Shaping our future

NHS

Final report from the independent analysis of data from public consultation of 'Shaping our Future'-NHS Sussex and East Sussex Healthcare NHS Trust.

Summary of report

The Centre for Health and Social Care Research at Canterbury Christ Church University were commissioned to provide independent analysis of data from the public consultation 'Shaping our future'.

All surveys, electronic and paper, were submitted for analysis alongside outputs from engagement events, comments, letters, phone calls and emails. Feedback from individuals, organisations, focus groups and staff briefings were also submitted.

There were a total of 464 responses to the survey. These responses reflect the views of the individuals who responded, and therefore should not be considered as a general response from the local population.

Over 500 people attended the market place events that were held in a number of community locations across East Sussex. The same questions were asked at all market place events and it is particularly noteworthy that responses to the consultation at market place events, where members of the public were able to ask questions of the clinicians, elicited a far more positive response than found in the written questionnaires.

From the analysis of the data the following conclusions should be noted:

Stroke: From the market place events a majority of respondents (56.7%) supported having a specialist stroke unit on a single hospital site but a majority of respondents who completed the paper or on-line survey (48%) did not support having a specialist stroke unit on a single hospital site.

General Surgery: From the market place events a majority of respondents (89%) were in support of the preferred option for General Surgery - that all emergency and higher-risk general surgery is provided on one site and that both sites continue to provide low risk inpatient surgery, outpatient appointments and planned day case surgery. A majority of respondents who completed the paper or online survey (42.2%) also supported the preferred option.

Orthopaedics: From the market place events a majority of respondents (72.4%) were in support of the preferred option for orthopaedics - that all emergency and higher-risk orthopaedic surgery is provided on one site and that both sites continue to provide low risk inpatient surgery, outpatient appointments and planned day case services. A majority of respondents who

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completed the survey (47%) supported Option 1 which proposes no change except some improvements being made to existing services.

The reason for change was understood by the majority of respondents in each of the three clinical areas.

The analysis highlighted some key themes which should be taken into account when the boards of East Sussex Healthcare NHS Trust, NHS Sussex and the local Clinical Commissioning Groups meet to make recommendations and decisions. Appropriate mitigating actions should be discussed with partners in the wider health economy and built into subsequent implementation plans where appropriate. These key themes are:

- Access to services - increased travel times, distance and cost
- Recognition of the benefits of specialised care
- A request to ‘upgrade’ both sites
- The need for local services to enhance patient choice
- Quality of care
- Demography of the area
- Impact on staff

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Final report of analysis of data from public consultation of 'Shaping our Future' NHS Sussex and East Sussex Healthcare NHS Trust

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Executive Summary

The public consultation undertaken by the NHS in East Sussex between June and September 2012 set out to ensure that views of local stakeholders including local people were taken into account as part of developing a coherent and sustainable future shape of services provided for the local population. The focus of the consultation was for services for:

- stroke
- general surgery, and
- orthopaedic services

There were 464 survey responses. In addition to the quantitative data generated from the questionnaires, qualitative data were received from various sources including feedback from Individuals and organisations, briefings were also held with staff groups across the county in order to elicit their views about the proposed changes.

The analysis of the data in relation to the three areas identified above presents equivocal findings and it is difficult to draw any firm conclusions. However, it is clear that responses to the consultation where members of the public were able to ask questions of clinicians about their concerns at the market place events elicited a more positive response to the consultation.

From the analysis of the data the specific conclusions in relation to stroke services were equivocal and as follows;

> A minority of respondents from the survey (41.8%) supported having a specialist stroke unit on a single hospital site, however from the market place events a majority (56.7 %) of respondents supported having a specialist stroke unit on a single hospital site.

Similarly from the analysis of the data the specific conclusions in relation to general surgery were also equivocal and were as follows;

> A minority of the respondents from the survey (42%) were in support of the preferred option however in contrast from the market place events a large majority of respondents (89%) were in support of the preferred option.

As before, from the analysis of the data the specific conclusions in relation to orthopaedics were also equivocal and were as follows;

> A minority of the respondents (33%) from the survey were in support of the preferred option and a majority of respondents (72.4%) from the market place events were in support of the preferred option.

From the qualitative data and the free text comments in the survey an overriding concern was expressed about the difficulty of travelling to services to receive care.

Issues were also raised about the process of the consultation, the length and design of the survey and the accuracy of the information it contained.

2. Introduction

Recent reports and evidence from hospital audits have highlighted that there are some areas where the NHS in East Sussex has had some difficulty in providing the high quality of care that patients deserve. To address this, East Sussex Healthcare NHS Trust developed a clinical strategy. From this strategy three areas were identified that needed significant change:

- stroke
- general surgery, and
- orthopaedic services

A public consultation therefore was undertaken by NHS Sussex in collaboration with East Sussex Healthcare NHS Trust (ESHT) between June and September 2012. The consultation sought to elicit the views of the public and stakeholders about the proposed changes in order to inform future decisions about service provision.

The Consultation aimed:

To ensure that the views of all local stakeholders, including local people, were taken into account as part of developing a coherent and sustainable future shape of services provided by East Sussex Healthcare NHS Trust across East Sussex.

Activities undertaken in the consultation to capture views and feedback included the following:

- Online and paper feedback forms (survey)
- Open public market place events
- Deliberative opinion poll event
- Direct response from individuals by phone, letter or email
- Double page advertorials with cut and free post feedback coupons in local newspapers
- Trust wide staff briefings
- Partnership boards and voluntary sector networks meetings
- Focus groups with people identified as most or differently impacted by the proposal and traditionally “hard to reach” groups (e.g. Carers)
- Briefings with MPs and elective representatives

2.1 Strategy for the analysis of the data

Using the format of the consultation questionnaire and ‘about you’ forms, a data entry form was designed in Stastical Package for the Social Sciences (SPSS) to allow for data entry and analysis. A code (MD/NA), which is used throughout this document, was developed for missing data and not applicable.

The way in which the consultation data collection was conducted (questionnaires distributed in geographic locations where people may or may not complete them) meant that it was not possible to provide an accurate overall response rate. The consequence of this was that it was not be possible to make any claims about the generalisability of the findings to the local population. The results only reflected the views of those who responded and this may have introduced an inherent bias in the sample.

The free text elements of the questionnaire were categorised into themes and coded to facilitate quantitative analysis.

The various forms of qualitative data were analysed using the constant comparative method. Where relevant and appropriate note was made of the source(s) of the qualitative responses, and themes and categories were identified and presented in the report.

The consultation analysis proposal was approved by the University ethics and research governance processes and the analysis conformed to University ethical requirements for ethics and research governance.

2.2 Publicity

To ensure that people had enough information about the proposals to form a view the NHS in East Sussex developed:

- Online/ web information
- written consultation document and supporting materials circulated widely in public venues
- Video presentations and recorded interviews used at events and for website
- Engagement with the media to ensure accuracy of public information

2.3 Responses

Responses to the consultation were captured through:

- Survey responses (464)
    - 254 were paper feedback forms
    - 210 were online feedback forms
- Newspaper coupons (99)
- Market place events
- Staff briefings
- Focus group discussions
- Letters emails and telephone feedback from Individuals and organisations

All respondents who completed the survey answered the same questions, covering service areas where the NHS in East Sussex is proposing changes for improving health care. These areas are:

- Stroke: the preferred delivery option is to develop a specialist stroke centre at either the Eastbourne District General Hospital or the Conquest Hospital in Hastings
- General surgery: the preferred delivery option is to locate all emergency and higher risk general surgery with dedicated surgical wards in a specialist unit at either the Eastbourne District General Hospital or the Conquest Hospital in Hastings.

- Orthopaedics: the preferred delivery option is to locate all emergency and higher risk orthopaedic procedures at either the Eastbourne District General Hospital or the Conquest Hospital in Hastings.

2.4 Market Place Events

Events were held in form of a market place set out on a series of thematic stalls covering; stroke, general surgery, orthopaedics and travel further to receive better care. Stalls were staffed by clinicians and managers with in-depth knowledge of the theme. Market events were held in various areas of East Sussex including:

- Eastbourne Congress (44 attendees in Eastbourne Congress suite)
- Eastbourne District Hospital (approximately 30 attendees in the Main Foyer)
- Conquest (16 attendees in the outpatients area A right of the main Foyer)
- Hastings (more than 200 attendees in Hastings Priory Meadow Shopping Centre)
- Heathfield (5 attendees in Heathfield Community Centre)
- Langney (36 in Langney Shopping Centre Rye)
- Seaford (168 in Seaford Baptist Church) and
- Uckfield (36 in Uckfield Civic Centre)

The same questions were asked in all areas, results in each section are presented according to the thematic stalls.

2.5 Survey Responses

Demographic Characteristics of Respondents
(See Appendix I for further details)

A demographic questionnaire designed to ensure that views were captured from a cross section of the population. Results should be interpreted with care because of missing data as some respondents chose not respond to the 'about you' questionnaire. Of those completing the demographic information

- More responses were received from (44%) female respondents than male (33%). (23% of respondents declined to answer this question)
- A significant percentage (17.9%) of respondents reported a disability and 4.3% of the total respondents reported having more than one disability.

Geographical location of respondents
(See Appendix I for further details)

All areas in East Sussex were reasonably well represented:

- Eastbourne (19.6%) and Wealden (19.6%) had the highest representation
- Hastings (13.6%) and Lewes (13.6%)
- Rother had the lowest representation with a significant percentage (10.3%)

The majority (39.5%) of the respondents were 65 and above, distributed as follows:

- 31.7% from Wealden
- 22.4% from Eastbourne
- 22.4% from Lewes
- 12.6% from Rother
- 9.3% from Hastings
- 1.6% from none of the listed areas

Ethnicity of Respondents
(See Appendix I for further details)

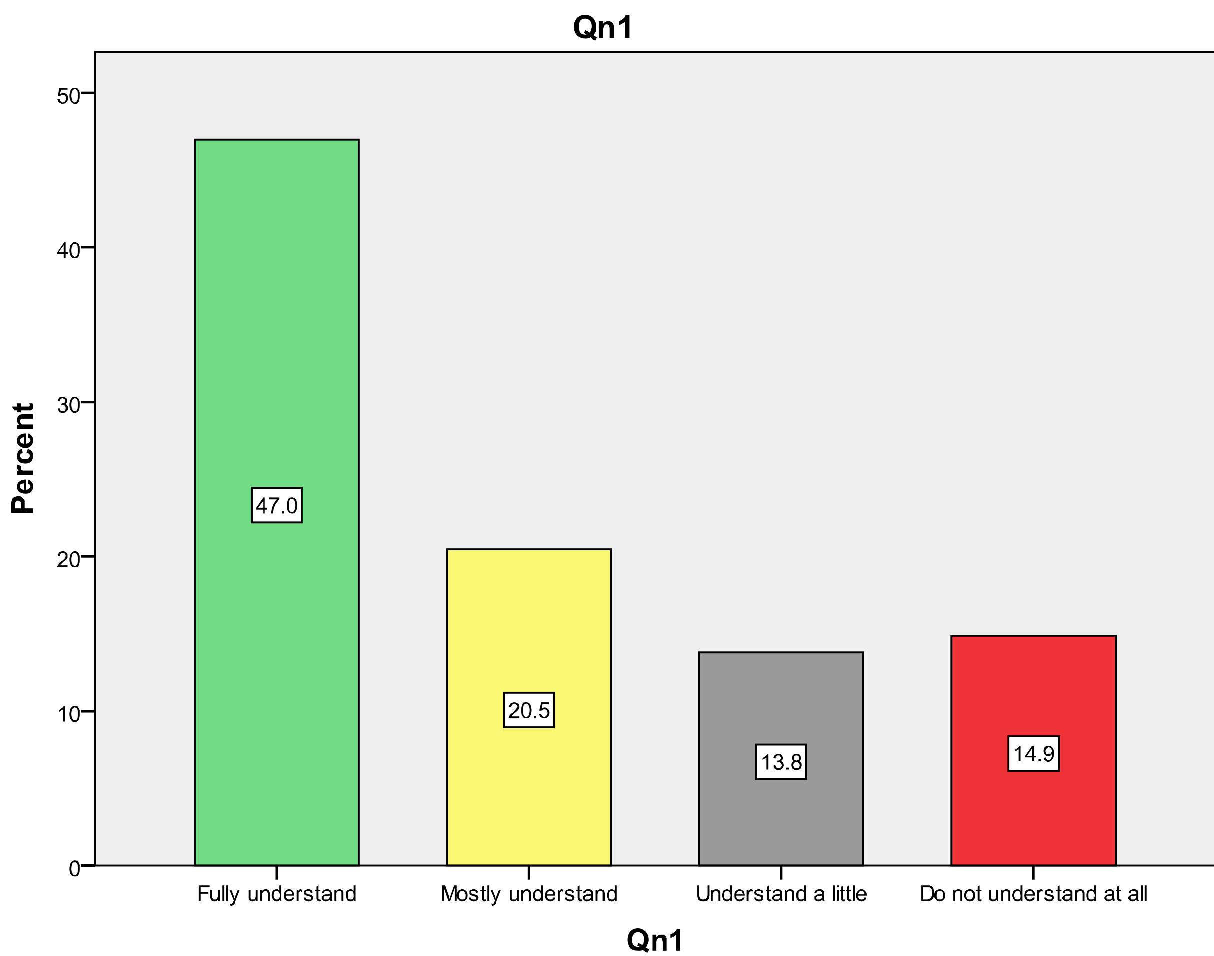
- The majority of respondents were White British (71.1%)
- White other (0.4%)
- Asian/ Asian British Pakistani (0.4%)
- Arab (0.2%)
- Anglo- Polish (0.2%)
- German (0.2%)
- Earthling (0.2%)
- Mixed White and Afrikaan (0.2%)
- Mixed white and Asian (0.2%) and
- Portuguese (0.2%)

3. Findings

3.1 STROKE SERVICES

The specific findings in relation to survey responses for Stroke services are presented below.

