



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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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;

	Q1- Day case surgery	Q2- Inpatient Surgery	Q3- Day Case treatment
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"> • General surgery (examples include hernia repair and gall bladder surgery) • Orthopaedics (includes hip, knee, foot, ankle and upper limb surgery) • Breast surgery • Urology (includes bladder and kidney) • Dermatology/plastic surgery (removal of lumps and lesions) 	<ul style="list-style-type: none"> • General surgery (examples include hernia repair and gall bladder surgery) • Orthopaedics (includes hip, knee, foot, ankle and upper limb surgery) • Breast surgery • Urology (includes bladder and kidney) • Dermatology/plastic surgery (removal of lumps and lesions) 	<ul style="list-style-type: none"> • Endoscopy (examples include colonoscopy and gastroscopy) • Rheumatology (includes day care and intravenous treatment for conditions such as rheumatoid arthritis) • Dermatology (includes phototherapy, intensive topical skin treatments)

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.

Q. To what extent do these proposals concern you? (‘1’ being not at all concerned and ‘5’ being very concerned)			
Score out of 5	Q1- Day Surgery	Q2- Inpatient Surgery	Q3- Day Case treatment
<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%
Mean Score	3.94	3.90	3.76

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
Total Sample	647	53%	53%	49%
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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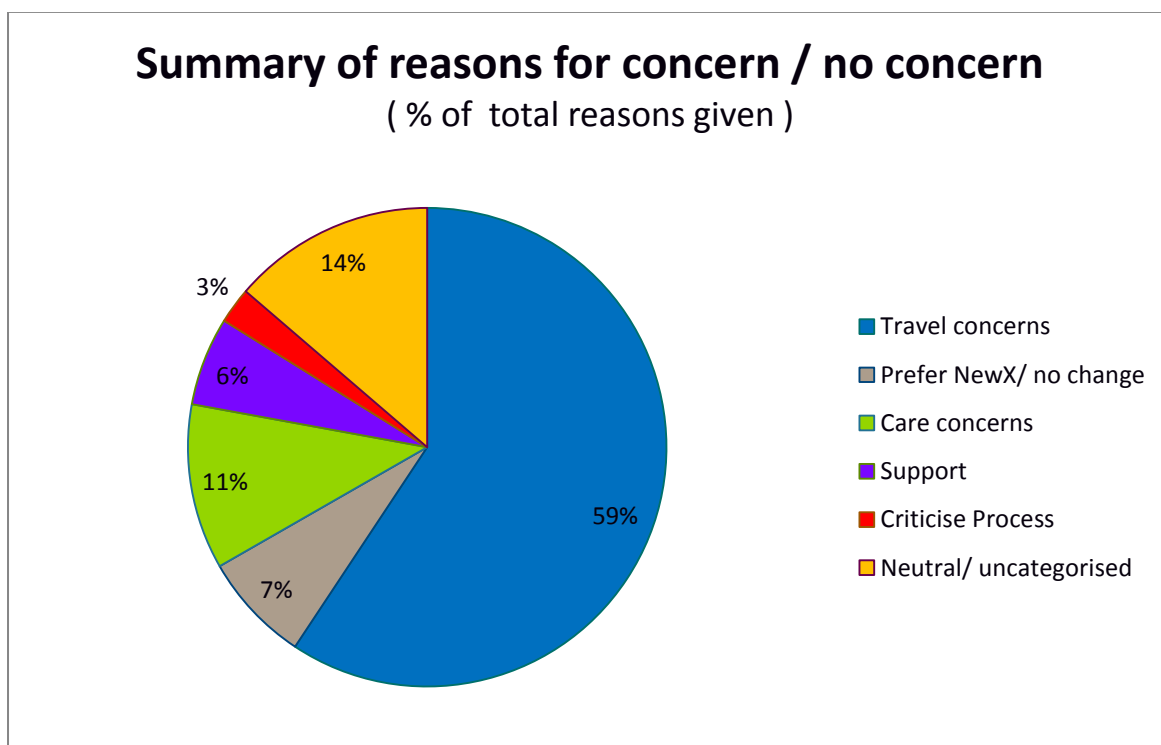
The responses and reasons given reduced for each question, probably suggesting 'survey fatigue' as the responses were often repetitive, listing the same reasons each time; some wrote in "same as previous question" or similar. However it may also reflect less concern for the provision of 'In-patient surgery' 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
Concerns about travel:				
Distance/time/travel	372	240	279	891
Access/ transport	255	123	137	515
Cost of travel	92	70	62	224
Visitor access	47	142	18	207
Inconvenient	45	28	15	88
Difficult for elderly/ disabled	40	17	13	70
Appointment time	12	6	6	24
Stress to patient	14	7	11	32
Not concerned re travel	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.

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
Concerns about change				
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.

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
Concerns about care				
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.

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
Support for proposals				
General support	39	30	17	86
Criticise New Cross	2	0	3	5
New Cross too busy	8	2	0	10
Not concerned re travel	24	8	3	35
Praise Cannock	14	4	2	20
Reduce Cancellations	5	0	1	6
Reduce waiting times	22	10	13	45

“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.

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
Criticism of Process				
Criticize Consultation	17	9	10	36
Result of Staffs problems?	9	9	5	23
Alternative Suggestion	10	9	1	20
Other services may follow	2	3	0	5

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%