



# Health Scrutiny Panel

## 20 November 2014

**Time** 2.00 pm      **Public Meeting?** YES      **Type of meeting** Scrutiny  
**Venue** Committee Room 3 - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

### Membership

**Chair** Cllr Claire Darke (Lab)  
**Vice-chair** Cllr Zahid Shah (Con)

#### Labour

Cllr Milkinderpal Jaspal  
Cllr Bert Turner  
Cllr Greg Brackenridge  
Cllr Jasbir Jaspal  
Cllr Peter O'Neill  
Cllr Daniel Warren

#### Conservative

Cllr Paul Singh

#### Liberal Democrat

Quorum for this meeting is two Councillors.

### Information for the Public

If you have any queries about this meeting, please contact the democratic support team:

**Contact** Jonathan Pearce  
**Tel/Email** Tel: 01902 550741 [jonathan.pearce@wolverhampton.gov.uk](mailto:jonathan.pearce@wolverhampton.gov.uk)  
**Address** Democratic Support, Civic Centre, 2<sup>nd</sup> floor, St Peter's Square,  
Wolverhampton WV1 1RL

Copies of other agendas and reports are available from:

**Website** <http://wolverhampton.moderngov.co.uk/mgListCommittees.aspx?bcr=1>  
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Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

# Agenda

## Part 1 – items open to the press and public

- | <i>Item No.</i> | <i>Title</i>  |
|-----------------|---|
| 1               | <b>Apologies</b>  |
| 2               | <b>Declarations of Interest</b>   |
| 3               | <b>Minutes of the previous meeting (25.9.14)</b> (Pages 1 - 4)<br>[For approval.]                     |
| 4               | <b>Matters arising</b><br>[To consider any matters arising from the minutes of the previous meeting.] |

### DISCUSSION ITEMS

- |   |  |
|---|--|
| 5 | <b>Budget Review - 2015/16 Budget and Medium Term Financial Strategy 2015/16 - 2018/19</b> (Pages 5 - 8)<br>[The purpose of this report is to seek the panel's feedback on the draft five year budget and medium term financial strategy that was approved as the basis of consultation by the Cabinet on 22 October 2014]     |
| 6 | <b>CQC Inspection Plan update</b> (Pages 9 - 12)<br>[ <i>To review and comment upon the feedback received by the Royal Wolverhampton NHS Trust.</i> ]  |
| 7 | <b>Provision of planned care services by The Royal Wolverhampton NHS Trust at Cannock Chase Hospital - public consultation interim report</b> (Pages 13 - 40)<br>[To consider the report detailing the outcome of the public consultation on the provision of elective services at Cannock Chase Hospital and offer comments.] |

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# Health Scrutiny Panel

## Minutes - 25 September 2014

### Attendance

#### Members of the Health Scrutiny Panel

Cllr Paul Singh  
Cllr Bert Turner  
Cllr Greg Brackenridge  
Cllr Jasbir Jaspal  
Cllr Peter O'Neill  
Cllr Daniel Warren

#### Employees

Viv Griffin	Assistant Director - Health, Well Being and Disability
Tessa Johnson	Graduate Management Trainee
Adam Hadley	Scrutiny and Transparency Manager
Jonathan Pearce	Graduate Management Trainee

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## Part 1 – items open to the press and public

*Item No.*    *Title*

- 1 Apologies**  
Apologies for absence were received from Cllr Darke, Cllr Shah and Cllr Milkinder Jaspal.
- 2 Election of new chair**  
In the absence of both the Chair and Vice-chair, Cllr O'Neill was elected as Chair for the duration of the meeting.
- 3 Declarations of Interest**  
There were no declarations of interest.
- 4 Minutes of previous meeting (17 July 2014)**  
The minutes of the meeting on 17 July 2014 were approved as an accurate record.
- 5 Matters arising**  
Cllr O'Neill informed the panel that item five in the minutes had been approved to be reported back to Children and Young People Scrutiny Panel, rather than Health Scrutiny Panel, by Scrutiny Board.

6 **The Royal Wolverhampton NHS Trust - Patient Experience Friends and Family Test , the work of The Patient Advice and Liaison Service (PALS) and Complaints**

Carol Bott introduced the report. She told the group that the process of complaints and feedback had been streamlined and that overall response rates were high. Cllr O'Neill asked for ward results to be identified more clearly in the table and added that some response rates were very low. He asked if the team was targeting certain low response areas. Carol Bott responded that the target minimum response was 74% and where the target was not met, the areas in question were targeted as a priority. She added that sometimes there were other reasons for lack of response e.g. if the ward is busy and patients do not want to wait to give their feedback. Carol reassured the group that there were a variety of ways to give feedback which were tailored to the ward. Cllr O'Neill asked what was happening to respond to negative feedback e.g. on the maternity ward with regards to being left alone. Carol responded that nurses would have a follow up appointment with patients who have raised concerns, training needs could be identified and the patient would be informed as to how the issue had been resolved. Cllr O'Neill asked what happened to the monetary donations. David Loughton responded that usually money is donated to specific ward trust funds, of which there are 173. If donations are not specified, they will go into the general fund and most donations go to cardiac or cancer wards. Cllr O'Neill asked whether Carol will be involved with consultations in her new role and Carol responded that she will be.

Cllr Warren asked about the table on page 27, with regards to the question "left alone at a time you were worried". He asked whether there were time scales on the question and whether there had been specific worrying concerns regarding long times spent alone. Carol Bott responded that her team would analyse the data and break it down comment by comment, and that this information can be reported back. David Loughton added that the hospital used a monitoring system which tracked the number of visits and how long patients were left alone and highlighted that the perception may be different to the reality. Cllr Brackenridge thanked Carol for the report but asked that going forward tables be displayed in an iPad friendly format.

Cllr O'Neill asked how data is collected if patients do not have any friends or family. Carol responded that her team try to speak to the patients themselves, but there are also volunteers and members of staff who will see individual vulnerable patients and seek feedback from them.

Cllr Singh asked what the feedback on quality walkabouts are. David responded that there was one per month with a detailed report raising any issues to management. Cllr Turner asked whether the dementia ball was held in Bilston and added that the dementia ward was doing excellent work.

7 **NHS Capital Programme Projects - GP premises in Wolverhampton**

David Johnson introduced the report and told the panel that there are monthly capital review groups with each CCG area to address concerns about premises. He added that there had been increased contact with Council employees and regular meetings had been set up to discuss development plans e.g. housing developments in

Wolverhampton. He hoped to have more meetings with council employees in other CCG areas.

He told the panel that Bradley had a couple of facilities in poor conditions, including a school which had been converted into a surgery. He told the panel that there was ongoing work to identify whether a new single surgery or renovation of the existing sites would be more beneficial and added that a plan should be in place by the end of the year. David told the panel that Bilston was one of the biggest developments, with a planned new build surgery to replace the surgery currently housed in portakabins. The large amounts of new houses planned meant that a large surgery is needed. He reported that there are plans to develop a health centre in Bilston Urban village, with construction intending to begin in April 2015 with a build time of ten to eleven months. In the Scotlands, two practices have merged together and now operate in one premises, which is crowded and in need of an extension. David added that there had been feedback that car parking is also limited and the Council is exploring whether current car parks can be expanded. Heath Town's major development means that the GP needs an improved facility in the centre and there is ongoing work to establish where a suitable location would be, particularly as the surgery would benefit from expanding. David told the panel that Showell Park walk in centre is being reviewed.

Cllr Warren welcomed the regeneration in parts of the city. He asked why there were no plans for redevelopment of brown field sites in Scotlands and raised concerns that elderly people from the estates would have to walk further to go to the surgery. He suggested that the Long Hill property be re-assessed as the potential location for a surgery, which was originally intended when the previous tenants left. Cllr Turner said he felt reassured by the confirmation of the surgery being built on Bilston village. He raised concerns regarding the Bradeley Lane surgeries and said that there had been issues finding a suitable location for them for many years. Cllr Jasbir Jaspal welcomed the report and voiced her approval of the proposals. Noreen Dowd added that the walk in centre at Showell Park would be moved.