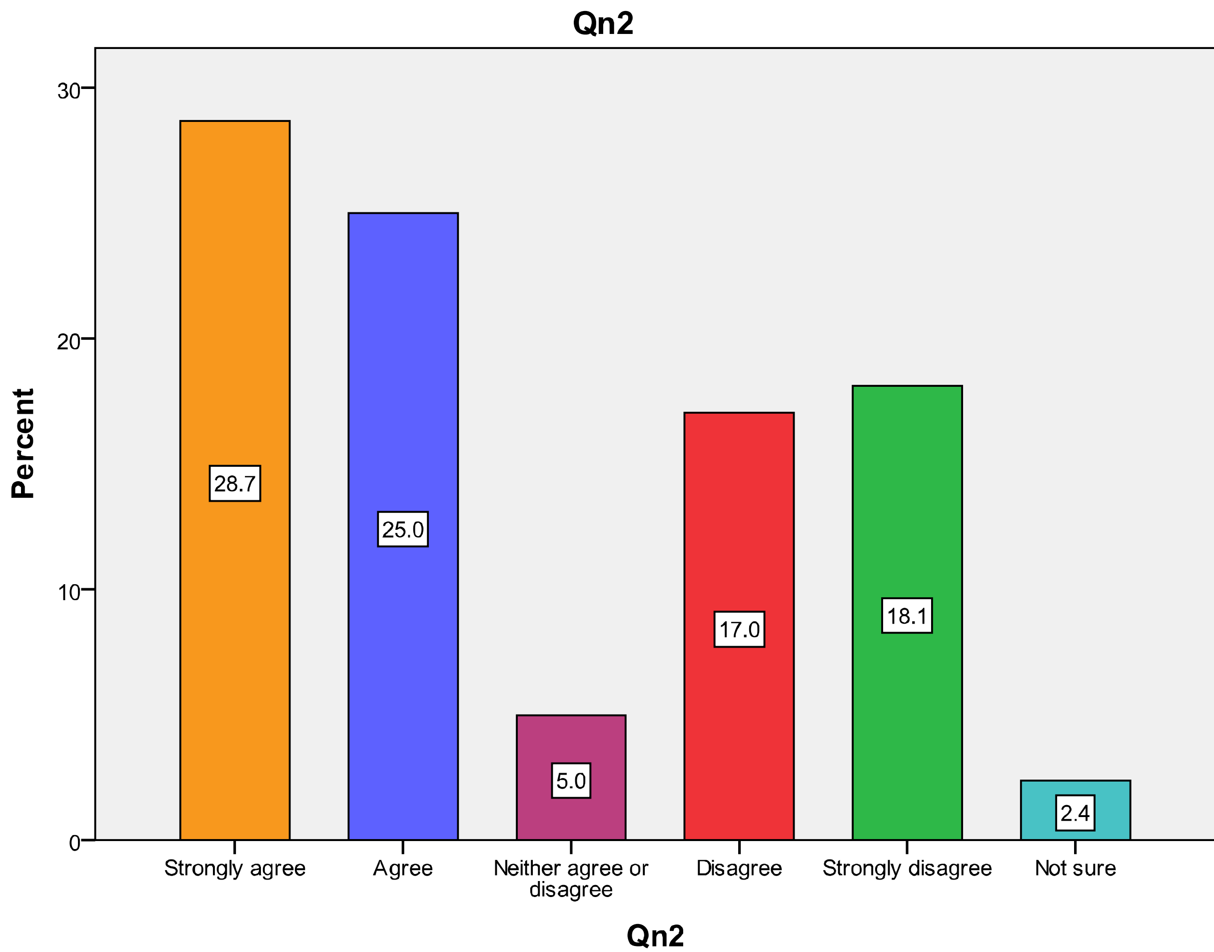
Question1.
Based on the information you have just read, do you understand the reasons why we believe that the way Acute Stroke Services are delivered needs to change?



The majority (67.5%) of respondents understood why the NHS in East Sussex believes that the way acute stroke services are delivered needs to change.

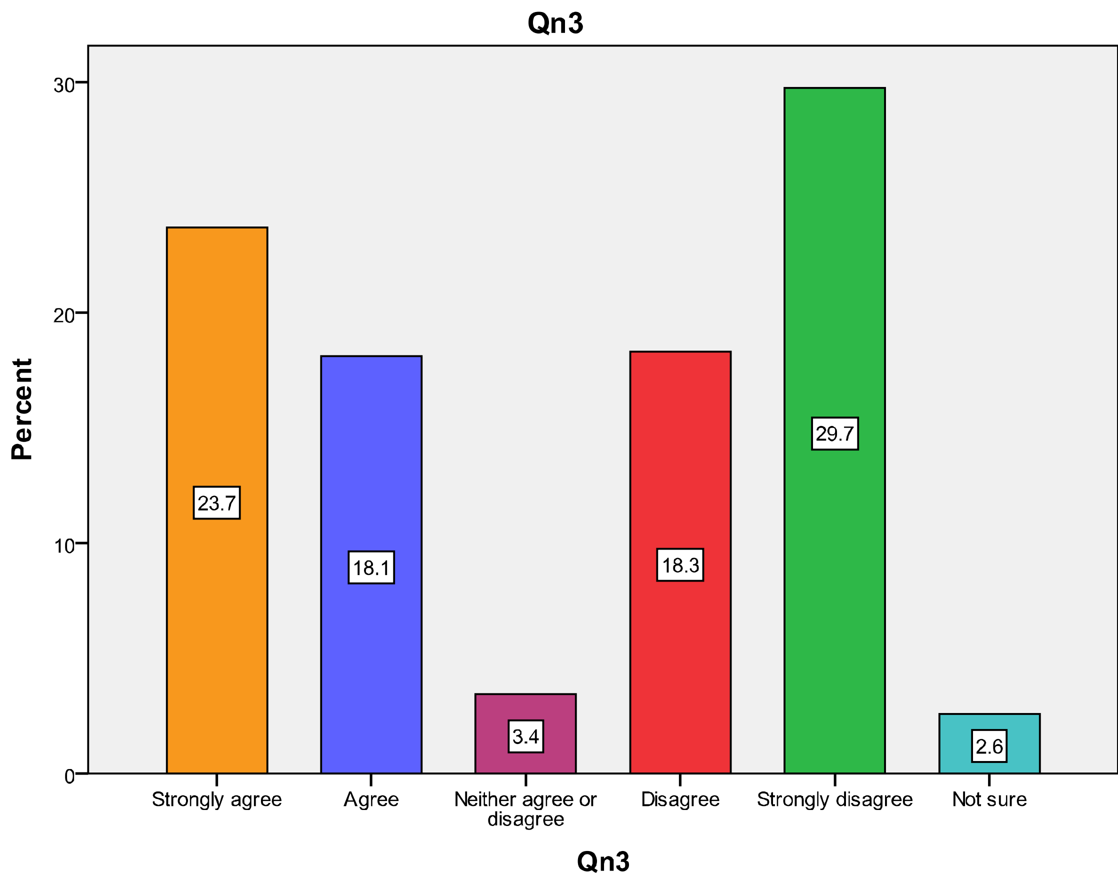
Question2.

Do you agree that, in order to improve outcomes for patients, for example by helping people recover faster and more fully, we need to change the way Stroke services are delivered?



53.7% of respondents agreed that the way stroke services are delivered in East Sussex needs to change.

Question3.
Do you agree that we should create a specialist stroke unit for East Sussex on a single hospital site



41.8% respondents agreed that a specialist stroke unit should be created on a single hospital site.

48% respondents disagreed that a specialist stroke unit should be created on a single hospital site.

Question 4.
Please state the reason for your view

Theme	Frequency of theme	%	Description of theme
Best to have 24/7 specialised care	138	29.7	It is best a specialist stroke centre to provide care 24 hours a day, 7 days a week; giving fast medical assessment, optimum attention and treatment; attract the best qualified doctors in the area and ensure the best outcomes for patients. Better to have specialised services on one site than thinly spread out; best use of scarce resources.
Travel distance and cost (Access to services)	127	27.4	Extremely poor infrastructure for patients and relatives. A significant number of people do not drive, own a car or have relatives or friends with cars. Public transport between Eastbourne and Hastings is virtually non-existent and hence all transport costs whether private or public are very expensive.
Good services already existent	20	4.3	Excellent care is currently provided on both hospital sites (Eastbourne DGH and the Conquest in Hastings); a perfect stroke ward already in place at the DGH; locating services on one site would be down grading those that strive to offer the best care to patients; proposal represents a reduction in services.
Traffic congestion	1	.2	The travel times are far too great - estimated time of UP TO 40 minutes from Eastbourne town area to Hastings is un realistic. At peak times it is far more, even worse when there is an accident. Given that patients would have to travel further, there will be more cars on the road.
Visits from family and friends	3	.6	What consideration has been given to the feelings of the relatives whose nearest and dearest are hospitalised and inaccessible? It is believed that patients recover better with support from loved ones.
Impact of changes on staff family life	1	.2	Staff may have to travel further and /or change their work patterns. This is to adversely affect those that have families with children. Due to the long travel distances, staff may need to relocate and look for new school for their children.
Growing (elderly) population	5	1.1	Hastings and Eastbourne are totally in different areas with growing (elderly) populations. A specialist stroke unit should be at both hospitals. Eastbourne area has thousands of people coming into new homes and Hastings area also has its quota of buildings to be erected to fulfil housing needs.
Organisation and management of the NHS in East Sussex	10	2.2	Consultation document is misleading and does not give a true picture about existing services; giving one option for stroke is not democratic.
Total	305	65.7	
MD/NA	159	34.3	*Missing data or respondents declined to answer*
Total	464	100.	

Two primary themes emerged as reasons for these views:

- Best to have specialised care and

- Access to services (travel distance, time and cost)

Some detailed comments from individuals are presented below to illustrate these views:

> *'My husband suffered a severe stroke 5 years ago and although we recognised the symptoms and he was taken quickly to Eastbourne DGH as it was a Sunday at the end of July, he was not even scanned until the next day. That was the first symptom of very poor care and treatment for his stroke. He has had a poor outcome, which might have been inevitable but if he had the appropriate treatment we would have found it easier to cope with the disability he has been left with in that all possible had been done to aid his recovery and that was not the case.'*
>
> *'If time is of essence and it is; people in Seaford need to get to Eastbourne not Hastings. People in Winkelsea (interpreted Winchelsea) need to go to Hastings not EDGH! Getting to excellent facilities may be negated by the extra time taken if the facilities are far away. Speedier help closer to the incident may negate the need for 'excellent specialist' help. There needs to be a stroke unit at both locations. The south east is an aging population, fact! One of the sites could have more intense/ skilled help for those that really need it.'*

It was apparent that in this section responses were highly correlated with the respondents' areas of residence. For example respondents who expressed concerns about travel distance, time and costs that would be involved if a specialist stroke unit was created on a single hospital site were from Eastbourne, Seaford and Rye.

Question 5.
Is there anything else you think we should consider?

Theme	Frequency of theme	%	Theme description
Poor transport links between Eastbourne and Hastings	25	5.4	There are pockets of deprivation within the area of East Sussex. The road links are poor and public transport limited; persuade the councils in question to improve the roads between the two hospitals, or even build a decent new one.
Travel distance, cost and time (Access to services)	52	11.2	Travel time & costs for family and friends, who may have to travel a greater distance consequently putting extra pressure on people in an already stressful situation; the environmental impact of extra journeys; provide assisted travel arrangements for non-drivers.
Good services already existent	7	1.5	Excellent care is currently provided on both hospital sites (Eastbourne DGH and the Conquest in Hastings); care cannot be imagined any better; locating services on one site would be degrading those that strive to offer the best care to patients.
Equip paramedics to manage transfers	9	1.9	Specific training for paramedics in early stroke identification and treatment/stabilisation, particularly as longer journeys may be involved.
Services are streamlined as proposed	17	3.7	It is important that people get what is described as a good stroke service (page 27) and in particular timely brain scans, and clot busting drugs where appropriate delivered by expert staff; reassurance that all patients irrespective of age receive identical care unless certain therapies are clinically contra-indicated; concentrate on getting the services to stroke patients nearer to targets recommended by NCAT; guarantee availability of specialists 24/7.
Multidisciplinary approach to follow up care	18	3.9	After stroke, there needs to be a multidisciplinary approach to follow up care and continuity of rehabilitation; emotional needs, frequently overlooked, and the patient's social situation need to be addressed by representatives on the rehabilitation team.
Upgrade both Eastbourne and Conquest	27	5.8	Improving both sites to provide a full range of the services rather than merging to a single site would be better.
Organisation and management of the NHS in East Sussex	16	3.6	Faith in the organisation and strategic management of the NHS in East Sussex is very low. Had earlier "promises" about improving acute services in Seaford been fulfilled, it might have been possible to regard the current proposals as a serious attempt to improve NHS services; The proposal is a cost cutting measure which can be achieved in other ways like having less managers and more front line staff.
Geographical distribution of the elderly population	5	1.1	The demography of the population in East Sussex and where the elderly are geographically spread.

Theme	Frequency of theme	%	Theme description
Maintain accident and emergency department on both sites	4	.9	Irrespective of location of the specialised stroke centre, maintain accident and emergency departments on both sites (Eastbourne District General Hospital and the Conquest).
Proximity of sites to other health centres	1	.2	Availability of suitable services in adjacent areas e.g. Brighton, Ashford and Tunbridge Wells.
Total	181	39.0	
MD/NA	283	61.0	Missing data or respondents declined to respond
Total	**464**	**100.**	

Other issues most frequently mentioned for the NHS in East Sussex to consider in relation to Stroke services were:

- Access to services
- Upgrade both sites
- Multidisciplinary approach to follow up care

Some detailed comments from individuals are presented below to illustrate these views;

'Not everyone has access to transport like a car. Local services can be expensive and a great deal of time wasted travelling by public transport. You need to consider how you are going to help people travel to a hospital in a town some distance away. I have seen first-hand how devastating this problem can be.'

'My husband 1st stroke was brainstem stroke. In fact he nearly died. The team were at the hospital doors waiting to work on him as we arrived. So I definitely know he would not have made it if we had to travel all the way to Eastbourne. This concerns me greatly.'

'You need stroke units at both Eastbourne and Hastings. You need to consider the major burden of stroke in the 75 plus population. Stroke mortality under the age of 75 according to the BHF in Hastings was 25 and 16 per 100,000 population. However, annual stroke incidence in the over 75 population is over 1000/100,000 (British Heart Foundation Stroke Statistics 2009).'

'Brain injured persons have difficulty in remembering everything and delays of different professionals becoming involved each wanting to do their own assessments is frustrating and exceptionally tiring to the stroke patient. Emotional needs are frequently overlooked and this needs to be addressed. A professionally qualified Neuro Psychologist should be part of the Stroke Rehab Team. I would also like to point that, according to my experience, discharges are sometimes delayed due to the patient's social situation rather than delays in treatment and rehabilitation.'

'My husband morose, despondent, introverted and has lost his communication and cooperative initiative. Given that he was dual sensory impaired before the CVA I strongly feel

that a properly structured recovery programmed should have been prepared that involved and SUPPORTED ME as his full – time carer to avoid this outcome. We have been left quite alone for two years and it is tearing us apart.'

3.1.1 Events Results: Stroke

On the stroke theme stall, participants were asked to agree or disagree with option 2, which the NHS in East Sussex believes would be the best option to deliver the best stroke service.

- 56.7% of the events attendees who gave feedback on the day were in support of option 2 as the best way to deliver stroke services in East Sussex.

