Agenda Item 5

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date:	**19 June 2014**
By:	**Assistant Chief Executive**
Title of report:	***Better Beginnings* consultation**
Purpose of report:	**To present HOSC's findings on the Better Beginnings consultation process.**

RECOMMENDATION

HOSC is recommended to consider whether it is satisfied with the content of the NHS consultation process in respect of Better Beginnings (the future of maternity and paediatric services in East Sussex) and whether sufficient time has been allowed.

1. Background

1.1 Since April 2013, the three East Sussex Clinical Commissioning Groups (CCGs) have been responsible for commissioning maternity and paediatric services to meet the needs of East Sussex residents. In July 2013, the CCGs launched a period of engagement about the future of maternity and paediatric services and the standards of care they should commission against. The CCGs' review and engagement programme is known as 'Better Beginnings'.

1.2 At its meeting on 20 January 2014, HOSC decided that the service change proposals set out by the CCGs were a 'substantial variation' to health service provision that required statutory consultation with HOSC under health scrutiny legislation. HOSC has undertaken a detailed review of the proposals over the period February to June 2014 (see agenda item 6).

1.3 The appendix to this report provides an analysis together with an overview by the CCGs. Representatives from the CCGs will present the findings to HOSC and answer questions.

1.4 If the CCGs disagree with any of HOSC's recommendations about the consultation process, then the CCGs and HOSC must take such steps as are reasonably practicable to try to reach agreement. If, after following this process, HOSC remains dissatisfied with the consultation in relation to content or time allowed it can refer to the Secretary of State who may make a decision in relation to the matter.

2. Recommendation

2.1 HOSC is recommended to consider whether it is satisfied with the content of the NHS consultation process in respect of Better Beginnings (the future of maternity and paediatric services in East Sussex) and whether sufficient time has been allowed.

PHILIP BAKER
Assistant Chief Executive, Governance Services

Contact Officer: Paul Dean Tel No: 01273 481751

Eastbourne, Hailsham and Seaford CCG
Hastings and Rother CCG
High Weald Lewes Havens CCG

Report:	**Reports on the Independent Analyses of the public consultation in East Sussex on the proposed reconfiguration of Maternity, Inpatient Paediatric and Emergency Gynaecology**
To:	East Sussex Health Overview and Scrutiny Committee
From:	Jessica Britton, Associate Director of Strategy and Governance for Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG, and also on behalf of High Weald Lewes Havens CCG
Date:	19 June 2014
Recommendations:	The HOSC are asked to note the independent analysis of the responses to the consultation and the independent analysis on the process of the consultation, and consider any recommendations they might wish to make.

1. Background

1.1 Following the publication of the Sussex-wide Clinical Case for Change, the CCGs in East Sussex have led Better Beginnings, a review of maternity and paediatric services in the county. This included an extensive programme of clinical and public engagement that commenced in July 2013 and led to the development of six service delivery options which, on 10 December 2013, each of the CCGs in East Sussex unanimously agreed would go forward for public consultation. The CCGs believe that these are the only options that could deliver safe, high quality and sustainable services.

1.2 The East Sussex Health Overview and Scrutiny Committee reviewed the six options proposed by the CCGs and declared that the options constituted a substantial variation to services and should therefore be subject to formal consultation.

1.3 The CCGs launched the Better Beginnings public consultation which ran for 12 weeks from 14 January to 08 April 2014.

2. Public Engagement

Pre-consultation engagement (Phase 1)

2.1 During the initial discussion phase (15 July 2013 – 15 September 2013) of the Better Beginnings review, the CCGs in East Sussex led a programme of engagement with local people. This activity was particularly focused on collecting views from recent or current service users. A report[1] outlining the learning from this phase of engagement was published on the Better Beginnings website.

2.2 This phase of engagement aimed to raise awareness of the Sussex Clinical Case for Change for maternity and paediatric services, seek insight into recent experiences and capture people's aspirations for future service delivery options.

2.3 An online survey was posted on CCG and other websites aimed at all members of the public. In addition to this, targeted engagement was undertaken through focus groups, 1 to 1 interviews and discussions at existing groups, in order to directly capture the knowledge and experience of people who had recently used or were currently using maternity and paediatric services.

- 191 people completed the questionnaire.
- There were 27 one-to-one interviews. Interviews were undertaken at family fun days, playgroups, children's centres and over the telephone.
- There were 8 one-to-one interviews about paediatric services with parents that have recent experience of those services from different parts of the county
- 6 focus groups were held in Hastings and Eastbourne. Most of the people attending (predominantly women) were very recent or current users of the services and had therefore been directly impacted by the temporary reconfiguration.

2.4 To try to capture a balance of views the engagement team attended pre-existing groups and family fun days across the county to ensure that views were heard from a diverse range of people and to hear from those who may not chose to attend a specific focus group session.

2.5 The findings from this engagement period directly influenced the development of the models of care and the options.

Pre-consultation engagement (Phase 2)

2.6 The "Phase 2" engagement programme was undertaken as a short but intensive exercise between October and November 2013. This phase focussed on ensuring that the insight from phase 1 could inform and influence the options appraisal process to identify which delivery options would be taken forward for further

[1] Geater, S., *A report on the findings from the initial discussion phase of Better Beginnings review of maternity and paediatric services in East Sussex,* September 2013: http://94.136.40.103/~betterbeginnings-nhs.net/wp-content/uploads/2014/01/PCBC-Appendix-3-Pre-consultation-Stakeholder-Engagement-I.pdf

consideration**.** A report[2] summarising the main themes arising from this period of engagement was published on the Better Beginnings website. Raw data containing all feedback is available on request to hrccg.betterbeginnings@nhs.net.

2.7 This phase of engagement was promoted directly to people who had been involved in the initial discussion phase, advertised in the local press and through community networks and newsletters, and information sent to all those on the CCGs' stakeholder distribution lists.

- Structured telephone interviews were conducted with 21 people, 17 for maternity and 4 for paediatrics. This captured a mixture of public and staff views.

- Six service user and public focus groups were held with a total of 32 participants: 2 in the Eastbourne area; 2 in the Hastings area; 2 in Crowborough.

- Two focus groups were held with staff from the paediatrics department at East Sussex Healthcare NHS Trust (one held at Conquest and one at Eastbourne DGH). 10 staff participated in these groups. Two focus groups were organised for maternity staff on each hospital site but no staff attended these sessions.

Formal Public Consultation

2.8 During the consultation period, the three CCGs in East Sussex engaged a wide range of stakeholders (including staff, clinicians, partner organisations, active service users and local residents) to understand their views on the clinical case for change, the six proposed delivery options and learn about any issues that it would be helpful to consider as part of service redesign. To achieve this, there were a number of elements to the consultation process :

- An online and paper survey (623 respondents);

- Five targeted focus groups with carers, young mothers, Gypsies and Travellers, and individuals from a range of Black and Minority Ethnic (BME) groups (115 attendants) to understand the views of those who may be differently impacted by changes to service and how any issues may be mitigated in service implementation

- 33 market place events (where CCG staff and senior clinicians, attended places such as shopping centres, leisure centres and children's centres, to engage with local people about the consultation, provide information, answer questions, and understand their views.) engaging approximately 1300 individuals across all three CCG areas;

[2] Geater, S., *Report on the findings from the Phase 2 discussions of Better Beginnings: review of maternity and paediatric services in East Sussex,* November 2013; http://94.136.40.103/~betterbeginnings-nhs.net/wp-content/uploads/2014/01/PCBC-Appendix-4-Pre-consultation-Stakeholder-Engagement-II.pdf

- Five meetings with elected representatives (Councillors) and seven meetings with 46 staff from the East Sussex Healthcare NHS Trust (ESHT) and the South East Coast Ambulance Service NHS Foundation Trust (SECAmb). Consultation documents were sent directly to maternity, gynaecology and paediatric staff and were also disseminated to SECAmb staff

2.9 In addition to the 623 survey responses, there were 25 written submissions (individual, group/organisational), 1005 individual responses from two campaigns and various additional communications including via social media, 508 email respondents, and 8 telephone respondents.

2.10 An independent analyst[3]. was commissioned to review the responses to the consultation and feedback from focus groups and to present their findings in a report to the CCGs (ANNEX A and B)

2.11 A second independent analyst[4] was commissioned to review the process used by the CCGs in carrying out their duties in regards to public consultation and to present their findings in a report to the CCGs. (ANNEX C).

2.12 The findings from targeted focus groups were also reviewed as part of the independent analysis, and separately by the CCGs alongside the original equality analysis. The themes from the responses to the consultation have been published on the Better Beginnings website along with the group and organisational responses to the consultation, the proposal by a campaign group, the CCGs response to the campaign group and the update to the Equality Analysis (ANNEX D)

3. Analysis Findings

3.1 The conclusion of the report of Coleman and Sheriff is as follows:

3.2 “This report has documented the key findings from an independent analysis of data generated from the Better Beginnings formal public consultation (14th January 2014 to 8th April 2014 inclusive). Alongside this final summary report, a full technical report provides an in-depth account of all processes, methods, and analyses.

3.3 “Evidence has been drawn from an online survey completed by 623 people and complemented by a wealth of qualitative data including: open-ended comments from the online survey; focus groups; market place notes; emails; and additional written submissions.

[3] Coleman, L.C. and Sherriff, N.S. (2014). *Independent Analysis of the Better Beginnings Public Consultation in East Sussex: 14th January - 8th April 2014: Final summary report*. Coleman Research and Evaluation Services

[4] Robson, R, *Independent Review of the Better Beginnings Consultation, Public engagement planning, process, and implementation: April 2014.* Verdant Consulting

3.4 “The headline finding from this analysis is that the two most preferred options, from the survey evidence, were for Options 5 (24.6% of responses) and 6 (24.8% of responses) with the vast majority of respondents preferring the option which provided the most services closest to where they lived.

3.5 “The main concerns raised were about the location of the services, and actual and/or anticipated travel and transport difficulties. Further data showed the need to consider population size, growth and the needs of specific population sub-groups, and the strong desire to keep the Crowborough Birthing Centre. Towards the end of the consultation, there was evidence of considerable support for two campaigns: Option 7/‘Save the DGH’ (full consultant-led services at both Eastbourne and Hastings) and the ‘Oppose the Conquest maternity downgrade’ campaign.

3.6 “Finally, it is important to stress that the analysts were not involved in the consultation process itself or the collection of any data. This has ensured a completely independent and impartial approach and means that all analytical conclusions are based solely on the data supplied to them. Furthermore, by adopting a team approach and using ‘blind’ data checks and repeated analyses, the findings are considered as far as possible to be an objective and accurate account of the consultation.”

Jessica Britton, Associate Director of Strategy and Governance
19 June 2014

On behalf of Eastbourne Hailsham and Seaford CCG; Hastings and Rother CCG; High Weald Lewes Havens CCG.

ANNEX A

Coleman Research and Evaluation Services (CRES)

Independent Analysis of the Better Beginnings Public Consultation in East Sussex: 14th January - 8th April 2014

Final Summary Report

Dr Lester Coleman and Dr Nigel Sherriff

April 2014

This independent analysis was commissioned by the Eastbourne, Hailsham, and Seaford Clinical Commissioning Group (CCG). The views expressed in this report article are those of the authors only.

Suggested citation:

Coleman, L.C. and Sherriff, N.S. (2014). *Independent Analysis of the Better Beginnings Public Consultation in East Sussex: 14th January - 8th April 2014: Final summary report.* Coleman Research and Evaluation Services.

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BME	Black and Minority Ethnic
CCG	Clinical Commissioning Group
CBC	Crowborough Birthing Centre
DGH	District General Hospital
EHS	Eastbourne, Hailsham, and Seaford
ESHT	East Sussex Healthcare NHS Trust
HWLH	High Weald Lewes Havens
H&R	Hastings and Rother
MLU	Midwife-Led Unit
SCBU	Special Care Baby Unit
SECAmb	South East Coast Ambulance Service NHS Foundation Trust
SSPAU	Short Stay Paediatric Assessment Unit

About this summary report

The authors of this report were commissioned to provide an independent analysis of the data generated from the Better Beginnings formal public consultation (14th January 2014 to 8th April 2014 inclusive). The analysts were not involved in the consultation process itself or the collection of any data. This ensures their independence but also means that all analytical conclusions are based solely on the data supplied to them.

The authors considered the qualitative and quantitative data generated from the consultation using a combination of descriptive statistics and thematic analysis with the assistance of data analytical software packages including SPSS v.20 (Statistical Package for the Social Sciences) and Nvivo v.10.

This summary report is split into two main parts: introduction and methods; and key findings from the consultation focused around the delivery options for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex. Analysis of the Better Beginnings online survey provides a quantitative account of the preferred options with a range of additional qualitative data used to provide further insight and explanation for the option preferences, as well as to identify other issues and concerns raised over the proposed reconfiguration of services.

Alongside this final summary report, a full technical report is also available that provides an in-depth account of all processes, methods, and analyses[5].

5 *Coleman, L.C. and Sherriff, N.S. (2014). Independent Analysis of the Better Beginnings Public Consultation in East Sussex: 14th January - 8th April 2014: Final technical report. Coleman Research and Evaluation Services.*

Section 1 – Introduction

The Better Beginnings public consultation consisted of proposals for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex. The services under review were consultant-led maternity services, special care baby units, midwife-led units, short-stay paediatric assessment units, in-patient paediatric units, and emergency gynaecology. These services are commissioned by the three Clinical Commissioning Groups (CCGs) in East Sussex including: Eastbourne, Hailsham and Seaford (EHS) CCG; Hastings and Rother (H&R) CCG and; High Weald Lewes Havens (HWLH) CCG.

The Better Beginnings 12 week consultation was driven by an in-depth clinical study of all maternity and paediatric services across Sussex, which identified the urgent need to improve safety and quality in East Sussex, with particular reference to maternity services.[6] As a result, a number of temporary changes to these services were implemented in May 2013. These changes resulted in all consultant-led maternity services and in-patient paediatrics being moved onto one site at the Conquest Hospital in Hastings[7] (see Option 6 in Table 1).

The consultation was focussed primarily on people's opinions of six delivery options for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex. These six options operate through three distinct models of care with the locations 'flipped' between the Conquest Hospital Hastings and Eastbourne District General Hospital (DGH) (see Table 1 next page). This current report focuses on the independent analysis of the Better Beginnings public consultation responses regarding the proposed delivery options received between 14th January to 8th April 2014 inclusive.

6 Coffey, D. *et al.,* (2013). *Better Beginnings: Maternity and Paediatric Services in East Sussex- Pre-Consultation Business Case*. Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG, High Weald Lewes Havens CCG.

7 The terms 'Conquest Hospital (Hastings)', 'Conquest' and 'Hastings' are used interchangeably in this report to refer to the same hospital site.

Six options (3 models) for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex

Model of Care	Delivery Option	Service	Eastbourne DGH	Conquest (Hastings)	Crowborough Birthing Centre
Model 1	Option 1	Midwife-led unit (MLU)	✓	✗	✗
		Consultant-led maternity service (obstetrics)	✓	✗	✗
		Emergency gynaecology	✓	✗	✗
		In-patient paediatrics	✓	✗	✗
		Level 1 Special Care Baby unit (SCBU)	✓	✗	✗
		Short Stay Paediatric Assessment Unit (SSPAU)	✓	✓	✗
		Birthing services (2 sites)	✓	✗	✓
	Option 2	Midwife-led unit (MLU)	✗	✓	✓
		Consultant-led maternity service (obstetrics)	✗	✓	✗
		Emergency gynaecology	✗	✓	✗
		In-patient paediatrics	✗	✓	✗
		Level 1 Special Care Baby unit (SCBU)	✗	✓	✗
		Short Stay Paediatric Assessment Unit (SSPAU)	✓	✓	✗
		Birthing services (2 sites)	✗	✓	✓
Model 2	Option 3	Midwife-led unit (MLU)	✓	✓	✗
		Consultant-led maternity service (obstetrics)	✓	✗	✗
		Emergency gynaecology	✓	✗	✗
		In-patient paediatrics	✓	✗	✗
		Level 1 Special Care Baby unit (SCBU)	✓	✗	✗
		Short Stay Paediatric Assessment Unit (SSPAU)	✓	✓	✗
		Birthing services (2 sites)	✓	✓	✗
	Option 4	Midwife-led unit (MLU)	✓	✓	✗
		Consultant-led maternity service (obstetrics)	✗	✓	✗
		Emergency gynaecology	✗	✓	✗
		In-patient paediatrics	✗	✓	✗
		Level 1 Special Care Baby unit (SCBU)	✗	✓	✗
		Short Stay Paediatric Assessment Unit (SSPAU)	✓	✓	✗
		Birthing services (2 sites)	✓	✓	✗
Model 3	Option 5	Midwife-led unit (MLU)	✗	✓	✓
		Consultant-led maternity service (obstetrics)	✓	✗	✗
		Emergency gynaecology	✓	✗	✗
		In-patient paediatrics	✓	✗	✗
		Level 1 Special Care Baby unit (SCBU)	✓	✗	✗
		Short Stay Paediatric Assessment Unit (SSPAU)	✓	✓	✗
		Birthing services (3 sites)	✓	✓	✓
	Option 6*	Midwife-led unit (MLU)	✓	✗	✓
		Consultant-led maternity service (obstetrics)	✗	✓	✗
		Emergency gynaecology	✗	✓	✗
		In-patient paediatrics	✗	✓	✗
		Level 1 Special Care Baby unit (SCBU)	✗	✓	✗
		Short Stay Paediatric Assessment Unit (SSPAU)	✓	✓	✗
		Birthing services (3 sites)	✓	✓	✓

** Option 6 represents the current configuration of services following the introduction of temporary changes in May 2013 by East Sussex Hospitals Trust*

Table 1: Six options for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex

Section 2 – Processes and methods

During the consultation period, the three CCGs in East Sussex engaged a wide range of stakeholders (including staff, clinicians, partner organisations, active service users and local residents) to assess their views on the clinical case for change and the six proposed delivery options. To achieve this, there were a number of elements to the consultation process[8]:

a) An online survey (n=623[9]; Appendix 1);
b) Five targeted focus groups with carers, young mothers, Gypsies and Travellers, and individuals from a range of Black and Minority Ethnic (BME) groups (n=115);
c) 33 market place events (large scale and 'mini-market place' events) engaging 1276 individuals across all three CCG areas[10];
d) Five meetings with elected representatives (Councillors) and seven meetings with 46 staff from the East Sussex Healthcare NHS Trust (ESHT) and the South East Coast Ambulance Service NHS Foundation Trust (SECAmb);
e) 25 written submissions (individual, group/organisational) and 1005 individual responses from two campaigns)[11];
f) Various additional communications including via social media, email (n=508), and telephone logs (n=8).

Data analysis

The consultation process generated a mix of quantitative (principally the survey) and qualitative data. Systems were agreed with the commissioning CCG for the secure delivery and safe storage of all data. On completion of the contract, all data materials were either returned to the relevant commissioning contact and/or destroyed as required.

Quantitative data

The analysts had direct access to the online survey through a password protected Survey Monkey account. All survey data were 'cleaned' (checked for errors, missing data, etc.), converted numerically (where required), and analysed in SPSS v.10. Some re-coding of Q1 was required as the question

8 Full details of all processes and methods can be found in the accompanying technical report; see *Coleman, L.C. and Sherriff, N.S. (2014). Independent Analysis of the Better Beginnings Public Consultation in East Sussex: 14th January - 8th April 2014: Final technical report. Coleman Research and Evaluation Services.*

9 *n denotes the number of people, in this case the number of survey respondents.*

10 This is an estimate based on the number of documents handed out and counting the number of discussions. Mini-market place figures are more accurate than the large scale market place events.

11 Proposal for an Option 7 from the 'Save the DGH' campaign; and 'Oppose the Conquest maternity downgrade' campaign.

erroneously allowed multiple rather than single responses. Where respondents did not know their CCG and/or Council area (or required correction), but had provided a valid postcode, the CCG/Council area was calculated and inputted accordingly.

At the start of the consultation, the online survey gave respondents a choice of six service delivery options of which they had to choose one in order to be able to progress with the survey. However, as of 7th February 2014, this was adjusted by the commissioning CCG to allow respondents to express a 'no preference' option along with an open-response text box to elaborate on the reason(s) for their choice. Two respondents had selected 'Option 5' before this 'no preference' option had been introduced. Analyses of their open-ended comments in Q7 suggested strongly that they had 'no preference' but were 'forced' into choosing one of the six options in order to progress through the survey. Consequently, these two cases were re-coded from Option 5 to 'no preference'. Finally, one test case inputted by the commissioning CCG was removed (case identifier: 3117154914).

Qualitative data

All qualitative data (open-ended comments to Q5 and Q7 from the online survey, social media comments, focus group notes and audio recordings, summary meeting notes, emails, telephone logs, and written submissions) were analysed thematically focusing on the generation and emergence of common themes and explanations derived from the data. These qualitative data provided valuable insights regarding the issues and concerns raised over the proposed reconfiguration of services.

Quality/validation checks

The analysts ran a series of 'blind' checks on the data set as a whole to assess the analytical process to ensure, for example, that the focus groups were interpreted by both analysts in the same manner. Similarly, the frequency tests and cross-tabulations from the quantitative data were analysed separately by each analyst to ensure consistency and reliability of the findings. This process ensured both the objectivity and accuracy of the findings presented.

Presentation of findings

The findings in this current report represent a summary of the full comprehensive analysis conducted and presented in the accompanying technical report[12]. Whereas this final summary report presents an accessible compilation of the key findings, the technical report covers a more extensive

[12] *Coleman, L.C. and Sherriff, N.S. (2014). Independent Analysis of the Better Beginnings Public Consultation in East Sussex: 14th January - 8th April 2014: Final technical report. Coleman Research and Evaluation Services*

account of the consultation background; analytical process and method; presentations of all questions covered in the survey; and separate sections dedicated to the range of additional qualitative data. The subsequent sections of this present summary report are structured primarily around the online survey data (Sections 3 and 4). Where relevant and/or appropriate, additional qualitative data generated from the consultation are then used to supplement (e.g. expand, clarify, compare) these findings (Section 5).

Timetable for reporting

Table 2 below provides a broad overview of the timetable for the analysis of the consultation data and reporting periods. The final summary and full technical reports were delivered to Eastbourne, Hailsham, and Seaford CCG on the 29th April 2014.

Activity	**January**				**February**				**March**				**April**			
Week:	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**
Consultation period (14th January-8th April 2014)																
Analysis of early responses																
Interim reporting of consultation responses																
Response to interim feedback																
Consultation close and cut-off for analysis																
Final analysis of responses																
Final reporting of consultation responses																
Final technical and summary reports delivered																

Table 2: Timetable of activities and reporting

Section 3 – Findings: Demographic profile of survey respondents

A total of n=623 individuals responded to the Better Beginnings public consultation survey between 14th January 2014 and the 8th April 2014 inclusive. Completion numbers varied over the 12-week consultation, with a notable surge of interest in the final week (Figure 1).

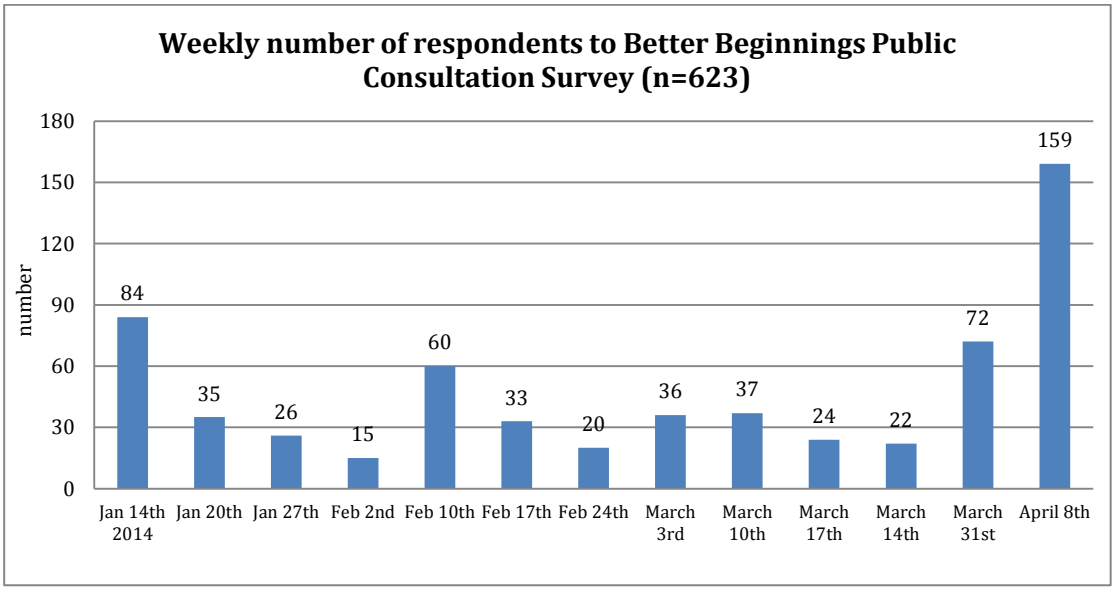


Figure 1: Weekly number of respondents to the Better Beginnings public consultation survey

In this section, a brief overview of the whole-sample demographic profile (e.g. gender, age, disability) of these 623 survey respondents is provided. This information can be useful to give an indication of the range of respondents who were reached by, and contributed to, this component of the consultation process. The demographic profile of the sample is subsequently compared across the CCG areas.

Whole sample demographics

The location and demographic profile of the whole sample is presented for CCG area, Council area, gender (including transgender), age group, ethnicity, disability, religion, and sexual preference and/or identity (see Table 3, Appendix 2)[13].

13 Full details including all charts can be found in the technical report: See *Coleman, L.C. and Sherriff, N.S. (2014). Independent Analysis of the Better Beginnings Public Consultation in East Sussex: 14th January - 8th April 2014: Final technical report. Coleman Research and Evaluation Services*

Location:

- **CCG area:** In terms of the three CCG areas in East Sussex (Eastbourne, Hailsham and Seaford CCG; Hastings and Rother CCG and; High Weald Lewes Havens CCG), most respondents were from EHS (43.2%) followed by H&R (27.3%) and HWLH (23.6%).

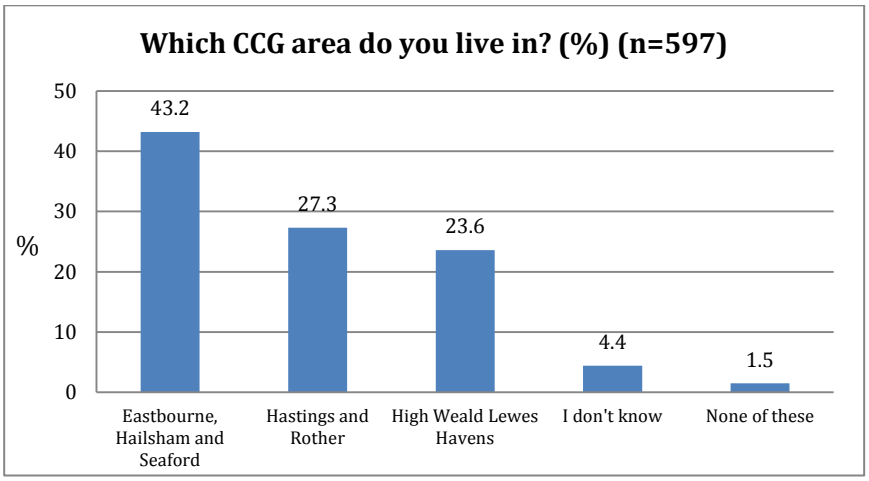


Figure 2: Location profile of respondents by CCG area

- **Council area:** In terms of the five Council areas of East Sussex (Eastbourne, Hastings, Lewes, Rother, and Wealden), the majority of respondents to the online survey reported living in Eastbourne (34.6%) followed by Wealden (27.1%).

Demographic profile:

- **Gender/Transgender:** Of those who completed the survey, the vast majority (85.2%) were women and 13.7% were men. Four respondents (0.7%) considered themselves to be transgendered.
- **Age:** Most respondents to the online survey were aged between 25-34 years (30.3%) closely followed by those aged 35-44 (25.4%).
- **Ethnicity:** The majority of respondents to the survey were White British (73.8%) followed by 'Other' (9.2%; n=54) and Chinese, (8.8%; n=52). Of those in the 'Other' category, reported ethnicities/nationalities included Cypriot, Czech, Kurdish, Latvian, Melanesian, American, Mixed Chinese, Albanian, French, Italian, White South African, Polish, and Malaysian.
- **Disability:** 4.7% of survey respondents considered themselves to be disabled.

- **Religion:** Most respondents did not belong to any religion or belief (51.7%). Of those that did specify a religion or belief, the majority reported being Christian (86.3%) with the remaining 13.6% either Muslim, Buddhist or Hindu.
- **Sexual preference/identity:** Most respondents considered themselves to be heterosexual (90.0%) with 2.1% identifying as bisexual, 0.4% as lesbian, and 0.2% identified as gay.

Whole sample demographics by CCG

The demographic profile of the sample analysed by CCG are presented for gender, age group, ethnicity, disability, religion, and sexuality. Percentages represent those who provided a valid response to the CCG question *and* the particular question it is compared against. For example, the overall total for disability is derived from those who knew their CCG *and* responded to the disability question (see Table 4, Appendix 2).

- **Gender/Transgender:** Whilst overall more women completed the online survey than men (85.2% *vs.* 13.7% respectively), there was some gender variations evident by CCG area. EHS had a marginally closer gender balance (83.5% female) compared to the biggest difference seen in HWLH (87.7% female).
- **Age:** Respondents from H&R were slightly younger with nearly one-half of people from this CCG (43%), under the age of 35 years compared to the average of 36.4%. People responding from the EHS area were generally older: 22.4% of people from this CCG were aged 60 years or over compared to the average 18.0%.
- **Ethnicity:** There were slightly higher proportions of respondents who classified themselves as White British in the HWLH CCG area (86.2%) compared to those in H&R CCG (71.2%) and EHS CCG (70.4%). EHS CCG reported the greatest diversity of ethnic groups with 13.4% reporting themselves as Chinese and 12.6% as 'Other'.
- **Other:** There were minimal variations across the CCGs in terms of religion, disability, and sexual preference/identity.

Section 4 – Findings: Analysis of preferred delivery options

This section presents the analysis of the preferred delivery options. This is preceded by contextual information surrounding people's understanding and awareness of the needs for maternity, in-patient paediatric, and emergency gynaecology services to change. Following the presentation of the option preferences, the factors influencing option choice for the whole sample (n=623) are documented. Key cross comparisons of the preferred options by location (CCG and council area) and demographic profile (gender and age) are also presented.

Understanding the need for change

Among the whole sample (n=623), the majority of respondents either 'mostly understood' or 'fully understood' why clinicians believe that maternity services, in-patient paediatric services, and emergency gynecology services have to change (82.8%; 80.6%; 80.7%; respectively; Figures 2-4; see also Table 5, Appendix 2).

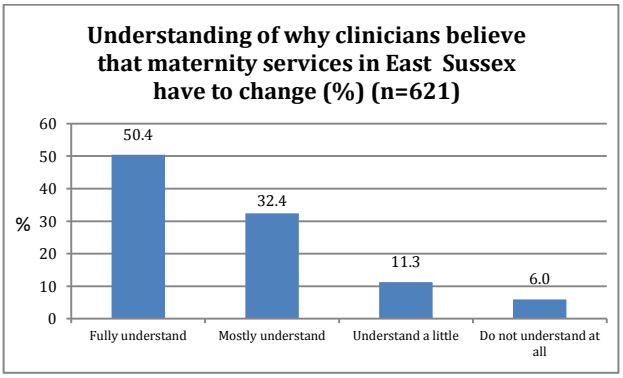


Figure 3: Understanding why clinicians believe that maternity services have to change

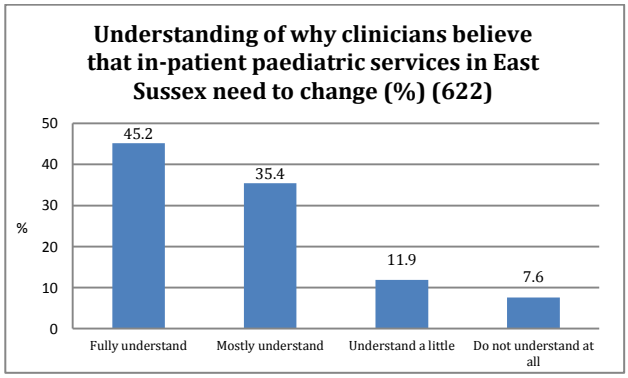


Figure 4: Understanding why clinicians believe in-patient paediatric services have to change

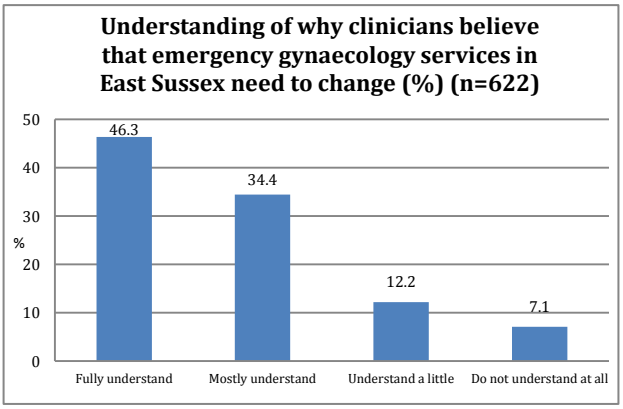


Figure 5: Understanding why clinicians believe gynaecology services have to change

Attendance at one of the Better Beginnings events (market place or mini-market place), was associated with an increased understanding of the need for change in all three services (maternity, in-patient paediatric, and emergency gynecology). For example, 61.9% of those attending one of these Better Beginnings events 'fully understood' the need to change maternity services compared to 40.0% who did not attend such an event (see Table 6, Appendix 2). Respective comparisons for in-patient paediatrics were 58.1% of those attending a Better Beginnings event 'fully understood' compared to 33.6% who did not attend. Equivalent comparisons for emergency gynaecology were 57.1% versus 33.6%.

Preferred delivery options (whole sample)

Respondents could choose a preference for one of six delivery options proposed for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex, or express 'no preference' (see Table 1; see also Q4 Appendix 1).

Most, or around one-half of the total respondents to the online survey preferred either **Option 6** (24.8%) or **Option 5** (24.6%; see Figure 6). The next most preferred option was Option 1 (15.4%) followed by 'no preference' (11.1%). A further 10.8% chose Option 3, 9.3% chose Option 4, and 4.0% chose Option 2 (see Table 7, Appendix 2).

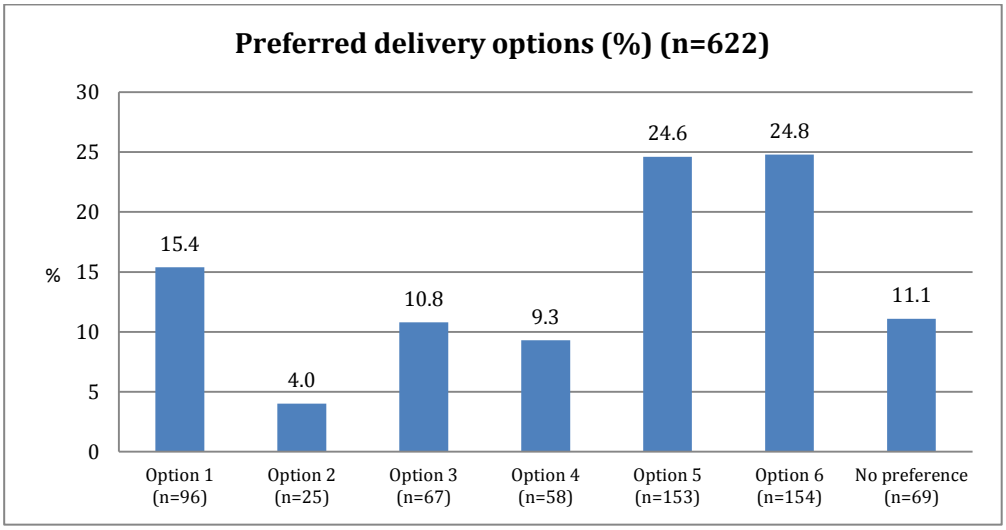


Figure 6: Preferred delivery options for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex

The two most preferred options favour birthing services at Crowborough with specialist services mostly at Eastbourne DGH (Option 5) or the Conquest Hospital in Hastings (Option 6).

Preferred delivery options by CCG and Council area

Comparing preferred option by location (CCG and Council area) shows that the vast majority of respondents preferred the option which provided the most services closest to where they lived. For example, most respondents living in the Hastings Council area chose Options 2, 4, and 6 where the Conquest Hospital in Hastings has the most services. Similarly, respondents living in the H&R CCG area showed a clear preference for Options 2, 4, and 6, whereas residents living in the EHS CCG showed a clear preference for Options 1, 3, and 5 where the Eastbourne DGH has the most services (Figure 6; see also Table 7, Appendix 2).

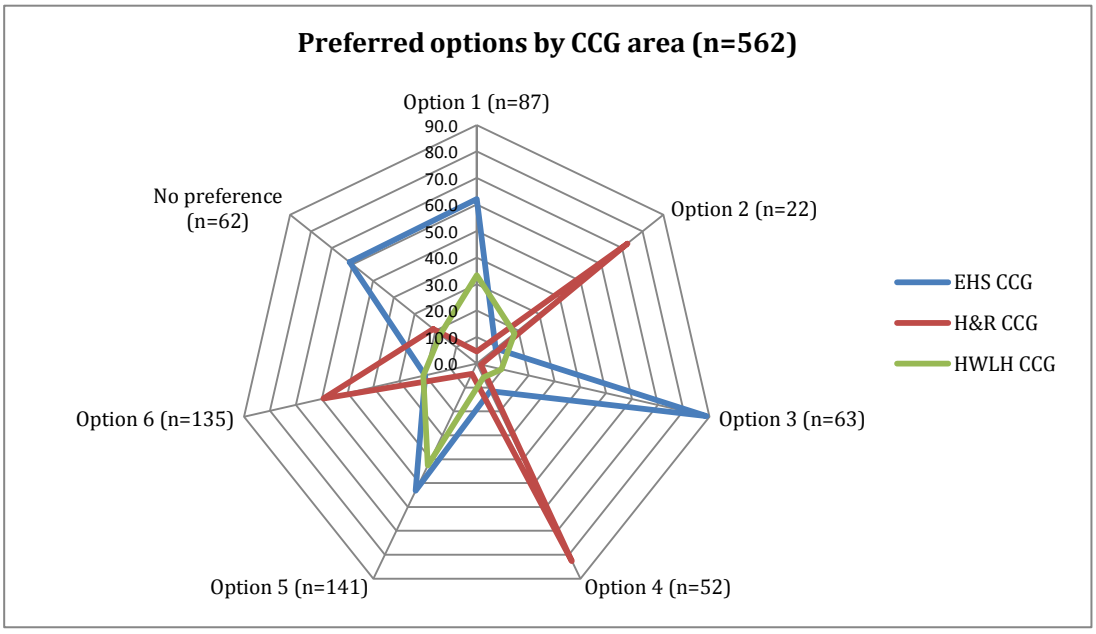


Figure 7: Radial graph of preferred options by CCG area

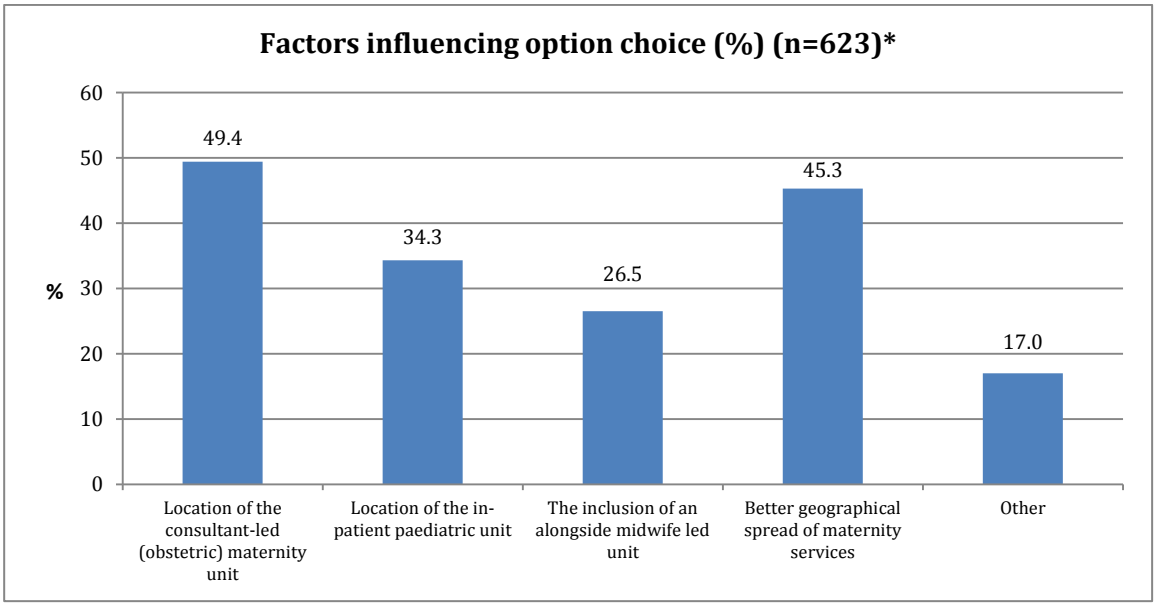
Preferred delivery options by demographic profile (gender and age)

- **Gender:** Of those who chose Option 1, a greater proportion of respondents were women (16% vs. 8.6%), whereas a greater proportion of men (18.5% vs. 9.5%) selected 'no preference'.
- **Age:** Moreover, respondents preferring Option 1 and Option 6 had a slightly younger age profile (under 35 years) compared to those choosing other options. Participants preferring Option 1 in addition to having one of the youngest age profiles also had the highest proportion of those over 60 (27%; see Table 7, Appendix 2).

Factors influencing preferred option choice

In Q5 of the online survey, respondents could choose one or more 'main factors' that influenced their choice of preferred delivery option (see Appendix 1). Response options were: location of the consultant-led (obstetric) maternity unit; the location of the in-patient paediatric unit; the inclusion of an alongside midwife-led unit; a better geographical spread of maternity services; and 'Other'.

Responses indicate that overall, both a better geographical spread of maternity services (52.5%) and the location of the obstetric maternity unit (47.3%) were the most prominent reasons for option selection (Figure 7; see also Table 5, Appendix 2). A further location response, related to the in-patient paediatric unit, was ranked third at 34.3%.



*As respondents could select more than one option, each option is calculated as though it is a separate question. So for example, 49.4% (n=308) of the total 623 said that the location of the obstetric maternity unit was the reason for their choice of delivery option.

Figure 8: Factors influencing option choice

This report has so far summarised the option preferences and has provided quantitative insights into the factors influencing this choice. However, up to this point, there has been minimal explanation behind these responses. Importantly, the consultation process generated a wealth of qualitative data that are able to provide additional insights into these factors influencing option choice, and identify other issues and concerns raised over the proposed reconfiguration of services. These are presented in the following section.

Section 5 – Findings: Additional insights into option preferences

A range of qualitative data were generated as part of this consultation process providing valuable additional insights over the proposed reconfiguration of services. From the online survey, qualitative data were generated from two open-ended questions - one regarding factors influencing preferred option choice (Q5), and the other regarding more general, less option-specific comments (Q7, *Anything else you would like to tell us?*). Other qualitative data were generated from summary notes and audio files from a series of five focus groups (carers, BME, Gypsies and Travellers, young mothers); summary notes of market place events; summary notes of meetings with elected representatives, ESHT and SECAmb staff; communications such as emails, telephone logs, and written submissions; and the Better Beginnings social media feeds (Facebook and Twitter, albeit to a very limited extent).

In this section, the findings from the combined qualitative data sets are triangulated into the following overarching themes influencing service preferences:

- Location of services
- Travel/transport
- Population needs – size, projections and population sub-groups
- The continuation of the Crowborough Birthing Centre
- Campaign preferences - Option 7/'Save the DGH' and 'Oppose the Conquest maternity downgrade'

Location of services

Quantitative data from the online survey revealed that the vast majority of respondents preferred the option which provided the most services closest to where they lived. This finding was also clearly evident in a wide range of qualitative data (e.g. open-ended responses to survey Q7), and particularly so in the summary notes from the market place and mini-market place events. In these data there was a strong connection between where the market place events were held and preferences for service location. For example, respondents attending the events held in the EHS CCG area (Eastbourne, Seaford, Newhaven, and Hailsham) expressed their concerns over travel/transport difficulties to Hastings and emphasised the importance of returning full consultant-led services to Eastbourne. Similarly, summary notes regarding respondents' views expressed at the events held in the H&R CCG area (Bexhill, Rye, Hastings, St. Leonards, and Battle), reflected that whilst many wanted consultant-led services at both Eastbourne and Hastings, they felt that services had to be at

Hastings (current configuration of Option 6 following the temporary changes) when accepting the safety argument (i.e. the need to move consultant-led services to a single site).

