

28 August 2012

Shaping our future – consultation document figures

We would like to thank the Hands off the Conquest group for taking the time to read our consultation document in such detail and we wish to take this opportunity to clarify apparent discrepancies.

The key points that the document expresses and the scale of change described are not affected by the data issues clarified here.

- The changes discussed in the consultation document will affect less than 1% of people who use our hospitals each year.
- Were the changes to be implemented, regardless of the configuration chosen, fewer than 15 people per day would need to travel further.

Below you can find a clarification of the different sets of figures in the document.

The figures used in the consultation document have been taken from more detailed data in the Pre Consultation Business Case (PCBC) which is publically available on our website.

There are three points in the consultation document where we recognise that further clarification would be beneficial. These are described below, and can be attributed to:

1. Rounding the figures to present meaningful and accessible data for the people of East Sussex
2. The different ways data has been presented in the document
3. A genuine error in one set of figures in the document

1. Rounding the figures to present meaningful and accessible data for the people of East Sussex

The numbers on page 18 of the consultation document are based on actual 2011/12 figures and show the level of patient activity in three specific areas (outpatients, inpatients and emergency department patients) across hospitals in East Sussex. These three areas do not make up the total activity across the two hospitals.

The 3,850 figure used in the document describes the number of patients who might be affected by our proposals. The actual number of patients affected will depend on the final configuration of services across the two acute sites and ranges from 3,819 to 5,091. The figure of 3,850 (rounded down from 3852 in the PCBC) is based on one of four configuration options illustrated in the PCBC (page 112)

We are happy to clarify this and recognise that it would have been beneficial to describe the range in the first instance rather than pick one figure in order to illustrate the scale of the services we are talking about.

2. The different ways data has been presented in the document

The figures on page 18 of the document are used to demonstrate the scale of the services we are talking about in relation to the three types of patient named in the diagram (outpatients, inpatients and emergency department patients totalling 525,000). This is not the entirety of patients treated at the hospital.

The percentages on page 21 show the percentage against the entirety of hospital activity. This includes the 525,000 patients used on page 18 as well as a further 128,725 bringing the total to 653,725. The majority of this extra activity is made up of attendances at nurse-led clinics.

As stated in the document, the number of people affected by the proposals is less than 1% of the total number of people who use our hospitals each year.

The figures on page 60 and 61 in the consultation document describe the number of patients affected if the services were based on either of the two acute hospital sites. They will of course be different as each hospital has different levels of activity and there is not a uniform spread of population across the county.

3. A genuine error in one set of figures in the document

In calculating the percentages on page 21 and in the figures on pages 60 and 61 we now realise we missed out the very small number of high risk elective patients affected by these changes and as stated above we now recognise that it would have been helpful to give a range for these figures. The revised figures still demonstrate that a very small proportion of patients might need to travel as a proportion of the total numbers who use our hospitals every year

Given this error, and displaying the full range, page 21 should now read.

Emergency and higher risk in-patient general surgery	Emergency and higher risk in-patient orthopaedic surgery	Stroke
0.327% - 0.495%	0.200% - 0.222%	0.057 % - 0.062%

The data presented on pages 60 and 61 also does not include the small number of patients who require high risk planned general surgery and high risk planned orthopaedics that might need to travel. These figures are highlighted on page 112 of the PCBC. When these additional numbers are added to the figures stated the number of patients who might need to travel further each week increases in total by 6 in the Eastbourne example and 9 in the case of Hastings.

Page 60 should now read -

The number of patients who might need to travel further per week if the services we are consulting on are sited at Eastbourne DGH

Stroke	Emergency and higher risk in-patient general surgery	Emergency and higher risk in-patient orthopaedic surgery
7	41	25

Page 61 should now read -

The number of patients who might need to travel further per week if the services we are consulting on are sited at the Conquest Hospital

Stroke	Emergency and higher risk in-patient general surgery	Emergency and higher risk in-patient orthopaedic surgery
8	62	28

It is important to stress that while we recognised and accept this genuine error this would still mean that fewer than 15 people per day would need to travel further under the proposed changes, a very small proportion of the total numbers of people who use our hospitals.

We also note the Hands off the Conquest group's use of the figure quoted in a newspaper article. It is important to stress that the number quoted in Andy Slater's article was calculated by the journalist. Andy's quote was that "less than 15 people a day would need to travel". Therefore it is inaccurate to assess any figures against the figure of 5,460.

Publicising these clarifications

To ensure transparency this revised data will be published in the local newspapers and highlighted on the consultation website.