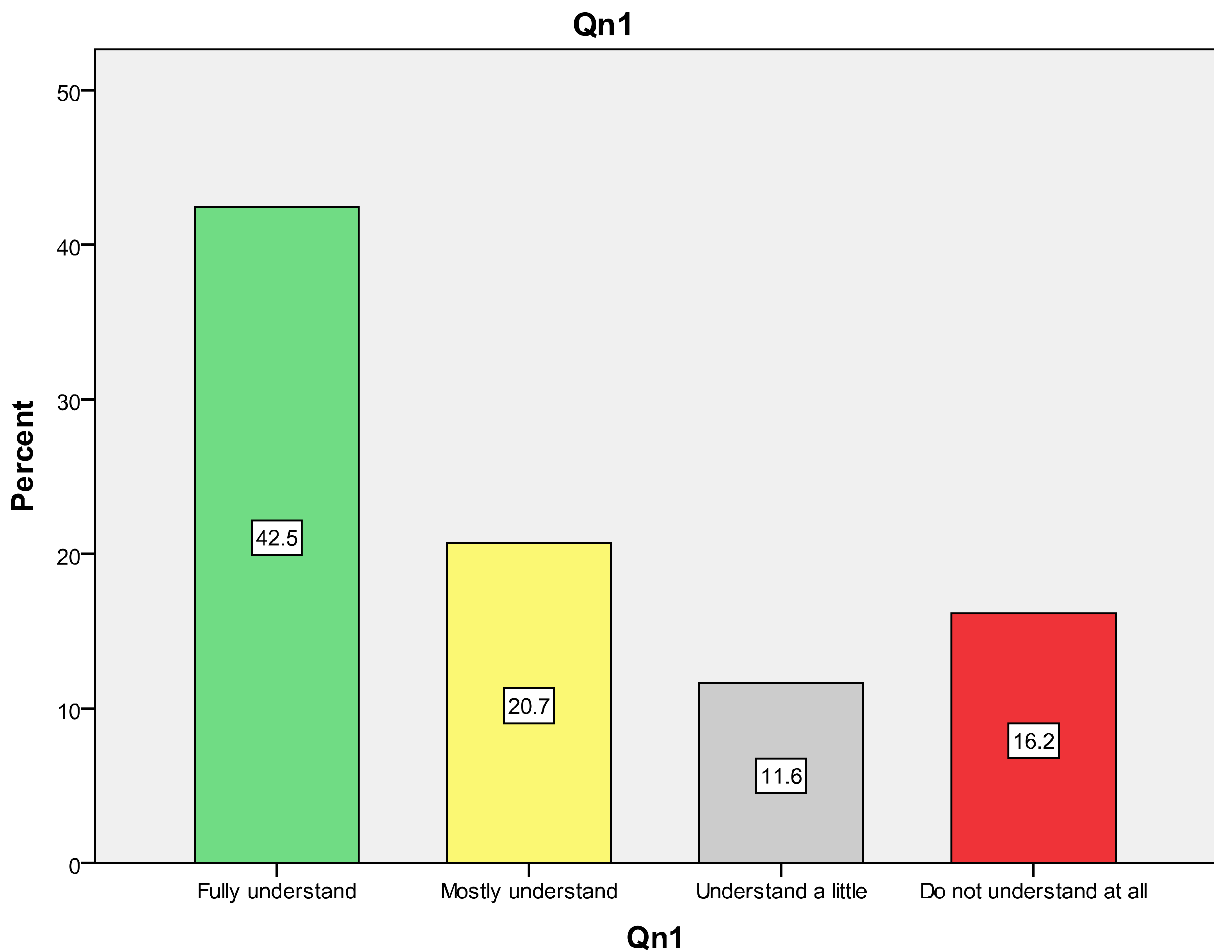
It is apparent that there is a marked difference between survey results and market place events where clinicians were available to answer questions.

- 56.7% of respondents in the market place events were in support of a specialist stroke unit on a single hospital site.
- 41.8 % of respondents in the survey were in support of a specialist stroke unit on a single hospital site.

3.2 GENERAL SURGERY

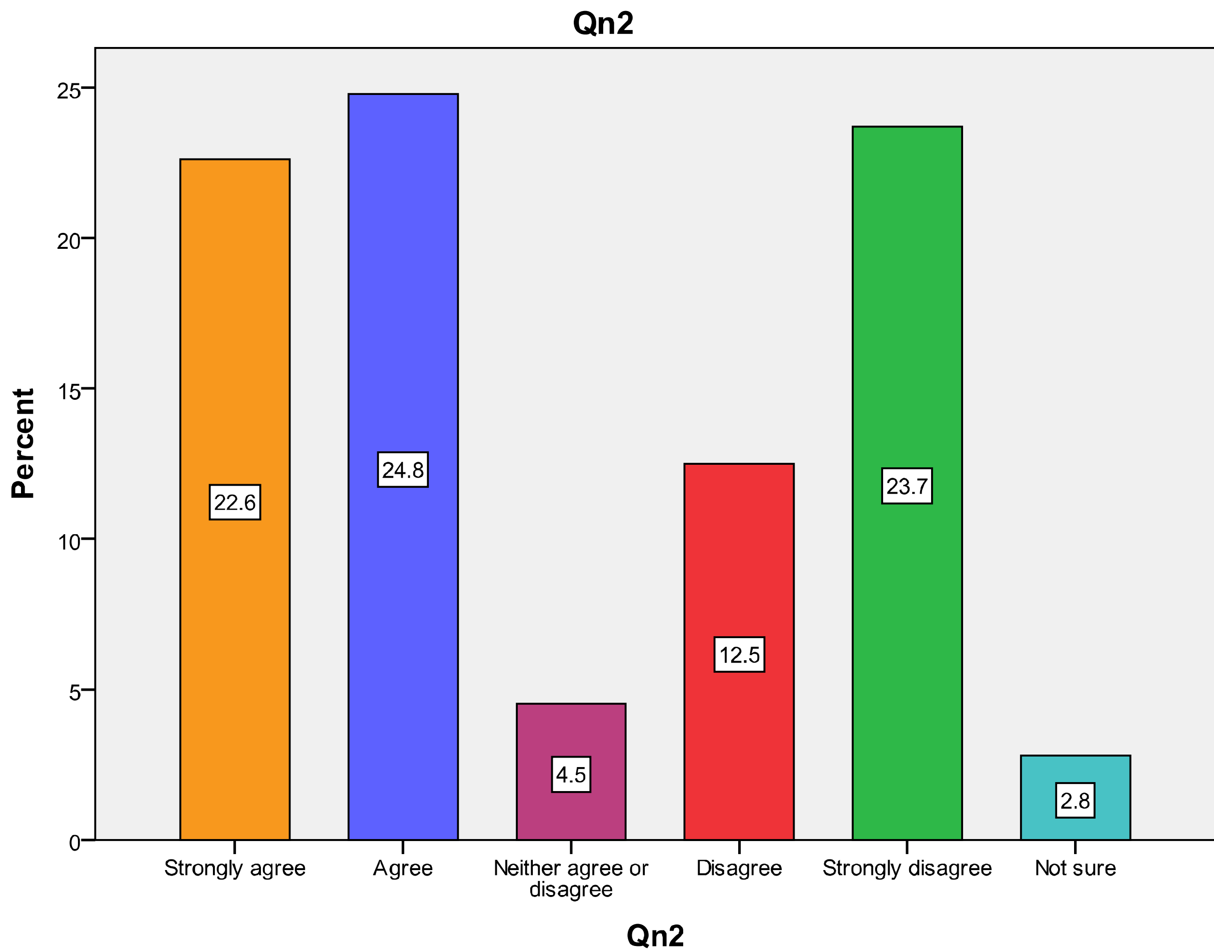
The specific findings in relation to survey responses for General Surgery services are presented below.

Question1.
Based on the information you have just read, do you understand the reasons why we believe that the way General Surgery is delivered needs to change?



The majority (63.2%) of the respondents understood why the NHS in East Sussex believes that the way General Surgery is delivered needs to change.

Question 2.
Do you agree that, in order to improve outcomes for patients, for example by helping people recover faster and more fully, we need to change the way general surgery services are delivered?



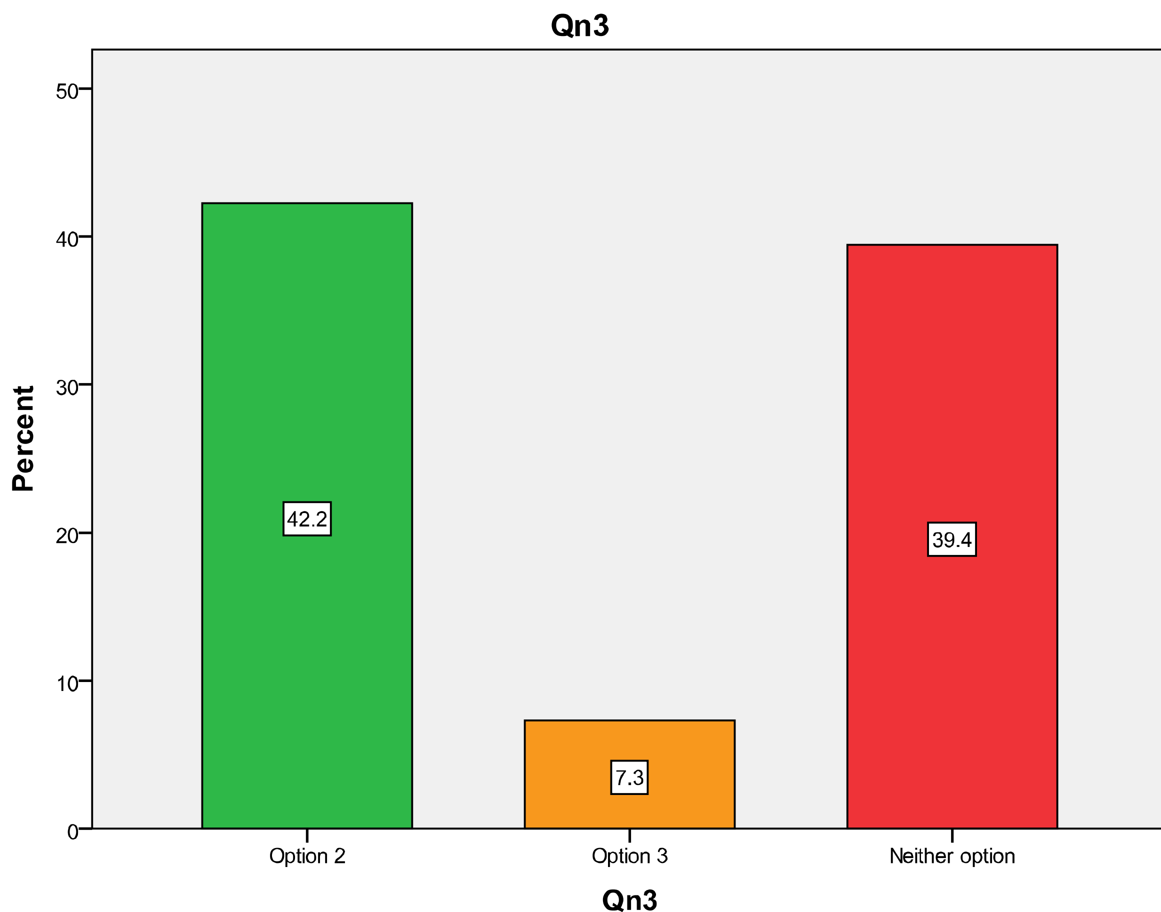
Although more respondents strongly disagreed than strongly agreed that in order to improve outcomes for patients the NHS in East Sussex needs to change the way general surgery services are delivered, more (47.4%) respondents generally agreed while (36.2%) generally disagreed.

The following options were proposed by the NHS in East Sussex and respondents were asked to decide which one they thought should be taken forward:

Option 2 (preferred): All emergency and all higher risk elective (planned) inpatient surgery provided on one hospital site only. Lower risk inpatient surgery and day case surgery provided on both hospital sites. Option 2 would mean that most planned general surgery would be provided on both sites, as well as day case surgery

Option 3: All emergency and all higher risk elective (planned) inpatient surgery provided on one hospital site. Day case surgery provided on both sites. Option 3 would mean that all general surgery, including lower risk planned surgery, would be provided on one site only. Day case surgery would be provided on both sites.

Question3.
Which of the options above do you think should be taken forward?



42.2% most of the respondents chose the preferred option 2 to take forward in order to improve the delivery of surgical services.

Question 4.
Please state the reason for your view

Theme	Frequency	%	Theme description
Travel distance, time and cost (Access to services)	96	20.7	Emergency surgery will not be delivered when over an hour is required to travel between sites at certain times of the day; it does not make sense that people travel further and stop utilising the good day hospital facilities around the area; both staff and patients and their visitors would have to travel.
Local services for patient choice	25	5.4	Need local facilities; local hospitals for the local communities; patient's should be given choice, which will not happen if single sited; both towns are big enough to have own services.
Easy and quick access to both high and lower risk surgery	42	9.1	Option 2 provides a better service for high risk cases without compromising local services for lower risk cases; this will leave as much general surgery on both sites as possible while giving the economies and efficiencies of one site for the higher risk work; option 2 minimises travel.
Specialised care for better patient outcomes	66	14.2	Specialisation and concentration leads to best patient outcomes and efficient use of resources. More experienced staff for better clinical outcomes.
Good services already existent	14	3.0	Do not downgrade the hospitals; improve sites if necessary.
Organisation and management of the NHS in East Sussex	8	1.7	Agree to all proposed because the NHS in East Sussex want the change and press for option 2; better management of resources and staff at each individual site would be a more sensible way to improve outcomes.
(Elderly) population growth	3	.6	The government say they want to increase the population of both Eastbourne and Hastings. If this goes ahead both hospitals would be needed; Conquest, Hastings covers a vast and rapidly increasing number of patients; wide spread area needing more beds and specialist doctors; East Sussex has a growing number of elderly residents.
Total	254	54.7	
MD/NA	210	45.3	Missing data
Total	**464**	**100.0**	

The two primary themes emerged as reasons for these views;

- Access to services and
- Best to have specialised care

Some detailed comments from individuals are presented below to illustrate these views:

'All surgical interventions are equally serious, elective or emergency. Elective surgery may become emergencies if delayed. Both types of surgery need the most up to date skilled staff and equipment. Routine operations are known to go wrong and need the higher level of skills. If you are at the wrong site (in your plans) what will you do- sticky tape it over and send to the correct site!!'

'I feel it would be dangerous not to have emergency services for general surgery on both sites. It could mean patients are lost in transit time, if a patient lives on the outer skirts of one hospital area then has to be transported at least 30 - 40 minutes to the other past what used to be a site that could deal with the issue I think a lot of public confidence will be lost in the trust as a whole.'

'Many hospitals in this area have already closed and there are already many patients who have to travel in excess of 20 miles to their nearest hospital. It is simply not acceptable to further reduce options.'

'The need for local hospitals for local community, if someone's relatives have to make a 1hr 30 or 1hr 50 journey to the hospital to see them, they are not going to get visitors as it is too complicated and expensive for them to travel, it is a known that patients who get regular visit from family and friends recover better but that ain't going to happen with this stupid idea.'

'Outcomes improved, and fewer patients have to travel. Travelling distances for elective treatment is an issue for areas where patient groups are older and /or poorer. These groups may decline services as they are unable to afford travel costs, have no means of transport and do not feel well enough or able enough to travel longer distances. The longer distances may appear trivial but I believe many people 'drop off the radar' for these reasons. One has to be robust at times to utilise treatment.'

Question 5.
Is there anything else you think we should consider?