Furthermore, many of the points raised in the written submissions (individual, organisational, and campaigns) as well as email correspondence were unsurprisingly related to location, continuing the theme throughout this analysis that people were keen to instil or maintain specialist services in their own geographical vicinity. For instance, one Patient Participation Group (PPG) from Hastings stated:

> *"[We]… have unanimously voted for Option six… by selecting Option six we believe this will enforce a better geographical spread of maternity services in this more remote eastern side of East Sussex." (Organisational written submission, PPG-2, H&R)*

Similarly, a Patient Participation Group located in the HWLH CCG area stated Option 5 as their preference:

> *"… There is only one viable option for North Weald and that is Option 5… our main reasons for this are distance and travel time. We think it is essential to retain Crowborough birthing unit…" (Organisational written submission, PPG-1, HWLH)*

Although some respondents expressed preference for services at a more geographically central location, these responses nevertheless still showed evidence of preferring services closest to where they lived:

> *"…Eastbourne is a better location than Hastings for paediatrics as it is more central within East Sussex. It is also more accessible to Brighton in the event of further services being required, such as specialist paediatric provision…" (3035570394, Wealden, HWLH, Option 5) (Online survey)*

However, there were two written submissions from regional Health Boards (with no 'geographical ties') which reflected an alternative perspective on location. These submissions felt that the evidence documenting the improvements in safety and increased consultant presence, since the introduction of the temporary changes, was more compelling than location per se. For these submissions, they concluded that services should stay as they are currently configured (Option 6), for example:

> *"Since the temporary reconfiguration [all consultant-led maternity services and in-patient paediatrics being temporarily moved to the Conquest Hospital in Hastings] we have gathered extensive evidence that demonstrates that quality and safety of services has improved and that*

has enabled us to assess any adverse impacts of the temporary changes." (Organisational written submission, Health board/body)

Travel/transport

A second main theme with regards to option preference was in terms of the anticipated impact of travel and transport on both the patient and their visitors. By its very nature, this theme helps to explain why service location was so central to people's views.

The following examples illustrate the general perception that travelling and transport difficulties would be detrimental to a recovering patient and for the family as a whole:

"My daughter was in Hastings Conquest Hospital for 2 weeks after premature birth of her baby. She lives in Eastbourne as do all her family/relations. Some days (many days) she had NO visitors so was very depressed." (3114901603, Eastbourne, EHS, Option 1) (Online survey)

"The CCG fail to see the disruption by travelling to Hastings in an emergency by ambulance would cause. Yes the patient would be treated if they arrived safely but the family would be split up, not everyone has a car, what about siblings, what about special adapted wheelchairs and equipment that cannot be taken in the ambulance? No one has looked at the social impact on the family? (Email comment)

For some respondents, these anticipated longer travel times and increased distances were also considered to raise safety concerns to the person in transit, for example:

"The distance to Hastings is too far if a child is seizing and needs to be stabilized." (3051794835, Eastbourne, EHS, Option 2) (Online survey)

"Distance from Uckfield to Conquest is ludicrous in an emergency situation for child or pregnant mother!" (3075812709, Wealden, HWLH, Option 5) (Online survey)

In more detail, these concerns were thought to be compounded by the poor transport infrastructure in the county, particularly between Eastbourne and Hastings. These comments were mainly generated from the HWLH market place events, open-ended comments to survey Q5 and Q7, as well as written submissions and emails. For example:

"I disagree with any option that takes services away from Hastings… [it's] unacceptable… to expect people to travel on a terrible and deteriorating transport infrastructure either by private or public transport, especially when they are sick or to visit the sick…". (3080873736, Hastings, H&R, Option 2) (Online survey)

"The Conquest Hospital is hard to access by public transport – impossible out of hours" (individual written submission, Eastbourne)

In addition to the poor infrastructure, some respondents had concerns over the cost and availability of transport to access services. For example, in the carers' focus group (comprising participants living in Eastbourne), summary notes indicated that the cost of travel for people on low incomes and not being able to pay the cost of transport 'upfront' would be a real obstacle, should services remain at Hastings as per the current temporary configuration. Similarly, responses to Q5 and Q7 of the survey also reflected this view:

"Not everyone has a car - will be expensive if they have to pay for a taxi." (3040743124, Lewes, HWLH, Option 1) (Online survey)

"Car ownership is lower in Hastings than Eastbourne (33.3% of households have no access to a car in Hastings, compared with 28.7% in Eastbourne) - so would be more difficult to access specialist maternity services." (3095435572, Hastings, H&R, Option 6) (Online survey)

Travel/transport issues were also compounded by other worries regarding how to deal with other children in the house if an emergency arises with a sibling, especially if there is no additional family support. This was raised particularly by participants from the BME and carers' focus groups. For example, one question raised by a BME participant in a focus group was as follows:

"Other children in the family – I am not happy with this situation. If I have children and it happens in the middle of the night, what am I supposed to do? How do I leave them in bed and take my child to the hospital?" (BME participant, Eastbourne Focus Group meeting notes)

Such was the concern over travel/transport, proposals to ease the difficulties were suggested. The most common suggestion was for a free or subsidised shuttle bus between the two main coastal hospitals, raised mainly through the market place events, written submissions, and online survey open-ended comments. For example:

"If people have to travel to Hastings conquest Hospital, we want a direct bus service from DGH Eastbourne to the Conquest."(3068789012, Eastbourne, EHS, Option 6) (Online survey)

"Transport links between the 2 hospital sites are currently non-existent. In order for Option 6 to work for the benefit of patients and families, this must be improved either by working with the public transport services (buses) to run a direct route between Conquest and EDGH or by the Trust running a shuttle service between sites…" (3140605466, Rother, H&R, Option 6) (Online survey)

A young mothers' focus group also proposed a number of ideas to address their travel concerns including: allowing fathers to stay overnight or nearby; preparing for travel in advance including conversations with the midwife; encouraging personal responsibility to get to the hospital on time; being assessed at home for readiness to go to a birthing unit and; mixed views about a 'lounge' or similar area in or near the hospital in the early stages of labour to reduce the concern of being sent home.

Population needs – size, projections and population sub-groups

A third main theme explaining respondents' preferred option related to the needs of the local population. This was mainly in terms of current population needs, future population projections, and responding to the unique needs of population sub-groups. Qualitative data from the online survey, organisational written submissions, focus groups, and email correspondence all referred to such population needs.

In terms of current population needs, there was clear synergy between responses regarding the desire for services to be geographically centralised allowing such needs to be more easily met. For example:

"… Geographical availability of services to greatest population, particularly those that might be required in an emergency situation… " (3044882065, Lewes, HWLH, Option 6) (Online survey)

Email and written submissions from organisations were able to source census and other data to demonstrate the current population needs, and this was typically in support for reinstating services at Eastbourne DGH. For example:

"Why were the maternity services moved from Eastbourne to Hastings when there were more births in Eastbourne!? Why were paediatric services moved when there were more emergency

in-patient admissions in Eastbourne than Hastings? This is NOT giving people in Eastbourne 'Better Beginnings'." (Email comment)

Further illustration of population needs was detailed in one written submission in support of Option 5. This particular submission cited the following as supporting evidence of need (relative to other areas in East Sussex): current population estimates, current number of fertile women in age band 15 to 44 years, and numbers of children presently aged 0-19 years.

Compared to current population statistics, there were more frequent comments about how the population needs would change in the future, with a focus on areas projected to have expanding populations. However, once again, the factors explaining option choice were mostly linked to where respondents live. For instance, with regards residents living in HWLH and EHS CCG areas, future population increases due to new housing developments and higher birth rates were stated as reasons for choosing Eastbourne focused options (Options 1, 3, 5):

"Putting the main services in the areas of most demand. Eastbourne 2012/2013 births - more than Hastings. Eastbourne 2012/2013 paediatric emergency in-patient admissions - more than Hastings." (Email comment)

"Moving services from Eastbourne ignores population growth. Thousands of new homes are to be built in the catchment area (Polegate, Hailsham, Uckfield) - already more births at Eastbourne than Conquest." (3163624106, Wealden, HWLH, Option 5) (Online survey)

Similarly, residents living in H&R CCG also felt that future population changes needed to be take into account and explained their preferred delivery options (Options 2, 4, and 6):

"Considering the size of Hastings and St Leonards (which is set to grow), no services should be removed from the Conquest hospital." (Petition slip, Hastings)

"There are more births in Hastings - Therefore more potential risk of emergency situations occurring. Also, there is a bigger younger population in Hastings needing access to paediatric services..." (3169872215, Hastings, H&R, Option 6) (Online survey)

"Figures from the ONS [Office for National Statistics] show that Hastings has the highest absolute number of live births of any East Sussex Town - 1,208 in 2012 compared with 1,193 in Eastbourne. It has a significantly higher total fertility rate 2.14 compared with 2.0 in

Eastbourne, and [Hastings] therefore has greater demand for maternity services (3095435572, Hastings, H&R, Option 6) (Online survey)

A final note with regards population needs arose in the focus groups which were to explore how the impacts of the proposed reconfiguration of services may affect people differently, and what measures could be put in place to mitigate these impacts. The first stage in this process was to understand the needs of the specific population sub-groups. As an example, young mothers were thought to potentially have specific needs regarding access to a car or a support network. As a further illustration, focus group responses from Gypsies and Travellers were particularly favourable for home-births as this was deemed culturally important (hence their preference for the CBC, as midwives were unlikely to attend transient sites). Further suggestions from Gypsies and Travellers were for maternity staff to undertake cultural competency training to respond to their needs, and for hospital sites to accommodate the extended family to visit when a child or family member is being cared for.

The continuation of the Crowborough Birthing Centre

A fourth additional insight was the overwhelming response received across the qualitative data set in support of retaining the Crowborough Birthing Centre (CBC) with the underlying issue again, largely related to travel and convenience (from those living in the north of the county), and respondents wanting travel times and distances to be minimised. For example:

"It would be devastating to close the Crowborough birthing unit, which caters very well for communities on the High Weald…" (3035570394, Wealden, HWLH, Option 5) (Online survey)

"The Parish Council supports the options that retain a fully staffed birthing unit at Crowborough Hospital. This is the only unit serving the north of the county and closure would force expectant mothers to travel to Hastings or Eastbourne Hospital. Considerable amounts of community raised funding has been used to support this facility over the years." (Email comment)

A further reason cited was the general excellence of care received at the CBC, for example:

"I gave birth at Crowborough birthing centre earlier this month and had a brilliant experience this service is invaluable!" (3024174896, Wealden, HWLH, Option 1) (Online survey)

Finally, comments from the online survey (Q5 and Q7), summary notes from the HWLH CCG market place events, and some written submissions (individual and organisational) posed possible solutions to the maintenance of the CBC. A repeated suggestion was the possibility of it being transferred to Maidstone and Tunbridge Wells (MTW) NHS Trust:

> *"… It is time to recognise that the CBC needs to be re-joined to the Maidstone and Tunbridge Wells Trust for maternity provision" (Organisational written submission, PPG-1, HWLH CCG)*

> *"… The CBC should be transferred to Maidstone and Tunbridge Wells NHS Trust to provide a more seamless care pathway for those who give birth in the northern part of the county." (3019172880, no information provided, Option 6) (Online survey)*

Campaign preferences: Proposal for an Option 7 ('Save the DGH') and 'Oppose the Conquest maternity downgrade'

The above responses help to explain people's preferences towards the six proposed delivery options and also raise other issues of importance in making such decisions. In this forthcoming section, although not part of the six delivery options (hence presented in this separate section), reference is drawn to the support to two separate campaigns that emerged towards the end of the consultation.

The first of these campaigns was for an 'Option 7' which advocates for full consultant-led services at both Eastbourne and Hastings[14]. With responses emerging from the 21st March 2014, this preference was revealed mainly through respondents explaining their choice of 'no preference' (Q5 in the survey), Q7 (*Anything else you would like to tell us?*), and email submissions. For example:

> *"Option 7 is my only preferred option, retaining both consultant-led services at Eastbourne and Hastings hospitals. " (3160773741, Eastbourne, EHS, no preference)*

> *"Option 7 would be my preference. I am very concerned that without having trained consultants on both Eastbourne and Hastings sites it would be affecting the vulnerable and also those with the least resources. In other words the poor and the marginalised with suffer the most." (Email comment)*

14 It is important to note that 'Option 7' was a term used by the 'Save the DGH campaign' and was not part of the formal consultation process. **This campaign advocated for** Eastbourne DGH and Conquest Hospital in Hastings to both have the same 24/7 core services including: Midwife-led unit consultant-led maternity service (obstetrics); emergency gynaecology; in-patient paediatrics; level 1 special care baby unit (SCBU); short stay paediatric assessment unit (SSPAU); and a midwife-led unit. S**ee** http://www.savethedgh.org.uk/X-sitedata/assets/docs-Mar14/Option7CampaignLeaflet.pdf. References to this Option 7 first appeared in the online survey from the 21st March 2014.

The Option 7/'Save the Eastbourne DGH' campaign addressed several of the concerns drawn out in this summary report including, for example, travel/transport issues, safety concerns, and population size. For example:

> *"All services should be available for both sites it is ridiculous that families have to travel to Hastings just for in-patient care and also the stress caused to staff having to work on both sites there is no option in here for this so I am voting option 7 which should have been included…" (3167490216, Eastbourne, EHS, no preference)*[15]

> *"We need Option 7… Eastbourne and its surrounding area comprise 120,000 people. Two new primary schools are in the pipe-line to accommodate all the extra children. To take away a fully functioning paediatric and maternity unit is appalling. The road network is terrible and to make worried relatives endure that journey is beyond comprehension." (Email comment)*

In relation to the above, similar concerns were also referenced in the second campaign to oppose the Conquest 'maternity downgrade' which commenced on 24th February 2014[16]. Campaign responses were conveyed through signed postcards, newspaper cuttings, signed promotion slips and petition slips, in support of the following statement from the local MP from Hastings and Rye:

> *"We believe our local hospitals need excellent quality consultant-led maternity services in place and oppose the downgrading of maternity services at the Conquest Hospital."*

Comments reflected a number of issues noted elsewhere in this analysis including concerns about travel and related safety concerns. For example:

> *"Mother is being ferried to a city over 50 kilometres away to give birth to their new baby is simply not good enough. We demand good, local maternity services for the parents and babies of Hastings, St Leonards and Eastbourne." (Petition slip, St Leonards-on-Sea)*

> *"I am opposed to the downgrading of maternity services at the Conquest, this will put the lives of mothers and babies at risk." (Petition slip, Hastings)*

Opposition to the Conquest maternity downgrade was also expressed through good personal experiences of care and the growing needs of the population. For example:

15 Those supporting 'Option 7' tended to report 'no preference' for any other option, indicating their disapproval of all the six options available.

16 The MP's web-page detailing the campaign was posted 24th February 2014.

"I delivered my first two children at the Conquest, where I found the service and the staff involved, excellent. I am now expecting my third child and it concerns me greatly that this proposal is even being considered… (Petition slip, Hastings)

"Considering the size of Hastings and St Leonards (which is set to grow), no services should be removed from the Conquest hospital." (Petition slip, Hastings)

Final comment

This report has documented the key findings from an independent analysis of data generated from the Better Beginnings formal public consultation (14th January 2014 to 8th April 2014 inclusive). Alongside this final summary report, a full technical report provides an in-depth account of all processes, methods, and analyses.

Evidence has been drawn from an online survey completed by 623 people and complemented by a wealth of qualitative data including: open-ended comments from the online survey; focus groups; market place notes; emails; and additional written submissions.

The headline finding from this analysis is that the two most preferred options, from the survey evidence, were for Options 5 (24.6% of responses) and 6 (24.8% of responses) with the vast majority of respondents preferring the option which provided the most services closest to where they lived.

The main concerns raised were about the location of the services, and actual and/or anticipated travel and transport difficulties. Further data showed the need to consider population size, growth and the needs of specific population sub-groups, and the strong desire to keep the Crowborough Birthing Centre. Towards the end of the consultation, there was evidence of considerable support for two campaigns: Option 7/'Save the DGH' (full consultant-led services at both Eastbourne and Hastings) and the 'Oppose the Conquest maternity downgrade' campaign.

Finally, it is important to stress that the analysts were not involved in the consultation process itself or the collection of any data. This has ensured a completely independent and impartial approach and means that all analytical conclusions are based solely on the data supplied to them. Furthermore, by adopting a team approach and using 'blind' data checks and repeated analyses, the findings are considered as far as possible to be an objective and accurate account of the consultation.

Appendix 1 – Online survey

Better Beginnings
Maternity and Paediatric Services in East Sussex

NHS

Better Beginnings - Public Consultation Survey

Thank you for reading the public consultation document, which can be found on our website. Please use this survey to let us know what you think.

1. After reading the consultation document, to what extent do you understand why clinicians believe that maternity services in East Sussex have to change?

☐ Fully understand ☐ Mostly understand ☐ Understand a little ☐ Do not understand at all

2. After reading the consultation document, to what extent do you understand why clinicians believe that in-patient paediatric services in East Sussex have to change?

○ Fully understand ○ Mostly understand ○ Understand a little ○ Do not understand at all

3. After reading the consultation document, to what extent do you understand why clinicians believe that emergency gynaecology services in East Sussex also have to change?

○ Fully understand ○ Mostly understand ○ Understand a little ○ Do not understand at all

4. Six options have been identified that we believe would result in safe and sustainable services (see pages 24 to 35 of the consultation document). Which of these six options would you prefer? (Please only select one option)

○ Option 1
○ Option 2
○ Option 3
○ Option 4
○ Option 5
○ Option 6
○ No preference

5. What were the main factors that influenced your choice? (Please choose ONE OR MORE factors)

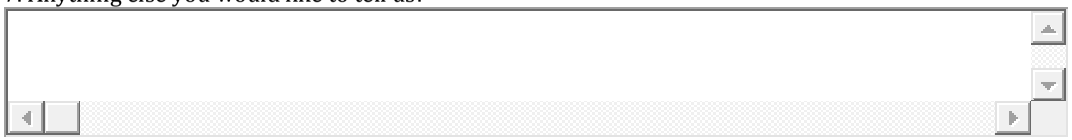
☐ The location of the consultant-led (obstetric) maternity unit
☐ The location of the inpatient paediatric unit
☐ The inclusion of an alongside midwife-led unit
☐ Better geographical spread of maternity services
☐ Other

If Other please describe...

6. Have you attended a Better Beginnings consultation event and spoken to a clinician or NHS staff member about the proposals?

- Yes
- No

7. Anything else you would like to tell us?



Better Beginnings
Maternity and Paediatric Services in East Sussex

NHS

Better Beginnings - Public Consultation Survey

About you

We want to make sure that everyone is treated fairly and equally and that no one gets left out. That's why we ask you these questions.

We won't share the information you give us with anyone else. We will only use it to help us make decisions and make our services better. If you would rather not answer any of these questions, you don't have to.

8. Which Council area do you live in?

- Eastbourne
- Hastings
- Lewes
- Rother
- Wealden
- None of these

9. What CCG area do you live in?

- Eastbourne, Hailsham and Seaford
- Hastings and Rother
- High Weald Lewes Havens
- None of these

- I don't know

If you don't know, please give us your full postcode and we can work it out

10. Are you...?

- Male
- Female
- Prefer not to say

11. Do you identify as a transgender or trans-person?

- Yes
- No
- Prefer not to say

12. Which of these age groups do you belong to?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-59
- 60-64
- 65-74
- 75+
- Prefer not to say

13. To which of these ethnic groups do you feel you belong? (Source: 2011 census)

- White British
- White Irish
- White Gypsy/Roma
- White Irish Traveller
- Mixed White and Black Caribbean
- Mixed White and Black African
- Mixed White and Asian
- Asian or Asian British Indian
- Asian or Asian British Pakistani
- Asian or Asian British Bangladeshi
- Black or Black British Caribbean
- Black or Black British African
- Arab
- Chinese
- Prefer not so say
- Other (please specify)

14. The Equality Act 2010 describes a person as disabled if they have a longstanding physical or mental condition that has lasted or is likely to last at least 12 months and; this condition has a substantial adverse effect on their ability to carry out normal day to day activities. People with some conditions (cancer, multiple-sclerosis and HIV/AIDS, for example) are considered to be disabled from the point they are diagnosed. Do you consider yourself to be disabled as set out in the Equality Act 2010?

- Yes
- No
- Prefer not to say

15. If you answered yes to the above question, please tell us the type of impairment that applies to you. You may have more than one type of impairment, so please select all that apply.

- Physical impairment
- Sensory impairment (hearing or sight)
- Long standing illness or health condition - Cancer, HIV, Heart disease, Diabetes
- Mental Health condition
- Learning disability
- Prefer not to say
- Other

If other, please specify

16. Do you regard yourself as belonging to any particular religion or belief?

- Yes
- No
- Prefer not to say

17. If you answered yes to the above question, which religion or belief to you belong to?

- Christian
- Muslim
- Jewish
- Hindu
- Buddhist
- Sikh

Any other religion, please specify

18. Are you...

- Bi/Bisexual
- Gay woman/Lesbian
- prefer not to say
- heterosexual/Straight
- Gay Man

Other (please specify)

Appendix 2 – Data tables

Profile frequencies for all respondents to the online survey (n=623)*

CCG Area n=597	%	Council Area n=595	%	Gender n=593	%	Transgender n=549	%	Age n=591	%	Ethnicity n=591	%	Disability n=592	%	Religion n=586	%	Sexual preference /identity n=561	%
EHS	43.2	Eastbourne	34.6	Male	13.7	Yes	0.7	Under 18	0.2	White British	73.8	Yes	4.7	Yes	43.3	Lesbian	0.4
H&R	27.3	Hastings	20.5	Female	85.2	No	94.5	18-24	5.4	Chinese	8.8	No	92.2	No	51.7	Gay	0.2
HWLH	23.6	Lewes	5.9	Prefer not to say	1.2	Prefer not to say	4.7	25-34	30.3	White Gypsy/Roma	1.2	Prefer not to say	3.0	Prefer not to say	4.9	Bi-Sexual	2.1
Don't know	4.4	Rother	7.1					35-44	25.4	White Irish Traveller	1.4					Heterosexual	90.0
None of these	1.5	Wealden	27.1					45-54	12.9	Arab	1.5					Prefer not to say	7.3
		None of these	4.9					55-59	6.6	Asian or Asian British	1.2						
								60-64	6.9	Other	9.2						
								65-74	8.0	Prefer not to say	3.0						
								75+	2.2								
								Prefer not to say	2.2								
Totals**	**100**	**Totals**	**100.1**	**Totals**	**100.1**	**Totals**	**99.9**	**Totals**	**100.1**	**Totals**	**100.1**	**Totals**	**99.9**	**Totals**	**100**	**Totals**	**100**

* As not all the questions were mandatory, the total responses per question do not always total 623 responses

** On occasions the percentages may not add up to 100.0% precisely. This is due to the rounding up or down of decimal points

Table 3: Profile frequencies for all respondents to the online survey (%)

Demographic profile of the sample by CCG

		Eastbourne, Hailsham and Seaford %	Hastings and Rother %	High Weald Lewes Havens %	Totals*
Age (n=539)	<18	0.0	0.0	0.8	0.2
	18-24	6.0	5.8	4.5	5.6
	25-34	23.5	37.2	36.4	30.6
	35-44	23.9	19.9	34.1	25.2
	45-54	15.9	15.4	5.3	13.2
	55-59	8.4	7.1	5.3	7.2
	60-64	7.6	6.4	6.8	7.1
	65-74	11.6	7.1	5.3	8.7
	75+	3.2	1.3	1.5	2.2
Gender (n=553)	Male	15.7	14.4	11.6	14.3
	Female	83.5	83.8	87.7	84.6
	Prefer not to say	0.8	1.9	0.7	1.1
Trans-gender (n=512)	Yes	1.7	0	0	0.8
	No	93.2	94.5	95.5	94.1
	Prefer not to say	5.1	5.5	4.5	5.1
Ethnicity (n=551)	White British	70.4	71.2	86.2	74.6
	Chinese	13.4	10.6	0.7	9.4
	Other	12.6	14.4	11.6	12.9
	Prefer not to say	3.6	3.8	1.4	3.1
Disability (n=549)	Yes	5.6	5.0	2.2	4.6
	No	90.0	92.5	96.4	92.3
	Prefer not to say	4.4	2.5	1.5	3.1
Sexual preference /identity (n=523)	Bi/Bisexual	2.1	1.9	2.3	2.1
	Heterosexual	88.1	90.3	93.2	90.1
	Gay woman/lesbian	0.4	0.6	0.0	0.4
	Gay man	0.0	0.6	0.0	0.2
	Prefer not to say	9.4	6.5	4.5	7.3
Religion (n=543)	Yes	45.7	41.6	40.9	43.3
	No	49.8	51.6	54.0	51.4
	Prefer not to say	4.5	6.8	5.1	5.3

***** Totals for all those who answered both questions (e.g. age *and* CCG) where the comparisons are made (which is different to the whole sample comparisons presented in Table 3)

Table 4: Demographic profile of the sample by CCG (%)

Understanding the need to change, preferred options, and attendance at a Better Beginnings event

Understanding of the need to change: maternity (n=621)	%	Understanding of the need to change: in-patient paediatrics (n=622)	%	Understanding of the need to change: emergency gynaecology (n=622)	%	Preferred delivery option (n=622)	%	Factors influencing option choice	%*	Attendance at Better Beginnings event (n=215)	%
Fully	50.4	Fully	45.2	Fully	46.3	Option 1	15.4	Location of consultant-led (obstetric unit)	49.4	Yes	48.8
Mostly	32.4	Mostly	35.4	Mostly	34.4	Option 2	4	Location of the in-patient paediatric unit	34.3	No	51.2
A little	11.3	A little	11.9	A little	12.2	Option 3	10.8	The inclusion of an alongside midwife-led unit	26.5		
Do not understand at all	6.0	Do not understand at all	7.6	Do not understand at all	7.1	Option 4	9.3	Better geographical spread of maternity services	45.3		
						Option 5	24.6	Other	17.0		
						Option 6	24.8				
						No preference	11.1				
Totals**	**100.1**	**Totals**	**100.1**	**Totals**	**100.0**	**Totals**	**100.0**	**Totals**	**N/A***	**Totals**	**100**

* Respondents could choose more than one factor

** On occasions the percentages may not add up to 100.0% precisely. This is due to the rounding up or down of decimal points

Table 5: Data table for understanding the need to change, preferred options, and attendance at a Better Beginnings event (%)

Attendance at a Better Beginnings event

Attendance at a Better Beginnings event			Yes	No
Understanding of the need to change	Maternity (n=215)	Fully	61.9	40.0
		Mostly	22.9	32.7
		A little	9.5	15.5
		Not at all	5.7	11.8
	In-patient paediatrics (n=215)	Fully	58.1	33.6
		Mostly	22.9	34.5
		A little	9.5	16.4
		Not at all	9.5	15.5
	Gynaecology (n=215)	Fully	57.1	33.6
		Mostly	25.7	36.4
		A little	9.5	15.5
		Not at all	7.6	14.5

Table 6: Understanding of the need to change by attendance at a Better Beginnings event (%)

Cross sample comparison regarding preferred options

			Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	No Preference
Preferred Option by Council area		Eastbourne	44.8	9.1	72.1	9.6	44.0	15.2	50.8
		Hastings	3.4	45.5	1.6	69.2	1.4	44.2	13.8
		Lewes	6.9	0.0	4.9	1.9	9.9	5.8	4.6
		Rother	1.1	27.3	0.0	13.5	2.1	14.5	7.7
		Wealden	43.7	18.2	21.3	5.8	42.6	20.3	23.1
Preferred Option by CCG area		EHS	62.1	9.1	88.9	11.5	53.2	20.0	61.3
		H&R	4.6	72.7	1.6	82.7	4.3	59.3	21.0
		HWLH	33.3	18.2	9.5	5.8	42.6	20.7	17.7
Preferred Option by Gender		Male	8.6	2.5	8.6	8.6	28.4	24.7	18.5
		Female	16.0	4.0	11.1	8.9	25.0	25.5	9.5
Preferred Option by Age		<18	1.1	0	0	0	0	0	0
		18-24	9	4.2	4.8	3.8	6.3	3.4	6.8
		25-34	31.5	25	19.4	34.6	33.6	37.6	18.6
		35-44	24.7	8.3	32.3	23.1	28	26.2	25.4
		45-54	3.4	25	21	17.3	8.4	16.1	15.3
		55-59	3.4	16.7	9.7	3.8	7.7	4.7	10.2
		60-64	11.2	0	3.2	13.5	7	4.7	8.5
		64-74	12.4	16.7	4.8	3.8	8.4	6	10.2
		75>	3.4	4.2	4.8	0	0.7	1.3	5.1
Understanding of the need to change	Maternity	Fully	37.9	52.0	38.8	79.3	52.3	59.1	30.4
		Mostly	41.1	24.0	46.3	13.8	33.3	33.1	21.7
		A little	18.6	4.0	11.9	5.2	13.1	7.1	15.9
		Not at all	4.2	20.0	3.0	1.7	1.3	0.6	31.9
	In-patient paediatrics	Fully	30.2	44.0	38.8	69.0	43.1	57.8	29.0
		Mostly	43.8	32.0	44.8	24.1	38.6	33.8	21.7
		A little	19.8	12.0	13.4	5.2	11.8	6.5	17.4
		Not at all	6.2	12.0	3.0	1.7	6.5	1.9	31.9
	Gynaecology	Fully	32.3	52.0	40.3	75.9	47.1	51.9	30.4
		Mostly	41.7	24.0	43.3	15.5	34.6	39.6	23.2
		A little	26.7	12.0	13.4	6.9	14.4	7.1	15.9
		Not at all	9.4	12.0	3.0	1.7	3.9	1.3	30.4

Table 7: Data table for preferred delivery options (%)

Independent Analysis of the Better Beginnings Public Consultation in East Sussex: 14th January - 8th April 2014

Final Technical Report

Dr Lester Coleman and Dr Nigel Sherriff

April 2014

This independent analysis was commissioned by the Eastbourne, Hailsham, and Seaford Clinical Commissioning Group (CCG). The views expressed in this report article are those of the authors only.

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List of abbreviations

BME	Black and Minority Ethnic
CCG	Clinical Commissioning Group
CBC	Crowborough Birthing Centre
DGH	District General Hospital
EHS	Eastbourne, Hailsham, and Seaford
ESHT	East Sussex Healthcare NHS Trust
HWLH	High Weald Lewes Havens
H&R	Hastings and Rother
MLU	Midwife-Led Unit
PPG	Patient Participation Group
SCBU	Special Care Baby Unit
SECAmb	South East Coast Ambulance Service NHS Foundation Trust
SSPAU	Short Stay Paediatric Assessment Unit

About this report

The authors of this report were commissioned to provide an independent analysis of the data generated from the Better Beginnings formal public consultation (14th January 2014 to 8th April 2014 inclusive). The analysts were not involved in the consultation process itself or the collection of any data. This ensures their independence but also means that all analytical conclusions are based solely on the data supplied to them.

The authors considered the qualitative and quantitative data generated from the consultation using a combination of descriptive statistics and thematic analysis with the assistance of data analytical software packages including SPSS v.20 and Nvivo v.10.

This technical report is split into two main parts – introduction and methods (Sections 1-2); followed by detailed findings from the consultation focused primarily around the delivery options for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex (Sections 3-10). A final overarching summary is provided in Section 11.

Alongside this final technical report, a summary report is also available which presents an accessible compilation of the key findings from the analysis of the Better Beginnings consultation responses.[17]

17 *Coleman, L.C. and Sherriff, N.S. (2014). Independent Analysis of the Better Beginnings Public Consultation in East Sussex: 14th January - 8th April 2014: Final summary report. Coleman Research and Evaluation Services.*

Section 1 – Introduction and background

1.1 Background to the consultation

Better Beginnings consists of proposals for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex. The services under review are consultant-led maternity services, special care baby units, midwife-led units, short-stay paediatric assessment units, in-patient paediatric units, and emergency gynaecology. These services are commissioned by the three Clinical Commissioning Groups (CCGs) in East Sussex including: Eastbourne, Hailsham and Seaford (EHS) CCG; Hastings and Rother (H&R) CCG and; High Weald Lewes Havens (HWLH) CCG (see Figure 1).

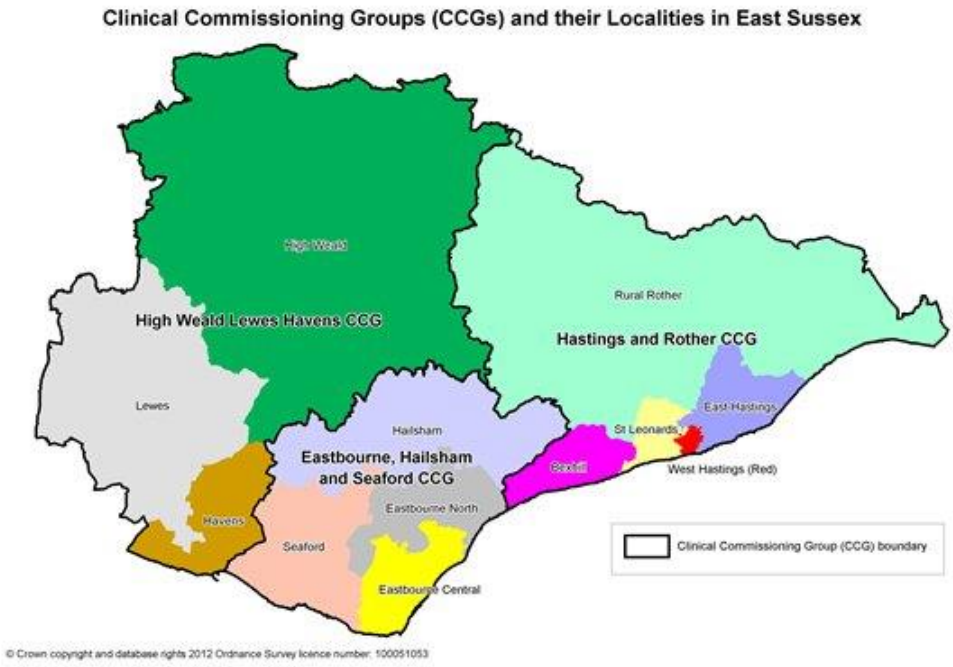


Figure 9: Map of CCG areas and their localities in East Sussex

The Better Beginnings consultation was driven by an in-depth clinical study of all maternity and paediatric services across Sussex, which identified the urgent need to improve safety and quality in East Sussex, with particular reference to maternity services. Clinicians from NHS organisations across the whole of Sussex began a year-long study of maternity and children's services during 2012, resulting in the publication of the Sussex Clinical Case for Change (2013) and the launch, in East Sussex of the Better Beginnings review (2013). The Sussex Clinical Case for Change confirmed that the consultant-led maternity units in East Sussex were having difficulties in meeting agreed standards and had major challenges in maintaining patient safety and quality of care. The main problems were recruiting and retaining obstetric doctors and midwives, who generally prefer high volume units where they can develop and maintain their skills, with lower then optimum birth rates

at the Conquest Hospital (Hastings) and the Eastbourne District General Hospital (DGH)[18]. The outcomes were too many serious incidents (reportable events that have contributed to significant harm, or the risk of, or death of a patient), transfers (transfer to another hospital during labour due to insufficient capacity), and diverts (those who have a planned admission and inform the unit they are in labour, being requested to go to another unit due to insufficient capacity)[19].

In response to increasing serious incidents, and supported by a review and report by the National Clinical Advisory Team (NCAT), ESHT took the decision to make a number of temporary changes to maternity, in-patient paediatric and emergency gynaecology services that were implemented in May 2013. These changes resulted in all consultant-led maternity services and in-patient paediatrics being moved onto one site at the Conquest Hospital in Hastings (see Option 6 in Table 1).

1.2 Purpose of the consultation

The purpose of the Better Beginnings public consultation was to raise people's awareness, seek people's views, and to gather feedback and suggestions on a number of options for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex.

More specifically, the consultation process intended to engage a wide range of stakeholders (including staff, clinicians, partner organisations, active service users and local residents) to assess their views on the clinical case for change and the six proposed delivery options. The consultation also aimed to generate qualitative feedback through focus group discussions with targeted groups identified in an earlier Equality Analysis (EA), to explore any potential solutions which may lessen the impacts of forthcoming changes to the delivery of services.

This current report is centred solely on the analysis of responses to the Better Beginnings public consultation from 14th January 2014 to 8th April 2014 inclusive.

1.3 The Better Beginnings public consultation: six options for future delivery

The Better Beginnings consultation was focussed on people's opinions of six delivery options for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex. These options were developed by GPs, doctors, and midwives and have been tested with lead maternity and paediatric clinicians from across Sussex and with national clinical experts. The main

18 The terms 'Conquest Hospital (Hastings)', 'Conquest' and 'Hastings' are used interchangeably in this report to refer to the same hospital site.

19 See Coffey, D. et al., (2013). *Better Beginnings: Maternity and Paediatric Services in East Sussex- Pre-Consultation Business Case*. Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG, High Weald Lewes Havens CCG.

difference between the proposed options and the services as they were provided before the temporary change is that the options do not include the provision of consultant-led maternity and in-patient paediatric services on two hospital sites. While previously there was a single midwife-led unit in East Sussex, each of the proposed options includes two midwife-led units. Although these options do present changes to delivery, it is important to note that most services will continue to be delivered at the two main hospital sites (Conquest Hospital at Hastings and Eastbourne DGH) such as maternity day assessment, antenatal clinics, ultrasound, early pregnancy unit, paediatric outpatients, gynaecology outpatients, paediatric day surgery, gynaecology day surgery, and community services. Each option includes a short stay paediatric assessment unit at both main hospitals.

It is important to acknowledge that the six options actually operate through three distinct models of care with the locations 'flipped' between the Conquest Hospital Hastings and Eastbourne DGH (see Table 1 next page).

Six options (3 models) for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex

Model of Care	Delivery Option	Service	Eastbourne DGH	Conquest (Hastings)	Crowborough Birthing Centre
Model 1	Option 1	Midwife-led unit (MLU)	✓	✗	✗
		Consultant-led maternity service (obstetrics)	✓	✗	✗
		Emergency gynaecology	✓	✗	✗
		In-patient paediatrics	✓	✗	✗
		Level 1 Special Care Baby unit (SCBU)	✓	✗	✗
		Short Stay Paediatric Assessment Unit (SSPAU)	✓	✓	✗
		Birthing services (2 sites)	✓	✗	✓
	Option 2	Midwife-led unit (MLU)	✗	✓	✓
		Consultant-led maternity service (obstetrics)	✗	✓	✗
		Emergency gynaecology	✗	✓	✗
		In-patient paediatrics	✗	✓	✗
		Level 1 Special Care Baby unit (SCBU)	✗	✓	✗
		Short Stay Paediatric Assessment Unit (SSPAU)	✓	✓	✗
		Birthing services (2 sites)	✗	✓	✓
Model 2	Option 3	Midwife-led unit (MLU)	✓	✓	✗
		Consultant-led maternity service (obstetrics)	✓	✗	✗
		Emergency gynaecology	✓	✗	✗
		In-patient paediatrics	✓	✗	✗
		Level 1 Special Care Baby unit (SCBU)	✓	✗	✗
		Short Stay Paediatric Assessment Unit (SSPAU)	✓	✓	✗
		Birthing services (2 sites)	✓	✓	✗
	Option 4	Midwife-led unit (MLU)	✓	✓	✗
		Consultant-led maternity service (obstetrics)	✗	✓	✗
		Emergency gynaecology	✗	✓	✗
		In-patient paediatrics	✗	✓	✗
		Level 1 Special Care Baby unit (SCBU)	✗	✓	✗
		Short Stay Paediatric Assessment Unit (SSPAU)	✓	✓	✗
		Birthing services (2 sites)	✓	✓	✗
Model 3	Option 5	Midwife-led unit (MLU)	✗	✓	✓
		Consultant-led maternity service (obstetrics)	✓	✗	✗
		Emergency gynaecology	✓	✗	✗
		In-patient paediatrics	✓	✗	✗
		Level 1 Special Care Baby unit (SCBU)	✓	✗	✗
		Short Stay Paediatric Assessment Unit (SSPAU)	✓	✓	✗
		Birthing services (3 sites)	✓	✓	✓
	Option 6*	Midwife-led unit (MLU)	✓	✗	✓
		Consultant-led maternity service (obstetrics)	✗	✓	✗
		Emergency gynaecology	✗	✓	✗
		In-patient paediatrics	✗	✓	✗
		Level 1 Special Care Baby unit (SCBU)	✗	✓	✗
		Short Stay Paediatric Assessment Unit (SSPAU)	✓	✓	✗
		Birthing services (3 sites)	✓	✓	✓

** Option 6 represents the current configuration of services following the introduction of temporary changes in May 2013 by East Sussex Hospitals Trust*

Table 8: Six options for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex

1.4 Structure of the report

Following this introductory section, Section 2 outlines the processes and methods used to capture and analyse people's views in the consultation. The subsequent sections present the findings from the analyses as follows:

Section 3 presents the 'whole sample' findings (n=623) from the online survey. Section 4 focuses on the analysis of the preferred delivery options or models of care described above. Section 5 looks at how these options vary by a number of features e.g. by the reasons for selecting an option, across CCG area, and a number of socio-demographic indicators (gender, age, disability and ethnicity) where sufficient in number to permit meaningful comparisons.

Sections 6 to 10 add some important complementary information. Important contributions are drawn from 279 further open-ended comments from the survey; five focus groups with 115 participants; 33 (large-scale and mini) market place event engaging 1276 people; five meetings with elected Councillors in each of the five Districts/Boroughs of East Sussex; eight meetings with 46 clinical staff (ESHT and SECAmb); feedback from social media (including 508 emails and eight telephone logs); and 25 written submissions from organisations and individuals as well as a further 1005 individual responses representing two campaigns (a proposed Option 7 from 'Save the Eastbourne DGH'[20] and 'Oppose the Conquest maternity downgrade'). A final overarching summary is provided in Section 11.

20 It is important to note that 'Option 7' was a term used by the 'Save the DGH campaign' and was not part of the formal consultation process.

Section 2 – Processes and methods

2.1 Process overview and data available

The consultation took place between 14th January and 8th April 2014 inclusive. During this period the three CCGs in East Sussex (Eastbourne, Hailsham and Seaford (EHS) CCG; Hastings and Rother (H&R) CCG and; High Weald Lewes Havens (HWLH) CCG) encouraged a wide and comprehensive consultation on the six delivery options identified for the future delivery of maternity, in-patient paediatric and emergency gynaecology services. To achieve this, there were a number of elements to the consultation process:

(a) Online survey;
(b) Targeted focus groups;
(c) Market place events (large scale and 'mini-market place' events);
(d) Meetings with elected representatives, staff from the East Sussex Healthcare NHS Trust (ESHT), and the South East Coast Ambulance Service NHS Foundation Trust (SECAmb);
(e) Written submissions (individual, group/organisational, campaign);
(f) Communications (social media, email, telephone).

(a) Online survey

The online survey (Appendix 1) consists of seven mostly fixed response questions and 11 demographic questions. Questions covered the following:

- Awareness and understanding of the needs to change services;
- Preference for one of the six delivery options (or a 'no preference' option);
- Factors influencing option choice;
- Attendance at one of the Better Beginnings events;
- Location (Council area and CCG area);
- Demographic profile including gender (and transgender), age, ethnicity, disability, religion, and sexual preference and/or identity.

This survey is viewed as the primary source of information for analysis. Data were accessible to the analysts directly from Survey Monkey with permission from the three East Sussex CCGs. Hard copy versions of the online survey were also available through the series of market place events (below), and formed part of the consultation document which was circulated widely through health and community venues and sent directly to all key stakeholders including all staff in the units affected. These hard copies were entered directly into Survey Monkey by EHS CCG staff, with a proportion of these copies being made available to the analysts to complete checks for data entry accuracy.

(b) Targeted focus groups

A key consideration during the pre-consultation period identified as a result of the required Equality Analysis (EA)[21], was to identify any actions necessary to mitigate against potential adverse impacts and/or safeguard positive impacts. The EA identified a number of groups with 'protected characteristics'[22] that should be targeted through the consultation process including: Parents of children with complex needs (carers); ethnic minorities, particularly migrants and Gypsies and Travellers; teenage and older mothers; young people; lone parents; fathers; and women who may require access to emergency gynaecology services. To try and capture the potential impacts and mitigating actions to be considered, a series of five focus groups were conducted with individuals (n=115) from some of the groups identified in the EA including: carers, young mothers, Gypsies and Travellers, and individuals from Black and Minority Ethnic (BME) groups.

