum, but does provide an opportunity for the public and stakeholders to give feedback on proposals to be conscientiously taken into account by decision-making bodies alongside all other evidence.

## What does good consultation look like?



The Gunning Principles provide the benchmark for good consultation:

- 1. Consultations should take place when proposals are still at a formative stage;
- 2. Sufficient reasons must be put forward for the proposals to allow for intelligent consideration and response;
- 3. Adequate time should be made available for consideration and response; and
- 4. The product of consultation must be conscientiously taken into account.

This IHT public consultation has been monitored by the Consultation Institute, under its Consultation Quality Assurance Scheme. The Institute has confirmed that this consultation has fully met the requirements for best practice.

#### What is ORS' role?



Opinion Research Services (ORS) is a spin-out company from Swansea University with a UK-wide reputation for social research and major statutory consultations, including for the NHS, emergency services and local authorities.

ORS' role is to analyse the outcomes of this dialogue and to give an accurate account of the feedback received during the 12-week public consultation on the proposals for future healthcare options.

## **Key milestones and consultation responses**





Pre-consultation engagement in 2018, with formal consultation over a period of more than 12 weeks:

- 8th January 2020 - 1st April 2020



Detailed analysis of consultation feedback undertaken by independent research organisations - Opinion Research Services, YouGov and Ipsos MORI



Extensive public and stakeholder engagement, with feedback on proposals received across multiple consultation strands



Publication of the consultation feedback report: - 22<sup>nd</sup> May 2020

Available at: www.improvinghealthcaretogether.org.uk

Consultation questionnaire

Page

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4,172 responses

including:

724 NHS staff 26 from organisations

54 easy read versions

Residents Survey (Ipsos MORI)

751 interviews

655 across the three CCGs 96 in nearby areas Focus Groups residents' workshops, depth interview (YouGov)

> 11 focus groups targeted to specific demographics with 88 participants

> 3 forums with 108 participants

6 depth interviews with 'seldom heard' groups IHT Listening Events and CCG outreach meetings

8 public listening events with 1,000+

attendees

More than

100 events

and meetings, engaging with

c. **6,000** participants

Meetings organised by local CVS organisations

48

engagement activities

organised by

33 groups

involving 426 participants

Feedback received

434 'written' submissions

1,160 social media posts resulting in 1,730+ engagements

Petitions and third party surveys

2 petitions
with a total of
9,486 signatures

2 substantial third-party surveys involving 3,339

7 comments received via Healthwatch Sutton's website

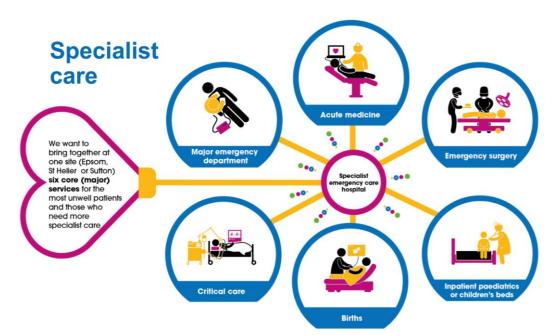
respondents

## Key findings from consultation feedback: the proposed model of care



#### The case for change

Many consultees recognised the challenges facing the NHS nationally, and Epsom St Helier University Hospitals Trust (ESTH) hospitals in particular, and welcomed the proposed investment into local hospitals.





#### The model of care

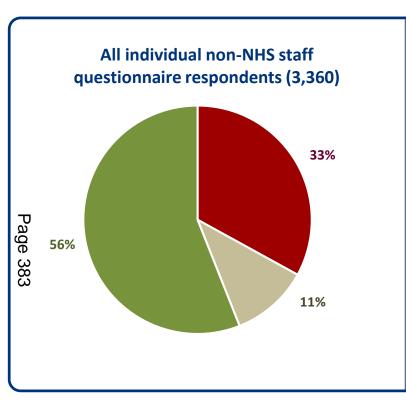
There is widespread support for the clinical model from respondents, and particularly from clinical stakeholders and NHS staff, on the basis that it addresses the case for change.

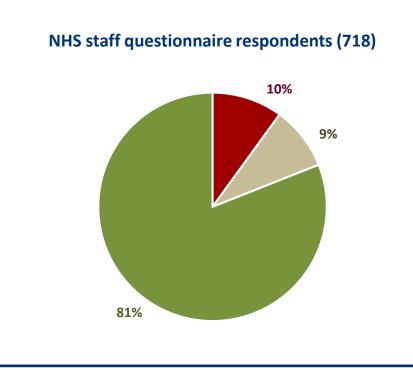
However, levels of support varied by geography, with more individuals living in Merton CCG stating that the model of care is a poor or very poor solution.