8 **Provision of planned care services by The Royal Wolverhampton NHS Trust at Cannock Chase Hospital - public consultation interim report**

Maxine Epsley introduced the report. She told the panel that the final results of the consultation would be reported to the November meeting, as well as a full equalities impact assessment and action plan, and that this was an interim report. She outlined the activities which had been carried out to ensure that the public really understood what the proposals were, particularly where some services will be dual located. She told the panel that in October when the consultation closes, the information will be analysed and shared. There will be a pre-meeting with Healthwatch to ensure they can comment on it during the scrutiny meeting. Maxine added that the level of feedback and attendance numbers at meetings had been higher than in recent consultations and that such feedback had produced balanced views.

Cllr O'Neill asked how many people had attended the roundtable events. Maxine responded that approximately 130 people over three events, with an additional 50 booked for the Molineaux event and 30 others were seen at the Mander centre. Cllr O'Neill asked when the radio station engagement at the markets would happen and Maxine told the panel that it would be over the next two weeks, with a roving reporter moving across the areas every day. She added that areas had been targeted where

there had been less response to consultation. Cllr O'Neill asked how hard to reach groups were targeted. Maxine responded that the initial equality impact identified ten groups that were particularly vulnerable. In the communication plan, stakeholders e.g. voluntary groups who interact with those people have been encouraged to engage with the vulnerable groups. Cllr O'Neill asked whether the supplementary paper attached was the one which had been agreed at the meeting on 8 August. Maxine responded it was, and that Healthwatch had been briefed on Monday and that the paper it was to be published on the website. Cllr O'Neill asked whether breast screening would remain at New Cross hospital, rather than at Cannock. Maxine responded that screening, outpatient and day surgery would happen at both sites, and the only exclusively Cannock service would be certain complex patients in day surgery. She emphasised that not all breast surgery would be moving from New Cross and Cllr O'Neill suggested that there was a press release made to that effect. Cllr Singh asked how they had engaged with elderly patients in his ward who were concerned about travelling and asked for the date that consultation would be conducted in the Penn ward. Maxine agreed to email the date to Cllr Singh, and provide him with more details with regards to engagement with the elderly population.

Cllr Warren thanked Maxine for the report. He raised concerns that there was a lot of misinformation circulated by the press and word of mouth. He asked whether there had been engagement with tenants and residents groups. Maxine responded that they had had some direct contact with tenants group seeking information, much of which was seeking reassurance, and two tenants groups are having officers from the Trust attend their meetings. She welcomed other groups to be engaged. She emphasised that this was an 18 month process, as many services would not be moving for a number of months, so there would be engagement over a long period of time. David Loughton told the panel that there will be a non-stop bus service from the bus station to New Cross hospital and from New Cross hospital to Cannock on an hourly basis. Cllr Warren responded that he thought the bus service would be well used and asked if there was sufficient demand for a half hourly service, whether it would be provided. David responded that this could be possible.

The meeting was closed.





# Health Scrutiny Panel

20 November 2014

<b>Report Title</b>	Budget Review – 2015/16 Budget and Medium Term Financial Strategy 2015/16 – 2018/19	
<b>Cabinet Member with Lead Responsibility</b>	Councillor Roger Lawrence Leader of the Council	
	Councillor Andrew Johnson Resources	
<b>Wards Affected</b>	All	
<b>Accountable Strategic Director(s)</b>	Keith Ireland, Managing Director Sarah Norman, Community Tim Johnson, Education and Enterprise	
<b>Originating service</b>	Strategic Finance	
<b>Accountable officer(s)</b>	Mark Taylor Tel Email	Assistant Director Finance 01902 55(6609) mark.taylor@wolverhampton.gov.uk

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## Recommendation(s) for action or decision:

The Panel is recommended to:

1. Provide feedback to Scrutiny Board for consolidation and onward response to Cabinet on the draft budget and medium term financial strategy 2015/16 to 2018/19, in particular those elements that are relevant to this Scrutiny Panel, including specifically:
  - a. the savings proposals summarised at Appendix A.
2. Approve that the Scrutiny Panel response be finalised by the Chair and Vice-Chair of the Scrutiny Panel and forwarded to Scrutiny Board for consideration.

## 1. Purpose

- 1.1. The purpose of this report is to seek the panel's feedback on the draft five year budget and medium term financial strategy that was approved as the basis of consultation by the Cabinet on 22 October 2014, in particular the elements that relate to the work of this panel.

## 2. Background

- 2.1. At its meeting on 22 October 2014, the Cabinet considered a draft budget and medium term financial strategy for the period 2015/16 to 2018/19. Cabinet approved the draft budget strategy as the basis of budget consultation and scrutiny over forthcoming months.
- 2.2. The Cabinet report identified a requirement to make further savings of £59.2 million by 2018/19, due to a combination of reductions in resources and cost pressures. The report included a list of new savings amounting to £8.9 million to contribute to addressing this savings requirement, in addition to £18.1 million of savings that were approved for further development by Cabinet on 25 June 2014.
- 2.3. As detailed in the Cabinet report, the budget and medium term financial strategy will be considered by scrutiny panels during the November/December round of meetings and the feedback from those meetings will be reported to Scrutiny Board on 9 December 2014, which will consolidate that feedback in a formal response to Cabinet on 14 January 2015. The feedback provided to Scrutiny Board will include questions asked by panel members, alongside the responses that they received. These arrangements have been endorsed by the Chair and Vice-Chair of the Scrutiny Board.
- 2.4. Scrutiny Board will consider the budget again in January 2015, following an update to Cabinet (Resources) Panel on the draft budget and medium term financial strategy and the local government finance settlement, which is scheduled for January 2015. The purpose of this meeting will be to consider the response of Cabinet to the comments made by Scrutiny Board during the November/December round of meetings, together with any new savings proposals that may emerge. The outcome of this Board meeting will be incorporated into the final Cabinet budget report, scheduled for February 2015, ahead of full council considering the budget in March 2015.
- 2.5. In order to limit the volume of paper used as part of the budget reporting process, the Cabinet report has not been appended to this covering report. Panel members are instead requested to bring their copy of the 2015/16 Budget and Medium Term Financial Strategy 2015/16 – 2018/19 report, which was circulated with the 22 October 2014 Cabinet agenda. Detail of individual savings proposals can be found on the council's website at: <http://www.wolverhampton.gov.uk/budgetsavings>.

### **3. Proposals relating to the work of this panel**

- 3.1. Included in the draft budget and medium term financial strategy are savings proposals relating to the remit of this panel. These are listed at Appendix A. The panel is requested to provide and record its comments on these proposals, for submission to Scrutiny Board and then Cabinet.
- 3.2. In addition to commenting on these specific savings proposals, the panel may also request additional information or clarification in relation to the budget and medium term financial strategy. Any such requests will be noted separately, either for consideration by the panel at a future date, or for information to be forwarded to the panel members concerned.

### **4. Financial implications**

- 4.1. The financial implications are discussed in the body of the report, and in the report to Cabinet.

[DK/29102014/Y]

### **5. Legal implications**

- 5.1. The legal implications are discussed in the report to Cabinet.

RB/10112014/Q

### **6. Equalities implications**

- 6.1. The equalities implications are discussed in the report to Cabinet.

### **7. Environmental implications**

- 7.1. The environmental implications are discussed in the report to Cabinet.

### **8. Human resources implications**

- 8.1. The human resources implications are discussed in the report to Cabinet.