The topic guide used in the focus groups (Appendix 3) was structured around eight areas including: welcome and introductions; ground rules and consent; about the consultation; questions; service Options (1-6) and; conclusions. Prior to the commencement of the focus groups, participants were provided with briefing notes, a participant information sheet, and provided written informed consent (Appendices 2 and 4). All participants agreed to the audio recording of the groups, and were assured of confidentiality and anonymity of their responses. Participants were also informed that they could withdraw their participation (without giving a reason) at any time. Summary notes taken by the focus group moderator and co-moderator were provided to the analysts and, for some groups, digital audio recordings were made available (which were semi-transcribed by the analysts).

(c) Market place events (large scale and 'mini-market place' events)

These events were provided to give the opportunity for the public to talk directly to clinicians (typically a consultant, midwife lead, and GP) and managers about the proposed delivery options. There were a total of 33 events engaging 1276 people[23]. These events ranged from large scale all-day 'market stalls' (with 10 A1 display boards used, feedback forms, hard copies of the questionnaire and consultation document) to smaller time slots visiting particular venues such as Children Centre's and Leisure Centres ('mini-market place' events). The first was held on the 29th January 2014 and the last event was on the 2nd April 2014.

21 Coffey, D. et al., (2013). *Better Beginnings: Maternity and Paediatric Services in East Sussex- Pre-Consultation Business Case*. Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG, High Weald Lewes Havens CCG.

22 Equality Act 2010. See https://www.gov.uk/equality-act-2010-guidance

23 This is an estimate based on the number of documents handed out and counting the numbers of discussions. Mini-market place figures are more accurate than the large scale market place events.

The purpose of these events was to engage the public in the consultation process including the provision of feedback on the proposed delivery options, as well as to answer any questions raised. People were encouraged to take copies of the Better Beginnings public consultation document (see www.betterbeginings-nhs.net), within which is a hard copy version of the online survey. People had the option to complete the hard copy of the questionnaire at the market stall event, complete the survey online, or take away and complete on another occasion (and return by FREEPOST). At the market place events, the following data were collected:

- Number of people receiving information (taken as copies of the consultation document distributed at the bigger events and actual numbers of people at the 'mini-market place' events);
- Open-ended comments provided by the public;
- Ongoing accumulation of Frequently Asked Questions; and
- De-brief notes provided by the clinicians and managers recorded after the event.

Data were provided to the analysts by the commissioning CCG in the form of summarised event notes, and were analysed thematically.

(d) Meetings with elected representatives and East Sussex Healthcare NHS Trust (ESHT) staff (non-public)

Five meetings were held with local elected representatives (Councillors) covering each of the five District/Borough within East Sussex. These meetings served to ensure that local Councillors were aware of the delivery options and the consultation process, and would be able to articulate and transfer this information throughout their local communities. Data available to the analysts were notes of the meetings taken by a representative of the respective Council (although in two cases only a list of the questions raised was provided).

In addition, seven meetings were conducted with 41 maternity and paediatric staff from the East Sussex Healthcare NHS Trust (ESHT) from the units (and three CCG areas) likely to be affected by the consultation outcomes (locations included Crowborough Birthing Centre, Conquest Hospital in Hastings, and the Eastbourne DGH). An eighth meeting was also held with a further five staff from the South East Coast Ambulance Service NHS Foundation Trust (SECAmb). The purpose of these meetings was multi-fold to ensure that: staff felt that they were being listened to in the consultation process; they had accurate information and understood fully the reasons for the proposed changes and why it was not being proposed that services could return to how they were; and they could pose questions for clarification. Views from this informed audience were considered by the commissioning CCG as part of the consultation process. Staff participating in the meetings each

received a copy of the consultation document and were encouraged to complete the online survey. Data were provided to the analysts in the form of summarised meeting notes, and were analysed thematically.

(e) Written submissions from organisations

A number of written submissions were received by the East Sussex CCGs via a Better Beginnings FREEPOST address. Individual letters and organisational/group submissions in hard copy were scanned and made available to the analysts. Campaign submissions (e.g. printed petition slips, signed slips from newspaper cuttings) were counted and collated by the commissioning CCG and sent to the analysts in summary form. In total, 1,030 written submissions were received by the East Sussex CCGs in time to be considered as part of this consultation analysis (Tables 19-20).

(f) Communications (social media, email, website, telephone)

The consultation process encouraged people to air their opinions via Facebook, Twitter, email, and telephone. Data was captured in terms of content (e.g. comments), number of post/tweets as well as numbers of friends/followers and so on. All email and telephone data/responses received by the three CCGs were sent to the analysts on a regular basis in excel format.

2.2 Analytical framework

There were a mixture of quantitative (principally the survey) and qualitative data generated by the consultation process. The data were subject to a systematic analytical pathway as follows:

(a) Retrieval and initial organisation of data

Systems were agreed with the EHS CCG for the secure delivery and safe storage of data. It was agreed that data were sent to the analysts at least once a week but no later than every 10 days. The analysts had direct access to the survey through the password protected Survey Monkey account. This data gathering was ongoing throughout the consultation process. On completion of the contract, all data materials were either returned to the relevant commissioning contact and/or destroyed as required.

(b) Data preparation and management

This involved the translation of any 'hard copy' data, audio files, market place notes, etc. into a format suitable for analysis, for example the semi-transcription of focus group audio files.

(c) Analysis of quantitative data

Analysis of the quantitative survey data commenced 48 hours after the end of the formal consultation (i.e. 10th April 2014). This was to allow for any hard copies of the survey completed up to the deadline (8th April 2014) to be returned by post, processed, and included in the final data set.

All survey data were 'cleaned' (checked for errors, missing data, etc.), converted numerically (where required), and analysed in SPSS (Statistical Package for the Social Sciences). An integral part of this process was developing a coding frame (how responses are referred to numerically) and a data file with a complete list of variable names and labels. Some re-coding of Q1 (Appendix 1) was required as the question erroneously allowed multiple rather than single responses. In addition, where respondents did not know their CCG and/or Council area (or required correction; n=81 in total), but had provided a postcode, the CCG/Council area was calculated and inputted accordingly.

At the start of the consultation (14th January 2014) the online survey gave respondents a choice of six service delivery options of which they had to choose one in order to be able to progress with the survey. However, as of 7th February 2014, this was adjusted by the commissioning CCG to allow respondents to express a 'no preference' option along with an open-response text box to elaborate on the reason(s) for their choice. Two respondents had selected 'Option 5' before this 'no preference' option had been introduced. Analyses of their open-ended comments in Q7 suggested strongly that they had 'no preference' but were 'forced' into choosing one of the six options in order to progress through the survey. Consequently, these two cases were re-coded from Option 5 to 'no preference'. Finally, one test case inputted by the commissioning CCG was removed (case identifier: 3117154914).

The quantitative analysis comprised a mix of frequencies and cross-tabulations of the following:

- Location and demographic profile of the survey respondents for the whole sample (Section 3);
- Preferred delivery options, for the whole sample (Section 4);
- Cross sample comparisons regarding preferred options (e.g. by location; Section 5).

(d) Analysis of qualitative data

As the findings generated by qualitative data were unlikely to be predetermined, a thematic analysis approach was employed. This analysis focused on the generation and emergence of common themes and explanations derived from the transcripts and notes.

There were a variety of qualitative data, including notes, letters and audio recordings. Data were derived from: open-ended comments from the survey (Section 4 and 6); targeted focus groups (Section 7); market place events (Section 8); meetings with elected representatives and

ESHT/SECAmb staff (Section 9); written submissions (Section 10) and; social media and communications (Section 10). Together, these qualitative data provide valuable insights regarding the issues and concerns raised over the proposed reconfiguration of services.

(e) Quality/validation checks

The analysts ran a series of 'blind' checks on the data set as a whole to assess the analytical process to ensure, for example, that the focus groups were interpreted by both analysts in the same manner. Similarly, the frequency tests and cross-tabulations from the quantitative data were analysed separately by each analyst to ensure consistency and reliability of the findings. This process ensured both the objectivity and accuracy of the findings presented.

(f) Triangulating data

It is essential to consider the interaction between the quantitative and qualitative analysis. Rather than viewed as separate processes, each analytical activity was able to inform the other. For example, there were occasions where the findings from the survey could be partially explained by looking at the in-depth qualitative data.

(g) Defining key findings and reporting

On completion of the data analysis, the final stage involved amalgamating all the main findings presented in this technical report into a more accessible final (summary) report[24].

2.3 Timetable for reporting

Table 2 below provides a broad overview of the timetable for the analysis of the consultation data and reporting periods. The final summary and full technical reports were delivered to Eastbourne, Hailsham, and Seaford CCG on the 29th April 2014.

Activity	January				February				March				April			
Week:	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Consultation period (14th January-8th April 2014)																
Analysis of early responses																
Interim reporting of consultation responses																
Response to interim feedback																
Consultation close and cut-off for analysis																
Final analysis of responses																
Final reporting of consultation responses																
Final technical and summary reports delivered																

24 See *Coleman, L.C. and Sherriff, N.S. (2014). Independent Analysis of the Better Beginnings Public Consultation in East Sussex: 14th January - 8th April 2014: Final summary report. Coleman Research and Evaluation Services.*

Table 9: Timetable of activities and reporting

Section 3 – Online survey: demographic profile of respondents (whole sample)

A total of n=623[25] individuals responded to the Better Beginnings public consultation survey between 14th January 2014 and the 8th April 2014 inclusive. As can be seen from Figure 2 below, responses per week were relatively steady with four 'spikes' corresponding with the opening and closing of the survey, including one midpoint 'spike' possibly due to the number of market place and mini-market place events taking place where attendees were actively encouraged to complete the survey. Almost one quarter of all responses (159) were submitted on the closing day of the consultation. This notable increase in response rate may represent the pressure to respond before the consultation expired and/or as a result of the impact of two local advocacy campaigns (see later sections).

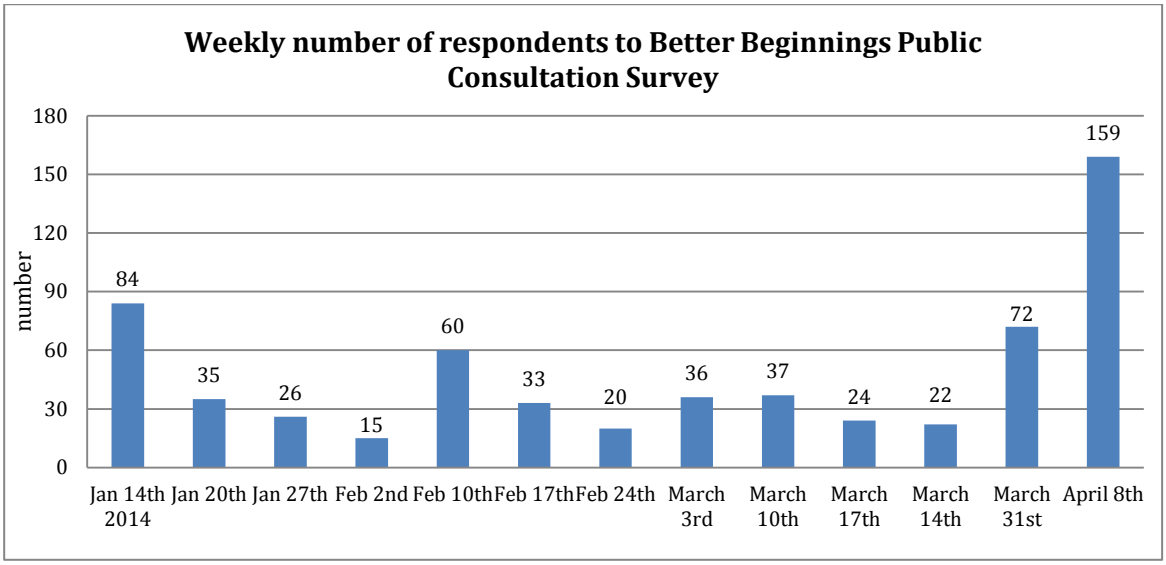


Figure 10: Weekly number of respondents to the Better Beginnings public consultation survey

Understanding the geographic location of those who completed the online survey as well as their demographic profile (e.g. gender, age, disability) is important in order to be to contextualise and explore whether a wide range of respondents were reached by, and contributed to, the consultation process. These demographic profiles are also analysed by CCG.

For all data analysed, both at the 'whole sample' level and cross-tabulations, all responses are included (e.g. 'don't knows', and those with low number of responses)[26]. Charts are included for

25 *n denotes the number of people, in this case the number of survey respondents.*

26 Sample numbers are provided (n) to caution against interpretations where applicable.

additional clarity, as well as data tables summarising the raw data. Table 3 outlines the profile frequencies for all respondents to the online survey.

3.1 Location profile of respondents

(a) Council Area - The majority of respondents to the online survey reported living in Eastbourne (34.6%; n=206) followed by Wealden (27.1%; n=161), Hastings (20.5%; n=122), Rother (7.1%; n=42), and Lewes (5.9%; n=35). 4.9% (n=29) reported as 'none of these' areas (Figure 3).

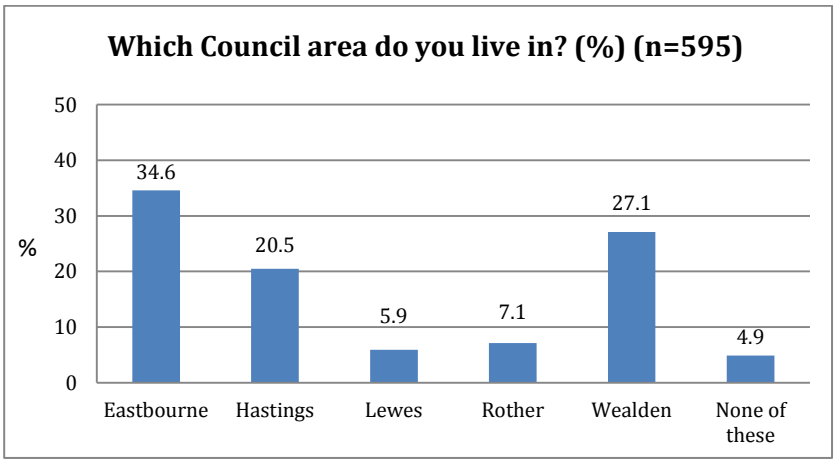


Figure 11: Location profile of respondents by Council area

(b) CCG Area - Most respondents were from EHS (43.2%; n=258) followed by H&R (27.3%; n=163), and HWLS (23.6%; n=141). 4.4% (n=26) reported 'none of these' option and 1.5% (n=9) said they didn't know (Figure 4).

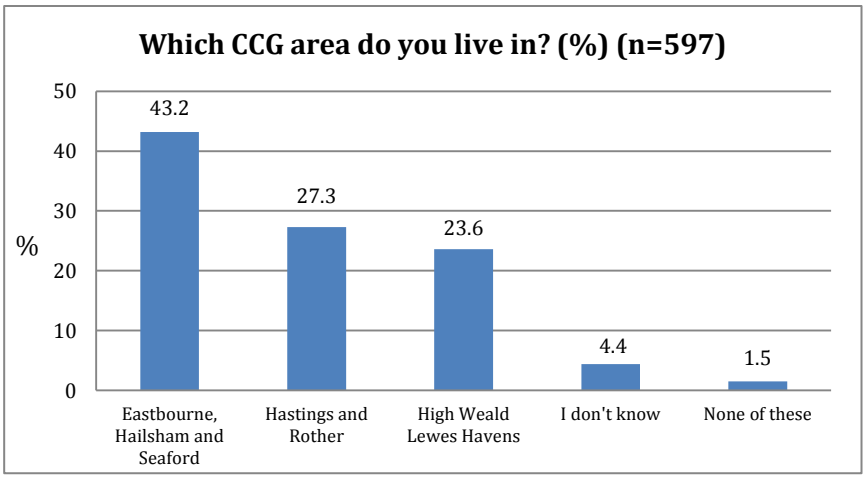


Figure 12: Location profile of respondents by CCG area

3.2 Demographic profile of respondents

The demographic profile of the whole sample is presented for gender (including transgender), age group, ethnicity, disability, religion and sexual preference and/or identity.

(a) Gender - Of those who completed the online survey, 85.2 % (n=505) were women and 13.7 % were men (n=81; Figure 5). 1.2% (n=7) preferred not to say. Four respondents considered themselves to be transgendered (0.7%), and 4.7% (n=26) of those who responded to this question preferred not to say (Figure 6).

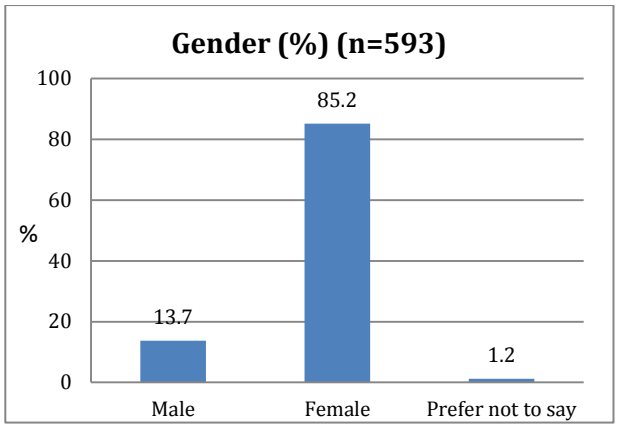


Figure 13: Gender profile of respondents

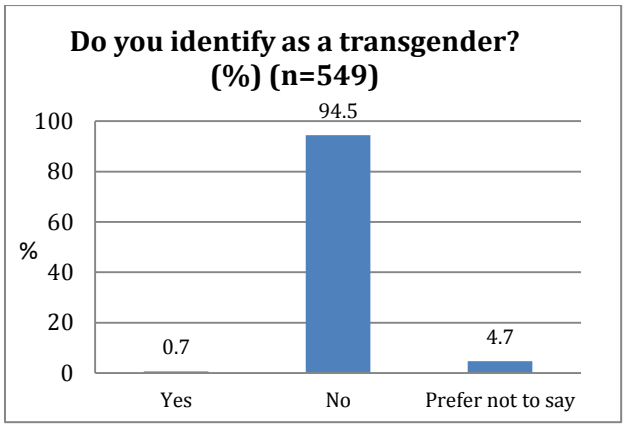


Figure 14: Transgender profile of respondents

(b) Age - Most respondents to the online survey were aged between 25-34 years (30.3%; n=179) closely followed by those aged 35-44 (25.4%; n=150; Figure 7).

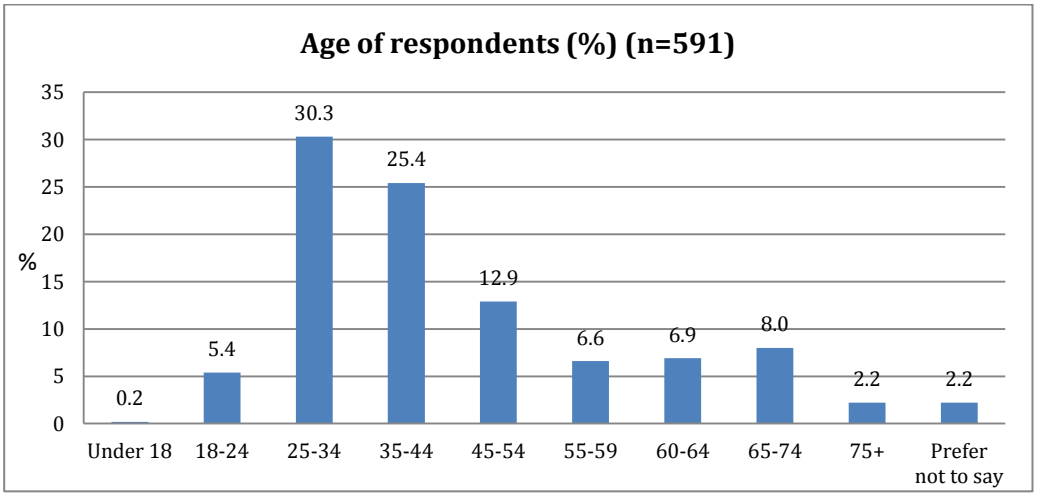


Figure 15: Age profile of respondents

(c) Ethnicity - The majority of respondents to the survey were White British (73.8%; n=436), followed by 'Other' (9.2%; n=54) and Chinese, (8.8%; n=52). Of those in the 'Other' category, reported ethnicities/nationalities included Cypriot, Czech, Kurdish, Latvian, Melanesian, American, Mixed Chinese, Albanian, French, Italian, White South African, Polish, and Malaysian (Figure 8).

Additional ethnicities disclosed included: Arab (1.5%; n=9), White Irish Traveller (1.4%; n=8), White Gypsy/Roma (1.2%; n=7), Asian or Asian British (1.2%; n=7). 3.0% (n=18) of respondents preferred not to say.

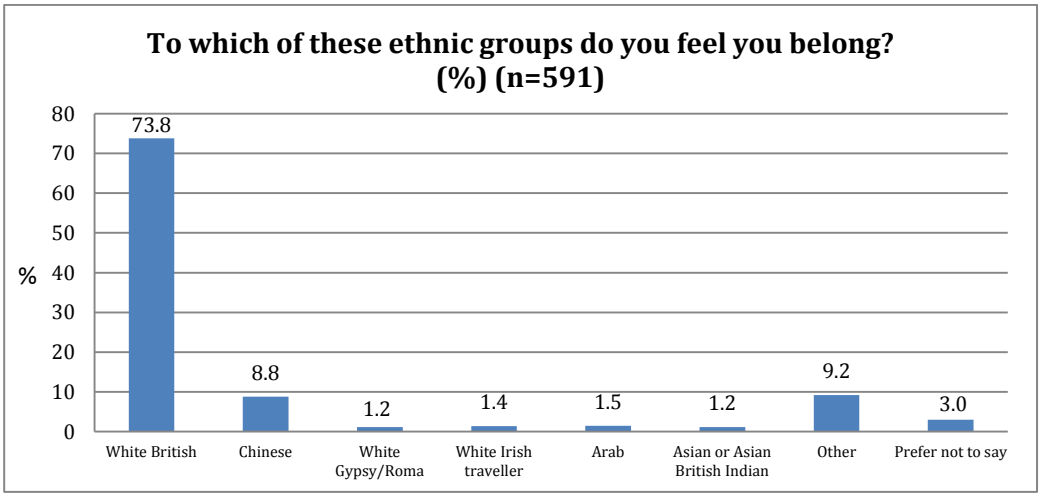


Figure 16: Ethnic profile of respondents

(d) Disability - Of the 4.7% (n=28) of respondents that did consider themselves as disabled (Figure 9), approximately equal proportions defined this as a physical impairment or long standing illness, and similar proportions defined this as a sensory impairment or mental health condition. Lesser proportions reported dyspraxia, back trauma, learning disability, and 'Other'. 3.0% (n=18) preferred not to say.

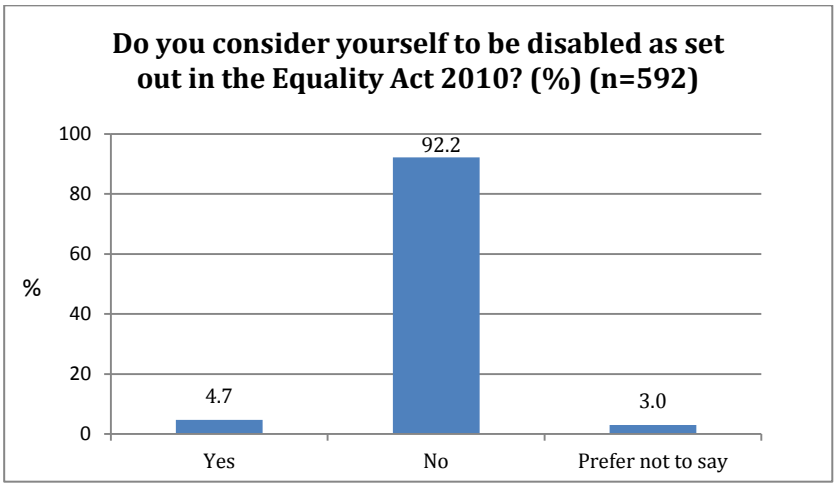


Figure 17: Disability profile of respondents

(e) Religion – 51.7% (n=303) of respondents specified that they *did not* belong to any particular religion or belief. Of the 43.3% (n=254) that *did* specify a religion or belief, the majority reported being Christian (86.3%; n=215), with the remaining 13.6% (n=34) either Muslim, Buddhist or Hindu,

and a further nine people of any other religion (e.g. pagan, spiritualist, etc.; see Figure 10). 4.9% (n=29) of respondents preferred not to say.

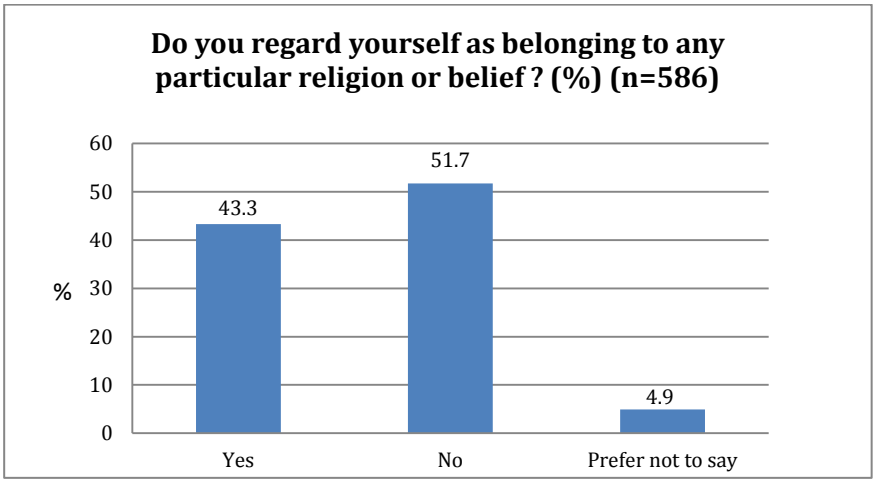


Figure 18: Religious profile of respondents

(f) Sexual preference and/or identity - Most respondents considered themselves to be heterosexual[27] (90.0%; n=505), with 2.1% (n=12) identifying as bisexual, 0.4% (n=2) as lesbian, and 0.2% (n=1) identified as gay. 7.3% (n=41) preferred not to say (Figure 11).

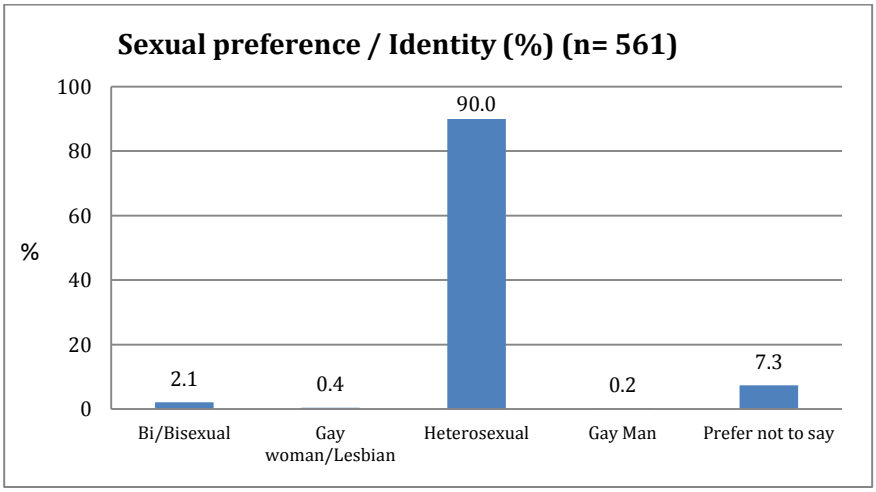


Figure 19: Sexual preference/identity profile of respondents

27 Q18 of the online survey provides 'heterosexual/straight' as an option. However use of the term 'straight' can be divisive and can be perceived pejoratively. Hence we have removed the term 'straight' from all graphs, tables, and text and instead simply use the term 'heterosexual'.

(g) Data table - Profile frequencies for all respondents to the online survey (n=623)*

The following data table presents all the data analysed for this current section.

Council Area n=595	%	CCG Area n=597	%	Gender n=593	%	Transgender n=549	%	Age n=591	%	Ethnicity n=591	%	Disability n=592	%	Religion n=586	%	Sexual preference /identity n=561	%
Eastbourne	34.6	EHS	43.2	Male	13.7	Yes	0.7	Under 18	0.2	White British	73.8	Yes	4.7	Yes	43.3	Lesbian	0.4
Hastings	20.5	H&R	27.3	Female	85.2	No	94.5	18-24	5.4	Chinese	8.8	No	92.2	No	51.7	Gay	0.2
Lewes	5.9	HWLH	23.6	Prefer not to say	1.2	Prefer not to say	4.7	25-34	30.3	White Gypsy/Roma	1.2	Prefer not to say	3.0	Prefer not to say	4.9	Bi-Sexual	2.1
Rother	7.1	Don't know	4.4					35-44	25.4	White Irish Traveller	1.4					Heterosexual	90.0
Wealden	27.1	None of these	1.5					45-54	12.9	Arab	1.5					Prefer not to say	7.3
None of these	4.9							55-59	6.6	Asian or Asian British	1.2						
								60-64	6.9	Other	9.2						
								65-74	8.0	Prefer not to say	3.0						
								75+	2.2								
								Prefer not to say	2.2								
Totals**	**100.1**	**Totals**	**100**	**Totals**	**100.1**	**Totals**	**99.9**	**Totals**	**100.1**	**Totals**	**100.1**	**Totals**	**99.9**	**Totals**	**100**	**Totals**	**100**

* As not all the questions were mandatory, the total responses per question do not always total 623 responses

** On occasions the percentages may not add up to 100.0% precisely. This is due to the rounding up or down of decimal points

Table 10: Profile frequencies for all respondents to the online survey (%)

3.3 Online survey: demographic profile of respondents by CCG

The demographic profile of the sample analysed by CCG are presented for gender (and transgender), age group, ethnicity, disability, religion, and sexuality. Overall percentages represent those who provided a valid response to the CCG question *and* the particular question it is compared against. For example, the overall total for disability is derived from those who knew their CCG *and* responded to the disability question. For this reason, the overall totals reported below differ marginally to the overall whole sample totals reported in 3.1. See Table 5 for an overview of participant profile variations by CCG.

(a) Gender – Whilst more women completed the online survey than men (85.2% *vs.* 13.7% respectively), there was some gender variations evident by CCG area (Figure 12). Using only those cases that provided a response for both CCG *and* gender, Eastbourne, Hailsham and Seaford (EHS) can be seen to have a marginally closer gender balance (83.5% female), compared to the biggest difference seen in High Weald Lewes Havens (HWLH; 87.7% female). Four respondents (1.7%) from EHS CCG reported being transgendered (Figure 13).

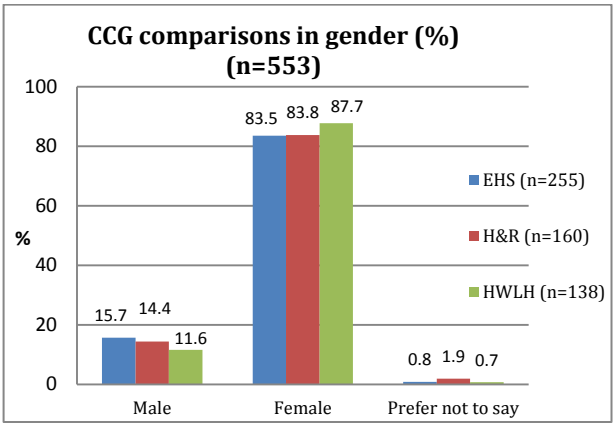


Figure 20: Gender profile by CCG

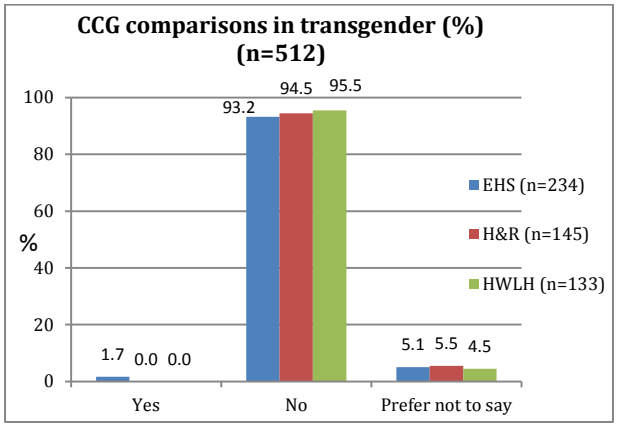


Figure 21: Transgender profile by CCG

(b) Age – The majority of the 539 people who provided data on age *and* CCG were aged between 25 and 44 years (55.8%, n=301; Table 4). Respondents from Hastings & Rother (H&R) were slightly younger with 43% from this CCG (n=67) under the age of 35 years compared to the average of 36.4% (n= 196 out of 539). People responding from EHS CCG area were generally slightly older – 22.4% of people from this CCG (n=56 out of 251) were aged 60 years or over compared to the average of 18% (n=97 out of 539).

CCG / Age %	u. 18	18-24	25-34	35-44	45-54	55-59	60-64	65-74	75+
EHS (n=251)	0	6.0	23.5	23.9	15.9	8.4	7.6	11.6	3.2
H&R (n=156)	0	5.8	37.2	19.9	15.4	7.1	6.4	7.1	1.3
HWLH (n=132)	0.9	4.5	36.4	34.1	5.3	5.3	6.8	5.3	1.5
Mean for all* (n=539)	**0.2**	**5.6**	**30.6**	**25.2**	**13.2**	**7.2**	**7.1**	**8.7**	**2.2**

*who provided age and CCG data

Table 11: Age profile by CCG (%)

(c) Ethnicity – For those who provided a response for both CCG *and* ethnicity, most classified themselves as White British (74.6%; n=441) with higher proportions in the HWLH CCG area (86.2%; n=119) compared to H&R CCG (71.2%; n=114) and EHS CCG (70.4%; n=178)[28]. EHS CCG reported the greatest diversity of ethnic groups with 13.4% reporting themselves as Chinese and 12.6% as 'Other' (Figure 14).

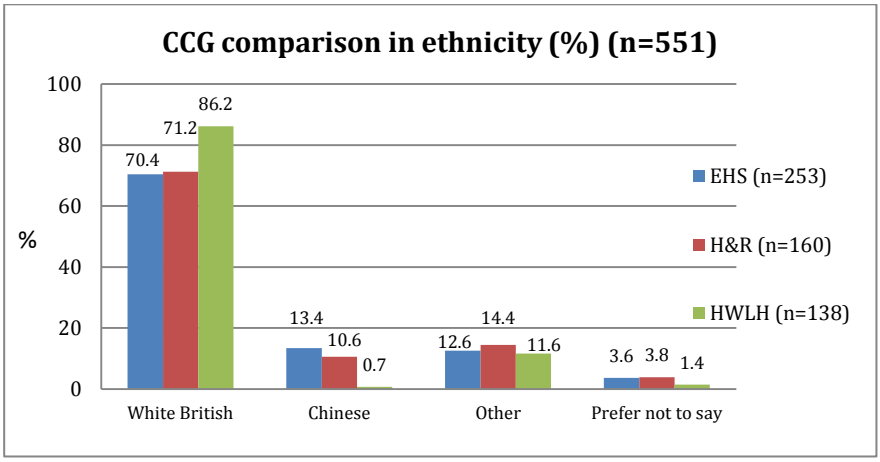


Figure 22: Ethnic profile by CCG

(d) Disability – Overall 4.7% (n=28 out of 592) considered that they had some form of disability (Figure 15). For those who provided a response for both CCG *and* disability (n=549), disability was marginally higher in EHS CCG at 5.6% (n=14) compared to 5.0% (n=8) in H&R CCG. 8.4% (n=17) of respondents preferred not to say.

28 Note that whilst absolute numbers are higher for EHS (n=178 out of 253) compared to HWLH (n=119 out of 138), proportionally HWLH is higher.

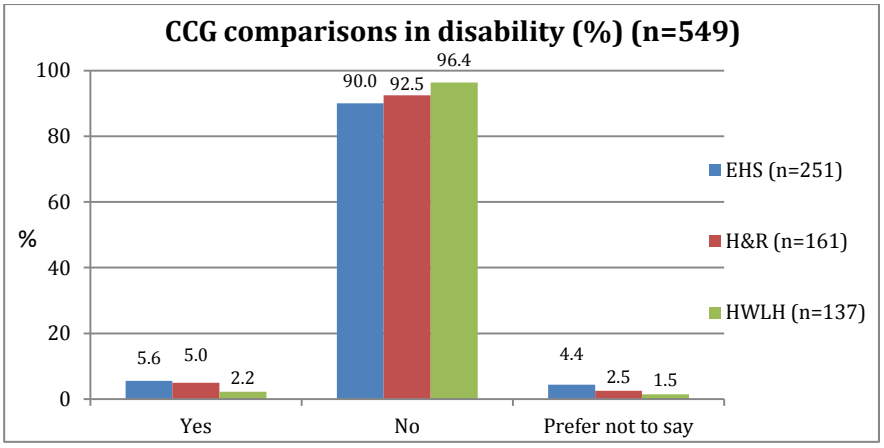


Figure 23: Disability profile by CCG

(e) Religion – Overall, more than one half of the sample (51.4%; n=279) who responded to the CCG *and* religion question, reported themselves as *not* belonging to any particular religion or belief (Figure 16). This ranged from 54.0% (n=74) in HWLH to 49.8% (n=122) in EHS CCG. Of those who did belong to a religion or belief, the majority were Christian which ranged from 94.4% (of those who belonged to a particular religion) in HWLH (n=51) to 79.7% in H&R (n=51).

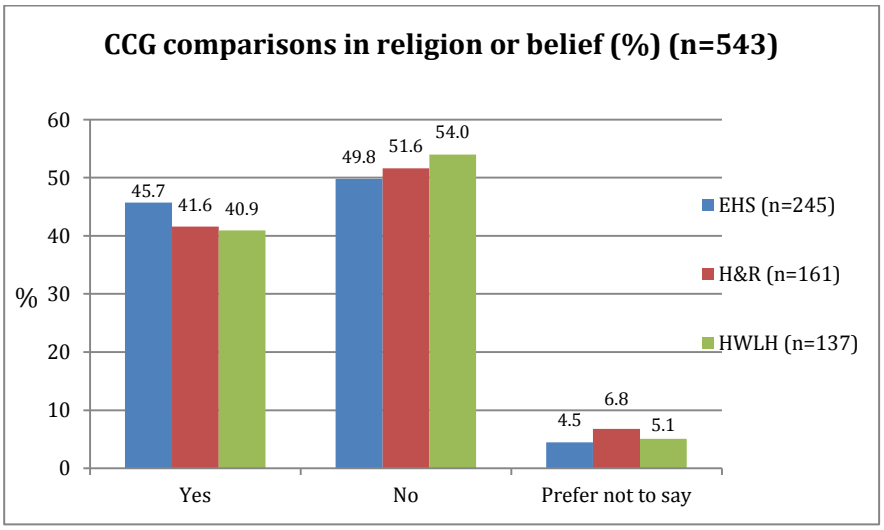


Figure 24: Religion profile by CCG

(f) Sexual preference and/or identity – Overall, the vast majority of respondents that responded to the CCG *and* sexual preference/identity question (90%; n=471) reported that they were heterosexual (Figure 17). This ranged from 93.2% (n=124) in HWLH to 88.1% (n=207) in EHS. 2.1% (n=11) of respondents reported being bi/bi-sexual and the majority of the remaining responses were those who preferred not to say (4.5% [n=6] in HWLH to 9.4% [n=22] in EHS).

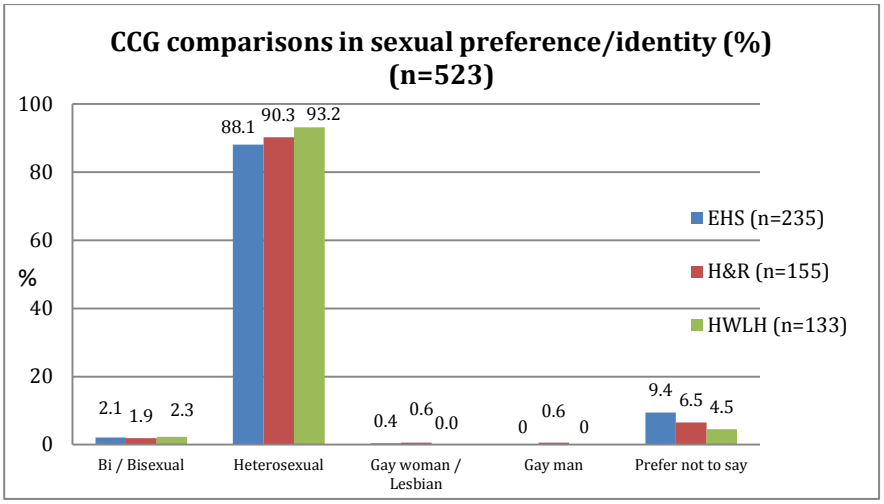


Figure 25: Sexual preference/identity profile by CCG

(g) Data table - Demographic profile of the sample by CCG

The following data table presents all the data analysed for this current section.

		Eastbourne, Hailsham and Seaford %	Hastings and Rother %	High Weald Lewes Havens %	Totals*
Age (n=539)	<18	0.0	0.0	0.8	0.2
	18-24	6.0	5.8	4.5	5.6
	25-34	23.5	37.2	36.4	30.6
	35-44	23.9	19.9	34.1	25.2
	45-54	15.9	15.4	5.3	13.2
	55-59	8.4	7.1	5.3	7.2
	60-64	7.6	6.4	6.8	7.1
	65-74	11.6	7.1	5.3	8.7
	75+	3.2	1.3	1.5	2.2
Gender (n=553)	Male	15.7	14.4	11.6	14.3
	Female	83.5	83.8	87.7	84.6
	Prefer not to say	0.8	1.9	0.7	1.1
Trans-gender (n=512)	Yes	1.7	0	0	0.8
	No	93.2	94.5	95.5	94.1
	Prefer not to say	5.1	5.5	4.5	5.1
Ethnicity (n=551)	White British	70.4	71.2	86.2	74.6
	Chinese	13.4	10.6	0.7	9.4
	Other	12.6	14.4	11.6	12.9
	Prefer not to say	3.6	3.8	1.4	3.1
Disability (n=549)	Yes	5.6	5.0	2.2	4.6
	No	90.0	92.5	96.4	92.3
	Prefer not to say	4.4	2.5	1.5	3.1
Sexual preference /identity (n=523)	Bi/Bisexual	2.1	1.9	2.3	2.1
	Heterosexual	88.1	90.3	93.2	90.1
	Gay woman/lesbian	0.4	0.6	0.0	0.4
	Gay man	0.0	0.6	0.0	0.2
	Prefer not to say	9.4	6.5	4.5	7.3
Religion (n=543)	Yes	45.7	41.6	40.9	43.3
	No	49.8	51.6	54.0	51.4
	Prefer not to say	4.5	6.8	5.1	5.3

* Totals for all those who answered both questions (e.g. age *and* CCG) where the comparisons are made (which is different to the whole sample comparisons presented in Table 3)

Table 12: Demographic profile of the sample by CCG (%)

3.4 Summary of key findings from Section 3

Whole sample demographics:

- A total of 623 questionnaires were completed between the 14th January and the 8th April 2014 with almost one quarter of all responses (159) submitted on the closing day of the consultation.
- In terms of Council area, the majority of respondents to the online survey reported living in Eastbourne (34.6%) followed by Wealden (27.1%).
- In terms of CCG area, most respondents were from EHS (43.2%) followed by H&R (27.3%).
- Of those who completed the online survey, 85.2 % were women and 13.7 % were men.
- Most respondents to the online survey were aged between 25-34 years (30.3%) closely followed by those aged 35-44 (25.4%).
- The majority of respondents to the survey were White British (73.8%).
- 4.7% of respondents considered themselves disabled.
- Most respondents did not belong to any religion or belief (51.7%).
- Most respondents considered themselves to be heterosexual (90%).

Whole sample demographics by CCG:

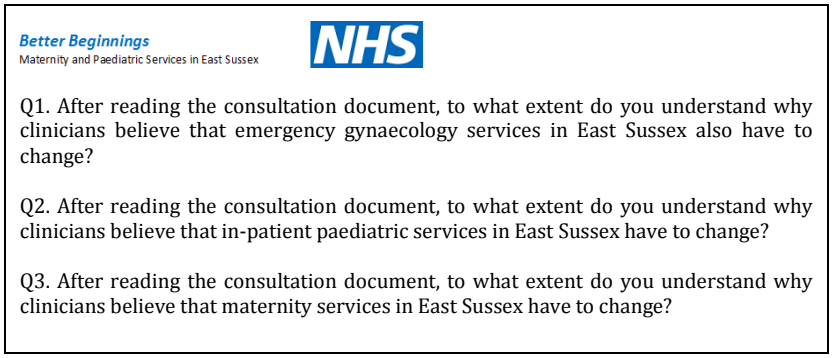
- EHS had a marginally closer gender balance (83.5% female) compared to the biggest difference seen in HWLH (87.7% female).
- Respondents from H&R were slightly younger with nearly one-half of people from this CCG (43%) under the age of 35 years compared to the average of 36.4%. People responding from the EHS area were generally older; 22.4% of people from this CCG were aged 60 years or over compared to the average 18%.
- There were slightly higher proportions of respondents who classified themselves as White British in the HWLH CCG area (86.2%) compared to H&R CCG (71.2%) and EHS CCG (70.4%). EHS CCG reported the greatest diversity of ethnic groups with 13.4% reporting themselves as Chinese and 12.6% as 'Other'.
- There were minimal variations across the CCGs in terms of religion, disability, and sexual preference/identity.