Theme	Frequency of views	%	Description of theme
Good services already exist	6	1.3	Leave Eastbourne alone there is always room for improvement there; why do you have to mess around with something that has worked well for all these years and now because you decide that it would be better to shake everything up we are being told that it would be the best option both hospitals should provide individual services as they do now
Travel distance, cost and discomfort	45	9.7	People want to be treated near their homes not miles away. The distance for people travelling for planned operations, and the lack of ambulances and the pathetic B- road which links the two hospitals; travelling in pain/shock/ distress. Travelling home afterwards with a sore wound, hard to get into and out of cars, bumpy roads etc
Population growth	5	1.1	There is a large enough population to justify having emergency surgery on both sites; all services should be provided at both hospitals in view of the rising population in all areas to fulfil housing needs as requested by government
Electronic storage of patient data for easy access	2	.4	Computerise patient medical records so that they are accessible to surgical teams at night and weekends: "LIVING WILL" should be listed to avoid medics etc going against the patient's wishes. Advancing age is not a reason to put "DO NOT RESUSCITATE" in their medical files.
24 hours availability of specialists	13	2.8	Specialist should be available on weekends; All medical staff should work 5 days over 7 days enabling a quicker and efficient service. Would the trust afford to employ specialists?
Upgrade both sites	22	4.7	Leave the services in both hospitals for local people; develop both sites; Hastings needs it more than Eastbourne as Eastbourne has a good service already and is by far the busier site
Proximity of Eastbourne to Brighton	2	.4	People who live in Eastbourne can easily travel to Brighton
Listen to the views of all parties concerned	9	1.9	Views of patients who do not have access to the internet; existing and prospective patients!; good question - consider listening to the doctors!
Organisation and management of NHS	14	3.0	The NHS in East Sussex is too sanguine about the importance of money costs; Utilise available resources; no time table is published to show how changes are to be managed; Increase the number of sites for very low, minor surgery - perhaps within GP surgeries
Total	118	25.4	
MD/NA	346	74.6	Missing data
Total	**464**	**100.0**	

Two primary themes emerged as reasons for these views:

- Travel distance, cost and discomfort.
- Upgrade both sites

Some detailed comments from individuals are presented below to illustrate these views:

‘A concern for the community is transport to hospitals out of their immediate area either for themselves or visitors (mainly elderly patients and visitors) would a community bus between hospitals be considered a possibility?’

‘There would need to be more ambulances and paramedics to cope with the time spent on the journey time to Conquest.’

‘The need for local hospitals for local community, if someone’s relatives have to make a 1hr 30 or 1hr 50 journey to the hospital to see them, they are not going to get visitors as it is too complicated and expensive for them to travel, it is a known that patients who get regular visit from family and friends recover better but that ain't going to happen with this stupid idea.’

‘We have a day hospital in Seaford under used and falling into disrepair. Why not set that up as and A & E facility or minor surgical facility. I personally feel that, not only hospitals but the whole country is top- heavy. Stop contracting services out and go back to roots.’

‘The pain and distress of families who will know that their loved ones died in the ambulance. Nobody can put a price on a life. Ask yourselves - is this what you would want for YOUR child, wife, husband, mother, father or any person dear to you? Money is available but it needs to be spent on frontline services and NOT on management and complex administration streamline those aspects and leave the clinical services alone!’

3.2.1 Events Results: General Surgery

On the general surgery theme stall, participants were asked to agree or disagree with option 2 which, the NHS in East Sussex believes would be the option which would deliver the best service.

- A clear majority (89%) were in favour of option 2 to be taken forward.

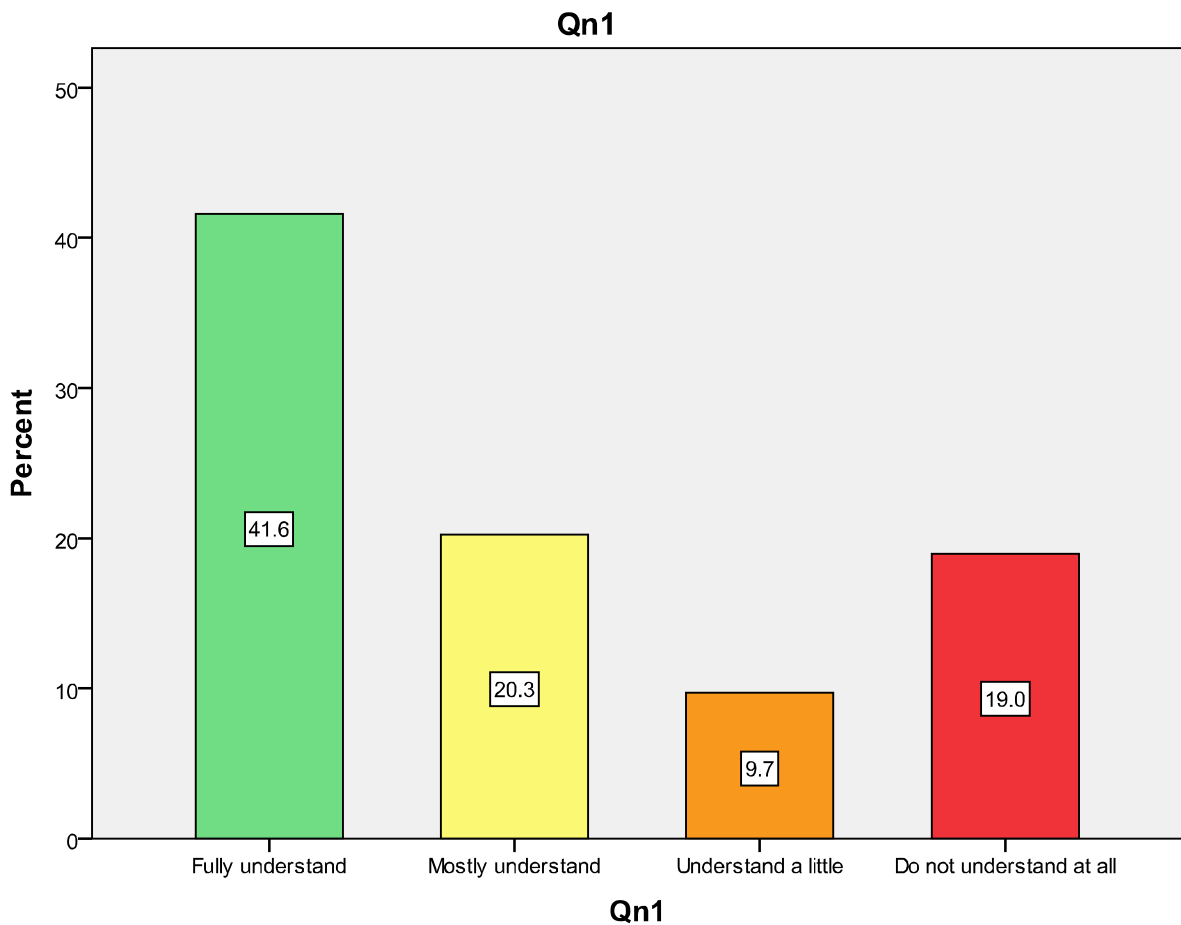
There is a marked difference between survey results and market place events where clinicians were available to answer questions.

- 89% of respondents in the market place events were in support of the preferred option 2
- 42% of respondents in the survey were in support of the preferred option 2

3.3 ORTHOPAEDICS

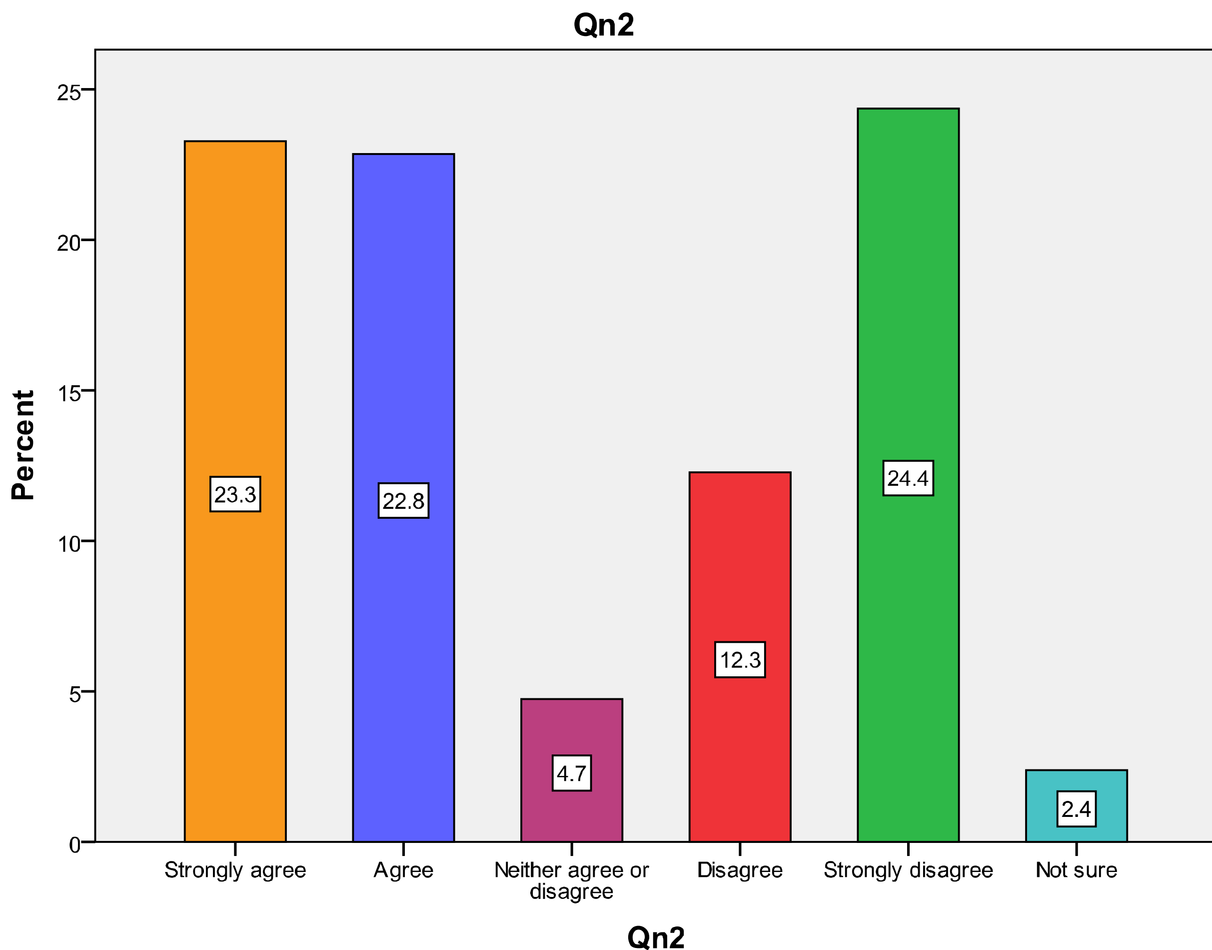
The specific findings in relation to survey responses for General Surgery services are presented below.

Question1.
Based on the information you have just read, do you understand the reasons why we believe the way Orthopaedic Surgery is delivered needs to change



The majority (61.9%) of the respondents understood the reasons why the NHS in East Sussex believes that the way orthopaedic surgery is delivered needs to change

Question 2.
Do you agree that, in order to improve outcomes for patients, for example by helping people recover faster and more fully, we need to change the way Orthopaedic Surgery services are delivered?



23.3% strongly agreed that in order to improve outcomes for patients, the NHS in East Sussex needs to change the way orthopaedic surgery services are delivered and overall more (46.1%) respondents agreed whereas 36.7% disagreed.

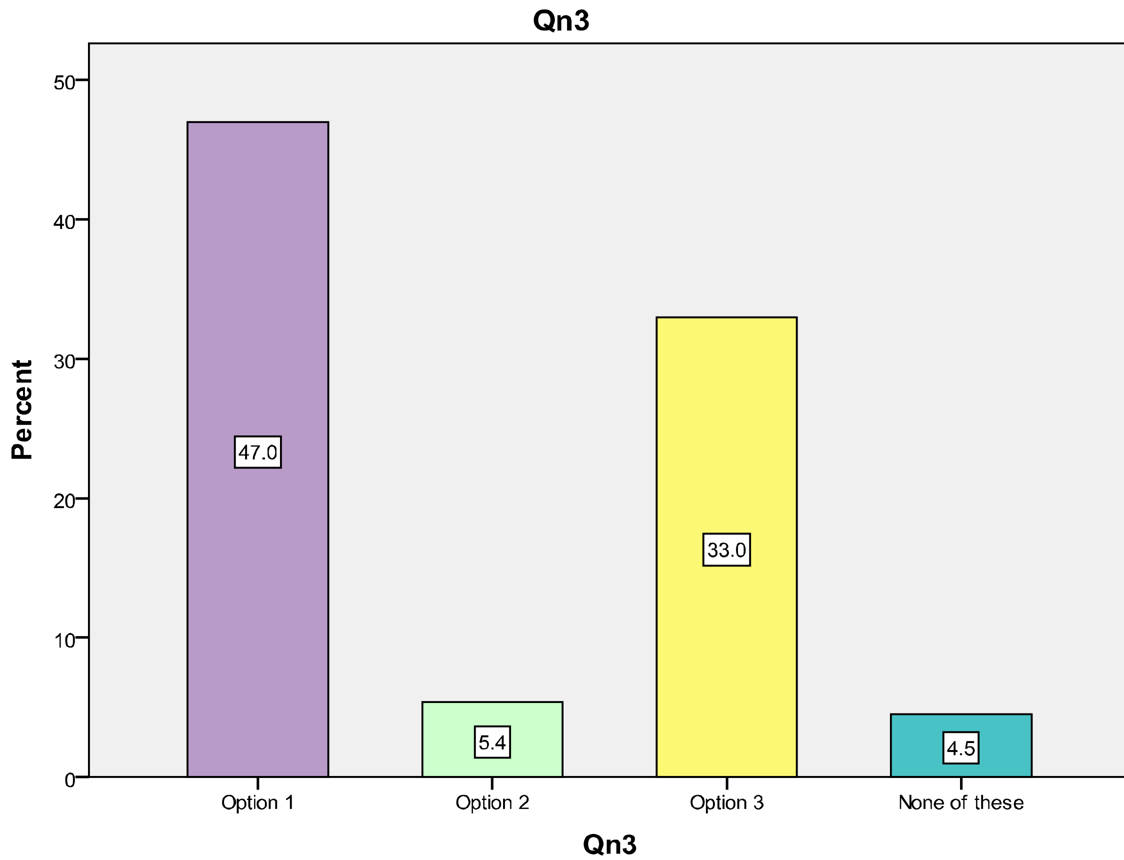
Respondents were then given the following options to choose the option to take forward to improve the delivery of orthopaedic surgery services.

Option 1: No change to the current configuration of service with improvements for patients delivered through changing the way we do things without changing the location.

Option 2: All emergency and all elective (planned) inpatient surgery provided on one hospital site. Day case surgery provided on both hospital sites Option 2 would mean that all orthopaedic surgery, including lower risk planned surgery, would be provided on one site only. Day case surgery would be provided on both sites.