### **9. Schedule of background papers**

- 9.1 2015/16 Budget and Medium Term Financial Strategy 2015/16 – 2018/19, report to Cabinet, 22 October 2014

## Updated June Savings Proposals by Cabinet Portfolio

### Adult Services

Promoting Independence - Mental Health (Resettlement from Long Term Care into Independent Living)	Community	-	200	-
Promoting Independence - Mental Health (Transition)	Community	-	125	-
Promoting Independence - Mental Health (High Cost Residential Placements)	Community	-	175	-

### Health and Wellbeing

Improving health outcomes across the wider determinants of health	Community	150	350	500

Further details on the savings proposals are available on the Council's website via the following link <http://www.wolverhampton.gov.uk/budgetsavings>



# Health Scrutiny Panel

## 20 November 2014

<b>Report Title</b>	Care Quality Commission Report and Action Plan update	
<b>Cabinet Member with Lead Responsibility</b>	Councillor Sandra Samuels Health and Well Being	
<b>Wards Affected</b>	All	
<b>Accountable Strategic Director(s)</b>		
<b>Originating service</b>	Royal Wolverhampton NHS Trust (RWT)	
<b>Accountable officer(s)</b>	Jonathan Pearce	Graduate Management Trainee
	Tel	01902 55(0741)
	Email	Jonathan.pearce@wolverhampton.gov.uk

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### Recommendation(s) for action or decision:

The Panel is recommended to:

1. Scrutinise the feedback from the Trust and offer comments.

## **1. Purpose**

- 1.1. The purpose of this report is to update the Health Scrutiny Panel of the progress against the Trust's comprehensive action plan to address the 2013 CQC report findings. There have been no further inspection visits in the intervening period. The report acts as assurance that the Trust is complying with the CQC recommendations

## **2. Background**

- 2.1. Following the announced inspection by the CQC in September 2013 the outcomes were reported in November 2013. Five overarching areas of concern have been addressed through the Trust action plan. The themes were: Nurse staffing, Environmental concerns, Managing the bereavement experience, Patient feedback, Managing mental health in ED, Learning Disability needs across the Trust.

## **3. Proposals relating to the work of this panel**

- 3.1 An action plan has been completed and actions closed with sustainability built into existing Trust service improvement and monitoring processes where appropriate.
- 3.2 There is an internal governance process in place for the approval and monitoring of progress for the actions. Actions completed and closed are monitored as part of internal quality assurance processes for sustainability. The Deputy Chief Nurse meets regularly with the local CQC lead, to monitor progress and sustainability of the action plan.
- 3.3 As at October 2014 there were just 4 outstanding actions:
  - A review of outpatients nursing skill mix - not progressed independently will form part of PID / Trust service redesign.
  - A review of ward clerk / receptionist cover on all inpatient wards - confirmed to be incorporated into Creating Best Practice workforce work stream.
  - A review of mortuary viewing room - business case in progress.
  - Nurse and midwife staffing.
- 3.4 There has been a substantial amount of work put into the nurse and midwifery staffing issues including:
  - Recruitment in Europe [Greece, Italy, Spain and Portugal] which has resulted in circa 90 registered nurses being employed by the Trust from this initiative.
  - Proactive recruitment to midwifery posts, recruitment to date has now brought the birth rate plus ratio to 1:31.5 (within national thresholds).
  - Investment to increase the staffing levels on inpatient wards.
  - Monthly audit of staffing levels [planned versus actual] reported to NHS England, the Trust Board and publically via the Trusts website and NHS Choices website.
  - Recruitment of 100 newly registered nurses annually.

**4. Financial implications**

4.1. None

**5. Legal implications**

5.1. None

**6. Equalities implications**

6.1. None

**7. Environmental implications**

7.1. None

**8. Human resources implications**

8.1. None.

**9. Schedule of background papers**

9.1 None

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# Health Scrutiny Panel

## 20 November 2014

<b>Report title</b>	<b>Provision of planned care services by The Royal Wolverhampton NHS Trust at Cannock Chase Hospital – public consultation interim report</b>	
<b>Cabinet member with lead responsibility</b>	Councillor Sandra Samuels Health and Well Being	
<b>Wards affected</b>	All	
<b>Accountable director</b>		
<b>Originating service</b>	The Royal Wolverhampton NHS Trust and Wolverhampton Clinical Commissioning Group	
<b>Accountable employee(s)</b>	Maxine Espley	Director of Planning & Contracting, The Royal Wolverhampton NHS Trust
	Noreen Dowd	Interim Director, WCCG
	Tel	01902 695944
	Email	Maxine.espley@nhs.net
<b>Report to be/has been considered by</b>		

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### Recommendation(s) for action or decision:

The Panel is recommended to:

1. Note the final report from the public consultation, the Equality Analysis report, the detailed survey analysis and the Action Plan

## **1.0 Purpose**

- 1.1 To provide the Health Scrutiny Panel with the final report on the joint consultation undertaken by The Royal Wolverhampton NHS Trust (RWT) and Wolverhampton Clinical Commissioning Group (WCCG) between 18 July and 17 October on proposals to move some planned care services to Cannock Chase Hospital. This will follow the transfer of Cannock Chase Hospital to RWT as part of the acquisition of services and estate from Mid Staffordshire NHS Trust.

## **2.0 Background**

- 2.1 The Trust and CCG have previously reported to the Panel on the clinical model for Cannock chase Hospital which was developed and endorsed by the clinical teams within the Trust and was subject to scrutiny and approval from the National Academy of Royal Colleges during the Trust Special Administrator approval process and is consistent with a number of models across the country. The opportunity to develop this model has arisen due to funding made available to the Trust as part of the solution for services that were delivered by Mid Staffordshire Foundation Trust. This financial support would not have been available to the Trust under normal operating and would not have been affordable within the contracting arrangements with the CCG.

## **3.0 Communications and Consultation approach**

### **3.1 Consultation events**

Four local 'round table' events were held across Wolverhampton's three localities (SE, SW and NE) and the city centre, each comprised approximately 50 places. The sessions gave people the opportunity to learn about the proposals and take part in a discussion exercise that led to completion of the survey questions. The events, held from 6-8pm, were as follows:

- Wednesday 6 August, Mercure Wolverhampton, Penn Road.
- Tuesday 12 August, The Workspace, All Saints Road, Wolverhampton.
- Tuesday 2 September, Wolverhampton Science Park.
- Wednesday 8 October, The Molineux.

### **3.2 Communications**

Raising awareness of the proposals and the opportunities people have to get involved was of prime importance. To ensure this happened there was a comprehensive communications schedule (shown below) that supported

promotion of the consultation and ensured that as many people as possible had the opportunity to comment on the proposals:

<b>Type of communication</b>	<b>Description</b>	<b>Took place</b>
Website	A consultation website was established in order to provide information about the consultation. Contained documents translated in a range of community languages.	18 July 2014
Letter to councillors, MPs, Healthwatch, GPs, providers	This provided notice of the consultation (outline proposals had already been shared with some of these bodies).	18 July 2014
Staff message within RWT/WCCG	This provided notice of the consultation.	18 July 2014
Joint press briefing and/or news release – launches consultation	Brief provided to the media with a follow-up option of a face-to-face briefing.	18 July 2014
Announcement on the start of the consultation sent to all stakeholder groups	Sent by email with a link to the web resources.  Added to the Wolverhampton One City database.	18 July 2014
Poster and copies of the consultation document sent to GP practices, hospital waiting areas and other community venues	Summarised the consultation process and set out how people could get involved.	18 July 2014
Email	Consultation information sent to relevant groups	18 July 2014
News release – round-table events	Invited residents to have their say, messaging about reasons for consultation, why it's important people get involved. Where and when. Highlighted other ways people could get involved if they couldn't attend on the day.	28 July 2014
Email reminder	Reiterates key messages. Sent to: <ul style="list-style-type: none"> <li>• Healthwatch</li> <li>• WVSC</li> <li>• Staff/members within WCCG/RWT/Wolverhampton City Council</li> <li>• RWT patient members</li> <li>• CCG patient members</li> </ul>	28 July 2014