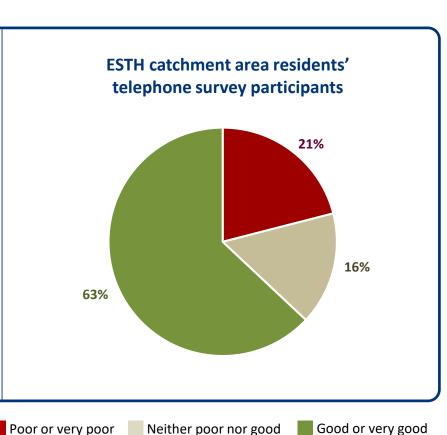
# Opinions on the proposed model of care (by respondent type)



#### Questionnaire respondents and residents' survey participants:







25 out of 26 organisations responded to this question:

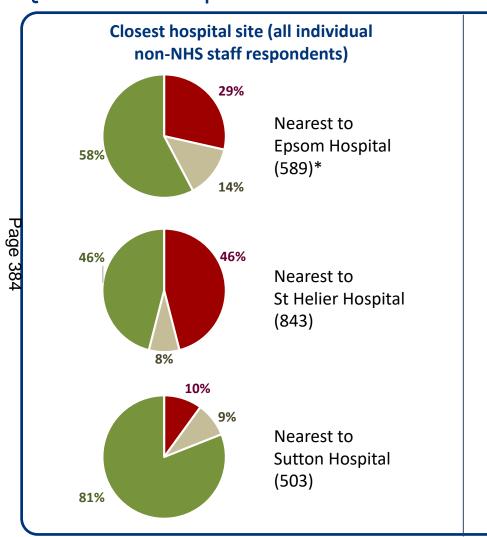
- 8 felt it was a poor or very poor solution
- 16 felt it was a good or very good solution
- 1 felt it was neither a good nor a poor solution

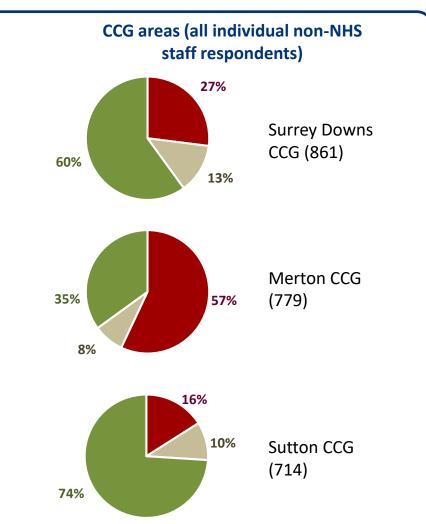
Please tell us how good or poor you think this proposal would be for people living in the Surrey Downs, Sutton and Merton areas (number of respondents in brackets)

# Opinions on the proposed model of care (by area of residence)



#### Questionnaire respondents:





# Non-NHS staff individual questionnaire respondents

Views on the proposed model of care as a solution for people living in the Surrey Downs, Sutton and Merton areas:

- Poor or very poor
- Neither poor nor good
- Good or very good

<sup>\*</sup>Note that percentages do not always sum to 100% due to rounding of decimal places during analysis

## Key findings from consultation feedback: Locations for a new SECH

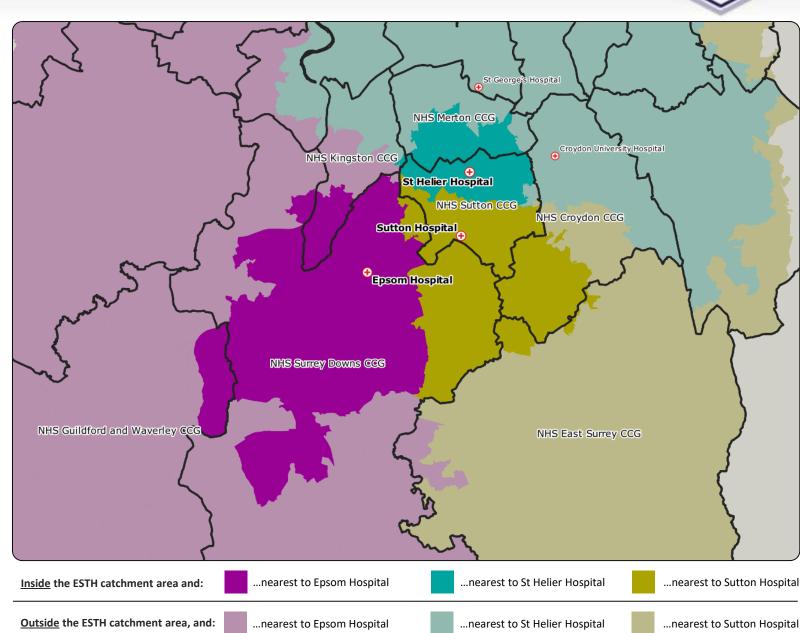


Site for a new specialist emergency care hospital (SECH)

Looking across all consultation strands, on balance, Sutton received more support as a potential site for a new SECH, although views varied by where respondents lived.