Option 3 (preferred): All emergency and all higher risk elective inpatient surgery provided on one hospital site. Lower risk inpatient surgery and day case surgery provided on both hospital sites. Option 3 would mean that most planned orthopaedic surgery would be provided on both sites, as well as day case surgery

Question3.
Which of the options do you think should be taken forward?



Most (47%) of the respondents chose option 1 (no change) to take forward to improve delivery of orthopaedic surgery services.

However a significant percentage (33%) of respondents opted for the NHS in East Sussex's preferred option 3.

Question 4.
Please state the reason for your view

Theme	Frequency	%	Theme description
Good services already exist	32	6.9	Both sites have a good orthopaedic services which could be improved greatly with a little more financial input and support from the management teams
Travel distance and discomfort	65	14.0	Emergency orthopaedic procedures are common and patients should not have to travel to obtain basic surgical care; patients and their families are often old and frail and unable to travel easily. Would not want to travel far with broken bones, in shock or for an operation
Delays at both hospitals to get worse	7	1.5	Experience at both hospitals involved delays; this will certainly to get worse with only one unit involved; routine surgery can quickly become an emergency; higher risk surgery may need intervention of other specialism that may not be immediately available
Accident and emergency departments need to be on both sites	21	4.5	we need emergency trauma in both hospitals given the rural nature of East Sussex and distances from a hospital; bearing in mind the elderly population in each area; routine can quickly become an emergency; both sites warrant excellent services
Quick and easy access to both high and lower risk surgery	27	5.8	Lower risk surgery should be more accessible as well as higher risk surgery; It will be quicker and easily available
Specialised care for better outcomes for patient	29	6.3	Highly experienced multidisciplinary orthopaedic team together on one site would avoid delays in surgical intervention and post operative care and rehabilitation; the opportunity to have a concentrated, specialised service would be much more effective
Organisation and management of THE NHS IN EAST SUSSEX	4	.9	The NHS in East Sussex want the changes and press for option 3
Total	185	39.9	
MD/NA	279	60.1	Missing data
Total	464	100.0	

Two primary themes emerged as reasons for these views:

- Travel distance and discomfort
- Good services already exist

Some detailed comments from individuals are presented below to illustrate these views:

‘I feel that the orthopaedic trauma care should be on both sites and the elective planned surgery could be single sited. I believe this because the majority of patients are elderly are in hospital for 7 days or more and the importance of carers, partners and visitor to patients wellbeing and involvement in their recovery is essential and the travel to either site as most don’t drive or travel when dark at 4pm in winter is terrible could be over one hour before they get to either site. also its an emergency admission and emotions are heightened and patients are often very sick and in a lot of pain prior to surgery and the delay in strong analgesia and the unnecessary further patient movement on a trolley and ambulance and the delay of pressure sore relieving aids to prevent pressure sores will delay the patient recovery .the elective patients plan for their admission and is short stay which has less of an impact.’

‘......I think the impact on our patients and families will be great, the majority of our orthopaedic patients are elderly and feel it extremely unfair to drag patients a long way from home during a stressful time where perhaps they will get fewer people to visit them which may cause a longer stay in hospital as they may not have the ability to get home easily. This will also add an extra burden onto the transport department as people that might have been able to get to their local hospital from lifts etc will not be able to get to another hospital and so will have to have hospital transport provided.’

‘The unacceptable distance between Eastbourne and Hastings. Alan Johnson former government Secretary of State deemed it too far for consultant led maternity care. Exactly the same reasons apply to orthopaedics. Your colourful car travel charts featured on pages 60 and 61 are meaningless as no information is given as to time of day or day taken.’

‘Option 3 is the most comprehensive of the options, and I believe the quality of care for the patients would be much improved.’

‘As a new comer to this part of the world, my perception of NHS provided in Eastbourne and surrounding areas needs to change and be brought into the 21st century. I have been used to a far more professional clinically safe and cost effective use of resources than I find here. I welcome the changes which in my view badly need to be introduced’.

Question 5.
Is there anything else you think we should consider?

Theme	Frequency	%	Theme description
Follow up care located at the hospital near the patient's home	7	1.5	Aftercare being ready and of a consistent nature in the community & patients homes
Travel distance, cost and time	27	5.8	Elderly patients without cars; long travel distances when in pain or shock; might end up waiting at A & E then having to go to another site
Population growth	10	2.2	Increasing population in the area
Good service already existent	10	2.2	Both sites have a good Orthopaedic service; do not think there is anything wrong with the present service
Poor transport links and traffic congestion	5	1.1	Transport links in the area are poor; how to manage traffic congestion
Upgrade both sites	20	4.3	Make both hospitals outstanding and offering full services to all patients on both sites
Complications needing other services	3	.6	The coordination within social services to ensure there was no "bed blocking" due to having to await their contribution to the patient's discharge procedure
Organisation and management of NHS	7	1.5	Put more resources into the front line staff and cut some of the over paid higher managers for a start; widely advertise small lower risk surgery facilities
Total	89	19.2	
MD/NA	375	80.8	Missing data
Total	**464**	**100**	

A high non response rate was observed in this section, most respondents either leaving it blank or referring to suggestions earlier given under stroke and/ or general surgery sections.

Other issues most frequently mentioned for the NHS in East Sussex to consider in relation to orthopaedic services were:

- Travel distance cost and time
- Upgrade both sites

Some detailed comments from individuals are presented below to illustrate these views;

> *'So called "centres of excellence" are available to everyone in large teaching hospitals and, quite frankly I would elect to travel to such a hospital rather than to Hastings. The trip to London will hardly be any longer. Local hospitals should be LOCAL and will never emulate the services provided by specialist units in major hospitals. By doing what you suggest the hospitals in Hastings will become neither local nor specialist - surely the worst outcome of all.'*

'Specialist care should be spread across East Sussex at BOTH DHG and Hastings so that everyone in the County is close to a site. In Seaford we already have poor healthcare coverage - centralisation in Hastings will cause problems, anguish and heartache to Seaford People.'

'There are far less people in Hastings with access to their own transport and it is an area of deprivation and would mean causing more difficulties physical and financial for patients as well as their families, friends and carers.'

3.3.1 Event Results: Orthopaedics

On the orthopaedic theme stall, participants were asked to agree or disagree with option 3 which, the NHS in East Sussex believes would be the option which would deliver the best service.

- The majority (72.4%) of participants were in favour of option 3 to be taken forward to improve future delivery of orthopaedic surgery

As before there is a marked difference between survey results and market place events where clinicians were available to answer questions.

- 72.4% of respondents from the market place events were in support of the preferred option 3
- 33% of respondents from the survey were in support of the preferred option 3

3.4 RANKING OF SERVICE LOCATION

There was two parts to this section and respondents only needed to complete either part 1 or part 2.

In this section respondents who chose option 1 ('no change') under the orthopaedic questions were asked to complete part 1.

Respondents who chose an option that would concentrate emergency and higher risk orthopaedics on one hospital site (option 2 or 3) were asked to complete part 2.

Respondents who did not support any options requiring services to be delivered from just one hospital site were asked not to complete the ranking in the table.

Many did not seem to have understood the instructions as they completed both parts. Data were scrutinised thoroughly and methodically so that only responses that applied to part 1 or part 2 were considered.

Location of services was ranked in order of preference on a 4 point Likert scale with end-point designations 'preferred option' (1) and 'least preferred' (4). Some respondents chose to only rank their preferred (1) and least preferred (4) locations of services.

3.4.1 Ranking Location of Services in Order of Preference for Option 1 (if 'no change' option chosen on orthopaedic questions)

12.6% of the respondents who completed part 1 ranked their preferences for service locations.

- 71.4% ranked 'Stroke, General Surgery, on Eastbourne District General Hospital (EDGH) site; Orthopaedics on all sites' as first choice in order of preference
- 23.1% ranked 'Stroke, General Surgery on Conquest site; orthopaedic on both sites' as the preferred option
- 5.5% ranked Stroke on Conquest site, General Surgery on EDGH site; orthopaedics on both sites as the preferred option

Responses were strongly correlated with the respondents' areas of residence.

Question 2.
Please state the reasons for your view

Theme	Frequency	%	Theme description
Travel distance, cost and poor roads (Access to services)	35	7.5	Distance between sites is far too long. Some patients cannot afford associated travel costs. Patients need to be treated ASAP
Local services for patient choice	31	6.7	Keep services local and improve both sites so that patients are free to choose
Good services already existent	3	.6	Services do not need fixing; there is nothing wrong with the present care at the hospitals
Specialists' self interest	3	.6	Consultants are only interested in their private practice; important to think of what people want; increased efficiency from the highly paid consultants could achieve cost saving
Population growth	1	.2	
Organisation and management of NHS	7	1.5	Consultation document complicated, one sided, contains half truths and lies and uses scare tactics; document is misleading, does not give a true picture of already existing services; delays are caused by medical patients blocking surgical beds;
Decision of lower or higher risk surgery	1	.2	Presumably the decision on whether orthopaedic surgery is higher or lower risk will be made by paramedics?
Total	81	17.5	
MD/NA	383	82.5	Missing data and not applicable
Total	**464**	**100.0**	

Two major themes emerged:

- Access to services
- The need for local services to enhance patient choice

Some detailed comments from individuals are presented below to illustrate these views:

'Although the 2 hospitals are only 20 miles apart as the crow flies, the reality is that the roads between Eastbourne and Hastings are very slow and congested already; the additional traffic created would make it an even worse and longer journey. There is already insufficient car parking at the Conquest; where would all the additional patients, staff and visitors park? Public transport is even worse; consider this as an example: an elderly lady from Eastbourne, e.g. the Langney area, trying to visit her husband, a stroke victim taken to the Conquest. She would have to take a bus into Eastbourne town centre, then a train followed by another bus, or she would have to take 2 long bus rides. It is unacceptable to expect her to do this

particularly in winter at the weekends or in the evenings when public transport is virtually non-existent. The journey home on a winter's evening after visiting time ends would see her alone in the centre of Eastbourne waiting for a bus home late at night. A lot of people could not afford the additional travel expenses'.

'Most of the surgeons actually don't support this idea. No guarantee care would be better at Hastings. Surgeons would spend hours in transit, arriving harassed and tired after a traffic filled journey and fight for parking spaces.'

'Account must be taken of the major problems results from decisions to locate services a long way from users of these services. Transport issues, a major problem and the A259 road often heavily congested and prone to accidents/ hold ups.'

'In view of the ever increasing number of elderly residents in the whole of the region nationally, one would wish for the nearest hospital for surgery and treatment. All branches should be specialists to one main hospital.'

Question 3.
Is there anything else you think we should consider?

Theme	Frequency	%	Theme description
Travel distance, time and cost	15	3.2	East Sussex is a rural area with poor roads and poor public transport; the distance, the time it will take people to travel to the further hospital from them (far longer than you claim in your leaflet,) and the extra pressure on the already under-funded and under-staffed ambulance fleet; The cost of petrol and parking charges for short (10mins) appointments
Patients' needs	14	3.0	Vulnerable patients especially the elderly and their relatives; patients' and not doctors' needs should be considered first
Good services already existent	9	1.9	Leave Eastbourne alone which is a good hospital and is always open to improvement; Eastbourne has a higher number of consultants and has a clinician specialising in elderly patient care
Need for local physiotherapists	4	.9	More physiotherapists are needed locally
24 hours availability of specialists	5	1.1	Assurance of availability of specialists ; would hopefully have the specialist care needed; Focussing the bulk of the service on one site would reduce the risk of the need to cancel operations due to staffing or bed space
Traffic congestion	4	.9	The A259 is a poor transport link; 15 miles trip between hospitals can take 1½ hours
Population growth	1	.2	The town is growing we are being asked to build more houses; the population doubles in the summer months
Total	52	11.2	
MD/NA	412	88.8	
Total	464	100.0	

Two themes most frequently emerged from responses in part 1 of the service locations section:

- Travel distance time and cost
- Patient's needs

Some detailed comments from individuals are presented below to illustrate these views:

> *'The travel information in the report assumes patients/relatives have access to a car. No mention is made of public transport. From Seaford, it is difficult to get to the DGH by public transport, let alone travel to the Conquest. If services move to the Conquest, I would seek to be referred to Brighton.'*

‘People will die in transit whichever site is chosen.’

‘How you are going to support those affected by your decisions to locate services at a large distance from users- particularly the elderly and disadvantaged. I notice you quoted travel distance in a car, has anyone investigated the time taken by public transport?’

‘Consider the patient first. Whether the problem is an emergency or not it deserves the best or it could go very wrong for someone.’

‘Stop thinking about the management of healthcare provision as if you were considering it as an abstract problem to be resolved and start looking at the issues from the patients' perspective, and consider the implications for the patients staff families and the general community. The NHS is the best healthcare in the world when staff and patients are at the centre of any reform and not just pawns to be moved around by faceless civil servants who will not be affected by the change. I would remind you that these hospitals belong to, are financed and used by the PEOPLE and in a democracy the views of those people should come first.’

‘The proposal seems to be a dish served up to disguise cost cutting and a reduction in services available and to overcome past mismanagement failures due to bureaucracy. What happens to an emergency patient if there is an accident and the police close the road? Hospitals are notorious for losing patients’ notes. I suspect that this will lead to them losing patients.’

3.4.2 Ranking Location of Services in Order of Preference for Options 2 or 3 (if a single site option was chosen on orthopaedics)

- 74.1% of respondents ranked their preferences of service locations
  - 33% ranked ‘Stroke General Surgery & Orthopaedics all on Eastbourne District General Hospital (EDGH) site’ as first in order of preference
  - 33.6% ranked ‘Stroke on EDGH site, General Surgery & Orthopaedics on Conquest site’ as their second in order of preference.
  - 38.2% ranked Stroke, General Surgery & Orthopaedics all on Conquest site as their least preferred option.

Question 2.
Please state the reason for your view

Theme	Frequency	%	Theme description
Visits from family and friends	8	1.7	Keep service local especially for general surgery so that relatives can easily visit. More emphasis is being put on saving money rather than the patients and relatives
Services shared good for community development	11	2.4	Services should be shared for the esteem of communities and morale of both hospitals and staff; To adequately provide good service, then each of EDGH and Conquest needs to provide one specialist service
Current location of best facilities	39	8.4	The decision should be made based upon where the best equipment, facilities and staff are available; Eastbourne is more central; services should be located on a site with better accessibility and better transport links
Good services already existent	4	.9	Impressed with services received at Conquest after failed surgery attempts elsewhere;
Centralisation provides better patient outcomes	8	1.7	There is need for a centre of excellence in stroke care that can only be cost effective if provided on one site.
Proximity of residents to other health services centres	16	3.4	I live in Seaford and if Eastbourne is not the selected site for emergencies would prefer to use Brighton services than risk the delays that would be involved in going to Hastings; Eastbourne is much nearer the trauma centre in Brighton. Patients in Hastings are more deprived;
Geographical distribution of the elderly population	5	1.1	From the consultation document it is clear that services which are proposed for re-organisation disproportionately affect older people; the number of old people in an area necessitate a close hospital should they have a heart attack or a stroke; older people that have strokes and need hip replacements and operations are at an age where surgery can be higher risk that in younger people.
Total	**91**	**19.6**	
MD/NA	373	80.4	Missing data or not applicable
Total	**464**	**100.0**	

Two themes most frequently emerged from responses in part 1 of the service locations section:

- Current location of best facilities
- Proximity of residents to other health services centres

Some detailed comments from individuals are presented below to illustrate these views;

'Conquest already has a specialised stroke unit which could be extended if required. Eastbourne would probably be better suited to surgery and orthopaedics.'