Email to carers' groups	A reminder of key messages sent to recipients of the carers' newsletter.	30 July 2014
Signal radio interview (Maxine Espley)	Maxine Espley took part in a 5 minute interview on Signal 107 radio to promote key messages and opportunities to get involved.	30 July 2014
Information stall at Family Fun Day event, Lowhill	This was an opportunity to meet with local residents at Low Hill to share/discuss proposals and promote the engagement events.	7 August 2014
Email reminder for open events	Reiterated key messages. Sent to: <ul style="list-style-type: none"> <li>• Healthwatch</li> <li>• WVSC</li> <li>• Staff/members within WCCG/RWT/SESSPCC/ Wolverhampton City Council/</li> <li>• RWT patient members</li> <li>• CCG patient members</li> </ul> <p>To update people on the consultation.</p>	13 August 2014
BBC WM radio interview	Gwen Nuttall took part in a live radio interview to promote key messages and opportunities to get involved.	15 August 2014
Update media release	To update people on the consultation.	w/c 18 August 2014
Wolverhampton Today (social media)	A story added to the council's Facebook page having over 30k followers (see measures below).	w/c 18 August 2014
Follow up calls to patient and public groups	Courtesy call to check receipt of document, respond to any queries and offer meetings.	w/c 18 August 2014
Pop up event – Mander Centre	Opportunity to promote key messages and opportunities to get involved	28 <sup>th</sup> August 2014
Consultation documents	Further consultation documents sent to all practices, libraries, community clinics, pharmacies and dentists.  A new poster was shared to promote the new event date and consultation documents were redesigned to include the new consultation end-date.	1 September 2014
Health & Wellbeing	RWT/WCCG directors presentation to the	3 <sup>rd</sup>

Board meeting	H&WB on the proposals	September
Signal 107 radio campaign	A radio campaign that ran with one minute messages played out multiple times per day took place on Signal Radio (107 FM) to highlight the consultation and opportunities to get involved.	15 September – 17 October
wcfFM – radio interview	Addressed questions/comments highlighted by the community to the radio station.	w/c 15 September
Email reminder for open events	Reiterated key messages. Sent to: <ul style="list-style-type: none"> <li>• Healthwatch</li> <li>• WVSC</li> <li>• Staff/members within WCCG/RWT/SESSPCC/ Wolverhampton City Council/</li> <li>• RWT patient members</li> <li>• CCG patient members</li> </ul> Updated people on the consultation.	15 September
Equality survey	To seek views from hard to reach groups and those with protected characteristics	15 September – 17 October 2014
WCCG AGM	Opportunity to promote key messages and opportunities to get involved	16 <sup>th</sup> September 2014
Healthwatch meeting	Executive teams from RWT/WCCG to meet Wolverhampton Healthwatch Board members to discuss the proposals	22 <sup>nd</sup> September 2014
City Carer Magazine – Autumn edition	An article on the consultation featured in the local authority's newsletter aimed at carers in the city.	w/c 22 September
Practice Managers' meeting	Requested that PMs continue to promote the consultation.	24 September
Healthy Lungs pop-up shop	This saw the CCG meet over 700 shoppers at a pop-up shop in the Mander Centre. A stall on the consultation allowed people to take consultation documents, ask questions and have their say.	26 – 27 September
RWT AGM	Opportunity to promote key messages and opportunities to get involved	29 <sup>th</sup> September 2014
Media release	Highlighted that people had just under three weeks to get involved.	w/c 29 September

### 3.3 Communication reach

During the consultation period the Trust and CCG used a range of methods to get the greatest coverage across the City and across the population to increase the number of people engaging with the consultation and giving their feedback. The table below outlines some of the activities:

<b>Twitter (Wolverhampton CCG)</b>	<b>33 posts sent to 2,437 followers</b> 34,831 followers – many more reached through shares
<b>Facebook</b>	28 August Post – 53 likes, 90 comments, 134 shares  Themes from comments: services should stay within Wolverhampton; travel concerns; new facilities should be built in Wolverhampton if New Cross cannot accommodate all services necessary; concerns around Dermatology and Rheumatology clinics moving to Cannock.
	16 October Post – 2 likes, 5 comments, 1 share  Themes from comments: travel concerns; positive move that reduces pressure on New Cross Hospital.
<b>Consultation web page (CCG/RWT)</b>	More than 2769 visits
<b>Number of consultation documents printed and distributed</b>	<b>5000</b>
<b>Paper feedback forms received</b>	<b>318</b>
<b>Electronic feedback forms received</b>	<b>346</b>

A campaign ran with Signal107 Radio during which street teams attended a number of local places to share information and speak to people about the proposals. This programme covered the locations below:

- Bilston – Thursday 25 September
- Wolverhampton & Willenhall – Friday 26 September
- Tettenhall – Saturday 27 September
- Bilston – Thursday 9 October
- Penn – Thursday 9 October
- Migrants' Centre – Monday 13 October

#### Media coverage

We achieved six stories in the local media, some of which were planned, some were reactive i.e. in response to an enquiry. The reporting was generally factual and neutral/positive – conveying the consultations key messages. The items were also fairly prominent in the publication.

### 3.0 Overall summary of findings

There were 664 formal responses to the survey. In addition Wolverhampton Breast Care Action Group collected a petition of around 8,000 signatures which was primarily focussed on retaining all breast surgery at New Cross Hospital. The points below provide the summary of the findings, the detailed analysis is shown at appendix 2.

- The survey recorded a high level of concern regarding the proposals to move some planned care services from New Cross Hospital to Cannock Chase Hospital, with two thirds of respondents scoring their level of concern as a 5 or 4 out of 5 for all three different types of planned care. It became evident during the consultation that there was misunderstanding about the proposals and also some misinformation which is likely to have contributed to the level of concern. Steps to address this are detailed in the action plan
- There was marginally more concern about 'Day case surgery' than 'In-patient surgery' and least concern about 'Day case treatment'.
- Concern was highest amongst those whose mobility was limited a lot by a health problem or disability, those without access to a car and those that live alone. The Trust has already put plans in place to mitigate these concerns, detail is described in the action plan, the Equality Analysis report and elsewhere in this report
- Travel issues were overwhelmingly the most common concern. Frequent travel concerns included the distance/ time, and accessibility and the transport arrangements. There was a great deal of concern about the use of public transport by those without access to cars, and the elderly and disabled; particularly to get to the hospital in time for an early appointment and going home on a bus after an operation. There was also frequent concern expressed about the cost of travel and visitor access. The Trust has already put plans in place to mitigate these concerns, detail is described in the action plan
- Many stated a preference to keep all care 'local / at New Cross/ Wolverhampton' and did not want change. Many felt it was their right to be treated at a local hospital, or expressed preference for New Cross. They were concerned about Cannock's facilities and reputation, and did not want to go to an unfamiliar hospital.
- The biggest specific care concern was about the lack of Emergency Care facilities at Cannock- there was concern for what would happen if there were complications and the patient needed emergency care, or an unplanned post-operative stay.

- There was also concern about the logistics of splitting care over two hospitals. This included concern about patient records not being available at both sites, and access to consultants.

#### **4.0 Responding to the Consultation findings**

Whilst the overall number of responses to the survey is relatively small when compared with the population of Wolverhampton they have provided the Trust and CCG with important information which must be taken account of during the detailed planning of individual specialty service changes. The timeline for changes has been staggered to ensure that there can be learning from service changes as they happen and remedial actions taken as they apply to each patient group.

An action plan has been developed and is attached at appendix 3. It identifies actions to be taken primarily by the Trust in response to the themes identified within the survey responses and has been grouped as follows:

- Transport/Travel
- Car parking
- Accessibility
- Clinical Standards
- Communications

It is proposed that the Trust and CCG provide an update on progress to the Panel on a regular basis to give assurance that areas of concern are being addressed and mitigated through the detailed planning.