Section 4 – Online survey: analysis of preferred delivery options (whole sample)

This section presents the analysis of the preferred delivery options including the understanding and awareness of the needs for maternity, in-patient paediatric, and emergency gynaecology services to change, as well as factors influencing option choice for the whole sample (n=623). Comparisons across the preferred options by other measures (such as CCG and gender) are presented in Section 5. Findings in this section are presented as follows:

- Understanding and awareness of the need for maternity, in-patient paediatric, and emergency gynaecology services to change;
- Attendance at a Better Beginnings event (e.g. market place event);
- Preferences for one of the six delivery options (or a 'no preference' option);
- Factors influencing option choice (including open-ended qualitative responses to supplement and explain option choice).

4.1 Understanding and awareness of the need for maternity, in-patient paediatric, and emergency gynaecology services to change


Better Beginnings
Maternity and Paediatric Services in East Sussex

NHS

Q1. After reading the consultation document, to what extent do you understand why clinicians believe that emergency gynaecology services in East Sussex also have to change?

Q2. After reading the consultation document, to what extent do you understand why clinicians believe that in-patient paediatric services in East Sussex have to change?

Q3. After reading the consultation document, to what extent do you understand why clinicians believe that maternity services in East Sussex have to change?

The majority of respondents to the online survey either 'mostly understood' or 'fully understood' why clinicians believe that maternity services, in-patient paediatric services, and emergency gynecology have to change (82.8%, n=514; 80.6%, n=501; 80.7%, n=502 respectively; see Figures 18-20; see also Table 7).

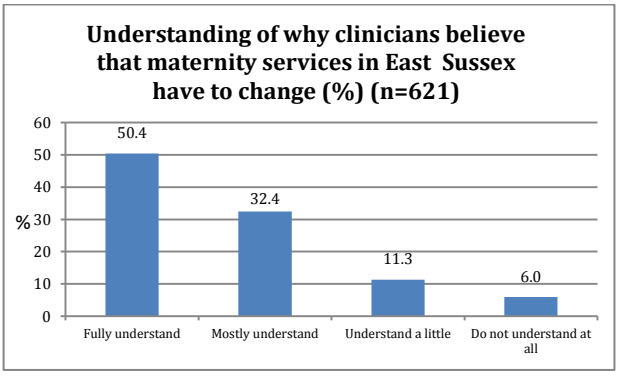


Figure 26: Understanding why clinicians believe that maternity services have to change

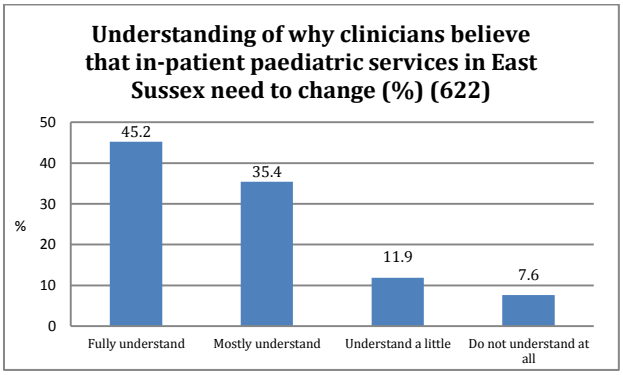


Figure 27: Understanding why clinicians believe in-patient paediatric services have to change

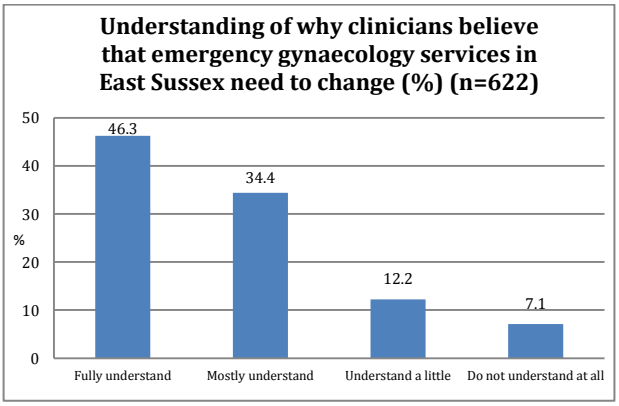


Figure 28: Understanding why clinicians believe gynaecology services have to change

4.2 Attendance at a Better Beginnings event

Better Beginnings
Maternity and Paediatric Services in East Sussex

NHS

Q6. Have you attended a Better Beginnings event and spoken to a clinician or NHS staff member about the proposals?

Of the 215 people who answered this question (22.3% of the whole sample), 48.8% (n=105) had attended a Better Beginnings event (Figure 21). The low number of responses to this question were due to the fact that it was added to the survey by the commissioning CCG part way through the consultation process (7th February 2014).

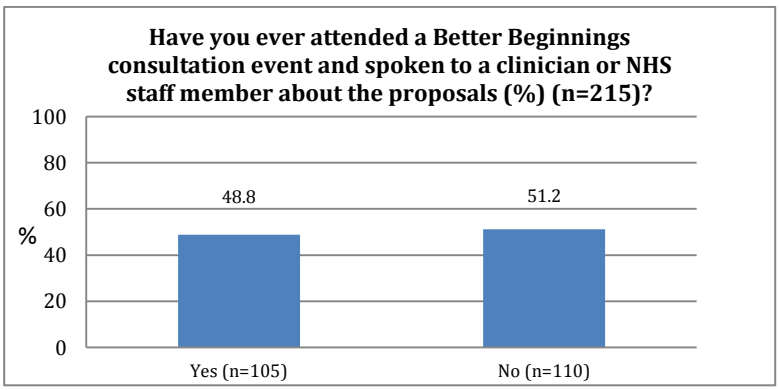


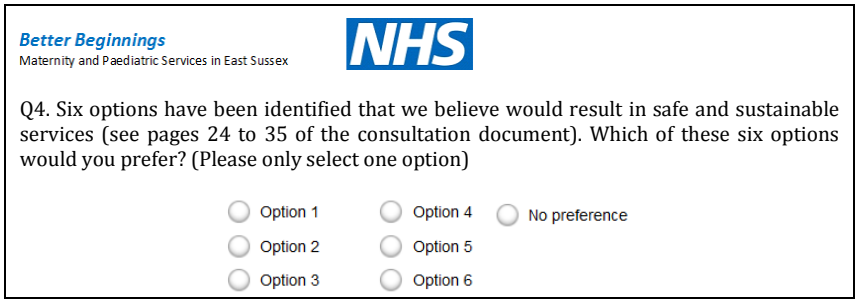
Figure 29: Attendance at a Better Beginnings event

Of particular interest was that attendance at these events was associated with an increased understanding of the need for change in all three areas (see Table 6 below). For example, just comparing those who 'fully understood' the need for change, 61.9% (n=65) of those attending a Better Beginnings event 'fully understood' the need to change maternity services compared to 40.0% (n=44) who did not attend such an event. Respective comparisons for in-patient paediatrics were 58.1% (n=61; those attending a Better Beginnings event 'fully understood') compared to 33.6% (n=37), and the equivalent comparisons for emergency gynaecology were 57.1% (n=60) versus 33.6% (n=37).

Attendance at a Better Beginnings event			Yes	No
Understanding of the need to change	Maternity (n=215)	Fully	61.9	40.0
		Mostly	22.9	32.7
		A little	9.5	15.5
		Not at all	5.7	11.8
	In-patient paediatrics (n=215)	Fully	58.1	33.6
		Mostly	22.9	34.5
		A little	9.5	16.4
		Not at all	9.5	15.5
	Gynaecology (n=215)	Fully	57.1	33.6
		Mostly	25.7	36.4
		A little	9.5	15.5
		Not at all	7.6	14.5

Table 13: Understanding of the need to change by attendance at a Better Beginnings event (%)

4.3 Preferred delivery options



In Q4, respondents could choose a preference for one of six delivery options proposed for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex or express 'no preference' (see Table 1; see also Q4 Appendix 1)[29].

29 At the start of the consultation (14th January 2014) the online survey only gave respondents 6 options of which they had to choose 1 in order to be able to progress with the survey. As of 7th February 2014, this question was adjusted to allow respondents to express a 'no preference' option along with an open-response text box to elaborate on their choice.

Looking at all of those who responded to this question (n=622), Most respondents preferred either **Option 6** (24.8%; n=154) or **Option 5** (24.6%; n=153; see Figure 22). The next most preferred option was Option 1 (15.4%; n=96) followed by 'no preference' (11.1%; n=69). 10.8% (n=67) chose Option 3, 9.3% (n=58) chose Option 4, and only 4.0% (n=25) chose Option 2.

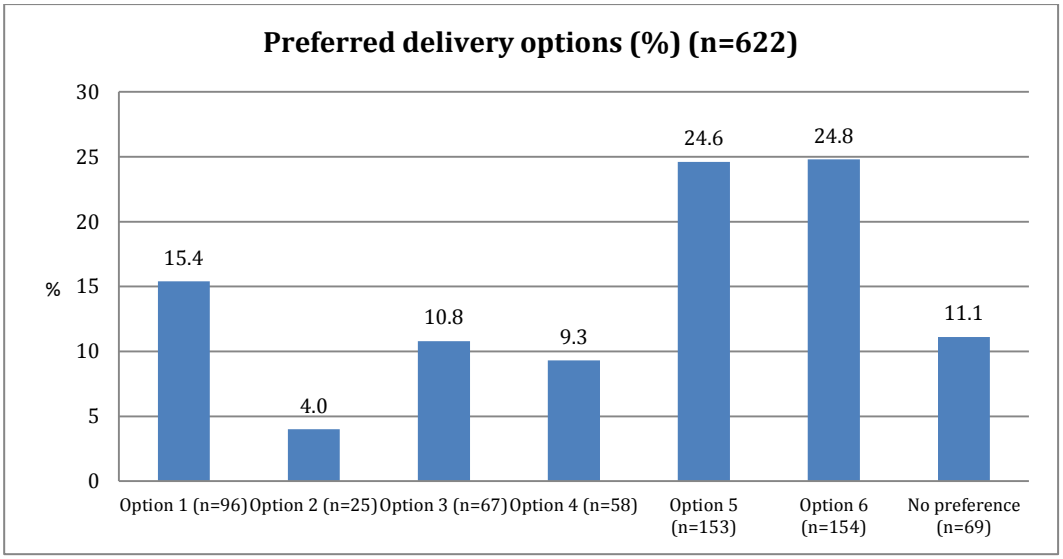


Figure 30: Preferred delivery options for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex

The box below shows the nature of the most preferred Options 5 & 6 (see also Table 1) by all respondents. Both options show birthing services at Crowborough and specialist services mostly at Eastbourne DGH (Option 5) or Conquest Hospital in Hastings (Option 6).

Delivery Option	Service	Eastbourne DGH	Conquest (Hastings)	Crowborough Birthing Centre
Option 5	Midwife-led unit (MLU)	✗	✓	✓
	Consultant-led maternity service (obstetrics)	✓	✗	✗
	Emergency gynaecology	✓	✗	✗
	In-patient paediatrics	✓	✗	✗
	Level 1 Special Care Baby unit (SCBU)	✓	✗	✗
	Short Stay Paediatric Assessment Unit (SSPAU)	✓	✓	✗
	Birthing services (3 sites)	✓	✓	✓
Option 6*	Midwife-led unit (MLU)	✓	✗	✓
	Consultant-led maternity service (obstetrics)	✗	✓	✗
	Emergency gynaecology	✗	✓	✗
	In-patient paediatrics	✗	✓	✗
	Level 1 Special Care Baby unit (SCBU)	✗	✓	✗
	Short Stay Paediatric Assessment Unit (SSPAU)	✓	✓	✗
	Birthing services (3 sites)	✓	✓	✓

** Option 6 represents the current configuration of services following the introduction of temporary changes in May 2013 by East Sussex Hospitals Trust*

4.4 Factors influencing option choice

Better Beginnings
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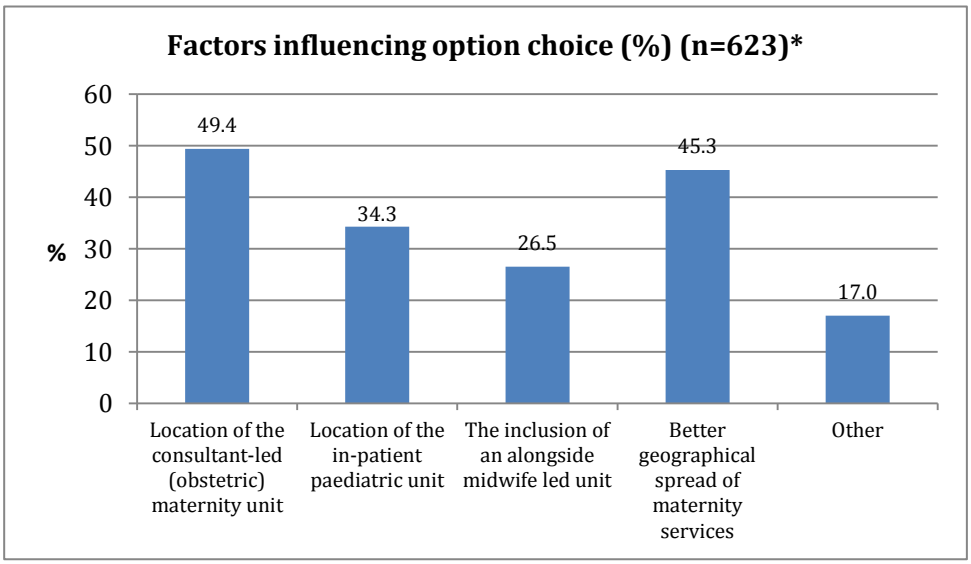
Q5. What were the main factors that influenced your choice? (Please choose ONE OR MORE factors)

- The location of the consultant-led (obstetric) maternity unit
- The location of the in-patient paediatric unit
- The inclusion of an alongside midwife-led unit
- Better geographical spread of maternity services
- Other

If Other please describe.

In Q5 of the online survey, respondents could choose one or more 'main factors' that influenced their choice of preferred delivery option (see Appendix 1). Response options were: location of the consultant-led (obstetric) maternity unit; the location of the in-patient paediatric unit; the inclusion of an alongside midwife-led unit; a better geographical spread of maternity services; and 'Other'.

Responses indicate that overall (Figure 23), the location of the obstetric maternity unit (49.4%; n=308), closely followed by having a better geographical spread of maternity services (45.3%; n=282) were the most common reasons for people's choice of preferred delivery option. However, just over one-third (34.3%; n=214) of respondents reported the location of the in-patient paediatric unit as an important factor in their option choice. 17.0% of respondents (n=106) selected 'Other'.



*As respondents could select more than one option, each option is calculated as though it is a separate question. So for example, 49.4% (n=308) of the total 623 said that the location of the obstetric maternity unit was the reason for their choice of delivery option.

Figure 31: Factors influencing option choice

However, when the factors influencing option choice are compared by preferred option (see Figure 24), the picture becomes more nuanced. For example, for those choosing Option 1 and Option 2 the inclusion of the midwife-led unit was the most prominent reason with 26.1% (n=43) and 7.9% (n=13) respectively of respondents reporting that it was important in their selection. For Option 3 location of the in-patient paediatric unit (20.1%; n=43) was the most prominent reason for selection. For Option 4 the differences between the four reasons were negligible. For Option 5, a better geographical spread of maternity services (30.1%; n=85) and location of the in-patient paediatric unit (29%; n=62) were particularly prominent reasons for selection. For Option 6, a better geographical spread of maternity services (33.7%; n=95) was by far the most prominent reason for selection. Finally, for those respondents who chose 'no preference', the differences in reasons for selection were negligible.

In summary, whilst location of the consultant-led (obstetric) maternity unit and better geographical spread of maternity services were the most prevalent factors overall, this did not apply across all options.

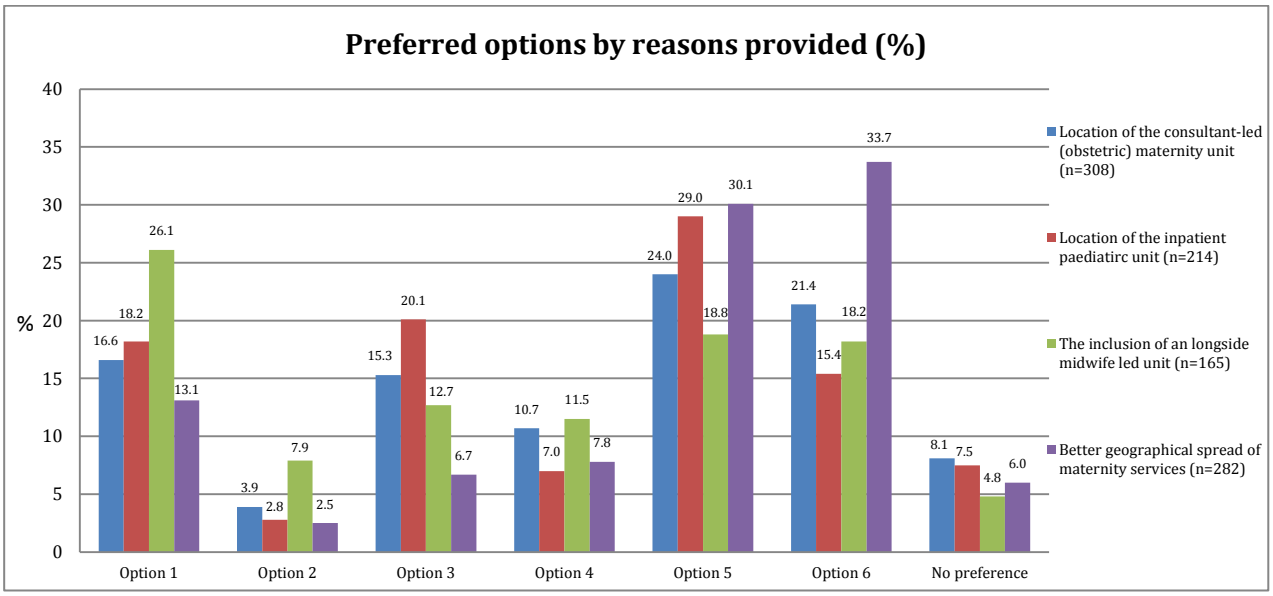


Figure 32: Preferred option by reason provided

4.5 Data tables: understanding the need to change, preferred options and attendance at a Better Beginnings event

The following data table presents all the data analysed for this current section.

Understanding of the need to change: maternity (n=621)	%	Understanding of the need to change: in-patient paediatrics (n=622)	%	Understanding of the need to change: emergency gynaecology (n=622)	%	Preferred delivery option (n=622)	%	Factors influencing option choice	%*	Attendance at Better Beginnings event (n=215)	%
Fully	50.4	Fully	45.2	Fully	46.3	Option 1	15.4	Location of consultant-led (obstetric unit)	49.4	Yes	48.8
Mostly	32.4	Mostly	35.4	Mostly	34.4	Option 2	4	Location of the in-patient paediatric unit	34.3	No	51.2
A little	11.3	A little	11.9	A little	12.2	Option 3	10.8	The inclusion of an alongside midwife-led unit	26.5		
Do not understand at all	6.0	Do not understand at all	7.6	Do not understand at all	7.1	Option 4	9.3	Better geographical spread of maternity services	45.3		
						Option 5	24.6	Other	17.0		
						Option 6	24.8				
						No preference	11.1				
Totals**	**100.1**	**Totals**	**100.1**	**Totals**	**100.0**	**Totals**	**100.0**	**Totals**	**N/A***	**Totals**	**100**

* Respondents could choose more than one factor

** On occasions the percentages may not add up to 100.0% precisely. This is due to the rounding up or down of decimal points

Table 14: Data table for understanding the need to change, preferred options, and attendance at a Better Beginnings event (%)

4.6 Open-ended responses explaining option choice

Qualitative data from the open-ended response to Q5 ('*If Other please describe'*) provide some useful contextual data regarding reasons for the preferred options. In this section, occasional references to numbers are made to help give an idea about the strength of comments being made where it is deemed contextually useful.

Of those who answered '*If Other please describe'* to Q5, 277 respondents provided an open-ended comment in response to 'regarding their reasons for option choice. Unsurprisingly, location (Council and CCG) of those who made other comments tied in with their option choice. For example, more people from EHS and fewer people from H&R, made comments about Option 1 which included a greater number of services at Eastbourne DGH.

These data regarding people's choice of preferred delivery option are provided below by option choice[30].

(a) Reasons for choosing Option 1 (Eastbourne focused; SSPAU Hastings; MLU Crowborough)

Of the 96 people who selected 'Other' in explanation of their reason for choosing Option 1, 20 made additional open-ended responses relating to location; travel; continuing services at the Crowborough Birthing Centre (CBC); concern over an expanding population; and staffing. Examples are provided below:

Location:

> *"It seems strange to locate services at the end of your [CCG] boundary - better to have them in a more central place like Eastbourne. Much of the document and the options are about safety, but there isn't much consideration for people/patients who don't have a car." (3040743124, Lewes, HWLH, Option 1)*

30 For transparency (and where possible in all the sections that follow), identifiers for individual quotes are constructed from four pieces of information (where available) including: a unique participant identification code (e.g. *3016160578); Council area (e.g. Wealden), CCG area (e.g. HWLH), and the person's option choice (e.g. Option 1)*. Together, this information not only highlights where quotes or extracts have been taken from and who they relate to, but importantly they also provide a demonstrable link back to the source data without comprising anonymity or confidentiality.

Travel:

> *"It is unworkable for a sick child to have to go to the Conquest Hospital. The average 45 minute drive can take a lot longer. I would be more sympathetic to 'one site' moves if we had a better road link." (3090707025, Eastbourne, EHS, Option 1)*

Continuing of services at the Crowborough Birthing Centre:

> *"I would be very disappointed to lose the Crowborough Birthing Unit as this is really valued by local women. Not just for giving birth but for the excellent pre and post-natal support offered…" (3016110578, Wealden, HWLH, Option 1)*

> *"The Crowborough birthing centre should stay open. It is a very valuable service…" (3100678084, Wealden, HWLH, Option 1)*

Expanding population:

> *"Eastbourne has an expanding paediatric population and needs an in-patient unit. There seems to be more pre-term deliveries in Eastbourne so statistically a special care unit needs to operate [there]..." (3065512768, Eastbourne, EHS, Option 1)*

> *"Eastbourne has higher birth rate, higher paediatric need and [has] had higher transfers." (3111637519, Wealden, EHS, Option 1)*

Staffing:

> *"It would appear that staff shortages are the primary concern... shouldn't the time and energy be spent on recruitment to staff the services we have? I simply do not believe that centralising these services is a positive solution." (3150279747, Eastbourne, EHS, Option 1)*

(b) Reasons for choosing Option 2 - (Hastings focused; SSPA Eastbourne; MLU Crowborough)

Of the 25 people who selected 'Other' in explanation of their reason for choosing Option 2, only three open-ended responses were received including reference to; location/travel (poor transport links between Hastings and Eastbourne); and the need for better services in the east of the county:

> *"I disagree with any option that takes services away from Hastings… [it's] unacceptable… to expect people to travel on a terrible and deteriorating transport infrastructure either by private or public transport, especially when they are sick or to visit the sick…". (3080873736, Hastings, H&R, Option 2)*

"The need for better paediatric and neonatal services where the east of our area seems more poorly provided for." (3070929369, Wealden, HWLH, Option 2)

(c) Reasons for choosing Option 3 (Eastbourne focused; SSPAU+MLU Hastings; no maternity service Crowborough)

Of the 67 people who selected 'Other' in explanation of their reason for choosing Option 3, 15 open-ended responses were received relating to staffing; location; and against Crowborough. A representative selection is presented below:

Staffing:

"[It's] very difficult to staff units at Hastings as historically [it's a] very unattractive area for people to move to and work. Would be unable to staff obstetric unit and an alongside [midwife-led unit] if in Hastings." (3068795366, Wealden, HWLW, Option 3)

Location:

"I live in Eastbourne. I have no wish to have my child go to Hastings. Children should be taken to their nearest hospital. Hospital is stressful enough without the added complications of being away from family/home." (3163607173, Eastbourne, EHS, Option 3)

"Geographically this [Option 3] makes more sense - am thinking of people in the surrounding towns such as Seaford which is a very lengthy, indirect unsuitable journey to have to make to the Conquest for the majority of services being proposed there." (3084603049, Eastbourne, EHS, Option 3)

Against the Crowborough Birthing Centre:

"The Crowborough [birthing] unit has so few births as to not seem a useful use of resources." (3014860739, Wealden, EHS, Option 3)

"…Crowborough is the least important location to urban areas. It should be less about location and more on which site is more suitable i.e. larger size to cope with demands." (3163361472, Eastbourne, EHS, Option 3)

(d) Reasons for choosing Option 4 (Hastings focused; SSPAU+MLU Eastbourne; no maternity service Crowborough)

Of the 58 people who selected 'Other' in explanation of their reason for choosing Option 4, 12 open-ended responses were received relating to the spread of services and closing Crowborough:

Spread of services:

> *"Best spread of services for everyone across the county." (3036233576, Eastbourne, EHS, Option 4)*

Closing the Crowborough Birthing Centre:

> *"Crowborough should not continue… given the small numbers of births they have. They should only have ante/postnatal care." (3169768786, Eastbourne, EHS, Option 4)*

> *"Closing Crowborough would mean that families living there… could have the option of MLU at Hastings, Eastbourne, and Kent. For a consultant-led service they could have Hastings, Kent and Brighton…" (3106023620, Hastings, H&R, Option 4)*

(e) Reasons for choosing Option 5 (Eastbourne focused; SSPAU+MLU Hastings; MLU Crowborough)

Of the 155 people who selected 'Other' in explanation of their reason for choosing Option 5, 40 open-ended responses were received relating to an expanding population; central location; travel/transport; quality of services; continuing services at the Crowborough Birthing Centre; birthing on all three sites, and; Option 5 as the 'least worst' option. Representative examples are provided below:

Expanding population:

> *"…We need a fully functioning hospital for an ever increasing population." (3068561966, Eastbourne, EHS, Option 5)*

> *"Moving services from Eastbourne ignores population growth. Thousands of new homes are to be built in the catchment area (Polegate, Hailsham, Uckfield) - already more births at Eastbourne than Conquest." (3163624106, Wealden, HWLH, Option 5)*

Central location:

"… Eastbourne is a better location than Hastings for paediatrics as it is more central within East Sussex. It is also more accessible to Brighton in the event of further services being required, such as specialist paediatric provision…" (3035570394, Wealden, HWLH, Option 5)

"… It would make sense to have the two midwife-led units in Crowborough and Hastings with Eastbourne being the 'middle point' for the two areas and therefore centralising the main obstetrics and paediatrics there would make geographical sense if they are to be on one site only…" (3021768874, Wealden, HWLH, Option 5)

Travel/transport:

"Unless there are plans to alter road between Hastings and Eastbourne a consultant-led unit at Eastbourne is important to cater for the large population around Eastbourne who have no wish to take a chance and go to Hastings."(3044868366, Wealden, EHS, Option 5)

"My disabled 17 month old is in-and-out of hospital regularly, and it is quite difficult and costly to travel to Hastings from Eastbourne." (3084563382, Eastbourne, EHS, Option 5)

Quality of services:

"Eastbourne midwifery unit at the hospital is brilliant. During my baby's labour the midwives were very supportive - they delivered a high standard of care…" (3055485301, Eastbourne, EHS, Option 5)

Continuing of services at the Crowborough Birthing Centre:

"It would be devastating to close the Crowborough birthing unit, which caters very well for communities on the High Weald…" (3035570394, Wealden, HWLH, Option 5)

"Keeping the Crowborough birthing centre open." (3104184119, Wealden, HWLH, Option 5)

Birthing on all three sites:

"I think there should be a birthing option at all 3 sites. The CBC needs to stay open as it is the only birthing option in the Weald area." (3021858690, Wealden, HWLH, Option 5)

"East Sussex is a big area and women want the choice to have their babies as locally as possible so it would be good to keep birth options at all three existing sites." (3021768874, Wealden, HWLH, Option 5)

Option 5 as the 'least worst' option:

"Option 5 is the 'least worst' option for Eastbourne residents - not the best option overall. There is no best option overall, unless there are consultant-led services at Hastings and Eastbourne. I whole-heartedly support the Save the DGH's Option 7." (3163592599, Eastbourne, EHS, Option 5)[31]

(f) Reasons for choosing Option 6 (Hastings focused; SSPAU+MLU Eastbourne; MLU Crowborough)

Of the 154 people who selected 'Other' in explanation of their reason for choosing Option 6 (the current temporary change/solution), 35 open-ended responses were received relating to an expanding population; birthing on all three sites; safety and quality; travel/transport; central location; staying with the temporary solution and; continuing services at the Crowborough Birthing Centre:

Expanding population:

"Figures from the ONS [Office for National Statistics] show that Hastings has the highest absolute number of live births of any East Sussex Town - 1,208 in 2012 compared with 1,193 in Eastbourne. It has a significantly higher total fertility rate 2.14 compared with 2.0 in Eastbourne, and [Hastings] therefore has greater demand for maternity services." (3095435572, Hastings, H&R, Option 6)

"There are more births in Hastings - Therefore more potential risk of emergency situations occurring. Also, there is a bigger younger population in Hastings needing access to paediatric services..." (3169872215, Hastings, H&R, Option 6)

31 **This campaign for Option 7,** although not part of the formal consultation process, advocates **for** the Eastbourne DGH and Conquest Hospital in Hastings to both have the same 24/7 core services including: Midwife-led unit consultant-led maternity service (obstetrics); emergency gynaecology; in-patient paediatrics; level 1 special care baby unit (SCBU); short stay paediatric assessment unit (SSPAU); and a midwife-led unit at Crowborough. S**ee** http://www.savethedgh.org.uk/X-sitedata/assets/docs-Mar14/Option7CampaignLeaflet.pdf. References to this Option 7 first appeared in the online survey from the 21st March 2014.

Birthing on all three sites:

"Birthing services on all 3 sites." (3064176175, Hastings, H&R, Option 6)

Safety and quality:

"I understand there are more high risk births in Hastings so makes sense to have consultant-led unit there although I have children who have conditions which mean they will have to travel for in-patient paediatrics." (3101278765, Eastbourne, EHS, Option 6)

"Safety and quality… The number of serious incidents before the temporary changes was truly shocking as was the lack of cohesion in paediatrics. I opted for '6' as the temporary configuration of services has delivered significant improvements in safety and quality." (3090807591, Lewes, HLWH, Option 6)

Travel/transport:

"Car ownership is lower in Hastings than Eastbourne (33.3% of households have no access to a car in Hastings, compared with 28.7% in Eastbourne) - so would be more difficult to access specialist maternity services." (3095435572, Hastings, H&R, Option 6)

Central location:

"It makes a great deal of sense to have all consultant-led services in this particular speciality provided from a central point." (3050778076, Eastbourne, EHS, Option 6)

"… Geographical availability of services to greatest population, particularly those that might be required in an emergency situation… " (3044882065, Lewes, HWLH, Option 6)

Stay with the temporary solution:

"This option has been tested through the temporary change period and seems to be working well so why not stay with it?" (3046889664, Wealden, EHS, Option 6)

Continuing services at the Crowborough Birthing Centre (CBC):

"The Crowborough birthing unit is essential and must be retained..." (3073444334, Wealden, HWLH, Option 6)

"The continuation of provision of maternity services for women in the Wealden area through the CBC. The CBC provides high quality care that result in lower intervention rates, increased breastfeeding rates and higher maternal satisfaction with the birthing and immediate postnatal experience." (3165080277, Wealden, HWLH, Option 6)

(g) Reasons for choosing No Preference[32]

Of the 67 respondents who selected 'Other' in explanation of their reason for choosing 'no preference', 47 people made additional comments[33]. These comments referred mostly to respondents feeling that none of the options were appropriate or acceptable; cost; and consideration of an Option 7 which advocates for full services at both Eastbourne and Hastings[34]. It is also worth noting that 20 people did not provide any explanation for their 'no preference'.

No options acceptable:

"None [of the options] provide adequate services for Eastbourne. The whole process of 'consultation' is an absurd attempt to convince people that this process is 'democratic'". (3090718077, Eastbourne, EHS, no preference)

"All options are equally inaccessible to me so I ticked 'no preference' (3059928444, Wealden, EHS, no preference)

Cost:

"I fully understand why clinicians want maternity services to change. This is totally cost driven to the detriment of patients." (3094145182, Eastbourne, EHS, no preference)

Consideration of an Option 7 (full services at Eastbourne and Hastings):

"There should be consultant-led maternity units at both the conquest Hospital and Eastbourne DGH. The Crowborough midwife-led unit should remain… I believe the options and consultation process is flawed." (3078119259, Hastings, H&R, no preference)

32 This question 'no preference' option was only available since 7th February 2014 following an adjustment to the survey by the CCG.

33 Of these 47, nine people responding on a paper version of the survey, selected two or more preferred options.

34 Option 7 (from the 'Save the DGH campaign'), advocates **for** the Eastbourne DGH and Conquest Hospital in Hastings to both have consultant-led services and a midwife-led unit at Crowborough. However, the campaign leaflet also states that "*the one requirement under any new proposal is that all core services are provided at Eastbourne DGH*". Consequently, some comments refer to a preference for Option 7 and the 'Save the Eastbourne DGH' interchangeably. S**ee** http://www.savethedgh.org.uk/X-sitedata/assets/docs-Mar14/Option7CampaignLeaflet.pdf

"[Option] 7 - Full consultant-led services at both hospitals is the best and safest option." (3141313049, Lewes, HWLH, no preference)

"Option 7 is my only preferred option, retaining both consultant-led services at Eastbourne and Hastings hospitals. " (3160773741, Eastbourne, EHS, no preference)

"I support Option 7 from the 'Save the DGH' Campaign… I am convinced that Option 7 is far better, but it will require the NHS management to deal with the factors that are affecting staff recruitment and morale - it's not about numbers of births, but about treating staff well to increase retention and morale." (3163624394, Eastbourne, EHS, no preference)

4.7 Summary of key findings from Section 4

Understanding the need for change:

- The majority of respondents to the online survey either 'mostly understood' or 'fully understood' why clinicians believe that maternity services, in-patient paediatric services, and emergency gynecology services have to change (82.8%; 80.6%; 80.7%; respectively).
- Of the 215 people who responded to Q6 (22.3% of the whole sample), 48.8% had attended a Better Beginnings event.
- Attendance at these events was associated with an increased understanding of the need for change in all three services (maternity, in-patient paediatric, and emergency gynecology). For example, 61.9% of those attending a Better Beginnings event 'fully understood' the need to change maternity services compared to 40.0% who did not attend such an event.

Preferred delivery options and reasons for choice:

- Most respondents to the online survey preferred either **Option 6** (24.8%) or **Option 5** (24.6%). Overall, both a better geographical spread of maternity services (52.5%) and the location of the obstetric maternity unit (47.3%) were the most prominent reasons for option selection. However, just over one-third (34.3%; n=214) of respondents reported the location of the in-patient paediatric unit as an important factor in their option choice.
- When the factors influencing option choice are broken down further the picture is more nuanced. In summary, whilst location of the consultant-led (obstetric) maternity unit and better geographical spread of maternity services were the most prevalent factors overall, this did not apply across all options.

Open-ended comments explaining option choice:

- Reasons expressed from the open-ended comments matched the preferences to the closed question on 'reasons for option choice', with issues around location, travel and/or transport predominating. Additional comments included having services located where they could accommodate an expanding population, and continuing the care at the Crowborough Birthing Centre.
- Notably for those respondents choosing 'no preference', comments mostly stated that none of the proposed options were acceptable and advocated for an Option 7 (not a part of the consultation proposals) which would see full consultant-led services at both Eastbourne and Hastings.

Section 5 – Online survey: cross sample comparisons regarding preferred options

This section of the report presents cross sample comparisons to the online survey with respect to the preferred delivery options (see Table 9). This includes comparisons of option choice by location (Council and CCG areas), and demographic profile (gender and age only[35]). As a reminder, and to contextualise the findings that follow, preferred delivery option by the overall sample is presented below (Figure 25). Of all those who provided a valid response to this question, around one half of respondents preferred either **Option 6** (24.8%; n=154) or **Option 5** (24.6%; n=153). The next most preferred option was **Option 1** (15.4%; n=96). 11.1% (n=69) of respondents expressed 'no preference'

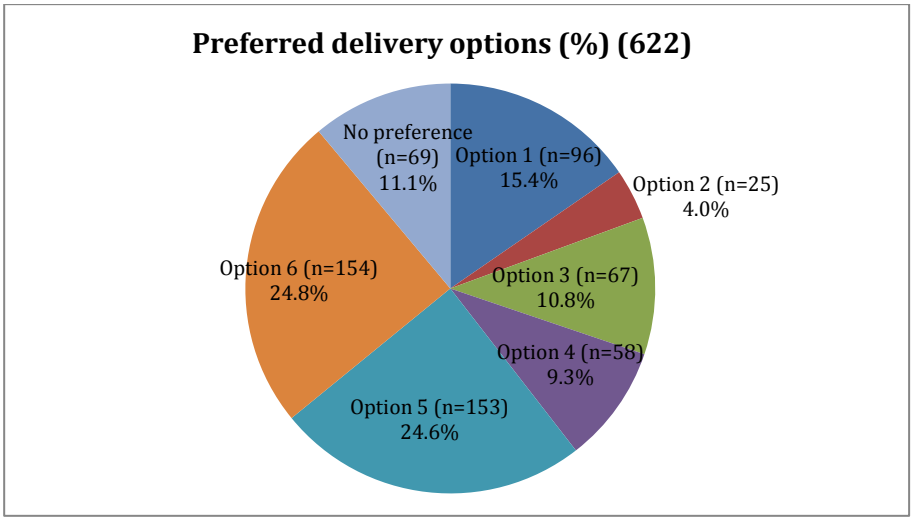


Figure 33: Preferred delivery option

5.1 Preferred option by location

(a) Preferred option by Council area

When looking at the preferred option by Council area the findings are unsurprising, given people's preference to have services to be available near to where they live. For example, of those who chose Options (2, 4, 6), the majority of respondents were living within the Hastings Council area where Hastings has the most services. Similarly, of those who chose Options (1, 3, 5), the majority of respondents were living within the Eastbourne and Wealden Council areas where Eastbourne has the most services. Although, surprisingly, there was very little preference expressed by respondents with Lewes Council. Of those who expressed 'no preference', most respondents were from the Eastbourne Council area (51%). The following charts (Figures 26-27) show how the preferences for the options varied according to Council area (see also Table 9):

35 Only gender and age were compared as these had sufficient numbers to support meaningful cross sample comparisons.

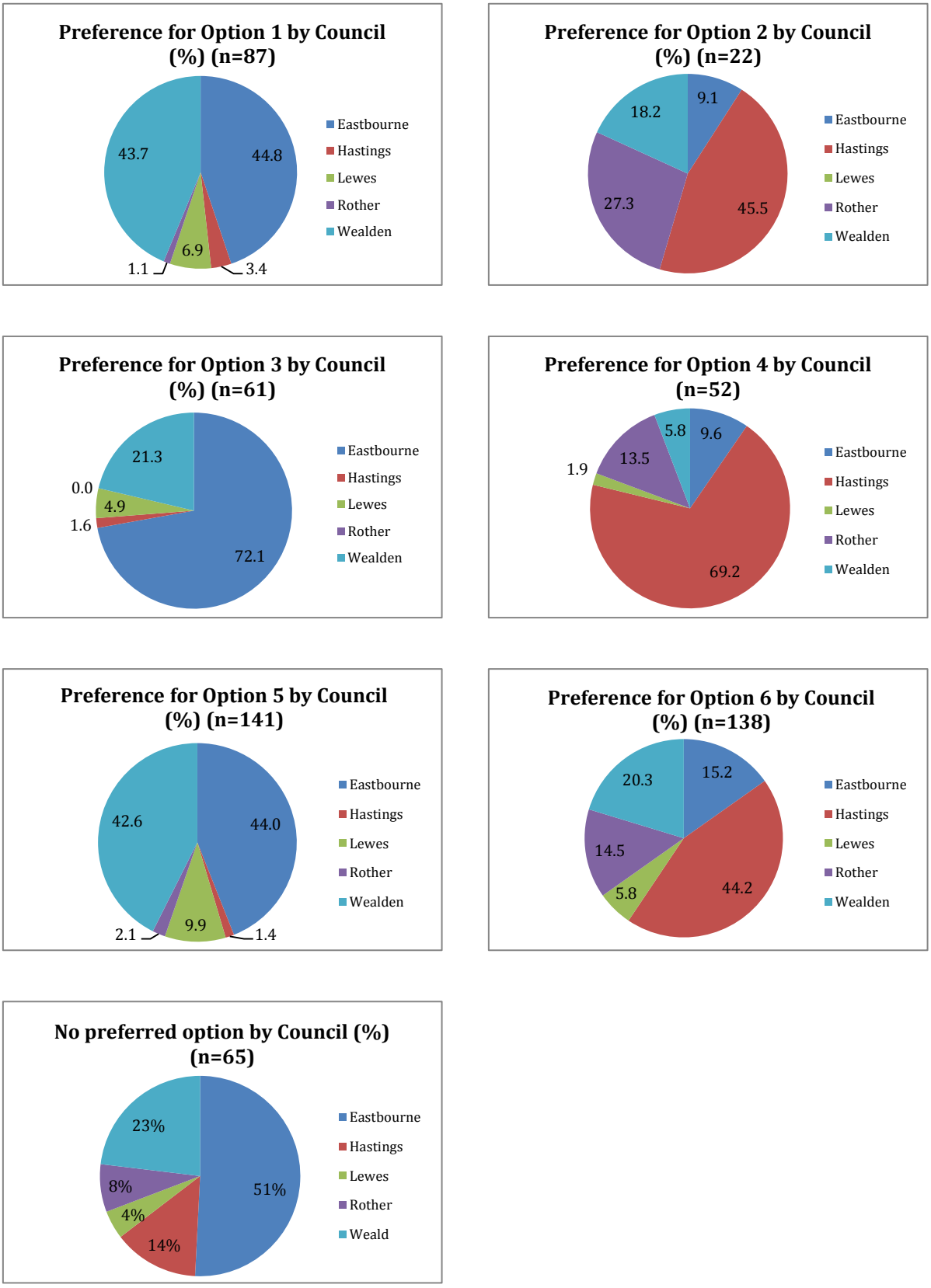


Figure 34: Series of pie charts showing preferred option choice by Council area

To present the data in a different way to individual pie charts, Figure 27 below plots all the data for each option and Council area together in one radial graph. Such graphs can be useful to present an overview of data; for example, it is very clear from the graph that of those choosing options (1, 3, 5), most respondents were living in Wealden and Eastbourne Council where Eastbourne has the most services. Similarly, for those choosing options (2, 4, 6), most respondents were living within the Hastings Council area where Hastings has the most services.

