



# 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>

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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