The Trust and CCG have stated on a number of occasions that clinical services delivered at Cannock Chase Hospital will be consistent with those approved by the National Clinical Advisory Group. As with all service changes there will be on-going evaluation of the changes as services develop over time

#### **5.0 Why are we doing this – A reminder**

- A better experience for all patients
- Improved quality of clinical services and health outcomes
- Keeping local services safe - a clinically and operationally sustainable service model
- Treatment in an improved environment
- More effective use of public resources

Change is difficult for everybody – we need to work with our patients and their families to make these changes work for them



**6.0 Financial implications**

6.1 None.

**7.0 Legal implications**

7.1 None

**8.0 Equalities implications**

8.1 As part of the equality impact assessment, an Equality Survey was undertaken with key equality and diversity groups. The survey report is attached at appendix 1. The recommendations from the survey findings are encompassed within the Action Plan.

**9.0 Environmental implications**

9.1 None.

**10.0 Human resources implications**

10.1 None

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# Proposals to deliver some planned care at Cannock Chase Hospital for Wolverhampton patients

## Survey Analysis



**Wolverhampton  
Clinical Commissioning Group**

The Royal Wolverhampton



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# Proposals to deliver some planned care at Cannock Chase Hospital for Wolverhampton patients

## Survey Analysis

### 1. Introduction

The Royal Wolverhampton NHS Trust (RWT) and Wolverhampton Clinical Commissioning Group (WCCG) propose to move some planned care services from New Cross Hospital to Cannock Chase Hospital. This will follow the transfer of Cannock Chase Hospital to RWT on 1 November 2014 as part of the transfer of services from Mid Staffordshire Foundation Trust.

A public consultation was held from 18 July to 17 October 2014. The consultation included four public events around Wolverhampton, an information stall at local events, a website, radio and press coverage, posters at GP surgeries, and direct communication with key stakeholder groups including, Healthwatch, NHS staff, RWT/CCG patient members, and carer groups.

Feedback was collected via a consultation survey, email, letters, Facebook and a petition. This report summarises the response to the survey. A total of **664 responses** were received, of which 318 were paper copies, the rest were entered directly via the Survey Monkey web survey.

This document provides the detailed analysis of the responses to the consultation. It provides no comments in relation to the responses and observations made by those responding to the survey. The report to Health Scrutiny Panel and the Action Plan describe actions to be taken primarily by the Trust in response to the themes identified within the survey responses which have been grouped as follows:

- Transport/Travel
- Car parking
- Accessibility
- Clinical Standards
- Communications

The Trust and CCG would like to thank those who responded to the survey and attended meetings for taking the time to share their views on the proposals

## 2. Survey Findings

### 2.1 How concerned were people about the proposals?

#### Concern expressed by total sample

The questionnaire asked about the level of concern regarding the provision of some planned care services at Cannock Chase Hospital for adults. The same question was asked for three different types of planned care, which were described as follows;

	<b>Q1- Day case surgery</b>	<b>Q2- Inpatient Surgery</b>	<b>Q3- Day Case treatment</b>
This means...	“ Surgery with operating theatre facilities and/or a general anaesthetic where you will visit the hospital for up to one day and won't stay there overnight”	“ Operations where you need to remain in hospital overnight or longer after the surgery is completed, for care or observation”	“Medical treatment where you will stay at hospital for up to one day and won't stay overnight”
Examples;	<ul style="list-style-type: none"> <li>• <b>General surgery</b> (examples include hernia repair and gall bladder surgery)</li> <li>• <b>Orthopaedics</b> (includes hip, knee, foot, ankle and upper limb surgery)</li> <li>• <b>Breast surgery</b></li> <li>• Urology (includes bladder and kidney)</li> <li>• <b>Dermatology/plastic surgery</b> (removal of lumps and lesions)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>General surgery</b> (examples include hernia repair and gall bladder surgery)</li> <li>• <b>Orthopaedics</b> (includes hip, knee, foot, ankle and upper limb surgery)</li> <li>• <b>Breast surgery</b></li> <li>• Urology (includes bladder and kidney)</li> <li>• <b>Dermatology/plastic surgery</b> (removal of lumps and lesions)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Endoscopy</b> (examples include colonoscopy and gastroscopy)</li> <li>• <b>Rheumatology</b> (includes day care and intravenous treatment for conditions such as rheumatoid arthritis)</li> <li>• <b>Dermatology</b> (includes phototherapy, intensive topical skin treatments)</li> </ul>

The responses indicated a high degree of concern with all three areas, with about half those who responded scoring their level of concern as 5 out of 5 in each case. A further 16-17% scored their concern at 4.

<b>Q. To what extent do these proposals concern you?</b> (‘1’ being not at all concerned and ‘5’ being very concerned)			
<b>Score out of 5</b>	<b>Q1- Day Surgery</b>	<b>Q2- Inpatient Surgery</b>	<b>Q3- Day Case treatment</b>
<i>Base ( Number responding)</i>	647	594	573
5	53%	53%	49%
4	17%	16%	16%
3	12%	12%	13%
2	7%	5%	7%
1	11%	13%	15%
<b>Mean Score</b>	<b>3.94</b>	<b>3.90</b>	<b>3.76</b>

There was minimal difference in the responses to the three areas with marginally more concern about 'Day case surgery' than 'In-patient surgery' and least concern about 'Day case treatment'. This was reflected in an increasing percentage scoring 'In-patient surgery' and 'Day case treatment' as '1' indicating they were not concerned by these at all. But the % scoring their concern as 1 out of 5 was at a low level for all three areas. The response about daycase surgery illustrates the misunderstanding about the proposals – the Trust has clearly stated that for the majority of patients (c.90%) day surgery will continue to be delivered at New Cross.

The number of people responding to each question reduced with each question- this may be due to 'survey fatigue' or it may reflect less concern for the provision of 'In-patient surgery' and 'Day case treatment' at Cannock.

### Concern expressed by key sub-groups

The following table shows that concern was greatest amongst those whose mobility was limited a lot by a health problem or disability, those without access to a car and those that live alone. Older people (aged 65+) were slightly less concerned than the total population, suggesting that it is not age alone that creates concern about these proposals, but factors which limit mobility and access to Cannock Chase Hospital.

Q. To what extent do these proposals concern you? ( '1' being not at all concerned and '5' being very concerned)				
Sub-group	Base*	% Scoring 5/5= Very concerned		
		Q1- Day Surgery	Q2- Inpatient Surgery	Q3- Day Case treatment
<b>Total Sample</b>	<b>647</b>	<b>53%</b>	<b>53%</b>	<b>49%</b>
Activities limited a lot by health/disability	103	70%	73%	70%
Activities limited a little by health/disability	129	51%	52%	48%
Without access to a car	193	59%	58%	52%
Age 65+	162	51%	48%	39%
Live alone	147	59%	56%	53%

\* Number answering Q1. (Bases for Q2 and Q3 are less)

## What were the reasons for concern or lack of?

### Overview of reasons for concerns/ no concern

After each question respondents were invited to 'briefly list up to three reasons why you are concerned or not concerned'. Most took advantage of this opportunity listing several reasons for each question. (Many gave more than three reasons) The number of responses and reasons given was as follows:

Q. Briefly list up to three reasons why you are concerned or not concerned'.				
	Q1- Day Surgery	Q2- Inpatient Surgery	Q3- Day Case	Total
Number of responses	1325	1008	897	3230