'It is difficult to fault the logic of fewer specialist units (as these specialities become more high-tech) if we want the best service in terms of better staff and resources and better outcomes – the trade off is travelling times for patients and visitors living in the extremities of the area covered, but they may already be looking towards neighbouring hospitals (eg Ashford, Pembury and Brighton) for these specialist services.'

'There is no point duplicating specialist services on both sites and this does not provide the best level of care. Trauma and acute general surgery and emergency stroke care should be located on the Conquest site as it is equidistant from our neighbouring major centres at T Wells, Brighton and Ashford. Eastbourne is too close to Brighton and too far from Ashford to make it a sensible choice.'

Question 3.
Is there anything else you think we should consider?

Theme	Frequency	%	Theme description
Travel distance, time and costs (Access to services)	9	1.9	People will die in transit whichever site is chosen; seriously worried about travel times in rush hours and summer time. Would an ambulance service be maintained to accommodate all eventualities in all areas to get patients to the right new destinations in time?
Equipment for paramedics to manage transfers	4	.9	How transfers will happen effectively given poor roads; improve air ambulance services
Visits from family and friends	2	.4	local treatment is highly desirable for patients and visitors
Information on other options for elective care	1	.2	GPs should give more information on other available options when making decisions about elective care e.g. going to another hospital in London
Keep services local to serve local communities	3	.6	Each hospital should deliver all Stroke, General Surgery and Orthopaedics, local services for local people; Rehab should be continued in patients own home to ensure speedy discharge from hospital which will prevent superbugs forming on surgical scar
Current location of best facilities	5	1.1	The decision should be made based upon where the best equipment, facilities and staff are available; services should be located on a site with better accessibility and better transport links
Organisation and management of THE NHS IN EAST SUSSEX	1	.3	Press for more flexibility in working patterns; these hospitals
Total	**25**	**5.4**	
MD/NA	439	94.6	Missing data and not applicable
Total	**464**	**100.0**	

Two themes most frequently emerged from responses in part 1 of the service locations section:

- Access to services
- Current location of best facilities

Some detailed comments from individuals are presented below to illustrate these views:

'Travel distance in an emergency is a great concern of mine. Hopefully the helicopter service could be improved, if not I would be seriously worried about travel times in rush hours and summer time. Would an ambulance service be maintained to accommodate all eventualities in all areas to get patients to the right new destinations in time?'

'EDGH would be the most accessible and desirable option for most people.'

'Conquest has the capacity to provide the specialist services. Travel would be easier for Eastbourne residents to travel to Hastings.'

3.4.3 Event Results: Service Location

Participants were invited to suggest anything else that they thought the trust needed to consider when deciding where to locate services.

The major themes that emerged from responses to this question at the events were:

- Access to services
- Demography of East Sussex
- The need for local services for local communities
- Better information exchange

3.4.4 Staff Briefings

(See Appendix II for detailed responses)

Trust-wide briefings were held to encourage staff to give their views and ask questions and indicate an interest in the development of the strategy.

There were nine staff briefing sessions held, attended by a total number of 97 staff.

A number of themes were apparent from the question and answer sessions. These include:

- Travel and ambulance services
- Staff redeployment and recruitment
- Service locations
- Mode of service delivery and demand
- Consultation process
- Organisation and management of the NHS in East Sussex

3.5 QUALITATIVE DATA

Key themes were elicited from the following qualitative sources:

Individuals (23)

- Letters
- Email correspondence
- Transcriptions of telephone calls
- Social networking sites

Representative organisations and individuals (12)

- Borough Councils
- Surgeries and patient forums
- Friends of Eastbourne Hospital
- Hands Off The Conquest
- Save the DGH
- Seniors' Forums, LINk and MPs

Professional bodies and health professionals (5)

- Consultants Advisory Committee
- Medical Advisory Committee
- Healthcare professionals

Focus groups (4)

- 2 conducted with carers
- 2 conducted with BME groups

The following sections set out the views obtained from individuals, professionals and organisations.

3.5.1 Views of Individuals

Specific views were elicited from individual patients and members of the public, via correspondence with the NHS in East Sussex and focus groups, around each of the three areas.

Stroke
There was recognition that swift and effective action and treatment was required in cases of stroke, and concern was raised around the time it may take to get a patient to hospital, as Mr S who lives in a rural area outside of Eastbourne stated:

> *'Given that the 'window of opportunity' for a patient suffering from a stroke is within 45-60 minutes, if there is no stroke provision at Eastbourne then this obviously creates a serious issue for those affected, and requires a solution.'*

Others reported experience of poor care of stroke patients and the need for ongoing and patient-centred care. Mr F from Polegate stated:

> *'I would like ongoing support – at my choice, be it every 2 months, 3 months or 6 months…Stroke patients need treating as humanely as possible with compassion and understanding.'*

General Surgery
Many respondents felt that patients were currently discharged too quickly after surgery, with little support provided for rehabilitation at home, which had a resulting negative impact on carers. Mr M from Hastings stated:

> *'I consider some people are being discharged too early…my wife was unable to do much other than rest for about two months...at 78 with numerous health problems I found it extremely worrying trying to cope.'*

Orthopaedic
Poor levels of care were reported, in addition to inadequate discharge, lack of follow up and respite for carers at a difficult time. This is of concern to the public and patients, as the following quotes illustrate:

> *'I was in hospital for my hip replacement for about 5 days and I felt very vulnerable.'*
> (Mrs B, Eastbourne)
>
> *'Both emergency and planned orthopaedic surgery can have a very unsettling impact on the individual, particularly the elderly, and their families and carers…the* [consultation] *document refers to improved community based services but gives no indication as to what these might be: how and where they are to be provided and to be financed.'*
> (Mr S, Seaford)

In terms of support for the alignment of these services, there was general support that one centre of

excellence was the best option in terms of attracting and retaining highly skilled medical staff and providing a 24/7 care service, and that it could lead to better organisation and effectiveness of services and care on one site of excellence. However, there were many issues that it was felt needed to be taken into consideration if the specialist units were going to work. The key themes are set out below.

Transport

The majority of concern from respondents was regarding the issue of transport. Some people commented that, given the choice, they would travel further to receive higher quality care. However, many people, especially the elderly who were likely to be most in need of services, did not have their own transport and were therefore concerned about travelling long distances to specialist units by inefficient public transport, especially in bad weather. Mrs S from Eastbourne stated:

> *'It is a long and difficult journey* [to the Conquest Hospital] *on public transport, especially if disabled, elderly or in pain…Would you expect your elderly parents, unfit, or your daughter heavily pregnant with other small children in tow to have to make this awful journey, especially in the snowy, cold, dark winter? It is a nightmare journey and very expensive'*

Another individual reported:

> *'The A259 is the 9th worst road in the UK. It has one of the worst road scores including a large number of hold-ups such as several 20mph zones, zebra crossings and many traffic lights.'*

Members of a focus group which took place in Hastings commented:

> *'Speed is more essential sometimes than quality of care, particularly regarding emergency care.'*

Others were worried about the cost of travelling longer distances (including petrol, public transport and parking), both for visitors as well as the patients. It was highlighted that visitors are a vital part of the recovery process for patients.

Furthermore, it was also felt that the model used in London which was suggested in the consultation document would not work in Sussex, since the population may be similar but the distances in terms of travel did not compare at all.

Suggestions were made around improving public transport, free or subsidised hospital shuttle buses, more flexibility of visiting hours, facilities for relatives and carers to stay at hospital in an emergency or critical case.

In summary, it was felt that travelling longer distances would result in a detriment to the physical condition of patients (particularly in an emergency situation), which would potentially lead to more deaths. Some people did state that they would be willing to travel further for better care for planned treatment, but not in the case of an emergency.

Quality of care
Concern was expressed by individuals that the quality of care would be negatively affected by the proposed changes. Concerns included whether the same level of care would be delivered if services were 24/7 in terms of quality, training and capacity.

There was concern about patients with multi-morbidity and complex issues (such as suffering a stroke and having had a fall) receiving the optimum care if based in specialist unit.

Other individuals were concerned about contingency planning in terms of care if there was a catastrophic event at one site, for example the loss of theatre, loss of skill set or a reduction in levels of professional competence.

There also were many comments around the changes being a cost saving exercise rather than to increase quality of care, and a sense of doubt over whether quality of care would be maintained and sustained, as Ms R stated:

> *'It is clearly ideal for specialist units to have facilities available 24 hours a day, 7 days a week. However, as funding is not guaranteed for any great length of time, how can the Trust ensure that specialist units will continue to operate at full speed with all beds and all equipment working as originally hoped and on the proposed sites?'*

Demography
The issue of the demography of East Sussex, in that it has a largely elderly population, was raised by many individuals. It was observed that hospital admissions are highest for the elderly and that the ability to drive long distances, higher levels of disability, the financial situations and access to public transport were extremely relevant elements to be taken into account for this group.

It was also raised that there was a need to be aware of local cultural issues, for example providing an interpreting service so that people from ethnic minorities understood the changes and the implications.

Impact on healthcare staff
It was felt that the proposed changes would have an impact on hospital staff, including low levels of morale (which could be both caused by and result in staff shortages), the potential of de-skilling staff

It was also suggested that there would be a detrimental effect on ambulance crews having to increase their fleet, staff, miles travelled and increased responsibility for moving seriously ill people longer distances.

Consultation issues
Many comments were made about the consultation process, including that the document was too long, confusing and complicated for the average person to absorb properly to allow for a satisfactory public consultation. Also it was felt that the document was too high on 'aspiration' with no persuasive examples of what the revised services would look like when implemented. In addition,

there was feedback of disappointment and frustration regarding one workshop which was felt not to have been carried out effectively, giving the attendees little chance to have their views heard or questions answered.

There were also comments around a lack of confidence in the Trust and its management of large units and changes.

3.5.2 Views of Professional Bodies and Health Professionals

Specific views were elicited from professionals around each of the three areas.

Stroke

It was felt that having one site specialising in stroke care would be particularly detrimental to patients, as the following quote illustrates:

> *'Currently having stroke specialist services on both sites allows for an accessible equitable service for patients at both ends of the catchment area.'*
> (Therapist working in acute stroke unit)

As was the case with the feedback from individuals, professionals recognised that swift and effective action and treatment was required in cases of stroke, and concern was raised around the time it may take to get a patient to hospital.

General Surgery

It was suggested that if the proposals went ahead to set up a single site for emergency surgery and emergency orthopaedics, it would start a domino effect which would reduce the other hospital to a Minor Injuries Unit or a Local Emergency Hospital. It would not be able to retain trauma services as this would not meet the national standards of the Trauma Audit Research Network. It was felt illogical that the consultation document proposed a strategy that would downgrade one site, and force hundreds of patients to travel to get care that is delivered well right now.

Orthopaedic

It was suggested that a working and successful Orthopaedics department was vital for a healthy and useful hospital, but without A&E and Trauma at one of the hospital sites it was probable that orthopaedics would become single sited (or near enough, as proposed in option 3). It was felt that this option did not adequately take into account the distance between the two hospitals, particularly the longer distance that ambulances would be required to spend in transit, and the fewer number of cases they could deal with per hour as a result.

In terms of the alignment of services, there was general support that there was a need to move to 24/7 service, particularly for stroke care. However, there were many issues that it was felt needed to be taken into consideration. The key themes are set out below.

Transport

A major cause for concern for many professionals was around transport, particularly the distance and road conditions between sites.

It was felt that the issue of transport would have a detrimental effect on time sensitive cases including strokes and other emergencies. It was suggested that it would be essential to work with Go Ahead and Stagecoach to ensure that trains were connected with the bus times that served the hospitals.

Quality of care
It was raised that quality of care would be negatively affected by the changes. Eastbourne District General Hospital Consultant Advisory Committee felt strongly that both hospitals should stay open as they were - a notion which was supported by over 100 members of the Committee. They advised:

> *'Many members feel that the Strategy could actually make the quality of patient care within the Trust worse…The clinical conditions that would be affected are extremely common, and a large number of patients are admitted to both hospital sites with these problems every day.'*

There were also many comments around the changes being a cost saving exercise rather than to increase quality of care.

Demography
Reference was made to the demographics of East Sussex, specifically in relation to access to healthcare:

> *'Yes they* [patients] *maybe prepared to travel if the quality of care is right, but practicalities and finances must be considered - particularly as we have the highest proportion of people aged over 85.'*
> (Therapist working in acute stroke unit)

It was felt that models that worked in other areas, for example London, were not necessarily relevant in this context:

> *'Services elsewhere in the country do not have the aged population the East Sussex has…One shoe size does not fit all.'*
> (Therapist working in acute stroke unit)

Impact on healthcare staff
It was felt that there would be a negative effect on morale, uncertainty regarding job security and the stress and inconvenience of travelling to a single site.

It was also raised that seven day working for therapists would mean a dilution of services (where staff were taking a day off in lieu during the week) unless more staff resources are available.

Discharge planning
Concerns were raised about the timing of safe discharge, transport home costs, who would be carrying out home visits (and who would cover travel costs). It was suggested that there would be a lack of continuity of care, and seamless transfer of care may be compromised. One therapist working in an acute stroke unit commented:

> *'Early Supported Discharge Services work well due to close links and communication with acute team on a daily basis, currently between both hospitals and teams - this would prove very difficult to manage effectively and safely when patients end up in a hospital out of area.'*

Implications for the local area
It was suggested that Eastbourne would have the worst population access factor (PAF =

population in 1000s x distance to nearest facilities) in the UK, therefore operating beyond or at the very margins of safe access, and that the preferred options would leave medicine and A&E at one of the sites unsupported by General Surgery or Trauma & Orthopaedics, which was a far worse level of care.

Consultation issues

There were many comments from healthcare professionals regarding misleading information and miscommunication contained within the consultation document, including a misleading case study and outdated quotations.

3.5.3 Views of Representative Organisations

Specific views were elicited from organisations around each of the three areas. It was apparent that more responses were received from Eastbourne than other areas.

Stroke
In line with comments from other sources, the necessity of obtaining treatment quickly for stroke victims was raised as a concern:

> '*Anyone with a basic grasp of stroke care knows that prompt action is vital; an ambulance journey of some 45-60 minutes utterly defeats this requirement.'*
> (The Lighthouse Medical Practice Patients Forum)
>
> *'The Shaping our Future document neglects to take into account the urgency of time when treating a stroke, the need for proximity between doctors and patients in the rehabilitation process, and that the Stroke unit has improved considerably over the last 18 months and is not as poor as alleged in the document.'*
> (Stephen Lloyd MP)
>
> *'For stroke, the optimum onset to treatment time is 90 mins (best odds ratio). By 270 mins, the OR is nearly 1 = no benefit. No ' other town' patient would ever be treated within the 'optimum time''*
> (Vince Argent, Clinical Adviser to the Save the DGH campaign)

Some organisations suggested that it would be more pertinent to improved community rehabilitation services closer to the homes of patients. Others suggested that telemedicine could be used to improve stroke services without the need to single-site them.