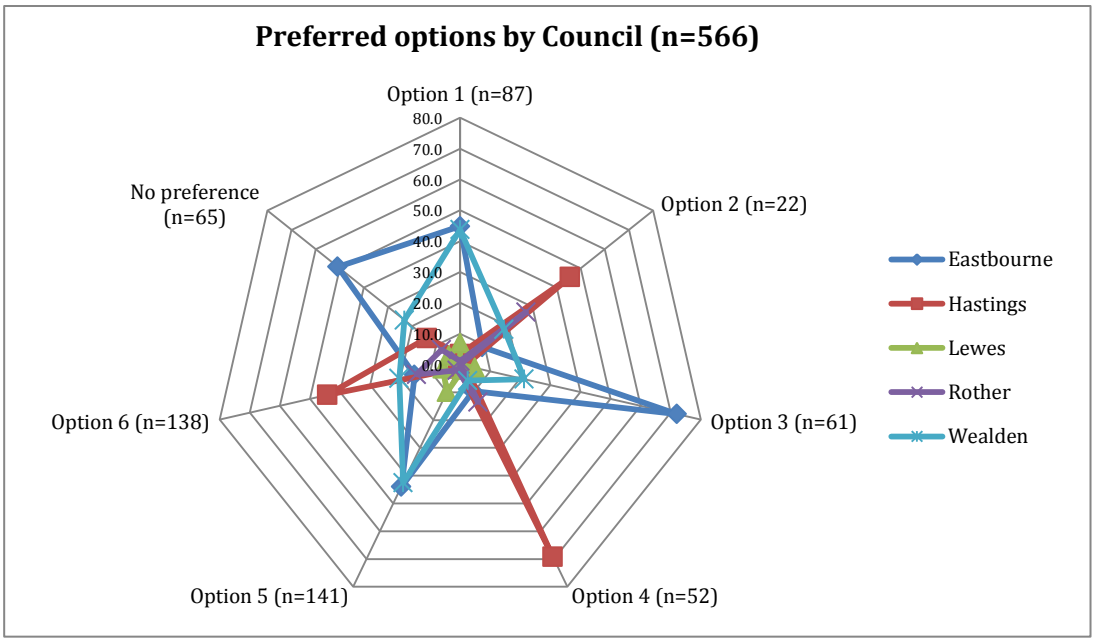
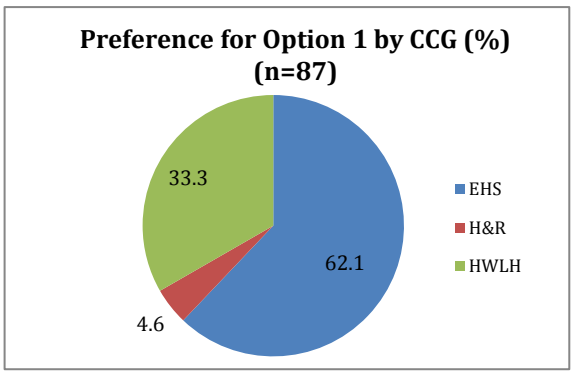
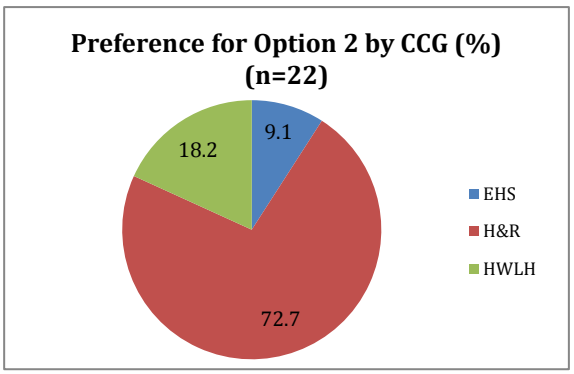


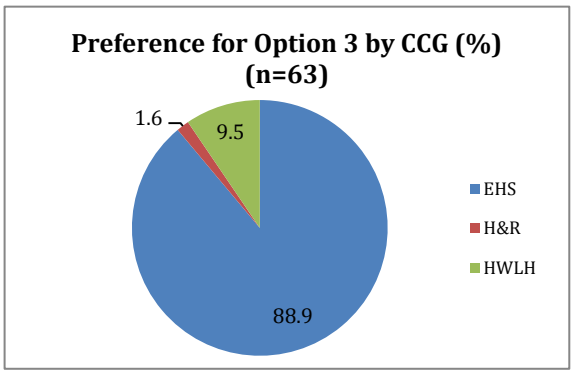
Figure 35: Radial graph of preferred options by Council area

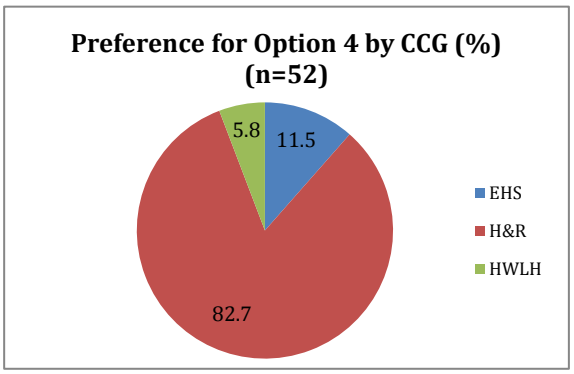
(b) Preferred option by CCG

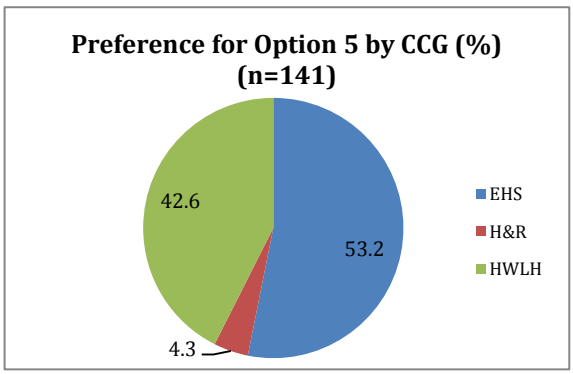
As with Council area comparison by CCG are again unsurprising. For example, Options 2, 4 and 6 with Hastings having the most services is favoured by participants living in H&R CCG. Similarly, Option 1, 3, and 5 with Eastbourne having the most services is favoured by respondents living in EHS CCG. For those living in HWLH CCG, Option 5 is preferred. Interestingly of those who expressed 'no preference' with regards options, most respondents were from EHC CCG (61.3%; see Figures 28-29).

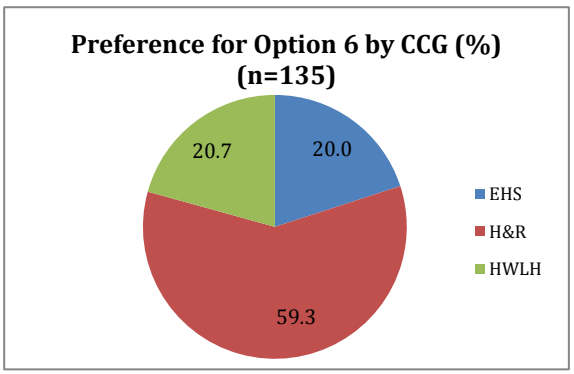












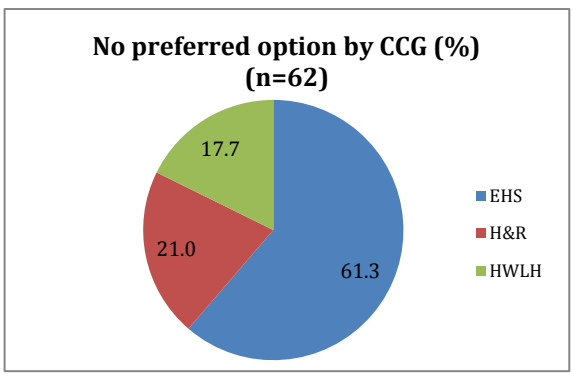


Figure 36: Series of pie charts showing preferred option choice by CCG area

Again, presenting a radial graph provides a useful overview of the CCG data. For example, it is very clear from the graph that of those who chose Options 2, 4, and 6, most respondents were living in H&R CCG where Hastings has the most services. Similarly, for those who chose Options 1, 3, and 5, most respondents were living in EHS CCG with Eastbourne having the most services (see Table 9).

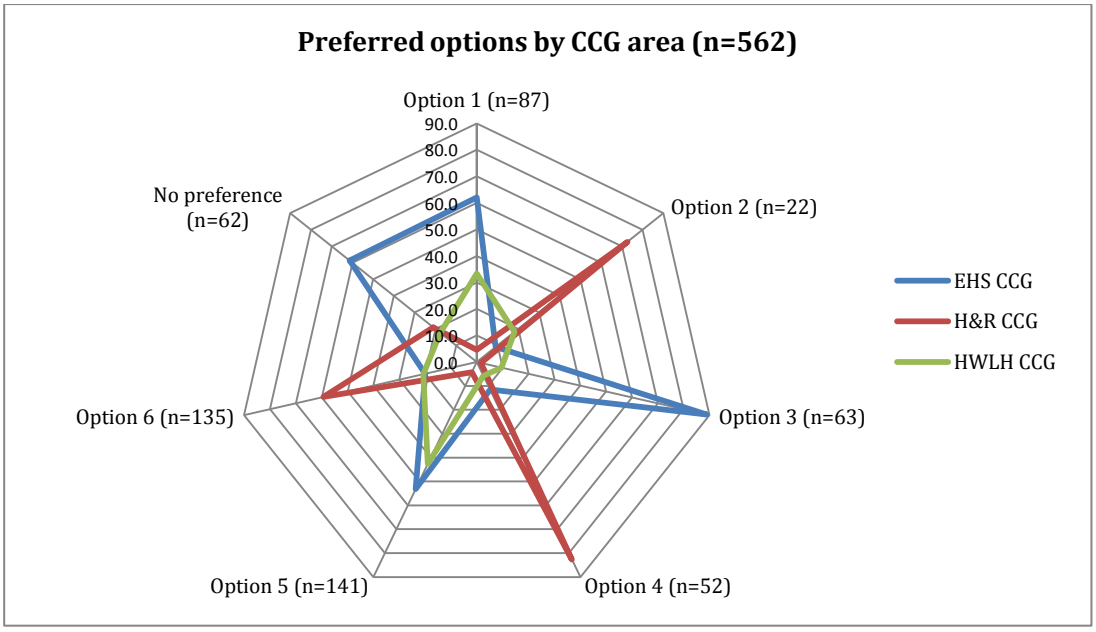


Figure 37: Radial graph of preferred options by CCG area

These data by Council and CCG area reinforce the overwhelmingly finding that people prefer services that they are geographically close to.

5.2 Preferred option by demographic profile (gender and age)

(a) Preferred option by gender

With regards to gender, the only real difference here appears to be in terms of Option 1 and those who chose 'no preference' (Figure 30; Table 9). Of those who chose Option 1 (n=88) a greater proportion of respondents were female (16% *vs.* 8.6%) whereas of those selecting 'no preference' (n=63), a greater proportion were male (18.5% *vs.* 9.5%).

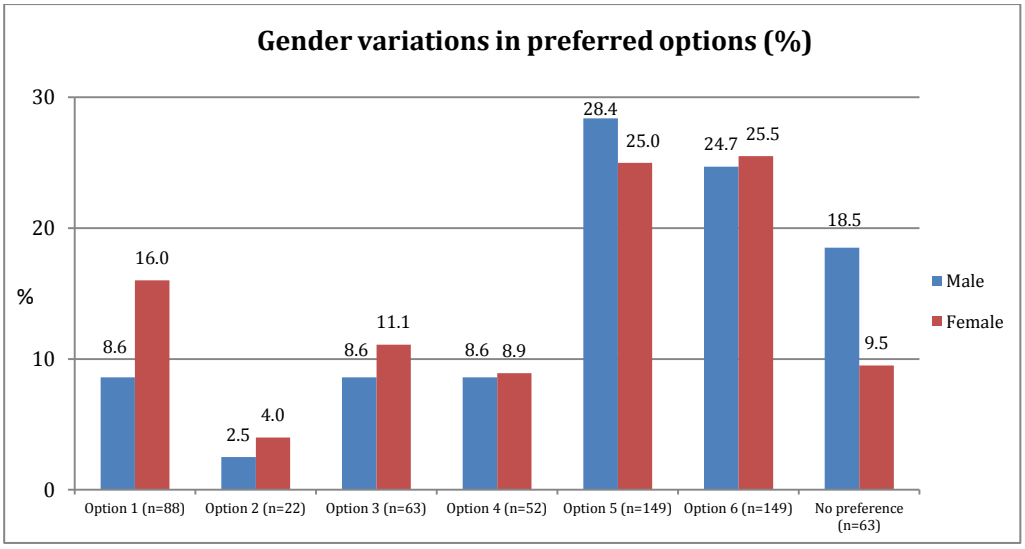


Figure 38: Preferred options by gender

(b) Preferred option by age

Respondents preferring Option 1 (n=89) and Option 6 (n=149) had a slightly younger age profile (Table 8). For Option 1, 41.6% were aged under 35 years as were 41% of those preferring Option 6. Interestingly, those preferring Option 1 also had the highest proportion of those over 60 (27.0%).

Option / Age %	< 18	18-24	25-34	35-44	45-54	55-59	60-64	65-74	75>
Option 1 (n=89)	1.1	9.0	31.5	24.7	3.4	3.4	11.2	12.4	3.4
Option 2 (n=24)	0.0	4.2	25.0	8.3	25.0	16.7	0.0	16.7	4.2
Option 3 (n=62)	0.0	4.8	19.4	32.3	21.0	9.7	3.2	4.8	4.8
Option 4 (n=52)	0.0	3.8	34.6	23.1	17.3	3.8	13.5	3.8	0.0
Option 5 (n=143)	0.0	6.3	33.6	28.0	8.4	7.7	7.0	8.4	0.7
Option 6 (n=149)	0.0	3.4	37.6	26.2	16.1	4.7	4.7	6.0	1.3
No preference (n=59)	0.0	6.8	18.6	25.4	15.3	10.2	8.5	10.2	5.1
Total Mean (n=578)	**0.2**	**5.5**	**31.0**	**26.0**	**13.1**	**6.7**	**7.1**	**8.1**	**2.2**

Table 15: Preferred options by age (%)

5.3 Understanding of the need to change

Most respondents across the different options (with the exception of 'no preference') either fully or mostly understood the reasons for change with regards all three services including maternity, in-patient paediatrics, and emergency gynaecology respectively (see Figures 31-33; Table 9). This high level of understanding was particularly evident when choosing Option 4 (between 69% and 79% fully understood the need to change maternity, in-patient paediatrics, and emergency gynaecology). Assessing all three services, the next highest levels of understanding were for Option 5 (52% to 59% fully understood the need to change). Of those respondents who chose 'no preference', there was a

split between those who fully understood compared to those who stated they did not understand at all (possibly contributing to their lack of preference).

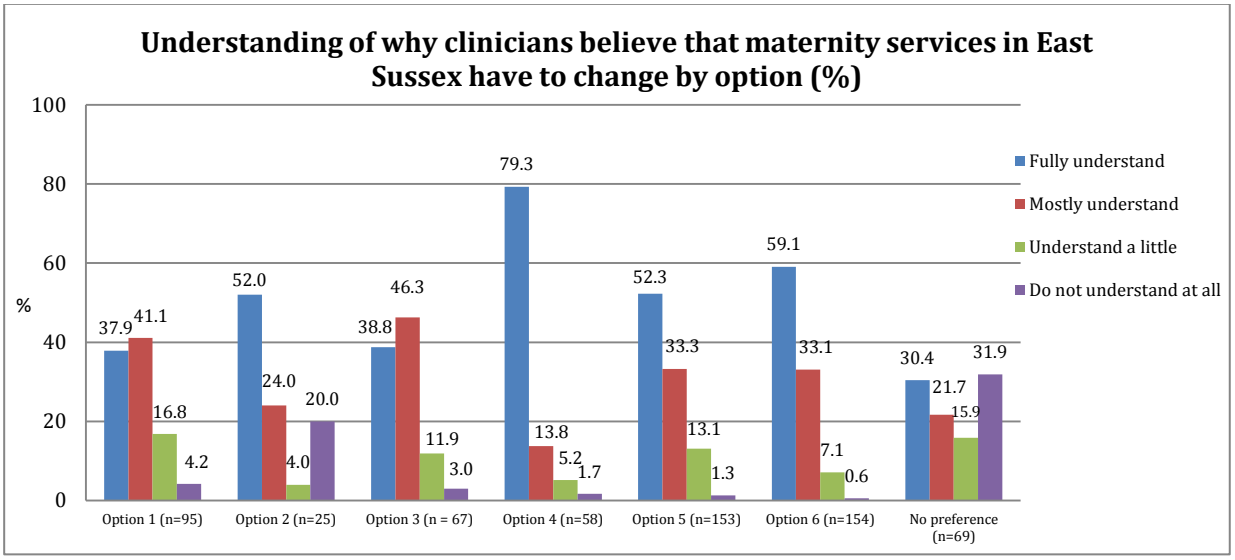


Figure 39: Understanding why clinicians believe maternity services have to change

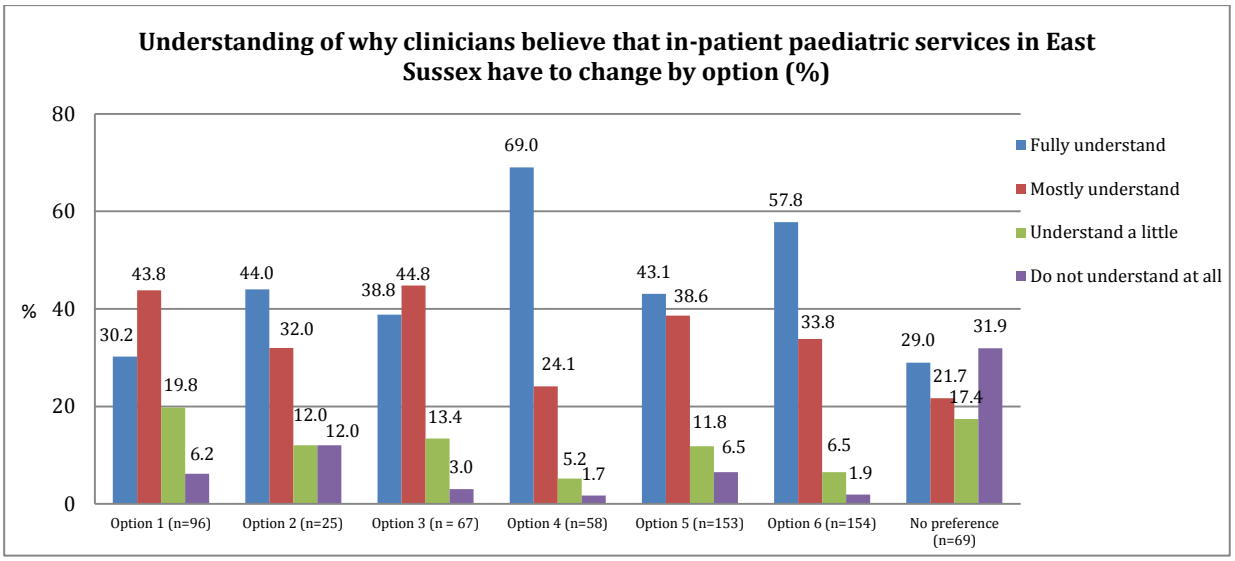


Figure 40: Understanding why clinicians believe in-patient paediatrics services have to change

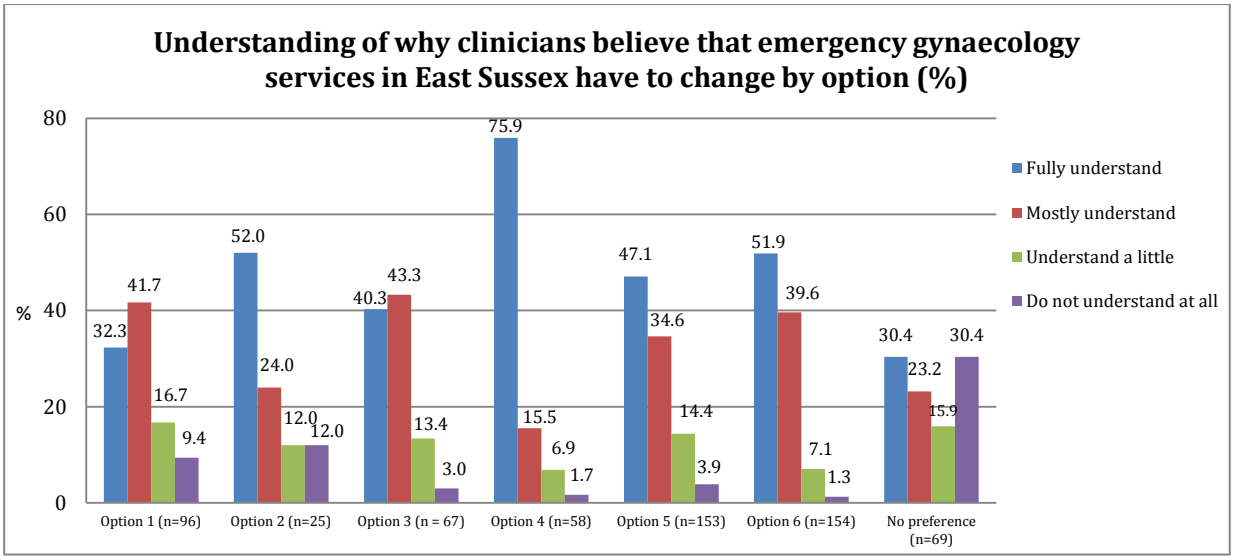


Figure 41: Understanding why clinicians believe emergency gynaecology services have to change

5.4 Data table: cross sample comparison regarding preferred options

The following data table presents all the data analysed for this current section.

			Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	No Preference
Preferred Option by Council area		Eastbourne	44.8	9.1	72.1	9.6	44.0	15.2	50.8
		Hastings	3.4	45.5	1.6	69.2	1.4	44.2	13.8
		Lewes	6.9	0.0	4.9	1.9	9.9	5.8	4.6
		Rother	1.1	27.3	0.0	13.5	2.1	14.5	7.7
		Wealden	43.7	18.2	21.3	5.8	42.6	20.3	23.1
Preferred Option by CCG area		EHS	62.1	9.1	88.9	11.5	53.2	20.0	61.3
		H&R	4.6	72.7	1.6	82.7	4.3	59.3	21.0
		HWLH	33.3	18.2	9.5	5.8	42.6	20.7	17.7
Preferred Option by Gender		Male	8.6	2.5	8.6	8.6	28.4	24.7	18.5
		Female	16.0	4.0	11.1	8.9	25.0	25.5	9.5
Preferred Option by Age		<18	1.1	0	0	0	0	0	0
		18-24	9	4.2	4.8	3.8	6.3	3.4	6.8
		25-34	31.5	25	19.4	34.6	33.6	37.6	18.6
		35-44	24.7	8.3	32.3	23.1	28	26.2	25.4
		45-54	3.4	25	21	17.3	8.4	16.1	15.3
		55-59	3.4	16.7	9.7	3.8	7.7	4.7	10.2
		60-64	11.2	0	3.2	13.5	7	4.7	8.5
		64-74	12.4	16.7	4.8	3.8	8.4	6	10.2
		75>	3.4	4.2	4.8	0	0.7	1.3	5.1
Understanding of the need to change	**Maternity**	Fully	37.9	52.0	38.8	79.3	52.3	59.1	30.4
		Mostly	41.1	24.0	46.3	13.8	33.3	33.1	21.7
		A little	18.6	4.0	11.9	5.2	13.1	7.1	15.9
		Not at all	4.2	20.0	3.0	1.7	1.3	0.6	31.9
	In-patient paediatrics	Fully	30.2	44.0	38.8	69.0	43.1	57.8	29.0
		Mostly	43.8	32.0	44.8	24.1	38.6	33.8	21.7
		A little	19.8	12.0	13.4	5.2	11.8	6.5	17.4
		Not at all	6.2	12.0	3.0	1.7	6.5	1.9	31.9
	Gynaecology	Fully	32.3	52.0	40.3	75.9	47.1	51.9	30.4
		Mostly	41.7	24.0	43.3	15.5	34.6	39.6	23.2
		A little	26.7	12.0	13.4	6.9	14.4	7.1	15.9
		Not at all	9.4	12.0	3.0	1.7	3.9	1.3	30.4

Table 16: Data table for preferred delivery options (%)

5.5 Summary of key findings from Section 5

Preferred option by location:

- Comparing preferred option by the location in which respondents report living (CCG and Council area) shows that the vast majority of respondents preferred the option which provided the most services closest to them. For example, Options 2, 4 and 6 with Hastings having the most services was favoured by participants living in Hastings Council area and H&R CCG area.
- Similarly, Options 1, 3, and 5 with Eastbourne having the most services was favoured by respondents living in the Eastbourne and Wealden Council areas, and favoured by those living in the EHS CCG area.

Preferred option by demographic:

- There was limited gender difference in option preference except for Option 1 and 'no preference'. Of those who chose Option 1, a greater proportion of respondents were female (16% *vs.* 8.6%) whereas of those selecting 'no preference', a greater proportion were male (18.5% *vs.* 9.5%).
- Respondents preferring Option 1 and Option 6 had a slightly younger age profile (under 35 years) compared to those choosing other options.
- Participants preferring Option 1 in addition to having one of the youngest age profiles also had the highest proportion of those over 60 (27%).

Understanding of the need to change by preferred option:

- The majority of respondents to the online survey either 'mostly understood' or 'fully understood' why clinicians believe that maternity services, in-patient paediatric services, and emergency gynecology have to change. This high level of understanding was evident for those choosing Option 4 with between 69% and 79% fully understanding the need to change maternity, in-patient paediatrics, and emergency gynaecology services.
- The next highest levels of understanding were for Option 5 with between 52% to 59% fully understanding the need to change.
- Finally, of those respondents who chose 'no preference', there was a split between those who fully understood compared to those who stated they did not understand at all (possibly contributing to their lack of preference).

Section 6 – Online survey responses to 'Anything else you would like to tell us?' (Q7)

This section presents findings from the thematic analysis of Q7 in the survey that invited people to add '*Anything else you would like to tell us*?' 279 open-ended responses (out of the total 623 responses to the survey) were received to this question. As with Section 4.6 (open-ended responses to Q5), occasional references to numbers are made to help give an idea about the strength of comments being made where it is deemed contextually useful.

This qualitative data provides valuable insights into the issues and concerns raised over the proposed reconfiguration of services, rather than allied to any particular choice of preferred option. For instance, with regards to the open-ended responses, although there were parallels to the comments raised regarding reasons for option choice (Section 4.6), these additional comments were less option-specific in their nature. Rather than, for example, explaining why people preferred Option 1, they instead provide an insight into the types of factors people considered when making their option choice.

Three main themes dominated the responses to Q7 including: travel; issues regarding Crowborough; and 'Option 7'[36]. Other less commonly reported comments are noted in Table 10.

6.1 Open-ended responses by theme

(a) Travel (convenience, poor transport links, cost of travel, safety, and alternative views)

Concerns over perceived excessive travel time due to increased distances were considerable, including issues related to convenience (e.g. wanting services to be close to them, and fathers and other family members being able to visit); poor existing transport links (e.g. condition of road); costs of travel (e.g. of family members having to pay for taxis in non-driving families); and safety concerns due to the longer travel time and increased distances.

With regard to convenience, most responses indicated concerns about travel and wanting to have services closer to where they live, particularly with regards maternity services:

> *"It is essential that women still have choices and do not have to travel long distances." (3073444334, Wealden, HWLH, Option 6)*

36 Option 7 was not part of the formal consultation process. See earlier explanation.

"I live in Eastbourne or work nights in Seaford. Hastings is just too far to travel." (3068569521, Eastbourne, EHS, Option 1)

"Women in the Uckfield/Crowborough area want to have scans near to their homes; they do not want to travel for miles." (3026715028, Wealden, HWLH, Option 5)

"I live in Crowborough, luckily I can have my midwife appointments at Crowborough still, but all my scans and my ultimate 3rd C-section is booked into the Tunbridge Wells hospital. Travelling times to Eastbourne or the Conquest is 45mins for me, whereas Pembury is 20mins. With 2 other children and a partner who works fulltime, it would be a massive inconvenience to book into either Eastbourne or the Conquest."(3026595782, Wealden, HWLH, Option 6)

In relation to convenience, comments were made over poor existing transport links:

"… What plans are there if the road between Eastbourne and Hastings is blocked with traffic, snow or an accident, which happened a few weeks ago...? (3044868366, Wealden, EHS, Option 5)

"Physical distance is not the only impact; journey times both by car/ambulance and public transport are important too. East Sussex is a large county and while north/south routes are good, east/west are poorer and much slower..." (3021098902, Lewes, HWLH, Option 5)

The cost of travel was also seen as a further obstacle. For example:

"Not everyone has a car - will be expensive if they have to pay for a taxi."(3040743124, Lewes, HWLH, Option 1)

"I am a local GP with a large patient base of people who suffer socioeconomic deprivation. They need to have these services close to where they live." (3084611703, Hastings, H&R, Option 2)

Consequently, there were strong views about the need for new and better transport links to be provided:

"If people have to travel to Hastings conquest Hospital, we want a direct bus service from DGH Eastbourne to the Conquest." (3068789012, Eastbourne, EHS, Option 6)

"…A bus service should be arranged between the 2 hospitals (DGH and Conquest). People who need visiting…this is impossible without a car." (3031207084, Wealden, EHS, Option 1)

"A low cost shuttle bus service from Eastbourne to Hastings should be considered, as should taxi vouchers etc." (3159166779, Hastings, H&R, Option 6)

"Transport links between the 2 hospital sites are currently non-existent. In order for Option 6 to work for the benefit of patients and families, this must be improved either by working with the public transport services (buses) to run a direct route between Conquest and DGH or by the Trust running a shuttle service between sites…" (3140605466, Rother, H&R, Option 6)

Aside to inconvenience, the longer travel time and increased distances were also considered to raise safety concerns:

"The distance to Hastings is too far if a child is seizing and needs to be stabilized." (3051794835, Eastbourne, EHS, Option 2)

"Distance from Uckfield to Conquest is ludicrous in an emergency situation for child or pregnant mother!" (3075812709, Wealden, HWLH, Option 5)

Safety concerns also extended to the wellbeing of the child patient whereby travelling time was an obstacle to the frequency of visits:

"My daughter was in Hastings Conquest Hospital for 2 weeks after premature birth of her baby. She lives in Eastbourne as do all her family/relations. Some days (many days) she had NO visitors so was very depressed." (3114901603, Eastbourne, EHS, Option 1)

However, as an alternative viewpoint, not everyone saw these travel concerns as a problem:

"Over the last 8 years, I have experienced 2 deliveries (including 1 emergency C-section) and 2 emergency gynaecology incidents one of which required an in-patient stay and transfer between hospitals. I had to travel between 25-30 minutes to access care each time and I do not feel that this was detrimental to my care. Whilst I live in East Sussex my care was outside of East Sussex." (3044882065, Lewes, HWLH, Option 6)

"I am due to have my baby in 9 weeks and live in Eastbourne just down the road from hospital. This is my second child and as low risk I have been very impressed with the new midwife-led unit at the DGH. However, if things change and I am not low risk I am more than happy to go to Hastings as I know I will receive proper care." (3119561654, Eastbourne, EHS, Option 6)

(b) Crowborough (keep, and transfer)

The second area of overwhelming responses were in support of retaining the Crowborough Birthing Centre (CBC), and the possibility of it being transferred to Maidstone and Tunbridge Wells (MTW) NHS Trust. The underlying issue from these responses again appeared to be related to travel and convenience (from those living in the north of the county) with respondents wanting travel times and distances to be minimised. For example:

"… It is important to keep Crowborough for these families living in that area. I have spoken to lots of people who have had a really good experience at Crowborough." (3068738130, Eastbourne, EHS, Option 5)

"The CBC is an essential facility in the overall provision of maternity services and its location in the north of the county is the best way of balancing the geographic availability of maternity services with those on the south coast. The CBC is a beacon of excellence and should be supported and celebrated in future, not exterminated in favour of the south coast." (3154022142, Wealden, HWLH, Option 5)

Further comments relating to the keeping of the CBC referred to the excellent care received:

"I gave birth at the Crowborough birthing centre earlier this month and had a brilliant experience this service is invaluable!" (3024174896, Wealden, HWLH, Option 1)

"The Crowborough birthing centre is an amazing place and has to be included in the future of maternity services." (3015863407, no information provided, Option 5)

Finally, there were also a number of additional comments about transferring the CBC from ESHT to operating under Maidstone and Tunbridge Wells NHS Trust:

"… The CBC should be transferred to Maidstone and Tunbridge Wells NHS Trust to provide a more seamless care pathway for those who give birth in the northern part of the county." (3019172880, no information provided, Option 6)

(c) Option 7- full services at Eastbourne and Hastings

Although not to the same extent as the comments about travel and the CBC, an emerging response has been advocacy for a proposed 'Option 7'. Although not part of the consultation, the first comment for this appeared in the survey data on the 21st March 2014 developing quickly up to 50 comments by the end of the consultation. Option 7 is a proposal by the 'Save the DGH' campaign to have full services including consultant-led units on both the Eastbourne and Hastings sites. Part of the rationale for these comments relates to the concerns over travel, and responding to the needs of Eastbourne in terms of population change and growing needs:

> *"All services should be available for both sites - it is ridiculous that families have to travel to Hastings just for in-patient care and also the stress caused to staff having to work on both sites. There is no option in here for this so I am voting option 7 which should have been included." (3167490216, Eastbourne, EHS, no preference)*[37]

> *"Option 7 is the most appropriate option for East Sussex. Transport links between Hastings and Eastbourne add significant risk in emergency cases. Option 7 provides a credible solution balancing risk to health and costs. Both towns and hinterlands are growing." (3143134444, Eastbourne, EHS, no preference)*

> *"I select Option 7. Include Option 7. Any vote without Option 7 included is not a fair set of options for consideration or fully informed decision-making from the public." (3170176453, Eastbourne, EHS, no preference)*

In addition to the comments illustrated above, there were also some more isolated comments related to a number of further issues, and these are outlined in the Table 10 below, with supporting illustrations.

37 Note how those supporting 'Option 7' reported 'no preference' for any other option indicating their disapproval of all the six options available.

Additional theme raised	Illustrative comments
Services that reflect the local geography, size of town, and population	*"Eastbourne and it is surrounding areas i.e. Polegate and Hailsham are continually growing in population & new housing developments are being built in these areas to cope with the demand. To take away these major services in such a heavily populated area that continues to grow would surely have a detrimental effect!" (3084607968, Wealden, EHS, Option 3)* *"Hailsham has an ever increasing population due to massive housing development and therefore childbirth rates will undoubtedly increase in the very near future. Crowborough residents are able to reach the new hospital in Kent in a shorter time than travelling either to Hastings or Eastbourne. Therefore, the units at Eastbourne and Hastings must provide the same amenities."(3055551994, Wealden, EHS, Option 3)*
Importance of, and attracting staff	*"The place doesn't matter… it's the staff what really matters."(3068804473, Wealden, EHS Option 1)* *"In the next 7-10 years there will be a major shortage of experienced midwives. Theses midwives are essential for the safe running of an MLU. It makes sense to have some or most MLU's co-located maximizing staff use and safety for both mothers and babies." (3106023620, Hastings, H&R, Option 4)*
Costs seen as a major driver of the need to change	*"…the 'need for change' is down to very bad management of our resources/finances - Eastbourne & Hastings are not little villages they are large towns - growing in numbers all the time… too much money is wasted in (NHS) ESHT. All these changes, not just maternity, paediatrics and gynaecology are not changes the public, the tax and national insurance payers and the voters want. Politically the aim is for 'centres of excellence' but it is really about cost cutting. Use common sense and get rid of the current bad management who waste so much money e.g.: Helipad, consultant financiers to name just two." (3075787592, Eastbourne, EHS, Option 3)* *"… this is to do with cost considerations… To impose a time-long journey, over poor roads, on a woman in labour, to risk the lives of new-born babies delivered with no professional help whatsoever, is to put cost above safety. Similar considerations apply to children's services. (3104004350, Eastbourne, EHS, no preference)*
Mixed views regarding the consultation process	*"This document seems to have carefully considered all the options." (3019172880, no information provided, Option 6)* *"Yes this is a very poor consultation overseen by people who have already made up their minds and can publish whatever results they choose regardless of what people think." (3047793011, Eastbourne, EHS, Option 5)*

Table 17: Additional themes relating to Question 7 '*Anything else you would like to tell us*?'

6.2 Summary of key findings from Section 6

Open-ended comments to 'Anything else you would like to tell us?' (Qs7):

- From the 623 respondents who completed the survey, 279 additional comments were received. There additional comments were less option-specific in their nature, compared to the comments in Section 4.6. Instead, they provide an overall insight into the types of factors people considered when making their option choice.
- There were three main themes that predominated: concerns over travel; maintaining the Crowborough Birthing Centre (CBC); and advocacy for an Option 7 to be considered (full services at both Eastbourne DGH and the Conquest Hospital Hastings).
- Concerns over perceived excessive travel time due to increased distances were considerable including issues related to convenience (e.g. wanting services to be close to them, and fathers and other family members being able to visit; poor existing transport links (e.g. condition of

road); costs of travel (e.g. of family members having to pay for taxis in non-driving families) and; safety concerns due to the longer travel time and increased distances.

- The second area of overwhelming response was in support of retaining the CBC, and perhaps as a facility, being transferred to Maidstone and Tunbridge Wells NHS Trust. The underlying issue from these responses again appeared primarily to be related to travel and convenience (for those living in the north of the county) with respondents wanting services to be as geographically close to where they lived, and for travel times and distances to be minimised.
- The third area of considerable response (although not as extensive as the first two areas) was advocacy for an Option 7. Option 7 is a proposal (not part of the consultation) to have full services including consultant-led units on both the Eastbourne and Hastings sites, often referred to as the 'Save the DGH' campaign. Part of the rationale for these comments relates to the concerns over travel and related safety risk (to Hastings), and responding to the needs of Eastbourne in terms of population change and growing needs.
- Other, less frequent comments outside of the three main themes included:
    - A need to reflect the local geography, size of town, and population;
    - The importance of, and attracting, staff;
    - Costs seen as a major driver of the need to change;
    - Mixed views regarding the consultation process.

Section 7 – Analysis of the focus group discussions

In this section, findings from the focus groups with individuals with a 'protected characteristic'[38] (as identified through the Equality Analysis conducted as part of the pre-consultation process) are presented. Facilitated by CCG staff, the purpose of these focus groups was to capture the potential impacts of the proposed options and explore potential mitigating actions that could be considered to minimise any adverse impacts. Five focus groups were conducted with individuals representing the following groups (Table 11): carers, young mothers, Gypsies and Travellers, and those from BME groups. For the BME groups, interpreters were provided to maximise the potential for participation. A focus group for people with disabilities was planned but cancelled due to lack of recruitment. Summary notes taken by the focus group moderator and/ co-moderator were provided to the analysts and, for some groups, digital audio recordings were also made available.

Format	Date	location	Groups	N
Focus Group 1	20th March 2014	St. Elizabeth's Church, Eastbourne	Carers	5
Focus Group 2	21st March 2014	RSCPA, Fairlight, Hastings	Young mothers	12
Focus Group 3	1st April 2014	Bridies Tan Traveller Site, Lewes	Gypsies & Travellers	8
Focus Group 4	1st April 2014	University of Brighton, Hastings Campus	BME	44
Focus Group 5	4th April 2014	Assembly Hall, Eastbourne Town Hall,	BME	46
				115

Table 18: Focus groups conducted with individuals with a protected characteristic

7.1 Findings from the focus groups

At the start of each focus group, the moderator and/or co-moderator explained that the proposed reconfiguration of maternity, in-patient paediatric and emergency gynaecology services in East Sussex may affect people differently. The purpose of the focus groups was outlined as to explore *"what might those impacts be and what could be put in place to lessen them for you."* The start of each group was spent clarifying what the temporary changes to services were, why they were initiated (e.g. safety issues and 'serious incidents', staff recruitment), the proposed six options, and the purpose of the Better Beginnings consultation. All participants were provided with a briefing and participant information sheet prior to participation, and gave written informed consent (see Appendices 2 and 4). Findings from the discussions are illustrated below:

38 Equality Act 2010. See https://www.gov.uk/equality-act-2010-guidance

(a) Carers – Eastbourne (n=5)

The findings for this focus group were split into two main areas: maternity services; and paediatric services.

The comments with regard to maternity were mostly questions about the service. More specifically, questions were raised over the serious incidents before the temporary changes to maternity services across the various ESHT sites (and what constitutes a serious incident), as well as how the number of home births had been affected by the temporary changes. Travel concerns were raised if the specialist services were not located in both Eastbourne and Hastings (especially when a woman was in labour) as well as a preference for birthing centres in more locations.

There were a number of more extensive issues raised with regard to the paediatric services (reflecting the interest of carers) as follows:

- Why are paediatric and maternity services so closely linked?
- Why does 'open access' at Eastbourne not apply at Hastings?
- In paediatric emergency situations whether a child would automatically go to Hastings?
- Whether ambulances can deal with emergencies, like appendicitis?
- Is it possible for the consultants to travel rather than the mother?

Travel

Concern over travel time and distance was the most dominant theme of discussion from this group (bearing in mind this group was based in Eastbourne). Concerns over paediatric services were raised in relation to the general difficulty of travel; costs (especially people on low incomes not being able to pay the costs of transport 'up front'); and specific difficulties faced by those without additional family support, those with other children to care for, those who are working parents, and those faced with prolonged care. People spoke about these travel issues being inconvenient for paediatric users which it was felt could ultimately impact on safety.

Option choices and consultation process

Prior to the explanation of the proposed delivery options, a comment was made that there was no communication to parents about 'open access' to the paediatric unit when the temporary changes were implemented. Also, in regard to the options, there were comments about the preferred option already being chosen (with scepticism); that it was unlikely to replace the specialist services back to Eastbourne; that the options were limited by not including one with specialist services equally

spread across both main sites; and that people in Eastbourne are generally dissatisfied as a consequence.

With regard to the consultation process, there was criticism raised over whether earlier feedback (through the pre-consultation process) had been reflected in the consultation document. Also, the consultation document itself was seen as a 'barrier' with the information and option choices not being clear enough[39].

(b) Young mothers – Hastings (n=12)

Once again the findings were split into two main areas: thoughts about maternity services; and paediatric services. The themes raised within maternity services were unsurprisingly (being young mothers) more extensive than paediatrics given the group:

Travel

Concerns were raised over traveling time and distance, especially as labour is often unpredictable and can progress quickly, and may be compounded by emergency situations. Alongside this discussion, there were a number of ideas proposed to address these travel concerns:

- Allowing fathers to stay overnight or nearby;
- Preparing in advance for patient transport including conversations with the midwife about this;
- Adopting personal responsibility to get to the hospital on time;
- Being assessed at home for readiness to go to a birthing unit;
- Mixed views about a suggestion for a 'lounge' or similar area in or near the hospital in the early stages of labour to reduce the concern of being sent home.

Choice/preferences

A number of preferences regarding maternity services were aired by the group, namely maintaining the Crowborough Birthing Centre (CBC); enabling women to choose the type of birth they want and; providing opportunities to view the units in person rather than from a virtual tour. The comments regarding the paediatric services were few. Again, travelling time was an issue if there was an emergency situation and/or a child being in pain and not being able to access local services (especially if there were specialist services only at Eastbourne). As a possible solution, it was

39 Whilst a useful insight in its own right, this of course also reinforces the importance of engaging meaningfully with the public (e.g. through focus groups and market place events) to discuss and clarify the delivery options.

suggested that operating hours of the day could be extended and the development of a plan for children who are more prone to using hospitals.

(c) Black Minority Ethnic Group – Hastings (n=44) and Eastbourne (n=46)

Two focus groups were held in Hastings and Eastbourne respectively with individuals from BME (including migrant) communities organised by Vandu Language Services. For Hastings, the group comprised 44 attendees and 5 interpreters, and for the Eastbourne group, 46 attendees and 12 interpreters. Due to the size of the groups, the session was moderated more like a workshop than a focus group in order to remain manageable.

In both focus groups, the introduction started by describing the background to the consultation and the clinical case for change. This introduction generated a number of initial concerns for discussion:

- Concern for women at an MLU who experience an emergency and require a transfer (Hastings group);
- Concern over travel and transport infrastructure (both groups);
- Concern about paediatric care at night regarding opening times and travel, particularly when other children are present in the home (Eastbourne group);
- Hastings has more high risk (teenage) women and therefore it would make sense to site the consultant-led unit there (Hastings group);
- Concern that 'specialist services' are being taken from Eastbourne and being given to Hastings (Eastbourne group).

This initial discussion generated a large range of further concerns and questions (especially from the Eastbourne group; see Table 12 below) for which responses were provided to the whole group. Whilst these questions were diverse, there were several common references made towards (in no particular order) choice, capacity, safety, travel, cost, and communication.