'Reasons' given	1459	1075	944	3478
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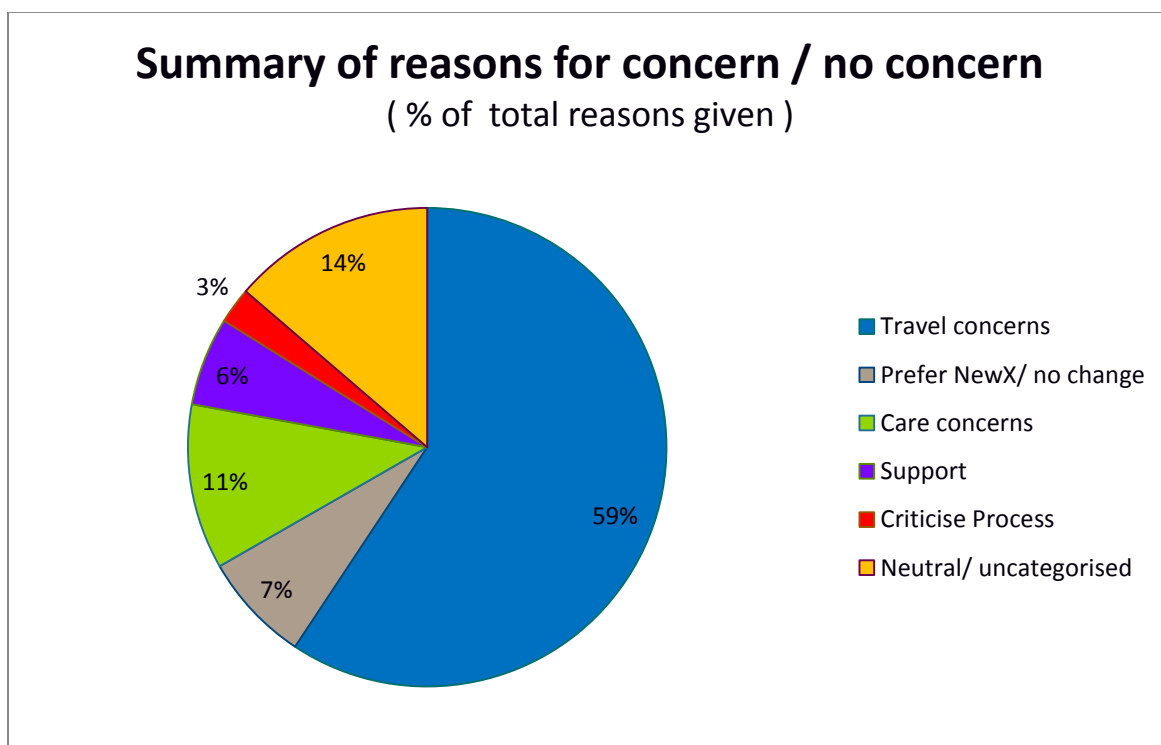
The responses and reasons given reduced for each question, probably suggesting 'survey fatigue' as the responses were often repetitive, listing the same reasons each time; some wrote in "same as previous question" or similar. However it may also reflect less concern for the provision of 'In-patient surgery' and 'Day case treatment' at Cannock.

All the responses made were analysed and all reasons given were 'coded' to identify the most frequently mentioned reasons. The table below shows how the responses split into reasons for concern (negative to proposals), reasons not concerned ( positive to proposals), and neutral or uncategorised responses.

Q. Briefly list up to three reasons why you are concerned or not concerned'.				
	Q1- Day Surgery	Q2- Inpatient Surgery	Q3- Day Case	Total
Number of reasons	1459	1075	944	3478
Reasons concerned	85%	79%	74%	80%
Reasons not concerned	8%	5%	4%	6%
Neutral or uncategorised	7%	16%	22%	14%

80% of reasons given were reasons for concern, with only 6% of reasons for being 'not concerned'.

The following pie chart shows how these reasons were categorised at a macro level. Travel issues were overwhelmingly the most common concern, accounting for almost 60% of all reasons given. Other key reasons for concern were a preference for New Cross/ no change and concerns about care. These reasons are all explored in detail in the next sections.



## Travel concerns

By far the most frequent reason for concern was the extra travel involved in getting to Cannock Chase Hospital. This was referred to in a number of ways;

Q. Briefly list up to three reasons why you are concerned or not concerned'. ( Number of mentions)				
	Q1- Day Surgery	Q2- Inpatient Surgery	Q3- Day Case	Total
Number of reasons	1459	1075	944	3478
<b>Concerns about travel:</b>				
Distance/time/travel	372	240	<b>279</b>	<b>891</b>
Access/ transport	255	123	<b>137</b>	<b>515</b>
Cost of travel	92	70	<b>62</b>	<b>224</b>
Visitor access	47	142	<b>18</b>	<b>207</b>
Inconvenient	45	28	<b>15</b>	<b>88</b>
Difficult for elderly/ disabled	40	17	<b>13</b>	<b>70</b>
Appointment time	12	6	<b>6</b>	<b>24</b>
Stress to patient	14	7	<b>11</b>	<b>32</b>
<b>Not concerned re travel</b>	24	8	3	35

A quarter of all concerns simply referred to 'Travel' or the distance or time taken. There were also comments that appointments in Cannock would result in more time off work, and create problems for parents who need to pick children up from school.

*"Travelling/distance involved"*

*"Time consuming - children to get from school"*

*"I would not be able to take more time of work to travel the extra distance"*

The other very frequent concern was about accessibility and the transport arrangements. There was a great deal of concern about the use of public transport for those without access to cars. In particular there was concern about using public transport to get to the hospital in time for an early appointment and going home on a bus after an operation.

*"Getting to Cannock chase with Orthopaedic issues is going to be difficult for me as I live alone and do not drive. It would make getting to an appointment nearly impossible"*

*"Inconvenience to Wolverhampton residents with regards to travel - provision of a shuttle bus does not cover this - how early will pts need to start a journey in order to have an operation!"*

*"Do not think that travelling on a bus is suitable for patients who have had a general anaesthetic"*

The cost of travel was frequently mentioned. People mentioned the cost of buses, petrol, car parking and in particular the cost of taxis, as it was felt that public transport wasn't suitable after an operation.

*"Day cases are the worst to move, people won't be able to get there & back, you can't drive after surgery, taxis will cost a fortune."*

*"Nearing pensionable age and I am afraid I would not be able to afford travelling expenses"*



**Access for Visitors** was another area of concern. This was a particular concern for Inpatient surgery where an overnight stay would be involved.

*“Family will not be able to visit so easily”*

*“Visiting times would be impossible as extra travel means can’t just take a break and visit for half hour; it would take half hour just travelling”*

The extra travel was seen as particularly **difficult for the elderly, infirm and disabled.**

*“If elderly people have hip ops etc how are they expected to travel the extra distance*

*“My paraplegic wife uses three of these services at New Cross which is accessible to us whereas Cannock proves to be an obstacle too much.”*

*“My mom is always at New cross with rheumatology, she can’t drive, can’t get on to a bus, would definitely not be able to get up of bus seats”*

**General inconvenience and stress to the patients** were also mentioned frequently

*“The distance to travel there and back after a procedure is going to be extremely stressful”*

Some responders were unconcerned by the travel to Cannock, and expressed this thought in the survey.

*“Can drive; not a major concern”*

*“Closer to home so less travel”*

*“Good access by bus”*

### **Preference for New Cross/ no change**

A significant number of responses stated a preference to keep all care ‘local / at New Cross/ Wolverhampton’ and did not want change.

<b>Q. Briefly list up to three reasons why you are concerned or not concerned'. ( Number of mentions)</b>				
	<b>Q1- Day Surgery</b>	<b>Q2- Inpatient Surgery</b>	<b>Q3- Day Case</b>	<b>Total</b>
Number of reasons	1459	1075	944	3478
<b>Concerns about change</b>				
Prefer Wolv/New X/local	94	29	39	162
Unfamiliar hosp& staff	12	14	10	36
Praise New Cross	15	9	7	31
Prefer no change	9	5	13	27

Many felt it was their right to be treated at a local hospital, or expressed preference for New Cross.

