

The Royal Wolverhampton   
NHS Trust

  
**Wolverhampton**  
*Clinical Commissioning Group*



# Proposals to Deliver Planned Care at Cannock Chase Hospital

# What we will cover

- The consultation process and key themes
- Equality Analysis
- Actions taken to date and future plans
- Next Steps



# Update on the consultation

- Consultation ran from 18 July to 17 October
- 5000 documents were distributed across the city
- 4 public meetings were held
- Signal Radio ran a roving reporter programme
- There were a number of radio interviews/ press releases
- We attended a number of local patient and public groups
- We used social media to keep people updated
  
- 664 responses were received in either hard copy or on line survey (more than 3 times the responses to Urgent Care)



# What people said

- There was a high level of concern about the proposals expressed by many of those who responded
- The most concern was about travel and available transport including use of bus passes across county boundaries and difficulties getting to CCH
- Positive comments about relieving the pressure on services at New Cross
- Positive comments from people who already/have used existing services at CCH
- Some concerns about whether there would be the same standards/ types of staffing at CCH



# What people said

- Petition received in relation to Breast Surgery staying at New Cross
- Many people wanted to keep services as they are and did not want change
- Some people expressed concern about splitting care between 2 sites and whether their records would be available at both sites

It became clear during the consultation that there was a lot of misunderstanding about the proposals – we need to work on this in the next phase



# Equality Analysis

- Separate Equality Analysis ran from 17 September – 17 October to complement the questions in the main consultation document
- Asked specific questions about experiences of planned care services for those in the 10 protected characteristic groups
- Analysis of travel times and options for people to get to CCH undertaken

## Themes:

- Outpatients/day case surgery no negative impact – patient choice
- The provision of a dedicated bus will significantly mitigate concerns from those on disability allowance/with mobility issues
- Potential positive impact for a number of groups due to the smaller, calmer nature of the hospital site
- Improved patient experience as a result of certainty



## Action taken/Future Plans

- The Trust has committed to providing a dedicated bus service to and from CCH. The schedule will ensure that patients can get there in time for appointments
- Meetings held/being arranged with key groups to provide further clarity on the clinical model and address misunderstandings
- Commitment given to share with patient groups the detailed plans as they progress
- Develop clear patient information on the revised pathways
- Provide regular updates to Health Scrutiny Panel/Health & Wellbeing Board/Healthwatch on progress (update meetings held during the process)
- Ensure there is robust evaluation of all changes which includes patient feedback
- Share independent assurance on quality of services at CCH as it is available – CQC/Trust Development Authority/Commissioner reviews



# Proposed timescales

	2014				2015				2016				2017			
	Aug - Se	Oct	Nov	Dec	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Consultation	█															
Re-modeling CCH			█													
RWT takes over CCH			█													
<b>Proposed transfers</b>																
Orthopaedics					█											
Rheumatology					█											
Dermatology					█											
Endoscopy					█											
General Surgery								█								
Urology									█							





## Next steps

- Timeline for service changes to be finalised (requires confirmation of building schedule for CCH)
- Final report to be presented to RWT/WCCG Board meetings
- Service Task & Finish groups to be established to work through detailed plans including patient engagement
- Action Plan to be monitored
- Ongoing engagement – Health Scrutiny Panel, Healthwatch, Health & Wellbeing Board



# 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