Support for Sutton as a site was greater among those who also supported the proposed model of care.

Support for Epsom or St Helier as the site of a new SECH tended to be stated mainly by respondents living in the vicinity of those hospitals, who also often preferred to retain all acute services at their local hospital.



## Opinions on proposed sites for a new SECH (by respondent type/consultation strand)



#### Consultation feedback:

The majority of NHS staff felt Sutton would be a good SECH location, as did professional and clinical groups.

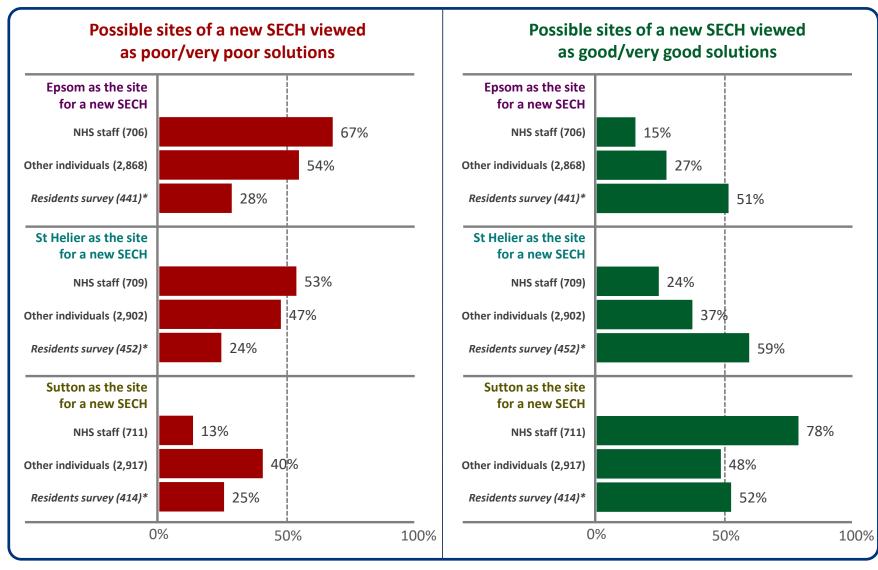
There was also local support for other hospitals; political organisations and elected representatives typically voiced support for their members' and constituents' closest existing hospital (Epsom or St Helier), as did 🙎 survey participants.

ωPetition signatories and some written submissions from members of the public opposed centralisation of care and lobbied for all services to remain at existing hospitals.

There was vocal opposition to a new SECH at large IHT public meetings, and demands for all services to remain 'local', although there was also some support for the model of care and the preferred location.

In smaller public meetings, and targeted workshops and focus groups, participants typically viewed locating a new SECH at Sutton as a good option, although there was also some support for existing hospital sites.

#### Questionnaire respondents and residents' survey participants:



# Non-NHS staff individual questionnaire respondents

Views on each possible SECH location, as a solution for people living in the Surrey Downs, Sutton and Merton areas.

#### Map colour key:

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Inside the ESTH catchment area, and...

...nearest to Epsom Hospital

...nearest to St Helier Hospital

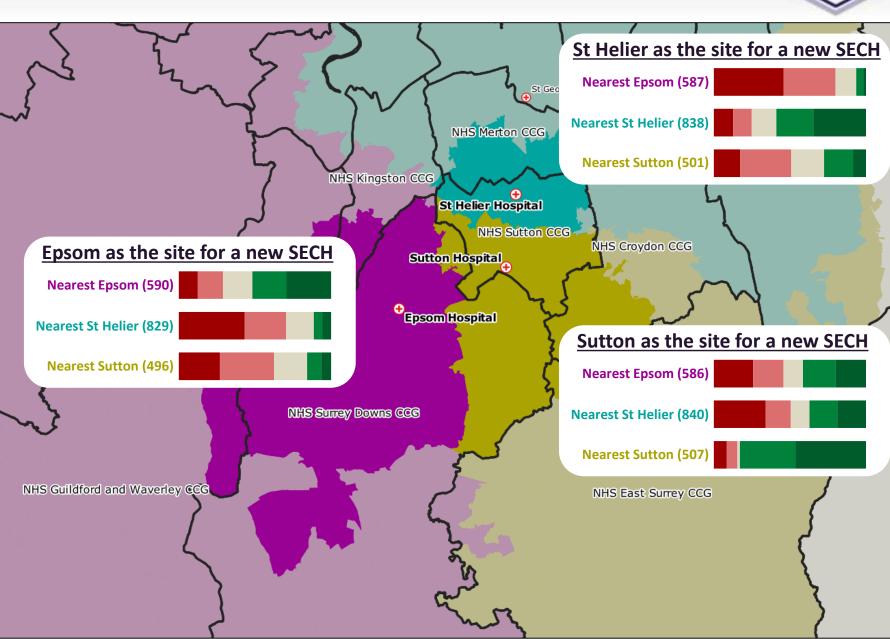
...nearest to Sutton Hospital

Outside the ESTH catchment area, and...