*“When people have an illness or medical condition they expect and deserve to be treated at the nearest hospital to their home and family, not to have to travel a distance”*

*“Local facilities for local people”*

*“Have a good hospital in Wolves why should We travel?”*

*“Does this mean that people out of our area will now be catered for at NX rather than local people?”*

Some praised New Cross and wanted to keep going there,

*“Perception - service/care in Wolverhampton is top notch, not so good in Cannock. I want the best care I can get.”*

*“Breast Care in Wolverhampton is excellent and I do not see why this excellence should be watered down by shipping very vulnerable patients to Cannock”*

*“I prefer the back-up of a major hospital”*

And others didn't want to go to an unfamiliar hospital.

*“Elderly/vulnerable patients having to go somewhere they are unsure of”*

*“Out of familiar environment”*

*“Unfamiliarity to the Cannock area”*

### **Concern about quality of care**

A variety of concerns were mentioned about the quality of care that would be received.

Some concerns were about Cannock Chase Hospital itself, and others about the logistics of splitting care over two hospitals.

<b>Q. Briefly list up to three reasons why you are concerned or not concerned'. ( Number of mentions)</b>				
	<b>Q1- Day Surgery</b>	<b>Q2- Inpatient Surgery</b>	<b>Q3- Day Case</b>	<b>Total</b>
Number of reasons	1459	1075	944	3478
<b>Concerns about care</b>				
Cannock facilities/ staff/care	37	46	19	102
Criticise Cannock	3	11	6	20
Need more info on Cannock	8	7	4	19
Care split across 2 sites	22	12	5	39
Concern about consultant access/ patient records	12	3	4	19
Patient care/safety	22	5	4	31
Post-op/ emergency care	46	15	13	72
Aftercare	12	8	7	27
Lack of patient choice	10	5	8	23
Waiting times	4	3	3	10
General concern	13	7	4	24

Concern was expressed about the facilities/staff and care they would receive at Cannock. Some thought Cannock had a bad reputation (linked to Stafford hospitals), and others felt they needed to know more about it.

*“Facilities not as advanced”*

*“Staff at Cannock have no experience of looking after acute patients”*

*“Poor reputation of Staffordshire hospitals in the press”*

*“Bad conditions and increased risk of infection at Cannock hospital”*

*“We are used to certain standards in Wolverhampton & would not trust to get the same in Cannock”*

*“New cross had state of the art equipment services staff etc we know nothing about Cannock”*

*“Don’t know anything about Cannock chase hospital or its standards”*

The main concern about care was the lack of specialist facilities at Cannock- there was concern for what would happen if there were complications and the patient needed emergency care or an unplanned post operative stay. This was a particular concern for the proposal to move Day Surgery to Cannock.

*“What critical care facilities available if any problems?”*

*“What if there are complications, how will these be managed?”*

*“If patient needs over night bed due to unforeseen circumstances”*

*“If I m not well enough to go home, will I be made to leave?”*

*“Isn’t the chance of moving a patient after surgery at risk of infection?”*

Others were concerned about the logistics of splitting care over two hospitals. This included concern about patient records not being available at both sites, and access to consultants.

*“Breast surgery being undertaken by a team split across two sites”*

*“The procedure and after care are not in the same location therefore surgeons are not as easily consulted post op and the service becomes less consistent.”*

*“Concern that Patient Record will be mislaid.”*

*“If I’m ill, my consultant would not be around”*

There was also concern about where After Care appointments would be.

*“Long way to travel for follow up's, will physio be at New Cross?”*

There was concern about patient care and safety.

*“I would prefer to have surgery on an acute site, not in a little cottage hospital.”*

*“I feel it's totally unsafe”*

*“Continuity/standard of care”*

And a feeling that patient choice had been removed

*“I understood that it's patient choice where you had your treatment Closer to home!! “*

*“Patient choice: if services are moved, you are not giving us choice.”*

Conversely, there were some very positive comments about Cannock from those who had used the services in the past or were current patients

*“Service was good at Cannock”*

*“Cannock Chase hospital have been wonderful to me”*

*“Previous experience very favourable”*

*“Professional all areas”*

### **Support for proposals**

There was some support for the proposals. Most was at a general level, with some praising Cannock Chase Hospital and others keen to see a reduction in waiting times and cancellations.

<b>Q. Briefly list up to three reasons why you are concerned or not concerned'. ( Number of mentions)</b>				
	<b>Q1- Day Surgery</b>	<b>Q2- Inpatient Surgery</b>	<b>Q3- Day Case</b>	<b>Total</b>
Number of reasons	1459	1075	944	3478
<b>Support for proposals</b>				
General support	<b>39</b>	<b>30</b>	<b>17</b>	<b>86</b>
Criticise New Cross	<b>2</b>	<b>0</b>	<b>3</b>	<b>5</b>
New Cross too busy	<b>8</b>	<b>2</b>	<b>0</b>	<b>10</b>
Not concerned re travel	<b>24</b>	<b>8</b>	<b>3</b>	<b>35</b>
Praise Cannock	<b>14</b>	<b>4</b>	<b>2</b>	<b>20</b>
Reduce Cancellations	<b>5</b>	<b>0</b>	<b>1</b>	<b>6</b>
Reduce waiting times	<b>22</b>	<b>10</b>	<b>13</b>	<b>45</b>

*“If it improves the service to patients then I don't see a problem”*

*“Seems a good use of an under used hospital”*

*“I would rather travel for non-urgent than urgent need”*

*“It's good to at last reduce new cross waiting times”*

*“More concerned about cancelled op than travel to Cannock”*

*“More facilities mean faster appointments and care”*

### **Criticism of Consultation process**

There was some criticism of the process; suggestions that the changes were all a result of Mid Staffordshire Foundation Trust's problems, that other services may follow and some alternative suggestions.

<b>Q. Briefly list up to three reasons why you are concerned or not concerned'. ( Number of mentions)</b>				
	<b>Q1- Day Surgery</b>	<b>Q2- Inpatient Surgery</b>	<b>Q3- Day Case</b>	<b>Total</b>
Number of reasons	1459	1075	944	3478
<b>Criticism of Process</b>				
Criticize Consultation	<b>17</b>	<b>9</b>	<b>10</b>	<b>36</b>
Result of Staffs problems?	<b>9</b>	<b>9</b>	<b>5</b>	<b>23</b>
Alternative Suggestion	<b>10</b>	<b>9</b>	<b>1</b>	<b>20</b>
Other services may follow	<b>2</b>	<b>3</b>	<b>0</b>	<b>5</b>

Criticisms of the consultation process suggested that the Trust had already decided to implement the proposals irrespective of the consultation findings.

*“You will do whatever suits the needs of the Trust”*

*“You are refusing to listen to the views of the Community*

*” Building started on theatres at Cannock - why when you say it is not definite yet?”*

*“No information given about what other options were looked at and why this is the best option for Wolverhampton residents.”*

*“Equality Implications - this will disproportionately affect people with protected characteristics”*

Alternative suggestions included building more capacity in Wolverhampton.

*“Why not create additional beds at New Cross Hospital to meet the need?”*

*“If the NHS was efficient and sustainable, New Cross would have the capacity to deal with these cases and so would not have to resort to moving them to Cannock Chase”*

There was annoyance that Wolverhampton people were being affected by problems with Mid Staffordshire Foundation Trust.

*“Failure of Stafford Hospital should affect adversely affect New Cross patients”*

*“New Cross losing out because of Stafford troubles”*

*“Why are New Cross taking on Stafford hospitals work if they cannot cope with their own”*

## **Other feedback**

The CCG captured further feedback on the consultation via email and through the post from members of the public, a local MP, Healthwatch Wolverhampton, conversations on social media (Twitter), as well as a petition from a local breast cancer charity. We would like to thank the group for this and the efforts of its members to help shape local NHS services.

The petition contained over 8,000 signatures from people under the statement: “[We] are opposed to the proposal... to move some breast surgery to Cannock Chase Hospital”. While petitions can give a sense of general sentiment, it is difficult to discern more detailed insights into people’s concerns so that we may address or mitigate them.