Questions and concerns raised	Focus group location
Choice	
For a natural birth do you have to go to an MLU?	Hastings
Can you choose Brighton or Hastings for consultant care?	Eastbourne
Could I choose to give birth in the consultant-led unit even if I was not considered high risk?	Hastings
It's a good idea to have more midwife-led units and promote normal birth but how will the site be decided? In Hastings and St Leonards there are more young people and young mums than in Eastbourne and more people have low incomes.	Hastings
Capacity	
If too many people are using one unit, what about capacity in the unit and parking?	Hastings
What does a bigger unit mean? Would you need to build a separate building? Would that affect which site was chosen?	Hastings
Regarding Option 5 - If both low and high risk women are being seen by the consultants, won't there be a higher demand for beds/spaces which would subsequently lead to some low risk women being asked to go and give birth at the midwife-led unit at Conquest Hospital?	Eastbourne
Safety	
How has the risk been removed? What if something goes wrong during the actual birth?	Eastbourne
Will there be any consultants based in Eastbourne for emergency cases?	Eastbourne
What happens if there is a late emergency, e.g. a twin birth where the 2nd baby is stuck or when a woman needs an emergency C-section?	Hastings
Travel/transport	Eastbourne
Can travel costs be reclaimed? Who is going to pay for the transport?	Eastbourne
I want to know how can we get to Hastings hospital on time in case of an emergency?	Eastbourne
What can I do if we don't have private transport at night?	Eastbourne
Other children in the family – I am not happy with this situation. If I have children and it happens in the middle of the night, what am I supposed to do? How do I leave them in bed and take my child to the hospital?	Eastbourne
What about parents with babies in SCBU having to travel?	Hastings
Why can't the doctor move between sites instead of the patient?	Eastbourne
Cost	
If NHS money is tight can we think about some small charge? I think it is most important to improve services.	Eastbourne
Is everything down to money if they are not paying enough for consultants?	Eastbourne
I heard there is going to be a £10 charge for services, is that true?	Eastbourne
Communication	
Information about units - What if we go to Eastbourne only to get turned away because of a lack of information? (e.g. we do not know what units are there and what times they are open)	Eastbourne
Thank you for the explanation, we do have the idea but how are you planning to make clear for the rest of the people who are not in this room?	Eastbourne

Table 19 Questions raised in the Hastings and Eastbourne BME focus groups

Options for service delivery

In both groups, the proposed options were explained in detail along with the presentation of supporting evidence and facts to enable the group members to reach an informed view. In the Hastings group, following an explanation of these options, there was divided opinion between those preferring Option 4 (Hastings focused; SSPAU+MLU Eastbourne; no maternity service Crowborough) and Option 6 (Hastings focused; SSPAU+MLU Eastbourne; MLU Crowborough). Those who favoured Option 4 felt that the CBC was not essential due to the consultant-led unit at Pembury Hospital. A reason for supporting Option 6, where there were comparatively more locations to give birth, was the reduced likelihood of women being transferred between units. The co-location of the MLU with the obstetric service was considered as a positive move with improved choice for women, as well as increasing the chances of more women having a natural birth.

In the Eastbourne group, once the options were summarised, the facilitators then explained the key differences to each table of participants individually. This was reported in the summary notes as being valuable because there were two instances where individuals had misunderstood the option model they had selected as their preferred option. With the clear summary and an opportunity to ask questions, participants were able to confidently select their preferred option. One of the interpreters in this Eastbourne focus group also commented on the value of running the group:

> *"People in the focus groups believe that their voice is being heard. This is true engagement. These people will spread the word through their communities now. I have been an interpreter for a long time, but I've not seen engagement like this - we are being listened to." (Interpreter, Eastbourne BME focus group)*

(d) Gypsies and Travellers

One focus group was held with eight people (seven Romany Gypsy women and one man) at the Bridies Tan Traveller Site at Southerham in Lewes. Summary data was limited although an audio file was available to supplement the analysis.

As with other groups, the introduction started by describing the background to the consultation, the clinical case for change, and suggestions for any potential negative impacts to be negated. This introduction generated three initial questions for discussion which were answered to the whole group:

- What is meant by paediatrics?
- Where did the serious incidents happen? Birthing centres or hospitals?
- Can first time mum's go to a birthing centre or do they have to go to the hospital?

Options for service delivery

The proposed options were explained option by option which raised a number of discussion points relating to the limited capacity and the size of the CBC (e.g. number of rooms and birthing pools); a desire for Gypsies and Travellers to have either a home birth or birthing in a midwife-led unit; fears over medicalisation of births; as well as problems with some unfriendly staff at Eastbourne:

> *"A lot of mums worry about not being allowed to have a home birth because they are Travellers. It's difficult to persuade midwifes and GPs to allow them to give birth in their trailers… but these days to get a midwife onto site… it's difficult and so it's an unauthorised birth… so this is why I like Crowborough because it's the nearest you can get [to a home birth]."*

"A lady [Gypsies and/or Traveller] who was on her 10th baby and so didn't go for any scans and so had no paperwork, and she said 'can I book here?' and she [Eastbourne maternity reception staff member] said well 'apparently we have to'."

"She didn't have any notes with her… Eastbourne has a bad reputation around the Traveller community because they felt they were treated (wittingly or unwittingly) differently."

Choice/option preferences/mitigation

Participants were keen to have a choice of 'home birth' as home births are the cultural preference. However, in reality this was reported as often being difficult given midwives will generally not come to a transient home, and that the home is not always logistically suitable to give birth in (e.g. other children present). For these reasons, the CBC was expressed as being important to retain with some women from the Gypsy and Traveller community having given birth there. The group moderator confirmed that women would always be able to have a home birth when it is safe and appropriate to do so.

Participants expressed a preference for Option 6, partly due to negative personal experiences at Eastbourne and not having heard any negative views of Hastings, but also because birthing services would be available across three sites. Moreover, the location of Conquest was also preferred because of the proximity (and access) to other Gypsies and Traveller communities in the area.

In terms of mitigation, a discussion point was raised that if services went to Eastbourne (e.g. Option 5), what might reduce any negative impacts? Discussions here related to maternity staff requiring cultural competency training (particularly reception staff) and to ensure that staff across different sites are consistent in how ESHT policies are implemented. One specific suggestion was to ensure that midwives could have training to enable them to go out to Traveller sites for home births:

"We could really do with some areas being centres of best practice, because Gypsies and Travellers often get a raw deal… So it would be really great to have maternity services in East Sussex that were culturally competent... and sensitive to the issues that Gypsies and Travellers face. It's desperately needed nationally."

Linked to issues of cultural competence, a discussion was raised with regards paediatrics about how when any member of the family is sick, but more so a child, the entire family will go to the hospital to be close to the child, as culturally, this is felt to be important. However, participants reported that

many hospitals do not provide for this eventuality meaning that at times the police are called which adds to the stress and upset of the family:

> *"[in relation to paediatrics] we want hospital staff to understand that culturally, you are going to need your family around you… sometimes families pitch up in their trailers in the hospital car park and where it works really well is when hospitals understand that and it reduces the pressure on the family."*

Some general concerns were raised regarding women in labour going into hospital and then being sent home. Who decides, mitigating factors, and cost (e.g. tax fares) were all discussed. Others noted that travel was not a problem for them as long as they received a good service and their needs were met (e.g. allowing the whole family to reside nearby to the service). One woman mentioned that women will travel long distances to get to their unit of choice (the example used was women travelling from Sheffield to Brighton to give birth).

7.2 Summary of key findings from Section 7

Focus group discussions:

- A total of 115 participants across five focus groups were conducted: carers, young mothers, Gypsies and Travellers, and individuals from BME groups (two focus groups). A further focus group for people with disabilities was planned but cancelled due to lack of recruitment.
- For the **carers' focus group**, comments over paediatric services were more prominent than those regarding maternity services. Concern over travel time and distance was the most dominant theme of discussion (bearing in mind this group was based in Eastbourne). Specific issues included cost for people on low incomes; difficulties for those without family support; those with other children to care for; working parents; and those faced with prolonged care. No ideas were raised in this group regarding how some of these issues might be mitigated against.
- For the **young mothers' focus group** issues regarding maternity services were unsurprisingly more extensive than issues raised regarding paediatrics. Again, concerns were raised over traveling time and distance. A number of ideas were proposed to address these travel concerns including: allowing fathers to stay overnight or nearby; preparing for travel in advance including conversations with the midwife; encouraging personal responsibility to get to the hospital on time; being assessed at home for readiness to go to a birthing unit and;

mixed views about a 'lounge' or similar area in or near the hospital in the early stages of labour to reduce the concern of being sent home.

- Two **Black Minority Ethnic Group (BME) groups** were held with the aid of interpreters in a workshop style format due to large numbers (n=90). A large range of questions and concerns emerged relating to: choice; capacity; safety; travel/transport; cost; and communication. Participants were divided between choice of Option 4 or Option 6.
- For the **Gypsies and Travellers group**, issues raised included concerns about the limited capacity of the CBC and a desire to have either a home birth or birthing in a midwife-led unit; fears over medicalisation of births; as well as problems with some unfriendly reception staff at Eastbourne. Suggestions to mitigate included retaining of the CBC as it as close as possible to a home birth which, culturally, for many Gypsies and Travellers is important. Further suggestions were for maternity staff undertaking cultural competency training, as well ensuring that staff across different sites are consistent in how ESHT policies are implemented. Participants expressed a preference for Option 6 partly due to the proximity (and access) to other Gypsies and Traveller communities in the area.

Section 8 – Analysis of market place events and 'mini-market place' events by CCG

In this section, findings from a series of 33 events to engage the public in the consultation process are presented. These events ranged from large-scale market place events (hospitals and shopping centres) to mini-market place events in community settings (Children Centre's and Leisure Centres). In total, 1276 people were engaged from across the three CCG areas in East Sussex.

People were encouraged to take copies of the Better Beginnings public consultation document which included a hard copy of the survey. Brief summaries of each event (e.g. 4-5 bullet points) were recorded by the staff in attendance and provided to the analysts – however data quality (completeness, scope, detail, consistency) varied considerably meaning that a degree of caution is required in interpreting these findings. Content analysis was conducted on the summary data and organised by CCG area.

8.1 Eastbourne, Hailsham, and Seaford CCG Events

Eastbourne, Hailsham, and Seaford CCG Events			
Event	**Event type**	**Date**	**Recorded engagements (N)**
Eastbourne DGH, Eastbourne	Market Place	Wednesday 30th January, 2014	150
Arndale Centre, Eastbourne	Market Place	Saturday 1st February, 2014	300
Hampden Park Children's Centre, Eastbourne	Mini-Market Place	Thursday 13th February, 2014	20
Seaford Children's Centre	Mini-Market Place	Monday 24th February, 2014	10
Arndale Centre, Eastbourne	Market Place	Wednesday 26th February, 2014	180
Newhaven Children's Centre	Mini-Market Place	Friday 14th March, 2014	20
Hailsham East Children's Centre	Mini-Market Place	Monday 17th March, 2014	25
Devonshire Children's Centre	Mini-Market Place	Monday 24th March, 2014	10
Hailsham Leisure Centre	Mini-Market Place	Tuesday 25th March, 2014	40
Shinewater Children's Centre, Eastbourne	Mini-Market Place	Wednesday 2nd April, 2014	17
Morrison's Supermarket, Seaford (extra event)	Mini-Market Place	Wednesday 2nd April, 2014	15
		Total events	**11**
		Total engagements:	**787**

Table 20: Eastbourne, Hailsham, and Seaford events

787 members of the public were recorded as being engaged with across Eastbourne, Hailsham, and Seaford (EHS) CGC during the three large market place events based in Eastbourne (Arndale Centre and Eastbourne DGH) and eight mini-market place events based in various local Children's Centres and Leisure Centres (Hampden Park, Seaford, Newhaven, Hailsham Devonshire, and Shinewater; see Table 13). An additional event was held at Morrison's supermarket in Seaford.

Supporting the open-ended comments from the online survey, attendees referred to a number of concerns including: returning full consultant-led services to Eastbourne; suspicion that financial

reasons were driving changes including the reduction or 'downgrading' of services from Eastbourne DGH; travel and/or transport to Hastings (e.g. poor roads and transport links, concerns about travelling during labour and/or for complications, anxieties around the travel to Hastings for paediatric care if an overnight stay was required); scepticism regarding the consultation process and whether people had genuine influence; and fears about safety. There were also some suggestions from the Arndale event that a shuttle bus between the two main coastal sites could alleviate some of the travel concerns.

In terms of safety, summary notes of the larger market place events suggest that the safety statistics when explained and discussed one-to-one (as well as via the display boards), were powerful in countering people's initial scepticism and increasing their understanding of the safety argument. Whilst this clarification was particularly so with regards maternity services, this was less the case for in-patient paediatrics. The perception that people found these engagement events useful to clarify views and learn new information was also reflected by a mother at the Hailsham Leisure Centre event, as well as participants at the Shinewater Children's Centre.

Interestingly, notes from a mothers' group at the Devonshire Children's Centre (who were mostly pregnant since the temporary changes had been introduced) differed considerably from the notes of all other meetings across EHS CCG area. The notes suggest that these mothers had simply accepted going to Hastings for their deliveries - possibly because they had little sense of the previous service model prior to the temporary changes.

> *"I wasn't aware of this consultation, I just thought, ok, if that's where I need to go to have my baby, I'll just go there". (Mother, Devonshire Children's Centre)*

8.2 High Weald, Lewes, Havens CCG Events

High Weald, Lewes, Havens (HWLH) CCG Events			
Event	**Event type**	**Date**	**Recorded engagements (N)**
Crowborough Community Centre	Market Place	Monday 10th February, 2014	20
Heathfield Community Centre	Mini-Market Place	Tuesday 4th February, 2014	15
Crowborough Hospital	Mini-Market Place	Thursday 6th February, 2014	20
Lewes Children's Centre	Mini-Market Place	Friday 14th February, 2014	10
Morrison's Supermarket, Crowborough	Mini-Market Place	Friday 28th January, 2014	80
Crowborough Children's Centre	Mini-Market Place	Tuesday 4th March, 2014	20
Uckfield Hospital	Mini-Market Place	Thursday 13th March, 2014	30
		Total events	**7**
		Total engagements:	**195**

Table 21: High Weald, Lewes, Havens events

A total of 195 members of the public were recorded as being engaged across High Weald, Lewes, Havens (HWLH) CCG during the main market place event held at the Crowborough Community Centre and the six mini-market place events based in various local community settings in Crowborough, Heathfield, Lewes, and Uckfield (Table 14). Despite events across HWLH being advertised in the local press, the numbers were reported by staff as being lower than expected particularly at the Crowborough Community Centre and the Crowborough Hospital.

Supporting the open-ended comments from the online survey, attendees across the different events felt that the Crowborough Birthing Centre (CBC) should stay open with many women reporting positive experiences of birthing at the centre. At the Crowborough Children's Centre for example, the positive experience of many women had meant that they were keen to see the CBC maintained with the majority not being concerned about the location of other services between Eastbourne and Hastings as they were unlikely to use them. However, concerns were raised across the different events regarding the road and/or transport access to Hastings (as opposed to Eastbourne) if a transfer during labour was necessary. At the Crowborough Hospital (again reflecting comments from the survey) some people said they wanted the CBC centre to be run by the Maidstone & Tunbridge Wells NHS Trust. These people were informed by staff that this was not a part of this consultation but that it was being investigated as a separate issue.

Questions were raised by some attendees about the need for more standalone midwifery-led units such as the CBC. Some women from the Crowborough Children's Centre had not heard about the CBC (or heard about it too late to use it) and felt that this was why it was not used more. They were keen to see awareness and promotion of the CBC to encourage more women to use it, particularly in their appointments with their GPs.

Again supporting the online survey comments, some attendees raised questions about what was being done to address the staffing issues of both midwives and doctors (nationally and locally), as well as whether population changes due to housing developments across the county, were being taken into account.

8.3 Hastings & Rother CCG Events

Hastings & Rother (H&R) CCG Events			
Event	**Event type**	**Date**	**Recorded engagements (N)**
Bexhill Leisure Pool	Mini-Market Place	Wednesday 29th January, 2014	22
Rye Primary School	Mini-Market Place	Monday 3rd February, 2014	no data
Rye Children's Centre	Mini-Market Place	Monday 3rd February, 2014	12
Rye Leisure Centre	Mini-Market Place	Friday 7th February 2014	12
Priory Meadow Shopping Centre	Market Place	Saturday 8th February, 2014	180
The Bridge Children's Centre, Hastings	Mini-Market Place	Tuesday 11th February, 2014	16
Silverdale Children's Centre, St. Leonards	Mini-Market Place	Friday 14th February, 2014	30
Battle Primary School	Mini-Market Place	Wednesday 5th March, 2014	no data
Battle Children's Centre	Mini-Market Place	Wednesday 5th March, 2014	8
East Hastings Children's Centre	Mini-Market Place	Monday 10th March, 2014	1
Priory Meadow Shopping Centre	Market Place	Tuesday 11th March, 2014	125
All Saints Church, Hastings (extra event on request)	Mini-Market Place	Thursday 13th March, 2014	17
Sidley Children's Centre, Bexhill	Mini-Market Place	Tuesday 18th March, 2014	13
St. Leonards Children's Centre	Mini-Market Place	Friday 21st March, 2014	30
Conquest Hospital, Hastings	Market Place	Thursday 27th March, 2014	100
		Total events	**15**
		Total engagements:	**294**

Table 22: Hastings & Rother events

A total of 294 members of the public were recorded as being engaged across Hastings and Rother (H&R) CCG during the three main market place events (Priory Meadow Shopping Centre and Conquest Hospital Hastings), and 12 (including one additional event) mini-market place events based in various local community settings in Bexhill, Hastings, Rye, St. Leonards, and Battle (Table 15). No data were available to the analysts from the mini-market place events at Rye Primary School or Battle Primary School.

Supporting the online survey comments, summary notes from the large-scale market place events reflected that most people generally understood the topic areas and reasons for services needing to change. However, notes also reflected that there was commonly a low level of awareness of the temporary changes and the consultation events and/or process (e.g. from Priory Meadow February event, Rye Children's Centre, Bexhill Leisure Centre, Battle Children's Centre, All Saints Church in Hastings). As with the EHS CCG events, some attendees initially expressed scepticism about the drivers of change with several people stating that it is "all about the money", but when the reasons were explained by staff, they felt that the need to make services safer was the right thing to do.

Some attendees expressed surprise that there was the possibility of services moving back to Eastbourne. They had presumed services would remain at Hastings as per the temporary changes, given that services had been stabilised since being centralised in this manner.

Again supporting the survey responses, some concerns were raised regarding distance and transport (e.g. no car, implications of fast labour, but also empathy for those needing to travel). However, some

attendees at Sidley Children's Centre (Bexhill) felt that the location of in-patient paediatric services did not matter as they would travel wherever necessary if their child was ill. Moreover, two parents at the Sidley event stated that if the services were moved to Eastbourne from Hastings, it also would not matter as they lived between the two towns.

At The Bridge Children's Centre in Hastings, post-natal care was raised as a concern at the Conquest Hospital. Mothers reported that they had felt left to their own devices, not told where facilities were or how they could use them, how meals were served (self-service), and lack of information on baby care before discharge (e.g. nappy changing and bathing). Poor maintenance was also raised with regards showers resulting in mothers either having showers in the dark or with the door open.

Supporting the open-ended comments from the survey (particularly residents of H&R CCG), some attendees wanted consultant-led services at both Eastbourne and Hastings but, in accepting the safety argument (i.e. the need to move consultant-led services to a single site), they felt that services had to be at Hastings (the current configuration of Option 6 following the temporary changes). This was expressed as being necessary due to higher deprivation and inequalities in Hastings. Two people thought it made sense to close Crowborough because of the low birth numbers there.

There were generally very few comments across the H&R CCG area events regarding paediatrics. However, the summary notes from the March market place event at the Conquest Hospital suggested that some felt that the Special Care Baby Unit (SCBU) had been 'forgotten' about in the consultation process. Concerns were raised that the capacity of the SCBU at Conquest was not physically big enough to cope with demand, as well as staff shortages. In addition, concerns were also raised about at the March Priory Meadow event about having only one in-patient paediatric unit. Summary notes reflect that attendees were concerned regarding the capacity of the Kipling Ward (Conquest in-patients), and that having all in-patients on one site meant Hastings patients were getting a worse service because all the Eastbourne patients were now also at Conquest.

8.4 Summary of key findings from Section 8

A total of 33 large scale market place and mini-market place events took place across the three CCG areas in East Sussex in order to engage the public in the consultation process. 1276 people were engaged with by CCG staff during these events.

EHS CCG events:

- 787 members of the public engaged with across Eastbourne, Hailsham, and Seaford (EHS) CGC during the three main market place events based in Eastbourne and eight mini-market place events based in various local Children's Centres and Leisure Centres including an additional event held at a local supermarket.
- The issues and concerns raised supported many of the themes from the open-ended comments from the online survey including: desire for full consultant-led services to return to Eastbourne; suspicion that financial reasons were driving the proposed changes; travel and/or transport to Hastings; scepticism regarding the consultation process and whether people had genuine influence; and fears about safety.
- There were also some suggestions for the provision of a shuttle bus between the two main coastal sites to alleviate some of the travel concerns.
- Some attendees felt the events had been useful to clarify their views and to learn more about the consultation issues.

HWLH CCG events:

- 195 members of the public were engaged with across High Weald, Lewes, Havens (HWLH) CCG during the main market place event based in Crowborough and the six mini-market place events based in various local community settings in Crowborough, Heathfield, Lewes, and Uckfield.
- Despite events across HWLH being advertised in the local press, the numbers attending were felt by the CCG staff to be less than expected.
- The issues and concerns raised were as follows: keeping the Crowborough Birthing Centre (CBC) open and promoting its use more actively; transferring the operation of the CBC to Maidstone & Tunbridge Wells NHS Trust; road and/or transport access to Hastings (as opposed to Eastbourne) and; the need for staff recruitment to be addressed.

H&R CCG events:

- 294 members of the public were engaged with across Hastings and Rother (H&R) CCG during the three main market place events (Hastings), and 12 (including one additional event) mini-market place events based in various local community settings in Bexhill, Hastings, Rye, St. Leonards, and Battle.
- The issues and concerns raised included: surprise that there was the possibility of services moving back to Eastbourne; travel and transport and; the quality of post-natal care at Hastings.

- Some people felt that location of in-patient paediatric services did not matter as they would travel wherever necessary if their child was ill.
- Also, some from attendees wanted consultant-led services at both Eastbourne and Hastings but in accepting the safety argument (need for single site location), felt services had to be at Hastings (as per the current temporary configuration).

Looking across all the responses from the market place events, the common issues and concerns raised were in relation to:

- Having a range of services that were geographically close enough to people;
- Travel/distance to maternity and specialist care and subsequent concerns over safety;
- Keeping the Crowborough Birthing Centre open;
- Importance of staff capacity, recruitment, retention and the best ways to do this;
- Responding to needs of the local and changing population.

Finally, responses tended to reflect where people lived. For example, those in EHS CCG (relative to those from other CCGs) were the most likely to desire full consultant-led services to return to Eastbourne.

Section 9 – Analysis of the meetings with elected representatives and ESHT staff (non-public)

This section presents the findings from two types of non-public meetings: 1) elected representatives (Councillors) in each of the five Districts/Boroughs of East Sussex; and 2) maternity and paediatric staff from the East Sussex Health Trust (ESHT) across locations in Crowborough, Eastbourne, and Hastings.

9.1 Meetings with elected representatives

Five briefing meetings took place between elected representatives in each of the five Districts/Boroughs of East Sussex (Table 16). These meetings clarified a number of aspects about the proposed delivery options (more about features and differences rather than opinions of) and the consultation process in general. By providing opportunities for Councillors to raise questions and discuss the issues, this would enable them to feedback this information to their local communities. Each Councillor was issued with the Better Beginnings consultation document and invited to complete a hard copy version of the online questionnaire.

The data were provided to the analysts in the form of summary meeting notes which ranged from a list of questions (without answers) for two Boroughs, to a verbatim record of the discussion from another. As these meetings were so few in number and the data varied considerably in terms of depth, it was more appropriate to analyse these combined data by theme rather than by CCG area.

Borough (location)	Date
Lewes (Lewes Town Hall)	21/01/14
Hastings (Hastings Town Hall)	23/01/14
Eastbourne (Eastbourne Town Hall)	27/01/14
Wealden (Wealden Civic Community Centre, Hailsham)	30/01/14
Rother (Bexhill Town Hall)	28/01/14

Table 23: Meetings with elective representatives

Three main areas of discussions emerged from the analysis:

(a) Temporary changes to the delivery of care

The main temporary change currently in force was that if a person booked into Crowborough or Eastbourne and required further intervention for obstetric and in-patient paediatric care, they would then be transferred to Hastings. There were a number of points to clarify about this temporary change. There were questions over how many times a person had been turned away from a consultant-led service since these changes came in force (no specific answer provided). In relation, it

was made clear that there had been a reduction in the number of serious incidents during this time - 14 in the seven months prior to the temporary changes compared to four in the seven months after the reconfiguration.

Also, there has been an increase in consultant presence on maternity wards up from 56 to 72 hours and improved supervision of junior staff. It was also explained that these temporary changes would be kept for a minimum of 18 months, prior to any further changes occurring as a result of this consultation process.

(b) Formulating the proposed delivery options

The majority of the discussion in all five meetings was about: 1) how the delivery options were generated; and 2) why these options were necessary. There were a number of sub-themes evident in these discussions as follows:

Clarification of delivery options

Several comments were made to clarify the proposed delivery options. To pre-empt any confusion, an ESHT staff member summed up the proposals as follows:

> *"Each of the options includes the provision of obstetric level maternity services, standalone midwife birthing units and an overnight in-patient paediatric ward in East Sussex. A short stay paediatric assessment unit will continue at both main hospital sites. Emergency gynaecology will be provided from one site and will be co-located with obstetric-led care, an elective day case and outpatient gynaecology will continue at both main hospital sites. So the main difference of the service as provided before the temporary change is that the options do not provide for the provision of obstetrics and in-patient services at both main hospital sites."*

A further point of clarification was why the options did not include a two-site (Eastbourne and Hastings) option. This seemed incongruent to the Independent Reconfiguration Panel recommending that consultant led services should be provided at both Eastbourne and Hastings. It was commented in one meeting that to revert to changes prior to the temporary reconfiguration (consultant-led services on two sites) would be *"entirely disingenuous as it was an option which couldn't be delivered safely. An option to go back to before the temporary changes isn't possible because it's just not safe."* The options were described as providing women with a choice of birthing options. In relation, the increased presence of consultants at a single site may reduce the likelihood of less senior professionals offering a medical intervention sooner.

Specific clarifications were made in terms of both Hastings and Eastbourne each retaining a theatre and both having 24/7 Accident and Emergency facilities, irrespective of any future reconfiguration of services.

Evidence to support delivery options

Reviewing evidence from elsewhere was highlighted as having helped to inform the proposed delivery options. Evidence from West Kent was cited where there was a prior problem in recruiting junior paediatric doctors, whereas it was now noted that they had a full complement of staff for the first time in years. Also specific evidence from Maidstone was cited where there were initial worries about not seeing enough births to make this central unit viable – however, the number of births were exceeded and showed support for the fact that more women were choosing the central unit with all the enhanced expertise rather than choosing their nearest hospital. On a larger scale, evidence was also cited nationally that showed that having consultants on the labour ward improved outcomes that are harder to achieve on smaller units.

Patient safety

It was explained that the primary concern was patient safety. However, there was some commentary about how this safety could be assured if the high level of care was not provided on the two main hospital sites, resulting in a less than seamless transfer.

Distance and travelling time

A major concern raised was about the increased travel time to specialist care. It was noted that extensive work had been done on travel times and that the new Hastings to Bexhill link road would reduce travel times further (although it was also noted that East Sussex had the shortest amount of dual carriageway in the country). Specific concerns were also raised about mothers from further afield (e.g. Seaford and Crowborough) who would have to travel further for specialist care, and also those who were dependent on public transport.

However, it was clarified that although travelling per se was perceived to be more dangerous than less travelling, this was not supported by the evidence which shows that the outcomes for women and babies are better (based on the reduction of serious incidents since the temporary changes). This was described by one person as *"the perception versus the actuality and the fact of it"*.

It was also clarified that these changes and concerns regarding travelling time needed to be raised with women at an early stage, and that much of the time in such a situation had been generated

through the decision-making process rather than the actual travelling time. One person proposed a likely script to allay such fears:

> *"We understand that your journey may be difficult and at times uncomfortable but actually the outcomes for women and babies are better. We are having fewer serious incidents".*

Staff needs and professional development

One of the main reasons for the introduction of the temporary changes was that neither of the hospitals in the county had enough births to be sustainable and safe, hence the reconfiguration to a single specialist site. It had been described as an inefficient use of resources to maintain two sites in this manner, and this also had issues for staff recruitment. Having few births resulted in problems in attracting specialist staff (limited opportunities for career progression with other sites in other counties acknowledged as being more attractive), and those that are in post may become de-skilled. Having a larger unit in East Sussex would result in more consultants being present at any one time. As this person commented:

> *"…but if you've got low numbers of births… the consultants can become de-skilled so it's really important to maintain the skill set and to maintain the staff required – [to do that] you have a certain number of births and you have a certain number of complications to deal with so that the doctors maintain practice… there's just not enough cases per doctor, per midwife to maintain the skills."*

It was clarified that around 2000 births take place in Eastbourne and Hastings each year, whereas the optimum size per unit is around 4000-5000 births per year.

Statistical evidence

There were a number of references as to whether the needs of the changing population had been taken into account when developing the proposed delivery options. People made reference to the greater birth rate in Eastbourne relative to Hastings, and the belief that this may increase further given plans for new housing developments – there were concerns that this was not being taken into account and must be considered when making decisions following the close of the consultation.

It was noted that a significant increase in birth rate (not equivalent to number of births) was not projected – requests for the latest data were made as there was some concern over whether one hospital could cope with an increasing population. There was also reference to levels of deprivation

(positively correlated to birth rate), and whether this had penalised people in Eastbourne given the higher levels in Hastings.

Finally, there were also requests for statistics that were not possible to produce during these meetings although there was a commitment to follow up these requests in due course (e.g. the number of divert births from Crowborough and where they were diverted to).

(c) The consultation process

A number of sub-themes emerged in relation to discussions regarding the consultation process, as follows:

Routes for consultation

The public consultation was conveyed to all as a 12 week period led by all three CCGs within East Sussex. Mechanisms for input were detailed in terms of market place events, focus groups, and a survey available via the Better Beginnings website. A question was posed enquiring whether the comments from the questionnaire would be displayed online for public release and whether this was a consultation process that could be trusted (no response provided).

Reaching a diverse population

Specific details were provided on how to encourage all parts of the community to take part in the public consultation. For example, work had been undertaken with GPs to encourage patients to take part, particularly those who may not otherwise contribute to the consultation. Working with local voluntary sector organisations had also encouraged participation from 'hard to reach' communities, including BME groups, and the CCGs had visited a number of Children Centre's to engage with young mothers directly.

Increased access to the consultation was also facilitated by telephone interviews to clarify the engagement document and help with completing the survey, and translation services provided to engage with service users who had English as their second language.

Finally in this section, the consultation process was commended by one Councillor as follows:

> *"The way you have gone out to consultation this time is very good. I think you are going to all parts of the district… and this is important because people need to feel that they have been consulted. It might not always be the solution they want, but nevertheless they will be able to*

have their say so thank you for that. I know that you have tried to get out to the hard-to-reach groups and I think you should be congratulated on that."

Staff input

It was made clear that staff in the obstetric and paediatric departments had been given the opportunity to input into the proposals before the consultation, and were also encouraged to respond as part of the public consultation (see next).

9.2 Meetings with ESHT staff (maternity and paediatric)

Seven meetings were conducted with maternity and paediatric staff from the East Sussex Health Trust (ESHT) from the units (and three CCG areas) likely to be affected by the consultation outcomes; namely the Crowborough Birthing Centre (CBC), Conquest Hospital Hastings, Eastbourne DGH (Table 17). An eighth meeting was also held with staff from the South East Coast Ambulance Service NHS Foundation Trust (SECAmb). The purpose of these meetings was multi-fold to ensure that: staff felt that they were being listened to in the consultation process; staff had accurate information and understood fully the reasons for the proposed changes and why it was not being proposed that services could return to how they were; staff could pose questions for clarification; and views from this informed audience could be considered as part of the consultation process.

Staff participating in the meetings each received a copy of the consultation document and were encouraged to complete the online survey. Data were provided to the analysts in the form of summarised meeting notes and were analysed thematically. However, as with the notes from meetings with counsellors, data quality was variable in terms of quality (level of detail and consistency) meaning that caution is required in any interpretation. It was thus again appropriate to analyse the data by theme rather than by CCG area or site location (for example).

ESHT staff meetings		
Event (location)	**Date**	**Staff present (N)**
Maternity Staff – Conquest Hospital	Thursday 27th February, 2014	No data
Maternity Staff – Eastbourne DGH	Thursday 27th February, 2014	8
Maternity Staff – Conquest Hospital	Thursday 6th March, 2014	4
Maternity Staff – Crowborough Birthing Centre	Wednesday 12th March, 2014	8
Paediatric Staff – Kipling Ward, Conquest Hospital	Tuesday 25th February, 2014	8
Paediatric Staff – Kipling Ward, Conquest Hospital	Thursday 13th March, 2014	8
Paediatric Staff – Friston Ward, Eastbourne DGH	Thursday 20th March, 2014	5
SECAmb Staff - Eastbourne DGH	Wednesday 26th March, 2014	5
	Totals	46

Table 24: East Sussex Healthcare NHS Trust (ESHT) staff meetings

Analysis of the notes generated a number of issues common across the meetings including: support for the CBC; staffing; travel/transport; safety; and infrastructure.

(a) Support for the CBC

One meeting was held with eight midwives at the CBC. The comments suggested strong support for retaining the CBC including (and increasing) its ante-natal provision. Staff reported a number of problematic operational issues (e.g. women not booking at the CBC because they do not want to travel to the coast, lack of a scanner means women probably not choosing the CBC, and midwives being 'borrowed' by Hastings or DGH making continuity of services for women difficult). CBC staff felt that in terms of staffing, although there were problems in terms of staff being stretched, it was perceived that the unit was now 'cost efficient' with 170 hours fewer in terms of midwifery capacity but with the same numbers of women being seen. Interestingly, however, SECAmb staff felt that Crowborough creates a pressure point for the ambulance service that takes resources away from 'where they should be' (no further elaboration provided).

(b) Staffing

Maternity staff from both Eastbourne and Hastings hospitals, as well as midwives attending the CBC meeting, reported that levels of staffing were felt to be problematic, particularly since the temporary changes were introduced:

> *"We need more midwives. We're always pilfering from each other. We pilfer from Eastbourne, Eastbourne pilfers from the community. That has a knock on effect because the midwife who was called in last night now can't work a shift today - so sometimes clinics in the community get cancelled." (Midwife, Hastings)*

SECAmb staff also raised concerns about the staffing levels of the ambulance service, and particularly tiredness due to being overworked. Staff were reported as requiring 11 hours off between shifts but that if they have to work late, then this can impact negatively on the staffing rota for the next day. Related to this issue was that because SECAmb staff were felt to be so busy and not having any downtime whilst on shift, this means that if staff are even slightly ill then "*they do not come into work as they know how tough a day's work is"*.

Summary notes from the Eastbourne staff meeting revealed that for the DGH midwife-led unit, problems in staffing levels were reported to arise when their staff are requested/needed at Conquest. Eastbourne maternity stuff thus noted that they would like a guarantee that when they

arrived at work they would have at least the minimum amount of staff needed. Other staffing issues for Eastbourne included a lack of breaks during long shifts, staff leaving due to long shifts, and travelling between Hastings and Eastbourne. However, with regards maternity doctors/consultants, Hastings based staff felt things had improved since the temporary changes, with consultants being present more on the maternity ward and that, in general, despite the perceptions of midwife shortages, it was nevertheless felt that a better service was now provided at Hastings since the move to one site:

> *"Definitely a better service - training midwives get great experience on the obstetric site [Hastings]… Although they spend time at Eastbourne too where they have only normal deliveries, so they then get that experience too." (Midwife, Hastings)*

However, staffing shortages and recruitment problems were also raised by paediatric staff at both Hastings and Eastbourne. For instance, summary notes of the Hastings paediatric meetings reveal that staff felt there were gaps present regarding registrars and middle grade paediatric staff at weekends causing a potential vulnerability should two major incidents occur. Moreover, staff attending the paediatric focus group at Hastings raised concerns regarding complaints that they had received about consultant input, with consultants not taking responsibility, as well as more general concerns about the quality and consistency of consultant support. In addition to the more operational issues around staffing levels, staff at the paediatric meeting in Hastings referred to broader staff-related issues since the introduction of the temporary changes including very low morale and high sickness, and absenteeism. The reasons stated for this low morale were that the days are very long, staff not getting appropriate breaks, and that staff were 'failing to cope'. This latter point was also raised by the paediatric staff from Eastbourne.

(c) Travel/transport

Eastbourne and Hastings maternity staff (ESHT), as well as staff from SECAmb, raised the issue of pressure on the ambulance service due to increased demand. For instance, staff felt that some of this increased pressure was due to some Eastbourne women in labour using the service as a 'taxi'. An additional pressure was felt to be due to delays in ambulance arrival at Eastbourne due to crews being at Conquest.

Both Eastbourne and Hastings maternity staff acknowledged that journey time for those choosing to give birth at Hastings could be challenging, as well as for those visiting. Discussions focused on poor public transport links and, particularly, that it is difficult to assess the current configuration of services properly until bad weather arrives (following a very mild and wet winter in 2013/14).

However, SECAmb staff noted that bad weather was generally not an issue for the ambulance service given that all ambulances are fitted with snow tires. However, poor driving by other motorists in bad weather was reported as a problem.

(d) Safety

Midwifery staff at Hastings felt that safety had improved since the temporary changes were introduced:

> *"… [Safety] is better now. You'll always have the incidents that you can't do anything about, but they've dropped right off… " (Midwife, Hastings)*

However, why safety regarding staffing levels was being raised by the consultation now was questioned by a staff member from Eastbourne:

> *"There was a recognition that the unit at Eastbourne had worked for years without full staffing at night, and then all of a sudden it wasn't safe to do this." (Midwife, Eastbourne)*

(e) Infrastructure

Staff in the Hastings paediatric focus group (Kipling Ward) felt there was a lack of investment in the services, but that the current configuration (i.e. continuation of the temporary changes) could work if there was a greater capital investment. Eastbourne paediatric focus groups also commented on the infrastructure issues on the Kipling Ward. Examples given included:

- The IV room, treatment room and general environment at Kipling needs improvement;
- Bed spaces are too cramped - not enough cubicle space which affects patient care. For example one staff member cited having to stand on the bed to reach the oxygen;
- Nurses' room and drug preparation area needs to be improved.

Hastings staff noted that that money had been spent on improving and updating the Friston Ward (Eastbourne DGH paediatric ward), so some staff attending the group felt that some of the above problems would not be an issue at Eastbourne DGH. Indeed, Eastbourne paediatric staff wondered why Hastings been chosen for the temporary changes when the facilities for paediatrics at Eastbourne were felt to be better?

9.3 Summary of key findings from Section 9

Meetings with elected representatives:

Five briefing meetings took place between elected representatives in each of the five Districts/Boroughs of East Sussex. These meetings aimed to provide opportunities for the clarification of a number of aspects about the proposed delivery options and the consultation process in general. By providing opportunities for Councillors to raise questions and discuss the issues, this would enable them to feedback this information to their local communities.

- Three key areas emerged from the meetings: the temporary changes to the delivery of care; formulating the proposed delivery options and; the consultation process.
- Points of clarification around the temporary changes were made, that there had been a reduction in the number of serious incidents during this time, as well as an increase in consultant presence on labour wards.
- In terms of formulating the proposed delivery options, it was clarified that evidence from elsewhere had been reviewed, especially from West Kent and Maidstone and on a national level.
- It was explained that the primary concern for the delivery options was patient safety.
- A major concern was about the increased time to travel to specialist care, relating to distance, poor road networks, and those dependent on public transport. However, it was also made clear that whilst travelling per se was perceived to be more dangerous, that this actually was not supported by the evidence.
- One of the main reasons for the introduction of temporary changes was that neither of the hospitals in the county had enough births to be sustainable and safe, hence the reconfiguration to a single specialist site. Having a larger unit would result in more consultants present at any one time.
- There were a number of references as to whether the needs of the changing population had been taken into account when developing the proposed delivery options. People made reference to the greater birth rate in Eastbourne relative to Hastings and the new housing developments.
- A further point of clarification was why the options did not include a two-site (Eastbourne and Hastings) option. Specific clarifications were made in terms of both Hastings and Eastbourne retaining a theatre each and both having 24/7 Accident and Emergency facilities, irrespective of any future reconfiguration of services.

- The means of consulting the public were outlined and specific details were provided how to encourage all parts of the community to take part in the consultation.
- It was made clear that staff in the obstetric and paediatric departments had been given the opportunity to input into the proposals before the consultation, and were also encouraged to respond as part of the consultation.

Meetings with ESHT staff (maternity and paediatric):

A total of 41 ESHT staff (maternity and paediatric) and five SECAmb staff were engaged during eight meetings covering the units (and three CCG areas) likely to be affected by the consultation outcomes; namely the Crowborough Birthing Centre (CBC), Conquest Hospital Hastings, and Eastbourne DGH.

- Common issues across the three meetings included: support for the CBC; staffing; travel/transport; safety; and infrastructure.
- There was strong support from staff at the CBC to retain the unit including (and improving) its ante-natal provision, but whilst staffing is stretched it was felt to be cost-effective.
- Maternity staff from both Eastbourne and Hastings hospitals reported levels of staffing were felt to be problematic, particularly since the temporary changes were introduced. Issues included low levels of staff, low morale, and long shifts without adequate breaks.
- Paediatric staff from Hastings and Eastbourne also reported staffing problems. In terms of the former, this was particularly so at weekends (too few registrars and middle grade paediatric staff). Additional concerns were regarding the quality of consultant input and support, as well as low morale, and long shifts without adequate breaks.
- Eastbourne and Hastings maternity staff as well as SECAmb staff raised the issue of the perceived increased pressure on the ambulance service due to increased demand and travel between sites.
- Eastbourne and Hastings maternity staff felt that the impact of future service configuration was difficult to assess until bad weather happens and how this will affect the transport infrastructure. However, this was not considered to be an issue by SECAmb staff.
- Maternity staff at Hastings felt safety had improved since the temporary changes were introduced.
- Staff in the Hastings and Eastbourne paediatric meetings felt there was a lack of investment in the paediatric services at Conquest and on the Kipling ward compared to the Friston ward at Eastbourne DGH.

Section 10 – Analysis of communications: social media, email, telephone, and written submissions

The consultation process encouraged people to express their opinions via Facebook, Twitter, email, and telephone. In this section, data are presented from using basic social media metrics between 14th January and 8th April 2014 inclusive as well as the results of a thematic analysis of the qualitative responses from email and telephone from the same time period.

10.1 Social media communications

For both Facebook and Twitter, data from the standard metrics provided by the respective applications are presented (for example, as opposed to paid metric applications such as agorapulse.com and retreetrank.com). These metrics can be seen in Table 18.

Facebook		Twitter	
Metric	**Data**	**Metric**	**Data**
Posts (by page administrator)	36	Tweets	147***
Comments	7	Comments	None
Total page likes (unique users)	156*	Followers	69
Total Reach*	4795**	Following	137
Most popular age-group	35-44yrs		
Gender breakdown	91% female, 9% male		

* Main locations of Better Beginnings Facebook fans: Eastbourne, 85; Hastings, 11; Brighton, 10; Heathfield, 10; Hailsham, 6; Seaford, 5; Crowborough, 4

**The number of unique people who saw any activity from the Better Beginnings Facebook page including posts, posts by other people, Page like ads, mentions and check-ins

*** 21 other tweets were posted prior to the start of the consultation and are thus not included here

Table 25: Social media summary metrics (14th January to 8th April 2014)

Public engagement with the Better Beginnings social media pages was low. In terms of Facebook, 4,795 people were 'reached' by the 36 posts from the CCG page administrator, achieving a total of 156 'Likes'. Seven comments were received relating to: a request for the provision of a 'no preference option' (which had by the time this comment was posted had already been made available); a complaint that the Hailsham mini-market place event had ended before the published time; a request for precise data with respect to the 'myths' and 'facts'; a request for further information regarding who would be on the Health Watch panels; a response to the publicised "Fact" that Better Beginnings was financially driven (referring to the "Shaping our Future" requirement of a £104 million saving); and a request for consultation dates and locations.

In terms of Twitter, only 69 people 'followed' the Better Beginnings feed in response to 147 updates provided by the feed administrator with no comments (tweets) posted.

10.2 Email and telephone communications

A total of 508 emails and 8 telephone communications were received overall and sent to the analysts between 14th January 2014 and 8th April 2014 inclusive. Six main themes were evident in these communications relating to: clarifications and requests for further information; distance and travel times; comments about the Crowborough Birthing Centre (CBC); responding to population demands; the consultation process itself; and advocacy for an Option 7.

(a) Clarifications and requests for information

A large number of all communications received related to requests for clarifications (e.g. regarding the consultation process and who to contact, opportunities to participate including event locations, and definitions of terms such as 'marketplace events') or requests for information such as paper copies of the consultation document and access to the online questionnaire. Some of these questions were for more specific requests, such as results since the temporary arrangement of services; steps being taken to resolve staffing issues; and how many residents from Kent have been using maternity, paediatric and emergency gynaecology services in East Sussex (particularly Crowborough).