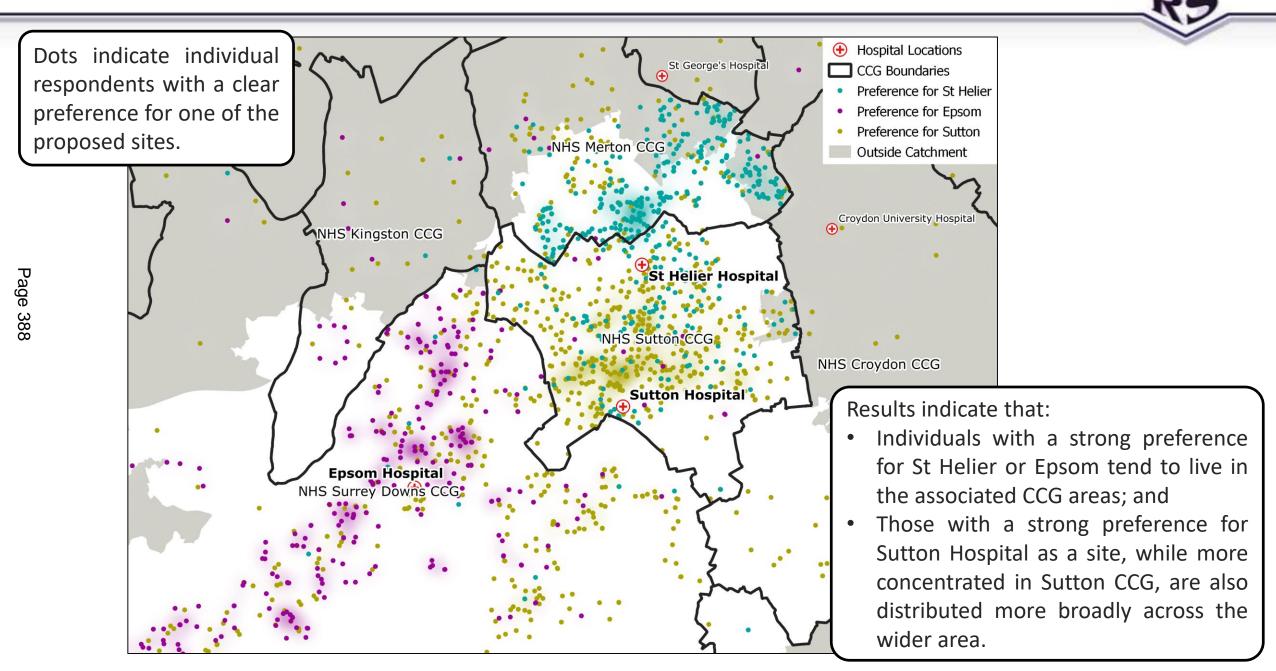
...nearest to Epsom Hospital

...nearest to St Helier Hospital

...nearest to Sutton Hospital



#### Geographic distribution of questionnaire respondents, where there is a <u>clear location preference</u>



## **Key findings from consultation feedback: concerns, evidence and alternatives**



Travel and access

The most common concerns shared by respondents related to access to services, the impacts of the proposed changes on local communities and travel and transport to the SECH.

There was concern that the proposed changes might lead to poorer health outcomes and unnecessary risk to life, primarily as a result of longer journey times and that travel and access to a new SECH, wherever it might be built, would be difficult, time-consuming and expensive, with concerns about private and public transport, and parking provision at hospital sites.

Maternity

A common concern was that separation of pre-natal, ante-natal and maternity care staff to different hospitals reduces consistency of care and support, and could potentially alter decisions on where to give birth.

Health inequalities

Concern was expressed around health inequality and the potential for adverse impacts arising from the proposed changes on people living in socio-economically deprived areas, compared to those living in more affluent areas, largely due to the greater challenges around travel and access.

Further evidence

Some respondents and participants proposed alternatives or contrary evidence during the consultation, which are summarised and presented throughout this report.

Other themes

Other themes were mentioned including: the impact on other providers/hospitals, three-site working including staffing and hospital transfers, insufficient bed numbers for growing older population, and concerns around possible future privatisation.

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# **Opinion Research Services**









These key findings are intended to be read alongside the full consultation feedback report, available at:



www.improvinghealthcaretogether.org.uk