Main views shared through other methods echoed those who fed back via the formal consultation survey, and centred mainly on concerns about patient choice, as well as logistics and access to Cannock Chase Hospital for local people. There was concern for elderly patients who may need multiple appointments, and the suitability of a shuttle bus as a mode of transportation especially for those who may have undergone surgery.

Credibility of the consultation was also questioned, with some perceiving plans to be a "fait accompli". Healthwatch had expressed concerns about the consultation methodology earlier in the consultation. The CCG and Trust responded by strengthening the process – improving communications and awareness raising, through development of a campaign to run on Signal Radio, an extension to the consultation duration, and developing versions of the consultation document in different community languages – shared via the website and across the Healthwatch Wolverhampton membership.

## 4.0 Demographics of respondents

The survey asked a range of demographic questions designed to check that the respondents were representative of the Wolverhampton borough and to identify whether any populations were over or under represented. The following is a summary of the findings.

- 95% of the respondents who gave their postcode gave a **Wolverhampton postcode**.
- 72% of respondents were **female** and 26% **male**. The dominance of women responding is probably linked to higher female involvement in caring for relatives, a greater use of health service themselves.
- The majority of the sample said they were heterosexual (88%). 7% preferred not to say, 3% were homosexual, and 2% Bisexual. Less than 1% said they were transgender.
- The sample was **older** than the Wolverhampton adult population, but slightly under represented those over the age of 80. The age groups of 45-65 and 65-80 were the most strongly represented in the survey. This probably reflects the fact that these age groups are heavier users of planned care services, and it maybe difficult to motivate the over 80s to take part in a survey.

Q8. What is your age?			
	Total Sample	Wolverhampton Population 2011 census	Wolverhampton Population 2011 excluding under19s
<i>Base</i>	(567)	(249,500)	(187,125)
Under 18	1%	25%*	0
19-24	3%	8%*	11%
25-44	25%	28%	37%
45-64	42%	23%	31%
65-80	26%	11%*	15%
81 or over	4%	6%*	8%

\*Estimated as age brackets do not match census data.

- 43% of the sample respondents had **limited activity due to long term ill health or disability**. This group is more likely to use the planned care services affected by the proposal, and are therefore more motivated to take part.
- 36% of the sample **did not have access to a motor vehicle**, compared to 26% of Wolverhampton households. This sector of the population may be over-represented as people without their own transport are likely to be more concerned about the proposals and travel implications, and so motivated to respond to the survey.
- The sample under represented ethnic minorities. 89% of the sample was White British compared to only 65% of the Wolverhampton population. The Indian, Pakistani and Black populations of Wolverhampton were not well represented on the survey.

Q15- 19. What is your ethnic origin?		
	Total Sample	Wolverhampton Population 2011 census
Base	(540)	(249,500)
Any White ( English/ Scottish/ Welsh/ NI/ British)	91% (89%)	68% (65%)
Any Asian (Indian) (Pakistani)	5% (3%) (0%)	18% (13%) (2%)
Any Black	3%	7%
Any Mixed race	2%	5%
Any Other	0%	2%

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## The Royal Wolverhampton NHS Trust Wolverhampton NHS Trust and Wolverhampton CCG

## Proposal to Deliver some Planned Care Services at Cannock Chase Hospital

## Post consultation action plan

Theme	Issue	Action	Lead	Evaluation/comments
Transport/Travel	How do I get to CCH?	<ul style="list-style-type: none"> <li>Finalise the route and timetable with the bus company and communicate details</li> <li>Clarify arrangements for patients entitled to free transport including the process for booking transport</li> <li>Ensure details of options for transport are available in outpatient areas and preoperative assessment</li> <li>Explore the provision of cross border volunteer transport for older people and those with mobility issues</li> <li>Evaluate the impact of the service changes on those with mobility issues/lack of transport</li> </ul>	RWT Chief Operating Officer	<p>The bus service will be reviewed at 3 months to ensure the timings are working and amended if required. There will be a more formal review at 6 months which will include feedback from users. Indicators that will be monitored from Day 1 are:</p> <ul style="list-style-type: none"> <li>Utilisation of shuttle bus</li> </ul>
Car parking	Where can I park at CCH?	<ul style="list-style-type: none"> <li>Continue work with Cannock Chase Council on the reorganisation of current car parking and the provision of additional spaces</li> <li>Continue to explore arrangements for alternative car parking within 5-10 minute walk of CCH</li> </ul>	RWT Chief Financial Officer	<p>Car park provision will be subject to regular review as services move to CCH. Indicators that will be monitored from Day 1 are:</p> <ul style="list-style-type: none"> <li>Car park utilisation</li> </ul>

		<ul style="list-style-type: none"> <li>Publicise arrangements for parking and drop off on the Trust website and make available in outpatient areas and preoperative assessment</li> </ul>		
Accessibility	Will I be able to get around CCH?	<ul style="list-style-type: none"> <li>Continue the remodelling/refurbishment programme for CCH – this has been designed to be DDA compliant</li> <li>Review all entry points to the site for accessibility</li> <li>Continue with the current or similar provisions for support with hearing and visual disability</li> </ul>	RWT Chief Financial Officer	
Clinical standards	Will the care be safe and to the same standards as New Cross?	<ul style="list-style-type: none"> <li>Reaffirm the approved clinical model through information available on the Trust and CCG websites</li> <li>Confirm specialty plans for service transfers</li> <li>Engage with patient groups and share plans as they are developed</li> <li>Ensure that clinical policies and procedures are standardised across sites as soon as is practical and safe for patients</li> <li>Consider the needs of patients within the Protected Characteristic groups as they relate to individual services</li> <li>Ensure that all required staff training is available</li> <li>Publish details of the patient pathway for each service as soon as they are agreed on Trust/ CCG websites and in GP practices</li> <li>Ensure clinical criteria for CCH are widely available in outpatients and preoperative assessment areas</li> </ul>	RWT Medical Director	<p>The Trust is required to provide a range on information on the quality and safety of services much of which is reported in the public domain. This information will provide evidence in relation to service provision at CCH. Some of the indicators that will be monitored from Day 1 are:</p> <ul style="list-style-type: none"> <li>Nurse staffing levels by ward</li> <li>Friends and Family test</li> <li>Healthcare Acquired infections</li> <li>Referral to Treatment times</li> <li>Medical staff revalidation</li> <li>Cancelled operations</li> <li>Clinical standards for CCH</li> </ul>

Communication	How will I know what is happening and what will happen to me/my family if they need treatment?	<ul style="list-style-type: none"> <li>• Reaffirm the proposed service changes to address misunderstanding/mis information</li> <li>• Provide regular updates on the Trust/CCG website</li> <li>• Provide a regular patient facing bulletin to GP practices</li> <li>• Provide information on Choose and Book regarding the patient journey at sub specialty level including criteria for CCH where relevant</li> <li>• Publicise the outcome of the consultation and the action plan on the Trust and CCG websites</li> <li>• Provide regular updates to Health Scrutiny Panel</li> <li>• Provide regular updates to Health &amp; Wellbeing Board and Healthwatch</li> <li>• Use the Trust and CCG patient groups and for a to cascade information</li> <li>• Provide information on the connections with public bus routes to the Bus Station and New Cross Hospital</li> <li>• Publicise pubic bus routes and timetable on the Trust website</li> <li>• Ensure the 2014/15 Annual Report and Quality Account describe the consultation and its outcomes</li> </ul>	Director of Planning & Contracting	<p>Indicators that will be monitored include:</p> <ul style="list-style-type: none"> <li>• Range of up to date information available on the website</li> <li>• “mystery shopper” calls to ensure information is available in GP practices</li> <li>• Regular checks of information availability in Trust areas</li> <li>• Number of press enquiries about service changes</li> </ul>
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