(b) Distance and travel times

In tune with the other findings throughout this consultation, a number of concerns were raised relating to travel. This included the distance and time to travel from Eastbourne to Hastings; worries about in-patient paediatrics regarding travel for children with complex needs; concerns for Crowborough women travelling to Hastings to give giving birth; and worries about the wider social impact longer travel times may have:

> *"My daughter is severely disabled and life limited… I feel let down that you have failed to look at having two in-patient sites - you say this is a safety issue and you take safety seriously but having at least a 45 min journey in an ambulance is not safe… [it is] very worrying for us as a family - time is so important when dealing with a very ill child with complex medical needs. (Email comment)*

> *"Most women in the [Crowborough] area would be delighted to give birth at the CBC. Travelling backwards and forwards to Hastings is a very long way." (Email comment)*

> *"The CCG fail to see the disruption by travelling to Hastings in an emergency by ambulance would cause. Yes the patient would be treated if they arrived safely but the family would be split*

up, not everyone has a car, what about siblings, what about special adapted wheelchairs and equipment that cannot be taken in the ambulance? No one has looked at the social impact on the family? (Email comment)

(c) The Crowborough Birthing Centre (CBC)

Supporting data from other parts of the consultation, email communications to the CCG reinforced concerns about the uncertain status of the Crowborough Birthing Centre (CBC). One email respondent stated that:

"I live in Crowborough... the CBC has an amazing reputation… I therefore only want the options that include the CBC to be taken forward. I am not interested in attending midwife-led units at Eastbourne or Hastings, partly due to their poor reputation but also due to the distance from where I live…" (Email comment)

Aside to positive experiences at the CBC, others felt that closure of the CBC would exacerbate the travel concerns as well as generate resentment over the waste of community fundraising:

"The Parish Council supports the options that retain a fully staffed birthing unit at the Crowborough Hospital. This is the only unit serving the north of the county and closure would force expectant mothers to travel to Hastings or Eastbourne Hospital. Considerable amounts of Community raised funding has been used to support this facility over the years." (Email comment)

A further point again raised elsewhere in this consultation, was to adjoin the CBC to the Maidstone and Tunbridge Wells NHS Trust:

"…all maternity in the High Weald should be returned to Maidstone and Tunbridge Wells Trust so that the CBC can continue its exemplary work." (Email comment)

(d) Responding to population demands

The temporary positioning of specialist services to Hastings was seen by some as incongruent to the greater demand from the Eastbourne area. Eastbourne was viewed as having a greater number of births and paediatric emergency admissions:

"Why were the maternity services moved from Eastbourne to Hastings when there were more births in Eastbourne!? Why were paediatric services moved when there were more emergency in-patient admissions in Eastbourne than Hastings? This is NOT giving people in Eastbourne 'Better Beginnings'." (Email comment)

(e) Consultation Process

Several emails were received regarding the consultation process including comments regarding the consultation document. Responses related to the purpose of the consultation (that it is misleading, driven by cost-saving and that it will not contribute to actual decision making by the CCGs); fears that the consultation options are 'reckless' and without regard for 'for patient safety'; and seen as a waste of valuable resources.

"I just hope your recklessness and complete disregard for patient safety does not result in any further deaths or long term health implications. When you can prove that you will listen to the public, I will be prepared to participate in the consultation process." (Email comment)

One email communication expressed concern that the information in the consultation document was also misleading with (amongst other things) regards the expressed reasons for change (cost), and travel times:

"…The first thing which I found [in the consultation document] was that it's not about money - well it [the consultation] clearly is about money… so I find this very misleading… I find the times given for travelling misleading. As I am typing this the journey time at 3.45 in the afternoon on a Saturday is 57 mins - imagine at rush hour - imagine last week when the road was closed and in winter in high winds rain snow ice where have you got these times from? … The whole thing is very misleading I have been told both verbally and in writing totally different stories as to your booklet - nobody I know wants these changes." (Email comment)

With regard to resources, some saw the Better Beginnings document as being *"too much money on superfluous items."* One person shared this view, but in a slightly different manner, by noting the waste in resources given that the reconfiguration of resources was a formality:

"I feel this booklet (consultation document) is a waste of time and manpower and money as it has already being decided. What is going to happen and we are all supposed to say 'surprise surprise'. The public are just being lied to." (Email comment)

(f) Preference for full services on both sites and/or the campaign 'Option 7'

Supporting the open-ended comments to Q5 (explaining option choice) and Q7 of the online survey (*Anything else you would like to tell us?*), a significant number of email comments were received that advocated for the three CCGs to consider a proposal which would see consultant-led services at both Eastbourne DGH and Conquest Hospital Hastings. The number of communications (both in terms of emails and responses to Q5 and Q7) expressing a preference for the proposal, referred to as Option 7 in the consultation response, gathered pace considerably since the end of March 2014 prior to which this was not mentioned in any submissions. The vast majority of email comments were in relation to this preference.

The proposals for retaining obstetrics and in-patient paediatrics services on two sites were based mainly on the grounds of travel (distance) and transport issues (e.g. poor public transport and poor transport infrastructure), increasing population demands, and safety (e.g. transfer between hospitals during labour or emergency situations). Typical responses were as follows:

> *"Option 7 is the best choice for Eastbourne, Hastings and Crowborough - see 'Save the DGH' campaign." (Email comment)*

> *"Option 7 would be my preference. I am very concerned that without having trained consultants on both Eastbourne and Hastings sites it would be affecting the vulnerable and also those with the least resources. In other words the poor and the marginalised will suffer the most." (Email comment)*

> *"There is no alternative but to vote in favour of Option 7. The people on the board of the ESHT who are very highly paid to look after the health and wellbeing of the people of Eastbourne are obviously not listening to them and pretending to be unaware of the difficulties that their actions have already caused by offering them 6 pathetic alternatives." (Email comment)*[40]

As with other data in this analysis, travel (distance) and transport issues were common in people's email comments and justifications for full services on both sites:

> *"Please choose Option 7 - the 'Campaign Option'. This is the only option to retain essential core services at each site. The journey to the Conquest is at best difficult by public transport but out*

40 In terms of this last email comment, the idea of a "vote" in favour of Option 7 was very common suggesting many respondents to the consultation are not clear about the parameters of a public consultation; namely that it is not a vote – rather it is a regulatory process by which Government (or in this case the East Sussex CCGs) seek to obtain the input of citizens on matters that affect them.

of hours it is impossible. Even if you have access to a car it is a journey hampered by traffic jams and is a dangerous route in bad weather or under stress with anxiety for a loved one you are trying to get to hospital or to visit before they die. The extra strain on the ambulance service should not be underestimated." (Email comment)

Similarly, increasing population size was also stated as a reason for requiring two consultant-led hospitals:

"… I would urge you to adopt Option 7 which would provide consultant-led departments on both [hospital] sites. Both Eastbourne and Hastings hospitals have to cater for their own large populations, plus the satellite towns that surround them. To put all the services in just one hospital will make them incredibly over-subscribed, plus the journey times will definitely put lives at risk." (Email comment)

"I firmly believe we need Option 7… Eastbourne and its surrounding area comprises of approximately 120,000 people. Two new primary schools are in the pipe-line to accommodate all the extra children in the town. To take away a fully functioning paediatric and maternity unit is appalling. The road network is terrible and to make worried relatives endure that journey is beyond comprehension. Please do not make the people of Eastbourne suffer any more." (Email comment)

As with other consultation data, the need to consider safety was also raised:

"I choose option 7. We need all services at both sites to provide a safe option to the public. Transportation to the other sites is too far, unsafe, uncomfortable, not easy to get to or from. Still staff shortages at the temporary site, unsafe. No staff working under the changes want it!!! It's [the consultation] about money not safety." (Email comment)

"This is a direct risk to the health of children in East Sussex – and therefore as the remaining options all include downgrading paediatric services at one location or the other, I am forced to choose Option 7." (Email comment)

"Speaking as someone who is hoping to become a mother soon, the thought terrifies me and I urge you to take option 7, whereby both hospitals maintain their consultant services. Any other option will result in the death or disablement of children and mothers and potential law suits against the council - a waste of funds." (Email comment)

10.3 Written submissions

A number of hard copy written submissions were received by the East Sussex CCGs via a Better Beginnings FREEPOST address. The respondents were categorised into organisational/group responses (n=9), individual responses (n=16), and two campaign responses: Option 7/'Save the Eastbourne DGH'; and 'oppose the Conquest Hospital maternity downgrade' (n=1005; see Tables 19).

Individual letters and organisational/group submissions in hard copy were scanned and made available to the analysts. Campaign submissions (e.g. emails, printed petition slips, signed slips from newspaper cuttings) were counted and collated by the commissioning CCG and sent to the analysts in summary form. In total, 1,030 written submissions were received by the East Sussex CCGs in time to be considered as part of this consultation analysis (Table 19).

Type	Description	Number of written submissions
Organisations		
Patient representatives	Patient participation groups	2
Public body (Council)	District/Borough/ Councils	3
Health board/body (regional)	Trusts' official responses	2
Health organisation (other)	Professional organisations	1
Voluntary sector	Voluntary sector organisations and charities	1
	Totals (Organisations)	**9**
Individuals		
Member of the public	A member of the public without stated affiliation to any organisation	15
Member of staff -other	A member of staff from another stated organisation	1
	Totals (Individuals)	**16**
Campaigns		
Oppose the Conquest maternity downgrade'	Individual(s) affiliated/supporting a campaign	984
Option 7/'Save the Eastbourne DGH' campaign'	Individuals affiliated/supporting a campaign	21
	Totals (Campaigns)	**1005**
	Grand Total (all written submissions)	**1030**

Table 26: Written submissions received

a) Organisational/group written submissions (n=9)

Many of the points raised in the written submissions were related to their origin (although not all), continuing the theme throughout this analysis that people were keen to instil or maintain specialist services in their own geographical vicinity. Also, many of the points raised replicated the findings from the emails and other data (e.g. open-ended responses to the online survey).

Patient Representatives: Patient Participation Groups (PPG)

Groombridge and Hartfield Medical Group PPG

This submission from Groombridge and Hartfield Medical Group PPG (based in the HWLH CCG area), nominated Option 5 as their preferred delivery option (Eastbourne focused; SSPAU+MLU Hastings; MLU Crowborough). The main reasons cited for this were distance (compounded by poor public transport) and travel time. Maintaining the CBC and specialist care at Eastbourne was considered to be the best means of mitigating any travel or distance concerns.

More specific points raised were with regard to the CBC. First, there was disapproval of the scanner provided through the League of Friends being terminated without discussion. Second, the CBC was commended by the strong rapport established between midwives and expectant mothers. Third, to improve access, and again in tune with data from other parts of this analysis, it was suggested that the CBC should be joined to the Maidstone and Tunbridge Wells NHS Trust:

> *"…It is time to recognise that the CBC needs to be re-joined to the Maidstone and Tunbridge Wells Trust for maternity provision."*

Roebuck and Guestling Surgeries PPG

This brief submission from Roebuck and Guestling Surgeries PPG (based in H&R CCG) reported a unanimous verdict for Option 6 (Hastings focused; SSPAU+MLU Eastbourne; MLU Crowborough). It was felt this option would provide a better geographical spread of maternity services for the eastern part of the county:

> *"The Patient Participation Group… have unanimously voted for Option six… by selecting Option 6 we believe this will enforce a better geographical spread of maternity services in this more remote eastern side of East Sussex."*

Public body: Council submission

Eastbourne Borough Council (EBC)

This detailed submission from Eastbourne Borough Council (EBC) located in the EHS CCG area, showed a preference for both Eastbourne and Hastings to retain the same comprehensive level of services. The points raised in this submission were categorised into opinions about the consultation process and options provided and; the reasons for their preferred option choice.

There was concern that none of the options included consultancy-led maternity services and an overnight in-patient paediatric ward, on both of the main sites. As such, there was a sense that the outcomes of the consultation process were pre-determined, with specialist services at both Eastbourne and Hastings not being possible. To support this assertion, several criticisms were raised about the Better Beginnings consultation document. In response to the number of people using the services, it was pointed out that there were more births and in-patient paediatric patients at Eastbourne compared to Hastings for 2012/13. Also, there was evidence presented to suggest that the supposed reduction in birth rates in East Sussex would not be the case. There was also a need to provide further detail on the issues of recruiting and retaining staff, which this submission felt was unclear.

As a further example, criticism was made towards the estimated travel times cited in the consultation document, which stated that the furthest time for travel to an obstetric unit would be 45 minutes from anywhere in East Sussex. Using online route finders, the travelling time was estimated as 58 minutes from the extreme western end of the catchment area, but would be far greater for some people not having direct access to a car or driver.

Much of the EBC submission, although favouring comprehensive service delivery on both of the main sites, concentrated on justifying the need full services at Eastbourne. The case for Eastbourne was oriented around three main points: travel, population demands, and birth rates. For travel, the estimated travelling time of 58 minutes, in optimal conditions was re-asserted, alongside concerns over the apparent change in guidance on the maximum safe travelling time from 30 to 80 minutes.

In terms of population demands, Eastbourne was seen as a town that was developing economically and would attract more people to the area. Using census data, it was shown that Eastbourne not only has the biggest single population in the area but also the biggest growth forecast. Relative catchment areas were also demonstrated to be greatest in Eastbourne, and how this would increase further in responding to the needs of people from HWLH CCG area in addition to EHC CCG area. There was also data presented in support of these population trends showing that birth rates are increasing and more than meet the minimum numbers necessary to sustain two consultancy-led units.

Wealden District Council (WDC)

This submission from Wealden District Council (WDC) located in the EHS CCG area, nominated Option 5 as their preferred delivery option (Eastbourne focused; SSPAU+MLU Hastings; MLU Crowborough).

"The council supports Option 5, which it believes offers the best outcome for the majority of current and future residents of East Sussex"

The rationale for this was based on Eastbourne DGH being better located than Hastings in terms of supporting the service needs of the District Council. Travel and distance (compounded by limited public transport in rural areas) was cited as a key reason for this option preference. The submission also cited supporting evidence that Wealden Council area showed the greatest service needs due to:

- Having the largest population of fertile women;
- Greatest population growth compared to all other districts/boroughs;
- Highest number of children of any area in East Sussex.

The WDC submission also commented that the CBC should be retained, although more cross-CCG arrangements should also be made with Kent service providers.

Tunbridge Wells Borough Council (TWBC)

This brief submission on behalf of the Overview and Scrutiny Committee at from Tunbridge Wells Borough Council (TWBC) which is located outside of East Sussex, did not express a preference for a specific delivery option as such. Instead, the submission recognised the value of the CBC to the Borough and neighbouring districts (Rother and Wealden) and makes reference to the number of births per year (250-300) and the potential scope for the CBC to increase its service provision. The submission supports retaining birthing on all three current sites as set out in Option 5 and Option 6. As an alternative, if Options 5 and 6 are not viable, then the submission supports birthing on two sites as set out in Option 1 and Option 2, both of which ensure the retention of a midwife-led unit at the CBC.

"All of these options would ensure that the midwife-led unit would continue to be provided at Crowborough…"

Health Board (regional): Trusts' official responses

Maidstone and Tunbridge Wells NHS Trust (MTWT)

This submission from Maidstone and Tunbridge Wells NHS Trust (MTWT) recognised the principles behind offering six options and that they were thought to offer the full spectrum of choice. The submission did not specify a preferred option but noted that Options 3 and 4 (where there is no maternity service at Crowborough) would have a significantly negative impact on residents in the

High Weald area. This was specified as being due to the additional distances which women would be required to travel to access birthing units and the full spectrum of choices (either at Eastbourne or Hastings).

The MTWT submission notes how the closure of maternity services at Crowborough would impact on the Maidstone and Tunbridge Wells maternity services as these would now become the geographically closest consultant-led and midwifery-led services for those residing in the north of the High Weald area. Closure of Crowborough would also reduce the choices available to women about where to have their birth.

East Sussex Healthcare NHS Trust (ESHT)

This submission makes it clear that the Trust 'fully understand' the needs for having to change maternity services, in-patient paediatric services and emergency gynaecology services. The submission shows support for Option 6 (the current temporary arrangement), with patient safety at the heart of this preference.

The submission draws reference to the origins of the temporary reconfiguration of services, noting that:

> *"The primary driver for this action [all consultant-led maternity services and in-patient paediatrics being temporarily moved to the Conquest Hospital in Hastings] was the need to ensure that the shape of these services supports the delivery of safer obstetric and neonatal services for every woman and baby whatever their risk or place of birth."*

In more detail, the submission outlines that the origins of the temporary reconfiguration of services stem from a number of safety matters including the increased number and proportion of higher risk pregnancies, and concerns towards staffing. For the latter, it was pointed out that medical and midwifery staff with the required competencies were not always available; there was dependency on temporary staff; there was a lack of available clinical leadership staff operating over multiple sites; and risk mitigations to ensure safety may fail on occasions.

In view of the preference to maintaining the current arrangement (Option 6), the submission notes the improvements as regards safety, as follows:

> *"Since the temporary reconfiguration [all consultant-led maternity services and in-patient paediatrics being temporarily moved to the Conquest Hospital in Hastings] we have gathered*

extensive evidence that demonstrates that quality and safety of services has improved and that has enabled us to assess any adverse impacts of the temporary changes."

Further support for Option 6 is presented by noting the lack of evidence supporting a two site option, and from conducting a review of the strengths and weaknesses of alternative Options 1-4. Weaknesses of these alternative options were centred on an inability for a stand-alone midwifery unit to attract a sustainable level of births; poorer levels of access to maternity services (especially Options 1 and 2) relative to other options; and the lack of services in the north of the county should the midwife-led unit at the Crowborough Birthing Centre be closed (Options 3 and 4).

Health Organisation (Other): Professional organisation

Royal College of Midwives (RCM)

This Royal College of Midwives (RCM) submission although not explicitly expressing any preference for a specific option, supports the temporary configuration for services equivalent to Option 6: the obstetric and alongside maternity unit (AMU)[41] being located at the Conquest Hospital Hastings, with a freestanding midwife-led unit (FMU)[42] at Eastbourne, and the continuation of the Crowborough Birthing Centre (CBC).

The RCM submission refers to why the temporarily reconfiguration of services was required and expressed agreement to the rationale. Alongside the serious incidents during 2012/13, the submission notes the importance of recruiting more medical staff to ensure increase consultant presence of labour wards which would necessitate a one-site option.

In drawing on information since the temporary configuration of services, the RCM notes a reduction in serious incidents, reduced numbers of transfers and diverts, reduced numbers of caesarean sections, increased presence of consultants, and a reduction in the midwife to birth ratio. In view of these changes, the submission states that:

41 AMU or an Alongside Midwifery Unit is an NHS location offering care to women with straight forward pregnancies during labour and birth in which midwives take primary professional responsibility for care. During labour and birth diagnostic and treatment medical services, including obstetric, neonatal anaesthetic care are available, should they be needed, in the same building, or in a separate building on the same site. Transfer will normally be by trolley, bed or wheelchair. Source: http://www.rcmnormalbirth.org.uk/practice/birth-centre-resources/

42 FMU or Freestanding Midwifery Unit is an NHS location offering care to women with straightforward pregnancies during labour and birth in which *midwives take primary professional responsibility for care. General Practitioners may also be involved in care. During labour and birth diagnostic and treatment medical services, including obstetric, neonatal anaesthetic care are not immediately available, but are located on a separate site should they be needed. Transfer will normally involve care or ambulance.* Source: http://www.rcmnormalbirth.org.uk/practice/birth-centre-resources/

"The RCM also supports the proposal that in addition to siting obstetric services at the Conquest Hospital, that an AMU [alongside midwife-led unit] also be established at the Conquest and that the FMU [freestanding midwife-led unit] at Eastbourne Hospital is further consolidated."

In order to mitigate any detrimental impacts of a single-site option, the RCM outlines two procedures as follows:

- That the freestanding midwife-led unit at Eastbourne is vigorously marketed and using a variety of techniques to engage women in this process (e.g. user representatives on steering groups, being involved in the recruitment of staff and in the design of the FMU).
- Minimise the travel/transport concerns by through the completion of the Bexhill-Hastings link road, the planning of public transport routes, and a 'hopper/link' bus between sites.

Finally, the RCM state their opposition to the closure of the CBC. However, it also notes that there is no option for the continuation of births at the CBC given location of an AMU on a single site. It was suggested, therefore, that the CBC should be transferred to the Maidstone and Tunbridge Wells NHS Trust. If that was not possible, then the RCM would request a review of the staffing model to ensure the CBC was retained.

Voluntary sector – Local charity

Friends of the Eastbourne Hospital (FoEH)

This submission from the registered charity Friends of the Eastbourne Hospital (FoEH) based in based in the EHS CCG area, wishes to maintain both Eastbourne and Hastings as independent in all acute medical specialities. However, given this is unlikely, the submission argues not for a specific option, but for Eastbourne to retain the majority of services. Whilst the submission recognises its bias towards Eastbourne, throughout the document a number of points are argued and/or raised:

Firstly, there was expressed concern that the consultation is a 'consultation in name' only and that ESHT's decision to locate services on a single site as part of the temporary changes, means the decision regarding the service delivery model is a '*fait accompli'.*

Secondly, the FoEH submission rejects the argument that the proposed options for single-site concentration of services are not about saving money or cost considerations. Attention is drawn to the sizable budget deficit for ESHT and setting of a negative budget for EHS CCG. Moreover, a

distinction is made between 'better and safer services' proposed by the consultation *vs.* 'best and safest' – the latter of which would be a financial consideration.

Thirdly, as elsewhere in this analysis report, the FoHE submission expresses concern regarding the travel times and poor transport network/links between the Eastbourne DGH and Conquest Hospitals. Details are provided which suggest 'blue-light time' is not the only consideration but actual time which may be influenced by many other factors (e.g. initial decision-making time, time to ready the patient for transfer, time for the ambulance to arrive, time to transfer the patient from the location to the ambulance, etc.). Furthermore, attention is drawn to the increased number of deliveries in Eastbourne to older mothers compared to Hastings – hence, it is expressed that it is possible that more expectant mothers would have to travel to Hastings (due to being at greater risk due to age), than might be the case should obstetrics and related services be present at Eastbourne.

Finally, the FoHE submission considers 'patient flow' in the eventuality that Hastings or Eastbourne patients need to transfer for access to expertise at Brighton. If Hastings is the single site, the flow of patients could be from Eastbourne (patient located) to Hastings then transfer to Brighton (back past Eastbourne) which is argued to increase risk due to the considerable travel time should a complication arise. Alternatively, a more 'natural' flow is proposed to be from Eastbourne to Brighton, potentially reducing exposure to risk for Eastbourne patients.

Table 20 below summarises the key issues/themes from the organisational written submissions:

Type of Organisation	Description	Submission	CCG Location(s)	Preferred Option	Issues raised/themes
Patient representatives	Patient participation groups	Groombridge and Hartfield Medical Group PPG	EHS	Option 5	Retain CBC Transfer CBC to MTWT Travel & distance
		Roebuck and Guestling Surgeries PPG	H&R	Option 6	Better geographical spread
Public body	District/Borough/ Councils	Eastbourne Borough Council (EBC)	EHS	Options 1,3,&5 Eastbourne focused	Full services on both sites but if not then Eastbourne Population considerations Concern that option outcome is predetermined by ESHT Concern over credibility of consultation
		Wealden District Council (WDC)	HWLH	Option 5	Population considerations Travel & distance Retain CBC
		Tunbridge Wells Borough Council (TWBC)	Out of Area	Options 5 and 6, or Options 1 and 2	Retain CBC Transfer CBC to MTWT
Health board/body (regional)	Trusts' official responses	Maidstone and Tunbridge Wells NHS Trust (MTWT)	Out of Area	No Option specified	Retain CBC Transfer CBC to MTWT
		East Sussex Healthcare NHS Trust (ESHT)	N/A	Option 6	Evidence for temporary changes working
Health organisation (other)	Professional organisations	Royal College of Midwives (RCM)	N/A	No Option specified but equivalent to Option 6	Evidence for temporary changes are working Travel & distance Retain CBC Transfer CBC to MTWT
Voluntary sector	Voluntary sector organisations and charities	Friends of the Eastbourne Hospital (FoEH)	EHS	No Option specified Eastbourne focused	Full services on both sites but if not then Eastbourne Concern that option outcome is predetermined Concern over credibility of consultation Travel & distance Patient flow

Table 27: Overview of organisational written submissions received

b) Individual written submissions (n=16)

There were 16 individual written submissions. Brief notes of all are presented below:

- One letter from a resident of Wealden expressing a preference for Option 5 based on the concern that people living in the High Weald would have to travel to Hastings for specialist care. This was seen as the best option although not ideal.
- One letter (no address information) expressing a preference for Option 5 and transferring operations of the CBC to Pembury Hospital via Maidstone and Tunbridge Wells NHS Trust. Concern raised about pregnant women in the High Weald area potentially travelling long distances with regards the other options.
- One letter from a local MP supporting the organisational submission by the charity based in EHS CCG area. The submission states it is imperative to retain the CBC and that any plan to reduce or close the facility is wholly unacceptable. Recognition that whilst not a part of the consultation, the transfer of operations provided by the CBC to Maidstone and Tunbridge Wells NHS Trust should be considered.
- 12 letters (all from Eastbourne addresses) expressed a preference for Option 7 which would see the retention of consultant-led services at both Hastings and Eastbourne sites. Most of these submissions referred to the 'Save the DGH' campaign as well as other issues already presented such as scepticism over the consultation process and underpinning reasons for change, and concerns over safety and travel.
- One letter (no address information) received regarding strong support for retaining the CBC.

(c) 'Oppose the Conquest maternity downgrade' campaign (n=984)

A considerable number of submissions were received focused around the Hastings centred campaign to oppose the Conquest 'maternity downgrade'.[43]

The campaign, that commenced on the 24th of February 2014[44], states that:

> *"We believe that our local hospitals need excellent quality consultant-led maternity services in place and oppose the downgrading of maternity services at the Conquest Hospital."*

Coordinated and submitted by the MP for Hastings and Rye, a total of 984 signatures and/or comments were received supporting this statement including signed postcards (110), newspaper

43 A number of signed forms (21) 'voting' for 'Option 7/'Save the Eastbourne DGH' were also received.

44 The MP's web-page detailing the campaign was posted 24th February 2014.

cuttings with signed forms (15), signed promotion slips (61), and 798 petition slips printed from the MP's campaign website. In terms of the postcards, newspaper cuttings, and promotion slips, no comments were provided. However, in terms of the printed petition slips a substantial number of comments were submitted mainly from residents of Rye, Hastings, St Leonards on Sea, and Battle. These comments reflected a number of issues noted elsewhere in this analysis including: concerns about travel and the safety of women and babies having to travel to Eastbourne; positive personal experiences of care at Conquest; the need to retain services on both sites; and population demographics. Representative comments are presented below:

Safety:

> *"I am opposed to the downgrading of maternity services at the Conquest, this will put the lives of mothers and babies at risk." (Petition slip, Hastings)*

> *"Downgrading maternity services will place mothers and babies at risk - things during birth can change very quickly and having to then transfer 30 miles is not good for anyone." (Petition slip, St Leonards-On-Sea)*

Good personal experiences:

> *"I delivered my first two children at the Conquest, where I found the service and the staff involved, excellent. I am now expecting my third child and it concerns me greatly that this proposal is even being considered… (Petition slip, Hastings)*

Travel/transport:

> *"Mother's being ferried to a city over 50 kilometres away to give birth to their new baby is simply not good enough. We demand good, local maternity services for the parents and babies of Hastings, St Leonards and Eastbourne." (Petition slip, St Leonards-on-Sea)*

Population demographics:

> *"Hastings has a younger community more likely to need maternity services." (Petition slip, Hastings)*

> *"Considering the size of Hastings and St Leonards (which is set to grow), no services should be removed from the Conquest hospital." (Petition slip, Hastings)*

10.3 Summary of key findings from Section 10

Social media communications:

- Public engagement with the Better Beginnings social media pages was low with very limited comments and 'Likes' from the Better Beginnings Facebook Page, and few followers of the Better Beginnings Twitter feed.

Email and telephone communications:

- Email communications were substantial; in total 508 emails and 8 telephone communications were received in time to be considered as part of the analysis.
- Six main themes were evident in these communications relating to: clarifications and requests for further information; distance and travel times; comments about the Crowborough Birthing Centre (CBC); responding to population demands; the consultation process itself; and preferences for full services on both sites or Option 7/'Save the Eastbourne DGH' campaign.

Written submissions:

- A number of hard copy written submissions were received from organisational/group responses, individual responses, and two campaign responses. In total, 1,030 written submissions were received in time to be considered as part of the consultation analysis.
- Nine organisational/group submissions were received representing patient participation groups, Councils, NHS Trusts, and the voluntary sector. Many of the points raised in the written submissions were related to their origin, continuing the theme throughout this analysis that people were keen to instil or maintain specialist services in their own geographical vicinity. However, not all had this view; two submissions with no 'geographical tie' felt that the evidence documenting the improvements in safety since the introduction of the temporary changes, was compelling, thus concluding that services should stay as they are currently configured (Option 6).
- 16 individual submissions were received expressing preferences for retaining the CBC, Option 5, and Option 7 the latter of which advocates for the retention of consultant-led services at both Hastings and Eastbourne sites. Most of these latter submissions referred to the 'Save the DGH' campaign as well as other issues already presented such as scepticism over the consultation process and underpinning reasons for change, and concerns over safety and travel.

'Oppose the Conquest maternity downgrade' campaign:

- Coordinated and submitted by the MP for Hastings and Rye, a total of 984 signatures and/or comments were received supporting this statement including signed postcards (110), newspaper cuttings with signed forms (15), signed promotion slips (61), and 798 petition slips printed from the MP's campaign website. Comments from the printed petition slips raised a number of issues reflected elsewhere in this analysis including: concerns about travel and the safety of women and babies having to travel to Eastbourne; positive personal experiences of care at Conquest; the need to retain services on both sites; and population demographics.

Section 11 – Final comment

This report has documented the findings from an independent analysis of data generated from the Better Beginnings formal public consultation (14th January 2014 to 8th April 2014 inclusive). Alongside this technical report, a final summary report is also available which provides an accessible compilation of the key findings[45].

Evidence has been drawn from an online survey completed by 623 people and complemented by a wealth of qualitative data including: open-ended comments from the online survey; focus groups; market place notes; emails; and additional written submissions.

The headline finding from this analysis is that the two most preferred options, from the survey evidence, were for Options 5 (24.6% of responses) and 6 (24.8% of responses) with the vast majority of respondents preferring the option which provided the most services closest to where they lived.

The main concerns raised were about the location of the services, and actual and/or anticipated travel and transport difficulties. Further data showed the need to consider population size, growth and the needs of specific population sub-groups, and the strong desire to keep the Crowborough Birthing Centre. Towards the end of the consultation, there was evidence of considerable support for two campaigns: Option 7/'Save the DGH' (full consultant-led services at both Eastbourne and Hastings) and the 'Oppose the Conquest maternity downgrade' campaign.

Finally, it is important to stress that the analysts were not involved in the consultation process itself or the collection of any data. This has ensured a completely independent and impartial approach and means that all analytical conclusions are based solely on the data supplied to them. Furthermore, by adopting a team approach and using 'blind' data checks and repeated analyses, the findings are considered as far as possible to be an objective and accurate account of the consultation.

45 See *Coleman, L.C. and Sherriff, N.S. (2014). Independent Analysis of the Better Beginnings Public Consultation in East Sussex: 14th January - 8th April 2014: Final summary report. Coleman Research and Evaluation Services.*

Appendix 1 – Online survey

Better Beginnings
Maternity and Paediatric Services in East Sussex

NHS

Better Beginnings - Public Consultation Survey

Thank you for reading the public consultation document, which can be found on our website. Please use this survey to let us know what you think.

1. After reading the consultation document, to what extent do you understand why clinicians believe that maternity services in East Sussex have to change?

☐ Fully understand ☐ Mostly understand ☐ Understand a little ☐ Do not understand at all

2. After reading the consultation document, to what extent do you understand why clinicians believe that in-patient paediatric services in East Sussex have to change?

○ Fully understand ○ Mostly understand ○ Understand a little ○ Do not understand at all

3. After reading the consultation document, to what extent do you understand why clinicians believe that emergency gynaecology services in East Sussex also have to change?

○ Fully understand ○ Mostly understand ○ Understand a little ○ Do not understand at all

4. Six options have been identified that we believe would result in safe and sustainable services (see pages 24 to 35 of the consultation document). Which of these six options would you prefer? (Please only select one option)

○ Option 1
○ Option 2
○ Option 3
○ Option 4
○ Option 5
○ Option 6
○ No preference

5. What were the main factors that influenced your choice? (Please choose ONE OR MORE factors)

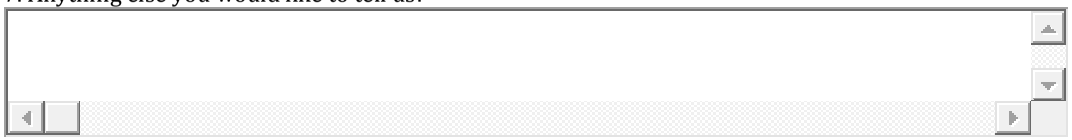
☐ The location of the consultant-led (obstetric) maternity unit
☐ The location of the in-patient paediatric unit
☐ The inclusion of an alongside midwife-led unit
☐ Better geographical spread of maternity services
☐ Other

If Other please describe...

6. Have you attended a Better Beginnings consultation event and spoken to a clinician or NHS staff member about the proposals?

- Yes
- No

7. Anything else you would like to tell us?



Better Beginnings
Maternity and Paediatric Services in East Sussex

NHS

Better Beginnings - Public Consultation Survey

About you

We want to make sure that everyone is treated fairly and equally and that no one gets left out. That's why we ask you these questions.

We won't share the information you give us with anyone else. We will only use it to help us make decisions and make our services better. If you would rather not answer any of these questions, you don't have to.

8. Which Council area do you live in?

- Eastbourne
- Hastings
- Lewes
- Rother
- Wealden
- None of these

9. What CCG area do you live in?

- Eastbourne, Hailsham and Seaford
- Hastings and Rother
- High Weald Lewes Havens
- None of these

- I don't know

If you don't know, please give us your full postcode and we can work it out

10. Are you...?

- Male
- Female
- Prefer not to say

11. Do you identify as a transgender or trans-person?

- Yes
- No
- Prefer not to say

12. Which of these age groups do you belong to?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-59
- 60-64
- 65-74
- 75+
- Prefer not to say

13. To which of these ethnic groups do you feel you belong? (Source: 2011 census)

- White British
- White Irish
- White Gypsy/Roma
- White Irish Traveller
- Mixed White and Black Caribbean
- Mixed White and Black African
- Mixed White and Asian
- Asian or Asian British Indian
- Other (please specify)
- Asian or Asian British Pakistani
- Asian or Asian British Bangladeshi
- Black or Black British Caribbean
- Black or Black British African
- Arab
- Chinese
- Prefer not so say

14. The Equality Act 2010 describes a person as disabled if they have a longstanding physical or mental condition that has lasted or is likely to last at least 12 months and; this condition has a substantial adverse effect on their ability to carry out normal day to day activities. People with some conditions (cancer, multiple-sclerosis and HIV/AIDS, for example) are considered to be disabled from the point they are diagnosed. Do you consider yourself to be disabled as set out in the Equality Act 2010?

- ○ Yes
- ○ No
- ○ Prefer not to say

15. If you answered yes to the above question, please tell us the type of impairment that applies to you. You may have more than one type of impairment, so please select all that apply.

- ☐ Physical impairment
- ☐ Sensory impairment (hearing or sight)
- ☐ Long standing illness or health condition - Cancer, HIV, Heart disease, Diabetes
- ☐ Mental Health condition
- ☐ Learning disability
- ☐ Prefer not to say
- ☐ Other

If other, please specify

16. Do you regard yourself as belonging to any particular religion or belief?

- ○ Yes
- ○ No
- ○ Prefer not to say

17. If you answered yes to the above question, which religion or belief to you belong to?

- ○ Christian
- ○ Muslim
- ○ Jewish
- ○ Hindu
- ○ Buddhist
- ○ Sikh

Any other religion, please specify

18. Are you...

- ○ Bi/Bisexual
- ○ Gay woman/Lesbian
- ○ prefer not to say
- ○ heterosexual/Straight
- ○ Gay Man

Other (please specify)

Appendix 2 – Briefing for focus group participants

Better Beginnings
Maternity and Paediatric Services in East Sussex

Briefing for focus group participants – The options for the future of maternity and paediatric services

Thank you for agreeing to take part in a focus group about the different services being offered for maternity and paediatrics in East Sussex.

Context
As you may be aware the Clinical Commissioning Groups (CCGs) in East Sussex are currently consulting with the public on how maternity and paediatric services will look for its residents in the future.

The consultation started on 14th January 2014 and runs until 8th April 2014. To get us to the stage we are at now, we have done extensive work with the public, including running focus groups and interviewing people. The first stage of this looked at people's experiences and what they thought a quality service looked like. Our learning from this fed into the second stage, which looked at how services could be delivered and asked participants to tell us about the opportunities and challenges.

We are now at a stage where we have six options. We believe that these are the only options that can be safely and sustainably delivered into the future.

What you tell us now will contribute to the final decision for which option is taken forward.

About the focus group
The focus group will last approximately 2 hours. One member of staff will facilitate a group discussion, whilst another captures your comments. All comments will be recorded anonymously so you will not be identified.
We have paired the six options, and we are asking you to look at the options in these pairs. We have done this so that your input looks at the services being offered, rather than the location of the services. We will be asking three questions:

1. What are the opportunities / positive aspects offered?
2. What are the challenges / negative aspects offered?
3. What can be done to overcome the challenges?

How were the options developed?

- The Sussex Together Programme undertook a review of maternity and paediatric services throughout 2012, in response to significant national and local problems in developing safe and high quality services.
- A clinical case for change was then developed.
- CCGs spoke to local people and clinicians.
- The models of care (a set of clinical standards) were developed for each service
- CCGs spoke to other smaller units and took the advice of national agencies.
- The CCGs undertook a wide programme of clinical and patient engagement.
- From over 30 options, any options that did not meet the models of care were discounted, because those options would not deliver safe and sustainable services

Services explained

- Midwife-led Unit: a birthing unit led by midwives and without obstetricians
- Obstetric Led Unit: a birthing unit led by obstetricians (consultant doctors in childbirth). Obstetricians are required to oversee and carry out childbirth interventions such as induction and caesarean sections.
- Co-located Midwife-led Unit and Obstetric Unit: a hospital site with both an obstetric led unit and a midwife-led unit.
- Emergency gynaecology – The emergency care of problems occurring in the female genital tract. It also includes treatment for problems occurring in early pregnancy such as miscarriage and ectopic pregnancy.
- Special care baby unit - All maternity units have responsibility for the safe care of new born babies. Babies who require continuing support after birth will be looked after in a special care unit at a hospital.
- In-patient Paediatric Unit – are those for children who require admission and overnight stay.

- Short Stay Paediatric Unit – has paediatric doctors and children's nurses who assess, treat, discharge or admit children who have been referred to a paediatrician by a GP, and children who present through A&E but do not require an overnight stay.

The six options
The next sheet looks at the activity we will undertake at the focus group. This activity will look at the six options we are talking to the public about. We want to hear what opportunities and challenges each of the paired options would be for you. We then would like to see if there is anything that could overcome any of the challenges.

All of the options include:
- A consultant-led maternity unit in East Sussex
- Two midwife-led birthing units in East Sussex
- An in-patient paediatric ward in East Sussex
- A short-stay paediatric assessment unit at both Eastbourne and Hastings
- An emergency gynaecology service on a single site in East Sussex.

The main difference from the services as they were provided before the temporary changes is that the options do not include the provision of consultant-led maternity and in-patient paediatric services on two hospital sites. There is a wide range of clinical evidence that has led clinicians in East Sussex to conclude that we cannot maintain safe consultant-led maternity services on two small sites. We cannot move forward with options that we do not believe are safe.

Option	Eastbourne DGH	Conquest, Hastings	Crowborough BC
One	Midwife-led Unit Obstetrics Emergency Gynaecology In-patient Paediatrics SCBU SSPAU	SSPAU	Midwife-led Unit
Two	SSPAU	Midwife-led Unit Obstetrics Emergency Gynaecology In-patient Paediatrics SCBU SSPAU	Midwife-led Unit
Three	Midwife-led Unit Obstetrics Emergency Gynaecology In-patient Paediatrics SCBU SSPAU	Midwife-led Unit SSPAU	No maternity service
Four	Midwife-led Unit SSPAU	Midwife-led Unit Obstetrics Emergency Gynaecology In-patient Paediatrics SCBU SSPAU	No maternity service
Five	Obstetrics Emergency Gynaecology In-patient Paediatrics SCBU SSPAU	Midwife-led Unit SSPAU	Midwife-led Unit
Six	Midwife-led Unit SSPAU	Obstetrics Emergency Gynaecology In-patient Paediatrics SCBU SSPAU	Midwife-led Unit

During the discussion you can record your thoughts on the table below. The different options we are talking about have been paired together, as they have the same services but on different sites and this is how we will be discussing them.

The six options	Opportunities	Challenges	Ideas for addressing challenges
Options 1 & 2			
Options 3 & 4			
Options 5 & 6			

Appendix 3 – Focus group schedule

Better Beginnings

Maternity and Paediatric Services in East Sussex

Focus Group Schedule

Timings for the event		
Section	**Time**	**Timings**
a. Welcome and introduction	0h0m	10 mins
b. What the consultation is about – scene setting and context	0h5m	20 mins
c. Options one & two	0h30m	25 mins
d. Options three & four	0h55m	25 mins
e. Options five & six	1h20m	25 mins
f. Conclusions and forms	1h45m	15 mins

a. Welcome and introduction (10 mins)

b. Ground rules and consent

- Extensive work has been done to get us to this point:
- The consultation is looking at maternity, paediatric and emergency gynaecology services across East Sussex. The sites that the consultation covers are: Conquest, Hastings; Eastbourne DGH; & Crowborough Birthing Centre.
- Give participants a few minutes to read through the ground rules and check that everyone is ok with them.
- Go through consent form, explain that the session is being recorded so that the independent analysts can hear how people have said things and the strength of feeling. The recording will not be used for any other purpose. Anyone can withdraw consent at any time – this means that their comments will not be included in the final report. Please ask people to sign the consent form.
- Welcome the group to the session and introduce yourself.
- Get the each member of the group to introduce themselves.

c. What the consultation is about – Scene setting and context (20 mins)

- The Sussex Together Programme undertook a review of maternity and paediatric services throughout 2012, in response to significant national and local problems in developing safe and high quality services.
-CCGs spoke to local people and clinicians.
-The models of care (a set of clinical standards) were developed for each service
-CCGs spoke to other smaller units and took the advice of national agencies.
-The CCGs undertook a wide programme of clinical and patient engagement.

-Phase 1 – What a quality service looks like. Patient's experiences.
-Phase 2 – Longer list of options – Pro vs. Cons. What can be done to overcome some of the challenges?
-From over 30 options, any options that did not meet the models of care were discounted, because those options would not deliver safe and sustainable services

The case for change

Maternity
Size – Consultant-led units with birth rates below 2,500 face particular challenges in maintaining safety and quality
Staffing – Significant national and local problems in recruiting and retaining obstetric doctors and midwives.
Risk to women and babies –
-Too many SIs. 4x higher than the other trusts in the area for the period of 2012/13.
-Too many transfers.
-High number of diverts.
Paediatrics
-**Not the same degree** of safety or quality concerns as maternity; still a number of challenges to address.
-**National shortage** of children's doctors. Advised that in order to cope with these shortages need to make radical changes, including reducing the amount of hospitals with in-patient paediatrics. These pressures were beginning to be felt before May 2013 – heavily reliant on locum staff.

-**Advised by NCAT** that in-patient paediatrics should be situated in the same location as consultant-led maternity services. This is due to the clinical links between the two services for the care of sick babies.

Emergency Gynaecology

-Medical staff who provide emergency gynae are normally the same as those who provide consultant-led maternity services. Having these services on the same site increases the consultant time on the ward.

d. **Stop and take questions** - get a feel for people's general views of the proposals. Were they aware of the consultation, have they had direct experience since the temporary change?
e. **Options one & two (25 mins)** - Opportunities, challenges, what can overcome any of the challenges.
f. **Options three & four (25 mins)** - Opportunities, challenges, what can overcome any of the challenges.
g. **Options five & six (25 mins) -** Opportunities, challenges, what can overcome any of the challenges.

h. **Conclusions forms (15 mins)**
    - Reflect on the session
    - Get participants to fill out consultation surveys
    - Reward and recognition forms

Appendix 4 – Participant information sheet and consent form

Better Beginnings

Maternity and Paediatric Services in East Sussex

PARTICIPANT INFORMATION SHEET

Context

As you may be aware the Clinical Commissioning Groups (CCGs) in East Sussex are currently consulting with local people about how maternity, paediatric and emergency gynaecology services will be delivered in the future.

Over recent years it has become more and more difficult to maintain high standards of safety and quality in our local hospitals, particularly in consultant-led maternity services. Too many women and children have been placed at risk of serious harm in childbirth. That has to change. Since 2008, the NHS locally has worked hard and invested more money to keep consultant-led maternity services in both Eastbourne and Hastings. There have been some improvements but safe, high quality services have not been delivered consistently.

The consultation has developed from an in-depth clinical study of all maternity and paediatric services across Sussex, which identified an urgent need to improve safety and quality in East Sussex. To get to the stage we are at now, there has been extensive work with service users and the public, including focus groups and interviews with service users. The first stage of this looked at people's experiences and what they thought a quality service looked like. Learning from this fed into the second stage, which looked at how services could be delivered and asked participants to tell us about the opportunities and challenges different ways of delivering the service might have.