General Surgery
It was felt that general surgery was an area that needed to improve due to the large numbers of elderly people in the county. However, it was felt that travel risks would be high for this population if there was only one centre (Hastings & St Leonards Seniors' Forum).

It was also suggested that referral patterns would almost certainly change - patients to the west of Eastbourne, including the western edge of the town, will look towards Brighton as travel would be much easier, whilst patients to the east and north of Hastings would similarly look towards the hospital in Pembury (Friends of the Eastbourne Hospitals).

Orthopaedic
It was felt that orthopaedic patients were generally going to be the elderly, and therefore concern that they would need to be transferred 20+ miles by ambulance to receive treatment that was currently available or could be made available to them in their home.

It was suggested that there should be full staff in both hospitals for both planned and emergency

operations (East Sussex Seniors Association).

In terms of support for the alignment of these services, there was general agreement that change was required to provide safe sustainable services within the Trust. It was felt that specialisation was an appropriate way to provide many of the services, such as stroke care, and specialising on one site would enable more planned cases on the other site which improves service, for example fewer cancellations. Furthermore, it was suggested that rapid assessment and diagnosis by highly skilled practitioners within a specialist team would ensure that patients had the best chance of a good clinical outcome. However, it was felt that there were many issues and concerned that needed to be taken into consideration. The key themes are set out below.

Transport

The difficulties of travel (particularly between Eastbourne and the Conquest Hospital and 'appalling' congestion along the A259 between Bexhill and Hastings) was felt to pose a challenge to travel in an emergency, for patients attending appointments and follow-ups and for friends and families whose support and encouragements is an essential part of patients' recovery to health and their return to the community (Eastbourne Borough Council; Friends of Eastbourne Hospital).

The following quote illustrates the extent to which travel issues are felt to be an important factor for consideration:

> *'Those who have not used the roads connecting Eastbourne and Hastings can have no conception of the delays that can impede any journey between sites. Those who are aware of the problems, and choose to ignore them, are playing Russian roulette with peoples' lives.'* (The Lighthouse Medical Practice Patients Forum)

Quality of care

It was felt that increased quality of services and treatment after surgery or hospital stays, including physiotherapy, community support services and being able to have follow up appointments at both hospitals would help reduce the impact of moving to specialist centres.

There also were many comments around the changes being a cost saving exercise rather than to increase quality of care.

Demography

It was advised that two Hastings wards had the lowest life expectancy in East Sussex, three wards have the highest ratios for mortality (of which ones has the highest ratio for stroke), and the area generally has a high level of deprivation.

It was felt that the high proportion of elderly people in the area would carry the brunt of travel disadvantage, as well as their relatives and friends. Stephen Lloyd MP reported that:

> *"According to the recent census, Eastbourne has grown by over 10% over the last 10 years. 29% of those inhabitants are over the age of 60 and there is a tradition of Eastbourne being popular with the older generations."*

Impact on healthcare staff

There was concern about the effect of the changes on the ambulance service as well as a dramatic change in the on-call workload of the anaesthetic department. It was expected that there would be a negative impact on the morale and motivation of staff.

It was also suggested that specialists would need to maintain their skills and interests, presumably by rotating to the other hospital. It was felt that these would not be attractive posts and therefore, in the longer term, may be difficult to fill (Friends of the Eastbourne Hospitals).

Implications for the local area

Two individuals, an MP and a representative of a lobby group, were concerned about the implications for the local area and the impact the proposals would have on Eastbourne. One stated that:

> *'All towns of this size (apart from conurbations) had a full range of secondary essential services.'*

The other felt that:

> *'The ESHT proposals would make Eastbourne the most disadvantaged town in the UK.'*

It was felt that a loss of core hospital services could deter employers choosing to remain in or relocate to Eastbourne and undermine the efforts of all those working hard to secure the town's future economic success and to develop employment opportunities (Eastbourne Borough Council).

It was also suggested that there would be a loss of employment of skilled health professionals and associated support staff, and concern that other cuts would follow.

Consultation issues

There were several comments made that the consultation document was confusing, misleading and inaccurate. Some responses demonstrated a lack of trust in the PCT and the NHS in East Sussex.

It was suggested that there needed to be commitment to measureable and verifiable improvement targets for the promised improvements and a commitment to publishing these going forward so that patients could see the improvements that have been achieved (Oldwood & Battle Surgeries).

3.6 OTHER DATA

Newspaper coupons

Data were collected from Coupons printed in the local paper. Respondents were asked the following question: What do you think?", "Would you be prepared to travel further for the highest quality care? A postcode map was used to locate towns from which responses were received. Data were then exported and analysed in SPSS.

- Out of the total 99 coupon responses received, Eastbourne had the highest (33.3%) number of responses followed by Bexhill- on- Sea (15.2%) and St. Leonards- on- Sea (15.2%)
- The majority (64.6%) of the respondents were not prepared to travel further for high quality care however
- 35.4% of the respondents were prepared to travel further to receive high quality care.

Media

Communications with and concerning the local media were collated, which included a complaint lodged by East Sussex Hospitals Trust with the Press Complaints Commission against the Hastings Observer newspaper, who it was felt had published misleading information.

In addition, there was a complaint printed in the Eastbourne Herald about East Sussex County Council's free parking offered for the Save the DGH march, illustrating their support of the march and campaign.

Deliberative event summary

The summary report of a deliberative event with members of the public held on 24 August 2012 was sourced. The purpose of the event was to understand if and how people's views on the proposals changed as they were given more information. The report demonstrates that, having been given information and a chance to ask questions about the proposals, people generally felt more supportive of the proposals.

4. Conclusion

The public consultation undertaken by the NHS in East Sussex between June and September 2012 set out to ensure that views of local stakeholders including local people were taken into account as part of developing a coherent and sustainable future shape of services provision for the local population. The data from the consultation was collected from stakeholders and local people who presented their own perspectives on the various proposals. It should be read in its context as being based on the opinions of people in the local population and not on fact. It is commonly understood that when presented with the prospect of change people will resist; personal interests and different opinions about the need for change will surface (Kotter & Schlesinger 1979).

The focus of the consultation was for services for:

- stroke
- general surgery, and
- orthopaedic services

The response to the survey (464) was relatively high, however even with these numbers it was not possible to provide an accurate overall response rate and therefore it is not possible to make any claims about the generalisability of the findings to the local population. The results reflected the views of those who responded and it is possible that this may be a biased sample.

In addition to the quantitative data generated from the questionnaires, qualitative data were received from various sources including; letters emails and telephone feedback from Individuals and organisations, focus group discussions including with people from black and minority ethnic groups and carers. Additionally, briefings with staff groups were held across the county in order to elicit their views about the proposed changes.

As the consultation progressed it became apparent that the consultation process attracted a considerable amount of interest from the local press and from some lobby groups with a specific agenda in relation to the proposed realignment of services. It was noted that some of the survey responses were received in the same envelope and a standard response to the survey was posted on the website of a particular specialist interest group. It is impossible to state whether any of these issues influenced the findings of the analysis; nevertheless it is necessary to note this information.

It was particularly noteworthy that responses to the consultation that where members of the public were able to ask questions of clinicians about their concerns at the market place events elicited a more positive response to the consultation. This is echoed in findings from the deliberative event.

From the qualitative data and the free text comments in the survey an overriding concern was expressed about the difficulty of travelling to services to receive care. It was felt that this was particularly pertinent in relation to stroke services where respondents felt that it was essential for patients to receive prompt attention in to ensure the best outcomes. Among other issues identified were; quality of care, demography of the area, and the impact on health care staff.

Issues were also raised about the process of the consultation, the length and design of the survey and the accuracy of the information it contained.

From the analysis of the data the specific conclusions in relation to stroke services were equivocal and as follows;

> A minority of respondents from the survey (41.8%) supported having a specialist stroke unit on a single hospital site, however from the market place events 56.7 % of respondents supported having a specialist stroke unit on a single hospital site.

Similarly from the analysis of the data the specific conclusions in relation to general surgery were also equivocal and were as follows;

> A minority of the respondents from the survey (42%) were in support of the preferred option, it is noteworthy that this was the highest response to this option. In contrast, there was a more positive response from the market place events where a large majority of respondents (89%) were in support of the preferred option.

As before from the analysis of the data the specific conclusions in relation to orthopaedics were also equivocal and were as follows;

> A minority of the respondents (33%) from the survey were in support of the preferred option, it is worth noting, however, that this was the second highest response after the no change option. In contrast and as before there was a more positive response from the market place events where a large majority of respondents (72.4%) were in support of the preferred option.

References

Kotter, J. & Schlesinger, L.A. (1979) *Choosing Strategies for Change* Harvard Business Publishing

NHS East Sussex (2012) *Shaping Our Future* NHS East Sussex
http://www.esht.nhs.uk/shapingourfuture/

APPENDIX I

Characteristic	*Categories*										
Council area **N (%)**	Eastbourne 91 (19.6)	Hastings 63 (13.6)	Lewes 63 (13.6)	Rother 48 (10.3)	Wealden 91 (19.6)	None of these 14 (3)	MD/NA 94 (20.3)	*See figure 1*			
Gender **N (%)**	Female 207 (44.6)	Male 153 (33)	Pns 38 (1.7)	MD/NA 96 (20.7)	*See figure 2*						
Transgender **N (%)**	No 311 (67)	Pns 20 (4.3)	MD/NA 133 (28.7)								
Age group **N (%)**	Under 18 1 (0.2)	18-24 23(0.6)	25-34 14 (3)	35-44 31 (6.7)	45-54 40 (8.6)	55-59 39 (8.4)	60-64 40 (8.6)	65-74 102 (22)	75 $^{+}$ 81 (17.5)	MD/NA 100 (21.6)	Pns 13 (2.8)
Ethnicity **N (%)**	White British 330 (71.1)	White other 6 (1.3)	Mixed 5 (1)	Other 3 (0.7)	Pns 20 (4.3)	MD/NA 100 (21.6)					
Disabled **N (%)**	Yes 83 (17.9)	No 273 (58.8)	Pns 17 (3.7)	MD/NA 91 (19.6)	*See figure 4*						
Disability **N (%)**	Physical impairment 37 (8)	Sensory Impairment 7 (1.7)	Long standing illness 14 (3)	Mental health condition 2 (0.2)	More than one disability 20 (4.3)	MD/NA 384 (82.8)					
Religion **N (%)**	**Yes** **190 (40.9)**	**No** **155 (33.4)**	Pns 28 (6)	MD/NA 91 (19.6)							
Type of religion **N (%)**	Christian 178 (38.4)	Buddhist 2 (0.4)	Muslim 4 (0.9)	Quaker 2 (0.4)	Jewish 1(0.2)	Viking pagan 1 (0.2)	Spiritualist 1 (0.2)	Jedi 1(0.2)	Mormon 1 (0.2)	MD/NA 273 (58.8)	
Sexual orientation **N (%)**	Heterosexual 318 (68.5)	Bi sexual 2 (0.4)	Gay man 8 (1.7)	Gay woman 1 (0.2)	Pns 26 (5.6)	MD/NA 109 (23.5)					

*Note Pns = prefer not to say MD/NA= missing data and not applicable

Age group	Council area							Total
	MD/NA (Council area)	Eastbourne	Hastings	Lewes	None of these	Rother	Wealden	
Under 18					1			**1**
18-24		1	1		1			**3**
25-34		6	4			3	1	**14**
35-44		6	10	4	6	1	4	**31**
45-54		6	11	2	2	9	10	**40**
55-59	1	12	5	8	1	8	4	**39**
60-64		15	12	6		3	4	**40**
65-74		20	9	20	2	10	41	**102**
75^+		21	8	21	1	13	17	**81**
Prefer not to say	1	3	2	1			6	**13**
MD/NA (Age group)	92	1	1	1			4	**100**
Total	**94**	**91**	**63**	**63**	**14**	**48**	**91**	**464**

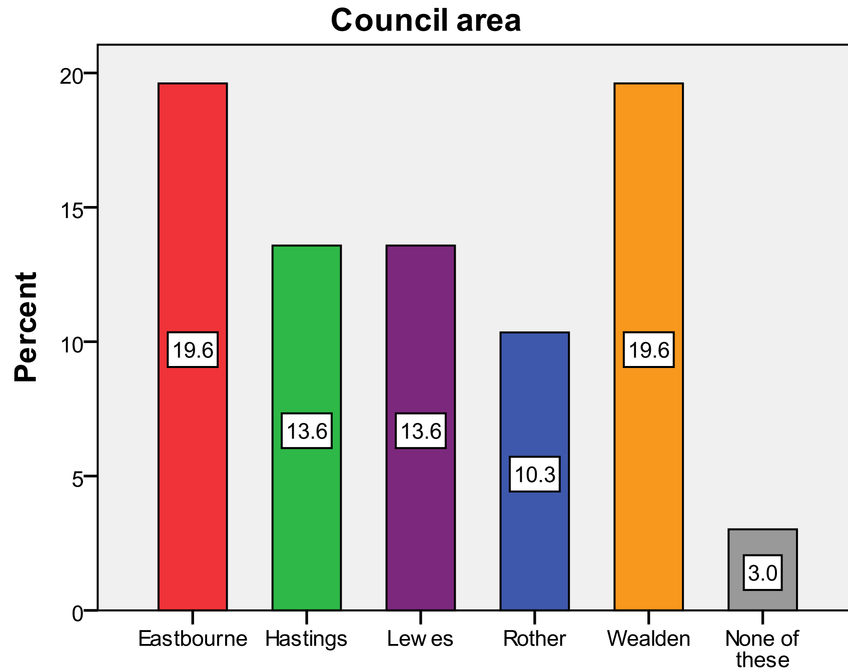
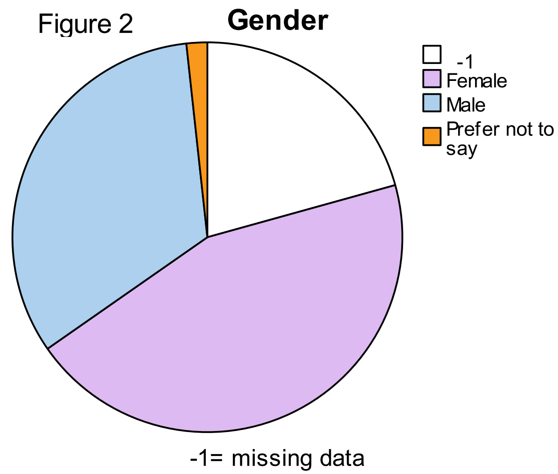


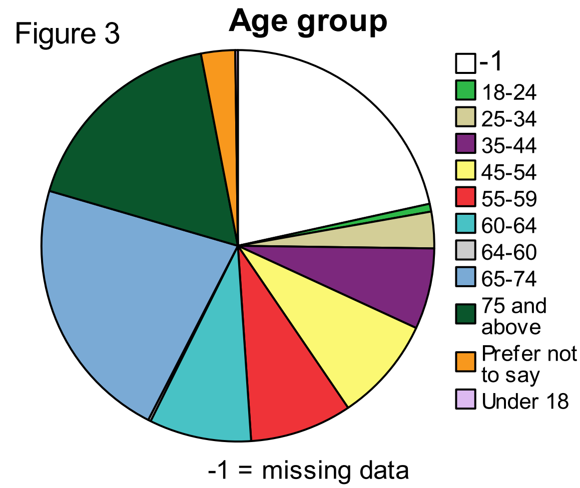
Figure 3

Figure 2



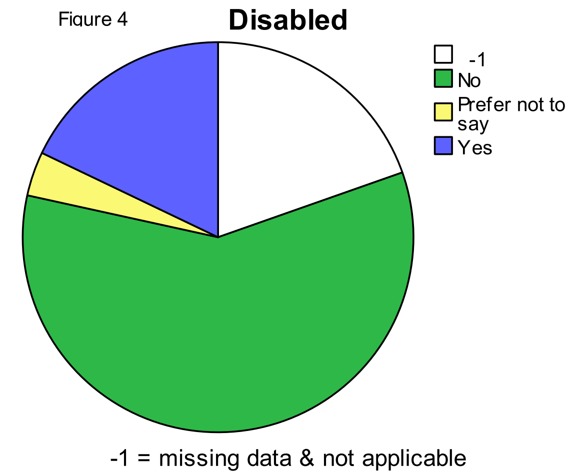
-1= missing data

Figure 3



-1 = missing data

Figure 4



-1 = missing data & not applicable

APPENDIX II

Trust-wide briefings were held to encourage staff to give their views and ask questions and indicate an interest in the development of the strategy.