The review is now at a stage where there are six potential options for how these services could be arranged. GPs and hospital doctors believe that these are the only options that can be safely and sustainably delivered into the future.

Invitation

You are invited to take part in a focus group to discuss their views of current proposals for the future shape of maternity, paediatric and emergency gynaecology services. Before you decide it is important for you to understand why the focus group is taking place and what it will involve. Please take time to read the following information carefully, discuss it with others if you wish, and ask questions to clarify any queries you may have.

About the focus group

The focus group will last approximately 2 hours. One member of staff will facilitate a group discussion, and make sure that your comments are captured. The conversation will also be recorded on an audio recorder. This is so that our independent analysts can hear the conversation and understand how strongly participants felt about different parts of the discussion and can use real quotes in their final report. The recordings will not be made public and will not be shared with anyone other than the independent analysts who are bound by confidentiality rules. All comments will be recorded anonymously in the report so you will not be identified.

After everyone has had a chance to meet each other, the facilitator will talk about how the focus group will run and will tell you a little bit about why the changes are being proposed. You will have the chance to ask questions and make initial comments.

Then, the six proposed options will be explained, and the following questions will be explored with the group:

1. What are the opportunities / positive aspects offered?
2. What are the challenges / negative aspects offered?
3. What can be done to overcome the challenges?

As it is a group discussion, we will not be asking you directly about any personal matters although these may arise in the discussions (for example, about your personal experience of birthing services). However, if you raise sensitive or personal issues that may not be appropriate to the group setting, the group will be reminded of this and you will be asked to raise these issues with an appropriate professional after the session.

This is an informal discussion and there are no right or wrong answers – we just want your opinion. The discussion will be recorded so we can remember what was said, although NO person will be identifiable and ALL discussions will be both anonymous and confidential.

Why are we doing this focus group?

When the NHS proposes any significant change to services there is a legal duty to consult with local people. The Better Beginnings consultation started on 14th January 2014 and runs until 8th April 2014. As part of this process it is important that we hear from a wide range of people and understand their views and find out what needs to be taken into account when making a decision on how these services will operate in future. As part of this a series of focus groups has been arranged with groups of people that may be affected more, or differently than others, by the proposals.

Do I have to take part?

No! It is entirely up to you whether or not to take part. If you are not sure, please feel free to discuss it with someone else. The person who gave you this form may be able to answer any 'on the spot' queries you might have (e.g. about the service, personal issues about being involved and so on). However, if you want to find out more about the actual consultation itself, then you can contact the consultation lead whose contact details are on the front sheet.

Please note that even if you do say you would like to be involved, you can opt-out at any time (i.e. before, during or even after the group - for example by asking for your data to be withdrawn from the final report). Please also ask the group facilitator on the day of the focus group about any outstanding questions, worries, or concerns you may have before the session starts.

What will happen to me if I do decide to take part?

You will be invited to attend a focus group where you will be asked your views about the proposals.

You will be given this information sheet to read and be asked by the person leading the group whether you have any questions about being involved and whether you would still like to participate. If so, you will be asked to sign a consent form. During the focus group, if you do not feel happy with the discussion you can of course not answer any questions you do not feel comfortable with or leave at any time without giving a reason.

At the end of the discussion you will again be reminded that you can still withdraw your consent at any time (e.g. by having all your contributions removed from the final report) by contacting the facilitator using the details on the front page of this form. If you do complete the full discussion you will be given a £20 'thank-you' reward for your participation.

Your participation in this focus group will not affect your future use of the service in any way.

What are the benefits of taking part?

Your discussion will play a key role in helping us to understand the views of different people about the proposals and to consider what can be put in place to lessen the impacts for local people. Those that complete the full discussion will be given a reward payment worth £20 to say 'thank you'. Please be aware that it sometimes takes a few weeks for the payment to be processed.

What are the possible disadvantages of taking part?

Due to the nature of this evaluation, the only possible disadvantage is that sensitive topics (e.g. parenting, pregnancy, etc.) may arise during the discussion. We will provide you with further information and support (e.g. about other services for young people) should you require it.

Will my taking part in this service evaluation be kept confidential? (Private)

As much as possible, yes. At the start of the group (or interview) a ground rule will be agreed that all discussions should remain within the group and not be discussed with parties outside of the group. You will also at this point be reminded that the evaluation is asking about your views on the proposals and is not about personal issues. Moreover, it is important to note that if someone discloses something that means they have been or is at significant risk of harm, either physically or emotionally - the person leading the group will need to inform an appropriate authority. The group leader will tell you first if s/he needs to do this.

Some quotes from the focus group (or interview) may be used in a final report but no names will be mentioned and you will not be identified in any way. All data will be stored securely using locked filing cabinets and password protected computers.

What will happen to the results of this service evaluation?

The results will be incorporated into a final report of all the feedback to the Better Beginnings consultation which will then be considered by the three Clinical Commissioning Groups consider as one of the pieces of information they take into account when making a final decision.

Who has funded the focus groups?

The groups have been funded by the three East Sussex Clinical Commissioning Groups who have contracted Healthwatch East Sussex and their partners to help make sure a wide range of people are involved in the Better Beginnings consultation.

Any questions?

Please contact Sara Geater on 07788 922600 Email: sarageater@nhs.net

Better Beginnings

Maternity and Paediatric Services in East Sussex

CONSENT FORM

Title of Project: Better Beginnings consultation – The future of Maternity, In-patient Paediatrics and Emergency Gynaecology services in East Sussex

Contact details for consultation Lead: Sara Geater, Head of Community Relations, East Sussex Clinical Commissioning Groups

Address:	Bexhill Hospital Holliers Hill Bexhill-on-Sea East Sussex, TN40 2DZ
Tel:	07788 922600
Email:	sarageater@nhs.net

Please initial box

1. I confirm that I have read and understand the information sheet for the above project and have had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. ☐
3. I understand that any personal information that I provide to the researchers will be kept strictly confidential ☐

4. I agree to take part in the focus group. 

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Name of Person taking consent (If different from researcher)	Date	Signature
_____	_____	_____
Researcher	Date	Signature

Copies: 1 for participant 1 for researcher

Independent Review of the

Better Beginnings Consultation

Public engagement planning, process, and implementation

April, 2014

Contents

1. Executive Summary

This report examines the process used to design and implement the Better Beginnings consultation on maternity, inpatient paediatric and emergency gynaecology care during 2013, and in particular the formal public consultation phase from 14 January to 8 April 2014 in East Sussex. The findings are based on an examination of the plans, materials and audit trail for the consultation, face to face interviews with those involved and an online survey of stakeholders who sit on the "Critical Friends" panel. The report aims to address two issues, how well the CCG have met their legal obligation to consult, and to what extent their approach was a best practice one, representing good value. The aim is to identify opportunities and highlight what went well and should be retained as an approach for the future as well as learning opportunities.

Our overall findings are that this consultation has met the CCG's legal duties to consult, set out in the 2012 Health and Social Care Act to date. Extensive efforts have been made to raise awareness of the consultation through events and focus groups throughout three stages, to learn more and provide feedback. Each stage has fed into the next and into the refinement of the options presented in the final consultation.

Care has been taken to consult widely in the entire region affected by potential change, particularly with those more affected by the potential changes to maternity inpatient paediatric and emergency gynaecology services, and with groups who are less likely to engage.

We believe that this consultation has achieved a high standard of public engagement. This is supported in the views of those stakeholders surveyed and interviewed who were in agreement that this consultation had been conducted in an open way and that they had been kept informed throughout the process. The view across those interviewed was that ***"This consultation feels different"*** to those conducted previously as it has been a genuine exercise to commission services taking on board public views.

It is noted that the temporary changes made to services in May 2013 to centralise to a single site may have impacted on the nature of the consultation, as this exercise provided data and evidence in support of change for staff, stakeholders and members of the public. There have been 624 responses to the survey, which is significantly higher than the previous consultation. 12% of consultation questionnaires were completed in 2014 in 2007 only just over 1% of those questionnaires distributed were completed. . The CCG followed an events led strategy and did not rely on the survey alone, by doing this; they have been able to capture additional comments and ideas from their constituents.

The consultation process has been strong in the following areas:

- The involvement of clinicians, stakeholders and the public in a pre-consultation phase which helped to form the options put forward in the Better Beginnings consultation.

- The involvement of Healthwatch as a representative patient group in the core organising team.

- Openness to challenge and ideas. The CCG Engagement Team has been open to challenge both internally and from external bodies about timing and types of activity undertaken.

- Outreach via other bodies to engage communities who would not normally be involved in consultation, as well as groups who are more significantly affected by potential change.

- Availability of experts, i.e. clinicians, to talk to non experts, this has been a major strength of this consultation. Clinicians have been in attendance at many of the events the CCG team have organised across East Sussex, and also at the three public meetings held by Healthwatch. Feedback from those interviewed indicates that this has been valued highly by members of the public.

- Clarity of materials and explanation of the issues and challenges. Great efforts have been made to ensure that materials are easy to understand. The consultation document in particular has been designed to help the public understand the case for change.

- The number and location of events. The team responsible for this consultation have organised a significant number of events in a variety of locations including shopping centres, hospitals, and children's centres to reach those most affected by the proposed changes to the services being consulted on.

- The development of a Better Beginnings website as a single point for all information related to the consultation.

The consultation process could be improved by:

- Developing a way to access patient contact data for emails/ mobile phone numbers or addresses in the absence of emails/ texts which the CCG do not currently have access to. One way to achieve this would be for the CCG to collaborate with local NHS Trusts to have an opt-in, on patient questionnaires specifically for local consultations by the CCG. Alternatively the CCG could start building its own database from this and other consultation exercises using opt-ins for those responding who are interested in other consultations.

- More involvement of GPs in the later stage of the consultation to help access those patients most affected. Earlier distribution of material to GP surgeries, and consideration of a simple briefing pack for reception staff to help them flag the consultation to those most affected. In addition a simple checking process to ensure that materials supplied to third parties are displayed prominently.

- Increased involvement of those "Critical Friends" who want to input.

- More public feedback about what the consultation team have been told after each event and at the end of the consultation.

- Setting targets for response rates for each element of the consultation.

2. Background

2.1 Introduction and aims

This report is an independent review of the processes used in designing, developing, and implementing the "Better Beginnings" consultation during 2013 and 2014. This report will review the consultation and public engagement in the context of legal obligations, best practice principles, the communications and engagement strategy developed by the Communications and Engagement Working Group, and the effectiveness of the activities undertaken.

2.2 Consultation scale

The area covered by this consultation has a population of c. 527,000 people (data from the 2011 Census.) We estimate approximately 250,000 people fall into the target audience for this consultation as potential service users. In any one year approximately 10,000 people will use maternity, inpatient paediatrics' or emergency gynaecology services.

2.3 The legal duty to consult

The Health and Social Care Act 2012 places a legal duty on CCGs and NHS England to ensure public involvement and consultation in commissioning decisions. Furthermore the Equalities Act 2010 means there is a duty to ensure that groups or communities who may not traditionally have a say, do have an opportunity to input into decisions.

The legal duties in the 2012 Act also cover patient engagement as well as public engagement, and as there are some patients who will be significantly affected by any changes to services in maternity, inpatient paediatric and emergency gynaecology care; we will also look at how they have been involved and consulted.

2.4 Evaluation methodology

Better Beginnings has been assessed alongside legal requirements, Government criteria for good consultations and other best practice criteria. We have also assessed the spend, effort and activities in terms of proportionality, i.e. was this consultation proportional to the impact of the potential changes and the service areas of maternity, inpatient paediatrics and emergency gynaecology. In this report we have looked at how awareness of the consultation has been raised, the ability to engage with it, how many people in the East Sussex area will have had an opportunity to see information about the consultation; and how effectively the budget was spent.

We have been able to interview a number of the core team who planned and implemented the consultation, the lay members for Patient and Public Involvement from each of the three CCGs, and additionally, we surveyed the Critical Friends panel members for their views.

2.5 Consultation context

The context of this consultation is significant as this is the second consultation in the last 10 years on maternity services. The last one was in 2007 and the recommendation then was that consultant led services be focussed on a single site and services with midwife led units elsewhere. There was a significant level of lobbying, with pressure groups allied to different sites and transport being a key issue. The recommendation to concentrate consultant led services on a single site was overturned at judicial review. The consultation exercise in 2007 despite being extensive was not considered a success. Those areas where the process was criticised in 2007 were:

- The availability of clinical evidence;
- Articulating the case for change clearly;
- The consultation document;
- The processes in place to deal with active and vociferous campaign groups.

In May 2012 driven by safety concerns, a clinical review of maternity services began which identified that appropriate safety standards were not being met. The results of this exercise were published in March 2013, and East Sussex Healthcare NHS Trust took the decision to make a temporary change to concentrate maternity and patient paediatrics at the Conquest Hospital in Hastings as an 18 month measure while the best long-term solution for East Sussex was identified. This has meant that real data and evidence has been available when considering options for how these services might be delivered in future. It has also built a foundation of support amongst clinicians for the consultation, and a focus on safety. We believe this has been a significant factor in the way the consultation has been received this time round as clinical involvement and support for change has been high across staff directly involved with the delivery of current services.

The information and evidence around safety standards provided a key tangible issue which needed to be solved, and the temporary arrangements provided real data to enable staff, stakeholders and citizens alike to compare the difference between outcomes for the different arrangements. Evidence from those involved, and in particular those who remember the previous consultation, is that staff being supportive of the key issue of improving patient safety, particularly senior clinicians and GPs has made a significant difference to the lobbying groups who were unable to muster support for their cause from current staff. The data and evidence has also enabled clinicians to be involved at a number of events, and public meetings where they are able to speak knowledgably and passionately about their experiences and views, whether on a platform, or on a one to one basis with members of the public.

The core team involved with development of the consultation were conscious of the outcome of the previous 2007 consultation and sought to address areas where it had been considered weak, seeking input internally and externally. They also benchmarked against successful consultations by talking to those involved, including outside the East Sussex area.

The Better Beginnings consultation was phased over a number of stages to allow for extensive consultation with clinical staff, stakeholders and members of the public in not only commenting on the options, but in providing input and helping to form the options. This was driven by the need to improve safety and patient outcomes. The phases were:

Initial discussion phase 15 July-15 September 2013
This phase focussed on collecting views from recent or current service users via attendance of family events and focus groups. This aimed to understand what people's experiences of services had been, and what they wanted from services in the future. It was delivered via published information on all CCG websites, as well as attendance at family events and focus groups.

Information provided at this stage, including a summary of the Sussex Clinical Case for Change and a Better Beginnings briefing, were published on all three CCG websites and were sent directly to key stakeholders. The

Clinical Case for Change was explained more widely through local newspapers and details of the review and opportunities to shape proposals via an online questionnaire were promoted to the public through GP practices, the Healthwatch East Sussex website, community bulletins, flyers in community venues, direct mailings to playgroups and via partner organisations. 191 people completed the phase one online questionnaire which related to understanding of the Clinical Case for Change.

Phase 2 October-November 2013
This phase aimed to capture insights via research and focus groups with public, service users and staff for both maternity and paediatric services using a number of options to allow discussion around the opportunities and challenges each presented.

Phase 3 Consultation 14 January 2014- 8 April 2014
During this phase 6 potential options were published to allow people to comment via a consultation survey, by commenting or making suggestions at an event or via the consultation website. Focus groups were also held with people who had been identified through equality analysis as particularly affected by the proposals.

Consultation governance and management structure.
All interviewees felt that the senior leadership teams of all the organisations involved, the three CCGs and Trusts were focussed on solving the issues around delivery of services.

"There has been very clear leadership and willingness to take a shared ownership with the Trust. No appetite to play politics, the focus has been on solving the problem."
CCG lay member for Patient and Public Involvement.

The Communications and Engagement Working Group, the core team involved with developing the consultation, has included the Programme Manager, the Communications and Engagement Team members, a member of ESHT communications team and a representative from Healthwatch. In addition there are quarterly meetings with the Critical Friends and representative groups of communities interested in healthcare. The inclusion of Healthwatch representatives on the team organising the consultation was treated very positively and had board level support.

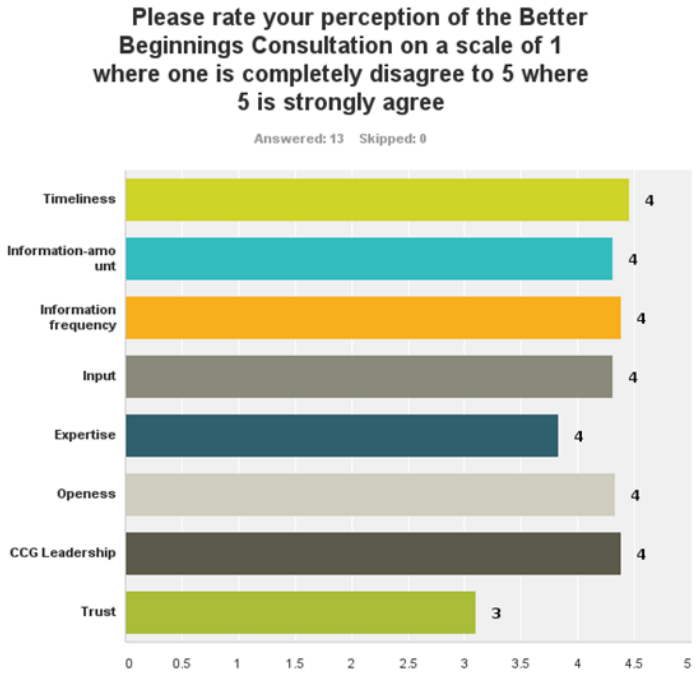
"We were really pleased to know that we had support for our involvement at all levels of the CCGs"
Healthwatch representative.

There has been a weekly meeting of the core team organising the consultation. This has been conducted in a spirit of openness, challenge, and transparency. Significant efforts have been made to involve a broader group than the CCGs. Healthwatch were represented on the group (and on the Programme Board), and they were heavily involved in decision making from an early stage. Reporting to the CCG Board has been detailed and monthly and Board members have been copied in on other information between board meetings including examples of public communications.

Those in the CCGs, the lay members on the CCG Governing Bodies and key stakeholders feel that generally they were given up to date information, informed early enough about all aspects of the consultation, and feel that the consultation was open and transparent. There may have been an opportunity to more actively involve some individuals who have specific expertise in public engagement, in suggesting ideas for the organising

team, however overall there was strong agreement that information flows were good, that the CCGs leadership strongly supported the consultation, and that it was conducted in a spirit of openness and transparency.

We conducted a survey which was completed by 13 people, from the core team organising the consultation, each of three CCG Lay Board members for Patient and Public Involvement, and representatives from the Critical Friends panel. The following table shows a summary of the results. The aim of the survey was to seek views about the quality of the consultation using 8 criteria. Note: Some of those completing the questionnaire felt that it was too early to say if the consultation had enhanced trust in the CCG. They felt that the next phase and how it is handled and communicated will be critical to how local citizens feel about the outcome. The questionnaire is shown at annex1.



At each stage there have been published reports reviewing the activity undertaken, the learning and comments from members of the public, staff and stakeholders and planning documents developed which have been widely shared.

It should also be noted that the CCGs came into operation in April 2013, and that some staff were recruited part way through the process. This does not seem to have affected the consultation process negatively, staff reported that there was a very open attitude to challenge and ideas which enabled plans to change and improve where needed. Specific examples included timing of the consultation and the addition of the three Question Time events.

At each event there has been at least one person present from the communications and engagement working group, this has enabled the team to discuss each event in a timely way and capture learning and improvement opportunities. A weekly summary of events capturing where they went, who they met and what they learnt was compiled. At a later stage this information was published online.

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2.6 Strategy and Planning

The individuals and group involved from the CCGs undertook significant benchmarking activity talking widely to other professionals across England about what they had done and learning from their own experience. There was a previous review of maternity care in 2007, and learning was taken on board by the CCGs and particularly the group planning the consultation. They were open in talking to, and taking advice from a wide range of people.

The strategy for the consultation was events based, the team organised 40 events, 28 "market place" events including 7 main events and 21 mini market place events, 9 staff events, 5 focus groups. Additionally 3 public meetings were hosted by Healthwatch. To help with planning they also held a Critical Friends meeting in support of these events with the aim of getting people to engage with, and respond to the consultation document and questionnaire. These were promoted via posters in GP surgeries, advertising in local newspapers, coverage generated by the CCGs and other groups in the local press and broadcast media, and via online, a consultation website, Twitter and Facebook accounts.
Messaging has been consistent and robust throughout each phase with the focus being on patient safety and quality of care, followed by clinical sustainability, access and choice, financial considerations and deliverability.

In terms of identifying the target audience, the team undertook a stakeholder mapping exercise, and had a clearly identified audience i.e. parents and prospective parents and NHS staff, particularly those in maternity and paediatrics. The aim was to reach as broad an audience as possible, generate widespread public awareness and as much response to the questionnaire as possible. However specific targets do not appear to have been set.

The strategy set out in October 2013 had a myriad of objectives and principles around good practice for engagement and the specific needs of East Sussex. This was comprehensive in terms of setting out the principals, and from the evidence, we have found the CCG team were successful in adhering to the principals they set out.

There have been significant efforts made to involve a wide group of people in events, and allow people to give their views easily via their preferred method, or raise concerns in a safe and non threatening environment. Great efforts have been made to involve those people who are more likely to be directly affected, including staff, by the changes, through venue selection and timing of events. Response was made easier via provision of different access points and a freepost facility.

The support of clinical staff in coming out to talk to the public and answer questions on a one to one basis as well as sitting on the panels of the three public meetings has been effective in answering individual concerns. The clinicians' support and active involvement has helped to make this consultation feel different.

"Clinicians involved have responded in both a professional, and on an emotional level, some of those involved have talked openly and honestly about the fact that they have changed their minds which takes brave leadership. "
CCG Lay Member for Patient and Public Involvement

3. Assessment of the consultation process

3.1 Government Code of Practice on Consultation

Government Code of Practice on Consultation 2008	East Sussex-comments	Achievement
Timescales- only consult when there is genuine need	Evidence from critical friends and lay members ***"This consultation felt different, no agenda had been set and this was genuinely an open and transparent consultation. "*** ***CCG Lay Board Member*** for Patient and Public Involvement ***"The group were involved at a very early stage and definitely had a say in designing the consultation. There was definitely a commitment to ensuring the consultation was open and transparent."*** ***Critical Friend panel member***	Fully achieved
Timescales-the consultation should be 12 weeks long	The pre-consultation phase and consultation itself were 12 weeks each.	Fully achieved
Clarity & Scope (of consultation documents, website and the questionnaire)	• The core team went to great efforts to make the explanations and documents around the consultation as clear as possible, and used case studies, labelling and information from staff to help communicate the facts around potential changes. Wherever possible summary information was provided. The language used was clear and accessible. • The objectives and rationale for the consultation were clearly explained. • Evidence was provided about the clinical assessment pre May 2013 and about the impact of temporary changes to performance and patient outcomes. • Feedback from the pre-consultation stage and research was included in the consultation document, and demonstrable actions arising from the feedback. • Healthwatch involvement was invaluable in ensuring the patient view was reflected and clear explanations were used. • Information was available in other	Fully achieved Documentation especially the consultation document is clear and accessible. The scope of information available is broad and detailed for those who want it, via the website.

	formats and languages if required, clear contact details were provided. • Contact details for postal, phone, online and email comments were clearly stated. • Information about how and when the decision was to be made was included. • The consultation survey was concise and clear and an on and offline version was available. • Financial information was included about current spend, but not about the impact of the proposed changes. This was published on the Better Beginnings website six weeks into the consultation period. • Criteria for decision making driven by pre consultation findings were also published. • For those who wanted more detailed information and documents were available both on the clinical side and for the consultation on the Better Beginnings website.	
Impact & results	Universe of target group estimated 250,000 Annual number of service users c. 10,000 Coverage in East Sussex via GP Surgeries and main local newspapers, (74,500 circ) on CCG and Better Beginnings microsite, as well as via community networks and Healthwatch site • Events attendance 1500 people • Focus groups 120 people • Consultation documents given out 5,200 • Consultation responses 624 • Responses from campaigners 400 • Comments received 42 • Better Beginnings website; 2004 visitors (unique users) spending on average 3.15 minutes and visiting 3.4 pages during the consultation	Results 12% of surveys from consultation documents distributed were completed. 1066 people contacted the CCG or responded to the survey. Over 2000 people looked at the Better Beginnings site.
Efficiency and effectiveness	Overall budget £63,000 for all activity, including external evaluation and excluding staff time for consultation. In the context of the overall budget	Achieved The consultation activities are value for

	for maternity, inpatient paediatrics and emergency gynaecology, the spend on the consultation phase was 0.3% of the overall budget for these services. This is proportional in terms of the coverage needed and what was achieved; the budget was well spent, and reflects the amount of staff time which went into the consultation. There was significantly less wastage of printed materials during this consultation with 12% response rate when compared to the number of documents printed vs. 1% in 2007. **Improvement opportunities** • To ensure all materials promoting events are distributed by the core team i.e. not to rely on other people to put them up in locations such as GP surgeries • To ensure venues for events are well publicised, some children's centres were concerned about lots of people turning up for events and did not promote them effectively. • To set targets for active engagement i.e. how many people at each event and overall response rates for the consultation questionnaire. •	money in terms of what was bought, the quality, and the number of events delivered within the budget. Cost benefit analysis of this consultation exercise would provide a basis for planning future consultations.
Accessibility for those most affected	• At each stage the Critical Friends panel (an existing stakeholder forum established by the CCGs) acted as an advisory group, and Healthwatch sat on the Communications and Engagement Working Group with their remit being about ensuring the patients were at the heart of the consultation. Stakeholder mapping identified each of the special interest groups who needed to be involved. • The choice of venues was driven by the need to meet families and prospective parents. Meetings were held in shopping centres, children's centres, leisure centres, hospitals, schools and community centres to coincide or compliment existing classes or those times when parents were most likely to be available. • Specific outreach activity in the	Fully achieved

	pre consultation and research phase was targeted at parents who had children with complex needs. • An equality analysis was conducted and this identified a number of audiences who were potentially affected by the proposals in different ways. As a result five focus groups were commissioned via Healthwatch for seldom heard or affected groups during the final consultation period including young parents, gypsies and travellers, migrants, people with disabilities and parents of children with complex needs. • Staff were targeted throughout the pre-consultation and consultation phases in focus groups, specific meetings. They were encouraged to complete the consultation questionnaire as citizens. ***"Sara's team made real efforts to get out to those who are less well heard such as Gypsies and Travellers"*** ***CCG Lay Board Member for Patient and Public Involvement***	
Burden of consultation for organisers and those being consulted	• Any consultation undertaken is a big commitment. The CCGs' Engagement Team had a challenge to balance out proportionality, cost effectiveness and ensuring that the consultation reach was significant. • Focus groups, surveys and telephone questionnaires were used to gather views and in the final consultation survey to check understanding of the issues involved. • Great efforts were made to create opportunities where members of the public could have face to face explanations as well as clear and concise information to communicate a potentially complex change.	Fully achieved

Responsiveness of consultation exercise.	Each comment from the public which came in requiring a response was discussed at the weekly team meeting and allocated to the individual best placed to respond. Each individual received an automated response to indicate that it was being dealt with.	Achieved
Capacity to seek guidance internally and externally	There was benchmarking beforehand with other CCGs and the Head of Community Relations sought input from a variety of people. The Healthwatch representation and involvement with the Critical Friends partnership were a positive way of getting input and guidance. Evidence suggests that there is more to be done on this area, seeking out people with expertise in engagement or how to target specific groups.	Achieved
Monitoring	Independent monitoring was not conducted at the pre consultation stage or stage two. However both the consultation results and the evaluation of the process used are being conducted independently. The Critical Friends panel were able to act as an advisory group, Healthwatch were actively involved on the Communications and Engagement Working Group so there was independent involvement at each stage.	Achieved

3.2 Engagement best practice

Engagement Best practice	East Sussex	Outcome
Participants should join those organising the process in setting terms of reference for the whole exercise, and framing the questions that they will discuss.	In Better Beginnings the pre-consultation phase included input from clinicians and the public to frame what was important to them. This helped to set the terms of reference and the options appraisal criteria.	Achieved
The group organising, or in overall control of, the process should be broad based, including stakeholders with different interests on the subject being discussed.	In this case the Healthwatch representative was able to represent a number of different community groups and provide access to these groups. There was also a member of the ESHT Communications Team to ensure that the provider perspective was represented.	Achieved
There should be space for the perspectives of those participants who lack specialist knowledge of the area concerned to engage in a two-way exchange with people who possess specialist knowledge.	The involvement of clinicians in going out to talk to members of the public has been cited as one of the most successful elements of this consultation. The clinicians involved have been able to answer difficult questions, both in market place events and in the three public meetings organised by Healthwatch. Evidence from the interviews was that the clinicians involved have demonstrated professionalism, honesty and empathy with members of the public whether at a market place event or in the public meetings.	Outstanding
There should be complete transparency of the activities carried out within the process to those both inside and outside it.	At each stage papers have been published, in review of the previous stage or in terms of plans for undertaking the next phase. The clinical review has been published and information about failings has been made available.	Achieved

Engagement Best practice	East Sussex	Outcome
All groups involved in the process should be given the opportunity to identify possible strategies for longer-term learning, development and change on a range of issues relating to their conclusions.	Given that all comments have been gathered in and are being analysed, the process needs to ensure that it continues to pick up good suggestions. Evidence suggests that to date the team have been open to learning and ideas. Success in achieving this fully will depend on how the issues and ideas raised are dealt with and taken on board, and how well the feedback is organised. Issues include cross border issues, concerns about roads and infrastructure, addressing concerns about the maintenance of other services, specific paediatric issues. There is activity planned to feedback the results of the consultation to members of the public before the final decision is made.	Achieved to date
The process should contain safeguards against decision-makers using a process to legitimise existing assumptions or policies.	The consultation was driven by clear aims and clinical evidence. Software was used to model all the potential ways the services could be configured. Input from the pre consultation and research phase was used to identify criteria against which over 200 different configurations were reviewed. This resulted in the identification of 6 options which were considered safe, sustainable and deliverable.	Achieved
The group organising, or in overall control of, the process should develop an audit trail through the process, to explain whether policies were changed, what was taken into account, what criteria were applied when weighing up the evidence from the process, and therefore	Yes, not only have the comments from patients and staff been used to drive decisions, but the evidence provided from the temporary change and comparison between before and after it was made has also been instrumental in decision making. This was well demonstrated in the consultation documents in terms of the **"what you told us and what we are doing it about it"** section The weighting used for the final decision has also been driven by the input from patients and staff.	Achieved

how the views of those involved in the participatory process may have made a difference. This should be explored together with as many those involved in all levels of the process as possible.		

4. Conclusions

1. The CCGs are to be commended in the way in which they approached the task.

2. The process met best practice principles for public engagement and balanced this with effective and considered spend which was proportional for the scale of the area being consulted on and the local population.

3. The group of people who organised and implemented the public engagement was representative of a much wider group of citizens, by including people from outside of the CCGs. The Communications and Engagement working group (CEWG) included a representative from Healthwatch and from ESHT as well as the communications and engagement team and was chaired by the Programme Manager.

4. The Communications and Engagement working group were focussed on producing material which could be easily understood. The consultation document used a variety of styles to help people understand the issues, and focussed on the evidence for change. This consultation dealt with some complex issues, the documents and explanation were relatively easy to follow and clear.

5. Leadership, the consultation aims and the principle of transparency and of the consultation had support across the CCGs, from GPs and other clinical staff.

6. Providing opportunities for experts to meet with, and have a dialogue with non-experts was one of the most successful elements of this consultation. Consultants, GPs, CCG Governing Body members, all made themselves available for both the market place events and public meetings. It is how they responded to members of the public which was commented on by a number of those interviewed for this report there seems to have been a real spirit of openness and empathy in how people's questions were responded to.

7. The CCGs focussed on public events to reach people, they identified at pre consultation stage that people needed the opportunity to talk and ask questions, due to the complexity of the issues and based

their strategy and approach on this. However they also used other media to promote the consultation in order to gain effective coverage including a website, newspaper advertising, PR, posters and other material sent to GP's surgeries.

5. Recommendations

1. It is recommended that there could be more frequent involvement from those "Critical Friends" representing core target groups, from those who want to be more involved.

2. For future consultations it is recommended that targets are set for response beforehand. Maximising the number of responses is a good aim but if responses look like falling short and therefore not giving enough information, contingency plans should be put in place.

3. Ensuring that all venues can cope if the number attending is greater than expected and having plans in place if this were to happen, to deal with greater numbers.

4. Where the team are relying on third parties to place material such as in GP's surgeries to implement a small number of sample visits to ensure that materials are displayed. To consider a simple briefing pack for GP reception staff to get them to be proactive in informing people who are most affected by consultations.

5. Ensuring that materials are displayed as widely as possible, and that there is a method of checking whether materials sent to third parties are displayed.

6. Harnessing the opportunities offered by GP surgeries and other venues where the core target audience will be present by briefing reception staff and asking them to signpost the consultation to relevant people.

7. Maximising the opportunity with local media by developing a package of activity in addition to paid advertising.

8. Using feedback from the public more to create further debate and publish online, this was identified by the team as an opportunity which could be used to generate more interest.

9. This consultation offers opportunities to better understand cost benefits and learning for future consultations. It is recommended that the CCGs explore in more detail what a cost benefit model could look like, which would provide a broader best practice approach for understanding and measuring this element of effectiveness.

6. About Verdant Consulting

Verdant Consulting is based in Sussex. Verdant specialises in the areas of strategy, communications, public engagement and stakeholder engagement, working across a range of private sector organisations and with local authorities, charities, and community groups.

Rosena Robson is a Director of Verdant Consulting and has no prior connection to any of the CCGs in East Sussex.

Annex A: Better Beginnings post consultation questionnaire

1. Please complete your name and role with respect to the consultation

2. Please rate your perception of the consultation for the following statements from strongly disagree to strongly agree.

There is an opportunity to add comments in support of your choices.

- Timeliness I was involved and aware of the consultation at an early stage
- Information I feel that I was given about the right amount of information about the consultation
- Frequency of information provided I was kept informed about the consultation
- Input I feel that I had an appropriate level of input
- I feel that my expertise was sought appropriately to help shape the consultation
- Openness, I feel that the consultation was conducted in an open and transparent way
- Leadership I feel that the CCG leadership were committed to a thorough and open consultation
- I feel that this consultation has enhanced trust amongst people in the areas it covered

ANNEX D

Report: Reaching people identified as most affected by the Better Beginnings proposals

Date: 08 May 2014

Author: Sara Geater, Head of Community Relations

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1. **Purpose of the report**

   Prior to consultation, CCGs undertook an equality analysis. Following close of consultation, the equality analysis was reviewed; no additional information pertinent to the analysis arose during the course of consultation. As such, the pre-consultation equality analysis does not require update to inform the options appraisal panel or the Governing Bodies.

   A summary of action undertaken by the CCGs to engage with groups that may be differently impacted by the proposals, together with information arising from this engagement is included in this report. Additionally, key information from the consultation analysis that supports consideration of equality issues is also included in this report.

   With specific regard to the Public Sector Equality Duties (PSED), the pre-consultation equality analysis, the analysis of the consultation responses, the health needs analysis and this report should be seen as part of a suite of information.

2. **Introduction**

   The Better Beginnings consultation process was designed to reach those people that may be most interested or affected by the proposed changes to maternity, inpatient paediatric services and emergency gynaecology services (women and parents of children aged 16 or under). This was achieved by taking an outreach approach to consultation, holding events in shopping centres, children's centres, leisure facilities and in the acute and community hospitals. The process also created opportunities for the affected staff to discuss their views and experiences. An evaluation of the consultation process has been undertaken and will be available on the CCG website.

   Additionally, Equality Analysis of the pre-consultation business case (presented to the governing bodies when the decision to publicly consult on the six options was taken) identified a number of groups that may be more profoundly or differently impacted by the proposals than the general population. These were:

   - Young parents
   - Parent carers
   - Gypsies and travellers
   - Migrants

- People living with a disability who are likely to utilise these services

These groups were identified due to local, national and international evidence that they are likely to experience different outcomes in relation to maternal and perinatal health, be most impacted by longer travel distances or are more likely to have a “high risk” pregnancy.

These process and outcomes of engagement of these groups is described below.

3. Consultation mechanisms

3.1 Distribution of information

The stakeholder list which was used to initially raise awareness of the consultation, distribute documents and offer presentations was categorised in order to highlight the nature of the individual or organisation (for example voluntary sector / elected representative / statutory partner) and, where appropriate, their client group or area of interest using protected characteristic categories (race, disability, age, LGBT etc.). For example, we knew that the proposals would impact on women and parents more than others. We therefore ensured that information about the consultation and how to feedback their views was sent to groups and venues where women and parents are most likely to frequent such as children’s centres. Groups were also invited to request a member of the CCG to attend their group to give a presentation or have a discussion with their members.

In this way we could be confident that different sectors of the community and / or their representative organisations were aware of the consultation and had the opportunity to request presentations and give feedback.

3.2 Advisory Group

To ensure that the consultation reached as much of the community as possible and utilised existing communication channels the Critical Friends Partnership was utilised as an advisory body for the consultation. Membership of the partnership includes groups working with carers, parent carers, gypsies and travellers, BME communities, older people, people in low socio economic groups as well as local councils, Healthwatch East Sussex and the Local Authority. The group offered suggestions about how to most effectively reach different client groups and pro-actively agreed to distribute information and help to engage different

4. Outcomes[46]

4.1 Consultation survey

“About you” forms were attached to all surveys (hard copy and electronic) and were used to monitor participation at other consultation activities (it was not possible to

[46] Coleman, L.C. and Sherriff, N.S. (2014). Independent Analysis of the Better Beginnings Public Consultation in East Sussex: 14th January - 8th April 2014: Final technical report. Coleman Research and Evaluation Services.

collect this at the market place events given the open drop-in nature of the event). This data has been considered by the independent analyst and feedback analysis has been presented to demonstrate the responses of different characteristic groups, for example, option preference has been analysed in relation to age group and gender.

623 people responded to the survey which could be completed online or in hard copy. The demographic profile of respondents indicates that the consultation did reach the people most likely to be impacted by the proposals i.e. women of child bearing age:

CCG area: In terms of the three CCG areas in East Sussex (Eastbourne, Hailsham and Seaford CCG; Hastings and Rother CCG and; High Weald Lewes Havens CCG), most respondents were from EHS (43.2%) followed by H&R (27.3%) and HWLH (23.6%).

Gender/Transgender: Of those who completed the survey, the vast majority (85.2%) were women and 13.7% were men. Four respondents (0.7%) considered themselves to be transgendered.

Age: Most respondents to the online survey were aged between 25-34 years (30.3%) closely followed by those aged 35-44 (25.4%).

Ethnicity: The majority of respondents to the survey were White British (73.8%) followed by 'Other' (9.2%; n=54) and Chinese, (8.8%; n=52). Of those in the 'Other' category, reported ethnicities/nationalities included Cypriot, Czech, Kurdish, Latvian, Melanesian, American, Mixed Chinese, Albanian, French, Italian, White South African, Polish, and Malaysian.

Disability: 4.7% of survey respondents considered themselves to be disabled.

Religion: Most respondents did not belong to any religion or belief (51.7%). Of those that did specify a religion or belief, the majority reported being Christian (86.3%) with the remaining 13.6% either Muslim, Buddhist or Hindu.

Sexual preference/identity: Most respondents considered themselves to be heterosexual (90.0%) with 2.1% identifying as bisexual, 0.4% as lesbian, and 0.2% identified as gay.

Whole sample demographics by CCG:
EHS had a marginally closer gender balance (83.5% female) compared to the biggest difference seen in HWLH (87.7% female).

Respondents from H&R were slightly younger with nearly one-half of people from this CCG (43%) under the age of 35 years compared to the average of 36.4%. People responding from the EHS area were generally older; 22.4% of people from this CCG were aged 60 years or over compared to the average 18%.

There were slightly higher proportions of respondents who classified themselves as White British in the HWLH CCG area (86.2%) compared to H&R CCG (71.2%) and EHS CCG (70.4%). EHS CCG reported the greatest diversity of ethnic groups with 13.4% reporting themselves as Chinese and 12.6% as 'Other'.

There were minimal variations across the CCGs in terms of religion, disability, and sexual preference/identity.

Page 53 of the full analysis report presents the survey responses cut by demographic characteristics. The headline findings are:

Preferred option by location:
Comparing preferred option by the location in which respondents report living (CCG and Council area) shows that the vast majority of respondents preferred the option which provided the most services closest to them. For example, Options 2, 4 and 6 with Hastings having the most services was favoured by participants living in Hastings Council area and H&R CCG area.

Similarly, Options 1, 3, and 5 with Eastbourne having the most services was favoured by respondents living in the Eastbourne and Wealden Council areas, and favoured by those living in the EHS CCG area.

Preferred option by demographic:
There was limited gender difference in option preference except for Option 1 and 'no preference'. Of those who chose Option 1, a greater proportion of respondents were female (16% *vs.* 8.6%) whereas of those selecting 'no preference', a greater proportion were male (18.5% *vs.* 9.5%).

Respondents preferring Option 1 and Option 6 had a slightly younger age profile (under 35 years) compared to those choosing other options.

Participants preferring Option 1 in addition to having one of the youngest age profiles also had the highest proportion of those over 60 (27%).

4.2 Focus groups

The CCG worked through the Healthwatch East Sussex commissioning Framework to partner with a range of voluntary sector organisations working with those groups identified through equality analysis as being specifically impacted by the proposals.

The grass roots organisations were commissioned to raise awareness of the consultation among the target groups, to support their clients to complete the consultation survey and to recruit individuals and provide a suitable space for focused engagement to explore and discuss the impacts of these proposed service changes

Format	Date	location	Groups	N

Focus Group 1	20th March 2014	St. Elizabeth's Church, Eastbourne	Carers	5
Focus Group 2	21st March 2014	RSCPA, Fairlight, Hastings	Young mothers	12
Focus Group 3	1st April 2014	Bridies Tan Traveller Site, Lewes	Gypsies & Travellers	8
Focus Group 4	1st April 2014	University of Brighton, Hastings Campus	BME	44
Focus Group 5	4th April 2014	Assembly Hall, Eastbourne Town Hall,	BME	4

NB. Despite significant promotion, the focus group with people living with a disability who are likely to utilise these services was cancelled due to a lack of recruitment. Anyone expressing an interest in being involved was offered a one-to-one telephone interview.

Facilitated by CCG staff, the purpose of these focus groups was to capture the potential impacts of the proposed options and explore potential mitigating actions that could be considered to minimise any adverse impacts. Following a presentation of the case for change and the delivery option three questions were explored:

- What are the opportunities / positive aspects offered?
- What are the challenges / negative aspects offered?
- What can be done to overcome the challenges?

A detailed representation of the findings is included in the Consultation Analysis report on pages 62-70. Key findings from these groups are:

- A total of 115 participants across five focus groups were conducted: carers, young mothers, Gypsies and Travellers, and individuals from BME groups (two focus groups). A further focus group for people with disabilities was planned but cancelled due to lack of recruitment.

- For the **carers' focus group**, comments over paediatric services were more prominent than those regarding maternity services. Concern over travel time and distance was the most dominant theme of discussion (bearing in mind this group was based in Eastbourne). Specific issues included cost for people on low incomes; difficulties for those without family support; those with other children to care for; working parents; and those faced with prolonged care. No ideas were raised in this group regarding how some of these issues might be mitigated against.

- For the **young mothers' focus group** issues regarding maternity services were unsurprisingly more extensive than issues raised regarding paediatrics. Again, concerns were raised over traveling time and distance. A number of ideas were proposed to address these travel concerns including: allowing fathers to stay overnight or nearby; preparing for travel in advance including conversations with the midwife; encouraging personal responsibility to get to the hospital on time; being assessed at home for readiness to go to a birthing unit and; mixed views about a 'lounge' or similar area in or near the hospital in the early stages of labour to reduce the concern of being sent home.

- Two **Black Minority Ethnic Group (BME) groups** were held with the aid of interpreters in a workshop style format due to large numbers (n=90). A large range of questions and concerns emerged relating to: choice; capacity; safety; travel/transport; cost; and communication. Participants were divided between choice of Option 4 or Option 6.

- For the **Gypsies and Travellers group**, issues raised included concerns about the limited capacity of the CBC and a desire to have either a home birth or birthing in a midwife-led unit; fears over medicalisation of births; as well as problems with some unfriendly reception staff at Eastbourne. Suggestions to mitigate included retaining of the CBC as it as close as possible to a home birth which, culturally, for many Gypsies and Travellers is important. Further suggestions were for maternity staff undertaking cultural competency training, as well ensuring that staff across different sites are consistent in how ESHT policies are implemented. Participants expressed a preference for Option 6 partly due to the proximity (and access) to other Gypsies and Traveller communities in the area.

Sara Geater
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