There were nine staff briefing sessions held, attended by a total number of 97 staff as follows:

- 4 at Bexhill Hospital
- 19 attendees at Conquest Hospital
- 4 attendees at Conquest Hospital
- 6 attendees at Crowborough Hospital
- 45 attendees at Eastbourne District General Hospital *(session held 6 September 2012)*
- 2 attendees at Eastbourne District General Hospital *(session held 26 September 2012)*
- 3 attendees at Lewes Victoria Hospital
- 8 at Rye Memorial Hospital
- 6 at Uckfield

A number of themes were apparent from the question and answer sessions. Actual questions and answers were presented under these themes so as to retain the original meanings. These include:

- Travel and ambulance services
- Staff redeployment and recruitment
- Service locations
- Mode of service delivery and demand
- Consultation process
- Organisation and management of ESHT

Travel and ambulance services

Q. Have you got support of the ambulance service? What happens if a patient arrives at the wrong site?

A. Yes the ambulance service are aware of our plans and have confirmed that they will be able to take a patient to the service they need within 45 minutes, where ever they live and whatever location is chosen for services. This service may not be within ESHT depending on patient location. Ambulances diagnose on arrival, so they will take patients direct to the appropriate site. If a patient arrives at the wrong site they will receive a medical opinion in A&E and will then be taken to the other site by blue light ambulance if necessary.

Q. Will there be more money for the ambulance service?

A. Commissioners will commission the service in regard to demand. The proposed service location changes are unlikely to make a significant difference in demand for ambulance services.

C. Many people are concerned about the time and it will take to travel to the hospital with acute services since there are such poor roads and poor public transport between the two hospitals.

A. We are aware of these concerns. For patients picked up by ambulance, SECAmb are confident that they can get them to hospital within the necessary time frames. We are aware that travel for some relatives will be longer and more difficult

Staff redeployment and recruitment

Q – It is currently difficult to recruit to TADs posts and need to increase to 7 day working – will this be better after the strategy

A. a conversation was had about better recruitment and retention in high quality service – and once the uncertainty is over

Q. If stroke services are located at one hospital, will staff be redeployed? What will happen if staff don't want to move?

A. As always there will be a full staff consultation. New staff will be recruited if necessary

Q. Will there be forced redundancies?

A. HR will determine this

Q. How long will the HR consultation process be?

A. HR will determine this – likely to be 12 weeks

Q. Will you need to matrons?

A. Not sure

Q. Will there be relocation of staff?

A. There will be the usual staff consultation on staffing changes.

Q. Won't staff waste time travelling?

A. There will be no split days if possible.

Q. Will the consultants accept a loss of private practice income?

A. They are bound by a contract of employment with the Trust – they have to comply with working arrangements.

C. Will the Surgical Care Practitioner role will be got rid of – this role does not exist at EDGH?

A. There are many anomalies between CQ and EDGH, the trend is to enable staff to function at the top of their skill set.

Services location

Q. What will be the deciding factor on which is hospital A and B? Is it the location of Brighton Trauma unit?

A. A separate panel of stakeholders outside of ESHT will make the decision based on the scoring of a number of criteria. No decision has yet been made. At the moment we are in public consultation and are exploring all options. The decision is not just about money, but about how we can provide the best care for our patients.

Q. Will acute stroke, general surgery and orthopaedic services all be located on one site?

A. Acute orthopaedic and acute general surgery need to be co-located, but not necessarily acute stroke services. No decision has been made as to the preferred site for these services

Q. Will all three consultation services be located on one site?

A. This is possible, but has not yet been decided. We are first consulting on the model of care and then will look at which site location is best for each service. The decision will be made based on a number of criteria including the needs of the local population, infrastructure costs, travel and access, and sustainability.

Q. Will acute stroke, general surgery and orthopaedic services all be located on one site?

A. Acute orthopaedic and acute general surgery need to be co-located, but not necessarily acute stroke services. No decision has been made as to the preferred site for these services, we are consulting on the model of care, once this is agreed the location will be discussed.

Q. Is there a preferred site option?

A. Not yet, this will be decided by NHS Sussex.

Q. Will the changes in services be done piecemeal or in one go?

A. Orthopaedic and general services reconfiguration changes will have to be implemented at the same time, because of the need for co-location. Stroke reconfiguration will also have to happen in one go change.

Q. Could all stroke services be provided out of Bexhill?

A. Not sure if Bexhill has been discounted as an option – the principle is to maximise our use of resources in a single site

Q. Where will outpatient services be located?

A. There will be no change to outpatients, services will continue on both sites.

Demand and mode of service delivery

Q. Why haven't therapies been involved in General Surgery PAP work?

A. Therapy leads have been invited to be involved in all PAP work. Contact Jayne Cannon if you would like to be involved.

Q. How will you delivery orthogeriatrics? How many staff and grades?

A. The plan is being developed by orthopaedic clinicians.

Q. What is high risk general surgery?
A. This is being determined by clinicians.

Q. Will there be sufficient capacity in theatres?
A. The scale of the change is one all day list. This is dependent on demand management (audacious goals) being achieved

Q. Regarding the proposed reconfiguration of orthopaedic services, the selling point should be the improvement in planned surgery - shorter waiting times and fewer cancellations. Is this being emphasised to the public as much as it could be?

A. This is a good point.

Q. How is MSK going to affect us?

A. This is part of demand management – it is the filter between primary care and secondary care – to ensure only appropriate cases are seen in secondary care

Q. What would happen if a stroke patient arrived at the wrong A&E?

A. Patients that are picked up by ambulance would be triaged and taken to the nearest hospital with an acute stroke unit. This might be Brighton, Penbury or Ashford depending on which hospital was nearest. The ambulance service is confident they can achieve the timings required.

If a suspected stroke patient arrived at a hospital without an acute stroke unit they would be transferred by ambulance.

Q. Will stroke patients go straight to the stroke unit and bypass A&E?

A. Yes, and they will be scanned and have a medical decision about treatment much quicker.

Q. How will you deal with stroke patients that turn up at the 'wrong' hospital?

A. The ambulance service will convey the vast majority of stroke patients, and they will know which hospital will be receiving stroke patients

Q. What about post-op strokes or mini strokes patients that are driven in by car?

A. These patients will have a diagnosis 24/7 to determine if they have had a stroke – and if they are eligible for thrombolysis (about 15%). Telemedicine can be used out of hours and patients will be reviewed remotely and the consultant can decide if eligible for thrombolysis. If the patient has had a stroke they can then be transferred.

Q. What are the implications for intensive care?

A. About 20% of ITU patients are surgical and ITU will be able to cope with this volume

Q. Can we use Bexhill more than we do currently?

A. As an integrated Trust we are keen to increase the use of community beds and prevent unnecessary admissions to acute care

Q. Will resources be made available to the community to cope with the extra demand?

A. Yes, this is the advantage of being one organisation.

Q. Will Minor Injury Units continue?

A. Yes

Q. Will services be provided 7 days a week?

A. Absolutely, the models of care all aim for 7 day working for all support services including adult social care.

Q. Will consultants be required to work 7 days a week?

A. Yes – discussions are currently in progress. The strategy emphasises the importance of patients seeing a senior decision maker on day of admission.

C. Would be pleased to have more staff working at weekends to support discharges of patients.

A. The emphasis of the strategy is to plan discharge early and provide discharge support 7 days a week so that patients can go home when medically fit.

C. There is a need for the acute sector to understand what services were available at weekends.

A. The new Neighbourhood Support Teams will help with this provision of discharge support.

Q. Will there be elective orthopaedic operations on 6 days a week?

A. Yes

Q. Will the Virgin MSK triage service refer less patients to acute services?

A. We are expecting this.

Q. Will we be able to bring back more elective work into the trust and send less to the Horder Centre and other providers?

A. Yes – we hope to

C. Newhaven Rehab Centre not currently using community beds.

A. Lewes strategy is keen to see this used.

Q. Could there be more operating capacity at Uckfield?

A. That is not in the current plans.

Q. If a patient presents with multiple conditions where will they go.

A. They will be treated for their primary/acute presenting condition.

Q. Many people are concerned about the loss of services from their local hospital, what should we say to them?.

A. We are aware of these concerns but believe that there is a beneficial trade off between providing better services and more travelling.

Q. What will happen to people living in the Seaford/Lewes area if the acute services are located at Conquest Hospital? Will more people choose to go to Brighton and put further pressure on their services?

A. It is possible that if this was the case, some people might choose to use Brighton.

Q. Where will follow up appointments take place?

A. In the most convenient local hospital following discharge.

Consultation process

Q. What impact has the local press had?

A. We've tried to work with the press. There are a lot of myths we've tried to correct.

Q. Are you aware there is a vascular review taking place? Will you take notice of the recommendations?

A. We are aware of the review

Q. With the therapies review taking place this week, will the outcome be too late to feed into the consultation?

A. We are aware of the review and will take into account its impact on commissioning intentions.

Q. Is the consultant body on side?

A. ***Stroke*** – there is broad agreement amongst consultants that single siting is the right thing to do

General Surgery – Broad agreement as current model is unsustainable – some detailed concerns to be worked through – but not show stoppers

Orthopaedics – More controversial – split between the two sites. At Conquest consultants are supportive. At EDGH consultants would prefer investment on both sites – but the reality is that this is not affordable or sustainable.

Q. Why is there only one option for stroke services; surely is this choice?

A. There were originally more options than this, but they have been discarded as not sustainable. We are open to other options being suggested during the consultation period, but we see Option 2 as the only possible way we can deliver the model of care.

Q. What is the public saying about the consultation?

A. Most people seem to understand that the case for change stacks up and that there will be benefits of improved care. Main concern is that people are not happy to travel further, especially concerned about problems of visiting relatives.

Q. Are we getting the right number of public to events?

A. Yes we are getting the numbers we expected. We have an advisory group to ensure that public events attract the right people, including hard to reach groups. We have had four events so far. Market place model is proving successful, it enables a more informal event where it is possible for all people attending to ask questions and speak to managers and clinicians about their concerns.

Q. How much have therapy leads been involved in the development of the strategy?

A. All development of the strategy has been multidisciplinary, as well as therapy ASC, carers, patients etc have been involved from the beginning in the development of the strategy.

Q. Why bother with the consultation process when ESHT can decide which hospital is most appropriate for location of services?

A. We are legally required to consult public and we will take their views into account

C. Everyone knows Option 3 will be chosen for orthopaedics.

A. No decision has been made yet, there are many things to consider and we are waiting for the outcome of the public consultation.

Q. How were vulnerable groups involved in the consultation?

A. We have organised market place events which give all people attending the chance to ask questions. We have involved LINks, ESSA, Care for the Carers in developing the models of care and have spoken to a number of different organisations that represent vulnerable groups**.**

Q. When will we know the result?

A. The Trust will make its recommendation at the beginning of November. Our board may not recommend at site, they may leave the decision to the commissioners NHS Sussex.

Organisation and management of the ESHT

Q. Is this ultimately just all about saving money?

A. No – it is about providing the best care we can within our financial means.

Q. Will there be funding for more staff?

A. The Trust is currently running on a deficit. We can secure money for new build, because capital costs are separate from revenue costs and we may be able to get a 'loan' to cover build costs.

C. I've been in the Trust a long time – nothing changes.

A. Previously there has been a lot of fire fighting and no strategy. We are now starting from first principles – care for patients.

Q. MPs will always oppose changes to hospital services on their patch. Who will push change through? I don't believe managers will address the difficult issues.

A. This is our one opportunity to address these fundamental issues. Managers will be asked to deliver and will be given senior support if needed

C. Theatre mangers do not do the job that is needed. There is a poor management culture in this organisation.

A. We welcome ideas for improvements.

C. For example, I researched knee braces and found a product that was better than the one we currently use and with a 50% saving, but its purchase was blocked by my manager, because

If ordered from another company the cost would come out of his budget.

A. Agreed to take forward this issue.

Q. If there is the same management structure, how can we expect different behaviour?

A. There are a lot of good people in the organisation working in difficult operating circumstances. This is a change management process over 5 years. We also have the Listening into Action Programme to enable staff to raise and resolve issues.

C. We are unable to attend Listening into Action meetings because of our rotas.

A. I will arrange for the Listening into Action representatives to come and talk to your team at a time of your convenience. They are there to help you solve your problems by creating a programme and removing blocks. They report directly to the executive team.

Q. Will hospital A be favoured over hospital B?

A. We will try and make the Trust as efficient as possible through reconfiguration, redesign and efficiencies. We are not envisaging a large number of redundancies. The aim is to consolidate and fully use resources and eliminate duplication.

C. Areas where money could be saved:

- **Trauma lists are inefficient**
- **Crutches are only used once because no one will take on responsibility for checking safety.**

C. Joint Community Rehab Team – physiotherapists given 7 weeks' notice that they have to work 7 days a week. The JCR feel over stretched already and about to be stretched even further.

Q. How much did the consultation document cost to print on glossy paper? Especially in the light of staff having photocopies counted.

C. Heart Failure Nurses – typing takes them time, why can't admin do this for them? Community Admin review will make this even worse.

C. Purchasing – is inefficient, not able to use the cheapest items.