

Analysis of public engagement responses on the proposed changes to adult services across Solihull, Good Hope and Heartlands Hospitals

Final Report

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Headlines

University Hospitals Birmingham NHS Foundation Trust (UHB) is proposing the following changes to adult services in order to reduce waiting times and improve outcomes for Trauma & Orthopaedic and Gynaecology Patients:

- **Traumatic bone and joint injuries**
 - Fractured hips (and some other fractures) would be operated on at Heartlands and no longer operated on at Good Hope.
 - Other traumatic injuries such as wrist and ankle fractures requiring surgery would mostly be undertaken at Good Hope and, with a few exceptions, no longer at Heartlands.
- **Planned orthopaedic surgery** - Procedures such as knee, hip and shoulder replacements would be undertaken at Solihull only and no longer at Good Hope.
- **Gynaecology services**
 - Planned procedures such as hysterectomies and surgery for ovarian cysts would be undertaken at Good Hope and no longer at Heartlands.
 - Patients with a gynaecology condition presenting unexpectedly at Heartlands will be transferred to Good Hope for their treatment if they are not requiring urgent surgical intervention or need longer than a day in hospital.

A joint engagement and external communications plan on these proposals was developed with the NHS Birmingham and Solihull Clinical Commissioning Group (the CCG) which included:

- An online survey
- Face-to-face stakeholder/public briefings and presentations
- Drop-in engagement events at each of the three hospitals affected
- A media pack – web and social media
- Making key documents available, in the interests of transparency, to allow informed consideration of the proposals.

CSK Strategies Ltd were commissioned to produce an independent analysis of responses to this engagement exercise. This is the report on the analysis.

The online survey

- 490 respondents to date, almost three-quarters women.
- The response rate was overwhelmingly white compared with the population proportions in Birmingham and Solihull. Other under-represented groups were younger people, the LGBT community and residents living close to Heartlands and Good Hope Hospital relative to residents living in Solihull.

- There has been a higher response rate from people with disabilities than is usual for surveys of this nature though that often reflects their relative exclusion from these surveys.
- Two ways are used to weigh up the average importance placed by respondents on seven factors that may be desired when having an operation: a weighted average of relative importance indicators and the distribution of these indicators. Overall the impression is:
 - 'Access to specialist doctors and nurses' and 'Receiving high quality care' are clearly the most important thing for the survey respondents.
 - 'Minimal waiting times' comes in third, but it is not as far ahead of 'Being as close to home as possible' on the weighted averages basis as minimal waiting time is behind the top two factors. In addition, it received less '1s' than 'Being as close to home as possible' but far fewer gave it the two lowest priority categories. Being as close to home as possible was seen as most important for a sizeable minority of respondents although on average it was not prioritised as highly. The trade-off between these two factors is positive for most but negative for a significant number.
 - 'Up-to-date facilities and buildings' is some way behind in seventh place on both ways of analysing this data.
- The trade-off between longer travel and longer waits was posed explicitly with one question which gave a choice between longer travel and longer wait. Longer travel was ahead but not overwhelmingly. There still is a sizable feeling that it is worth waiting longer to be near home when having an operation. Some respondents pointed out that their choice would depend upon the seriousness of the operation.
- Having to travel to Good Hope Hospital for an operation had 39% of respondents saying it would have a big impact on them, the largest percentage for the three hospitals. A further 23% say it would have some impact. More than half said that travelling to Heartlands would have a big or some impact. These results primarily reflect the predominance of respondents being resident in Solihull Hospital's catchment area – almost two-thirds said that travelling to Good Hope for an operation would have a big impact on them. However, the issue is the same, though to a lesser degree, the other way around: 49% of residents in Good Hope Hospital's catchment area said travelling to Solihull would have a big personal impact.

Other comments

Many issues and concerns were raised through the open-ended, any other comments question on the online survey form and, to a lesser extent, at engagement sessions at the three hospitals and through social media. These are summarised below with further details on pages 16 to 23 of the main report.

- The main concern, raised through the online survey and by attendees at the drop-in events, was the extra time, stress and cost of travelling to different hospitals for patients and visitors which could have a detrimental effect on

operation outcomes and recovery. This was linked to dissatisfaction with public transport between the hospitals and traffic congestion.

- These problems are expected to have a bigger, negative impact on people with disabilities, the elderly and pregnant women.
- Some asked whether the hospitals could take up improving public transport links between the hospitals with public transport providers, or whether other support could be given such as a shuttle bus service. This was also raised at a drop-in event.
- A suggestion was made that the longer-to-travel issue could be mitigated if sufficient notice was given to patients of where and when their operation would be so that they would have more time to plan.
- Retaining pre- and post-op appointments at local hospitals was welcomed.
- The costs and difficulties of parking at or around the hospitals was a further point raised by many through the online survey and at the drop-in events.
- Visitors help post-operative recovery according to many of those engaged in the public engagement, but visitor numbers are likely to be reduced by the proposals, especially for elderly patients. In addition, the psychological impact on success and recovery of being further away from home needs to be taken into account.
- Difficulties of getting to relevant hospital on time if operation is early in the morning.
- Some were happy to travel further for better quality care. Again, this point was raised through the online survey and by attendees at the drop-in events.
- Some aren't clear what services would continue to be offered locally (e.g. general maternity care) and when they need to go to another hospital for operations.
- Not all clinicians are convinced on the model. However, a majority of clinicians did support the proposals in meetings that developed the planned changes. Numbers are provided in Section 3 of this report. Some at the drop-in events thought the proposals were being driven to benefit clinicians rather than patients.
- Questions also raised re the capacity at all three hospitals.
- Risks of mistakes in transferring patient information between hospitals also raised through the online survey and by attendees at the drop-in events.
- Questions raised re the impact on other hospitals in Birmingham, whether access to these other hospitals would now be restricted and whether there would be a knock-on impact to other services in the three hospitals so that the changes can be accommodated.

- Lack of A & E at Solihull creeps in too as well as a strong feeling that Solihull has been run down but has the potential and need to do more given the borough's growing population.
- Concerns also expressed through the online survey and at one drop-in event on services moving from Good Hope and perceived under-funding of Heartlands.
- Some cynicism that the proposals are really driven by funding cuts and that the decision had already been made.
- Some see all services being available in a local hospital as a citizen's right, a right that is being removed in stages.
- Despite all these concerns, there was much praise for staff at all three hospitals in the comments made.
- Attendees at the drop-in events wanted the findings of the engagement exercise to be made public.
- Finally, some raised questions about whether the survey was asking sufficiently detailed questions given the complexity of the issues.

The engagement exercise appears on balance to support the proposed changes but also reveals a deep unhappiness among some. It also points to several issues that would need to be addressed by the CCG and UHB NHS Foundation Trust. The main ones are:

- Travel issues and mitigating the impact on people with disabilities, the elderly and pregnant women.
- Parking at the three hospitals.
- Confirming that patient information would be transferred accurately and expeditiously while maintaining privacy.
- Continuing to communicate information about the services that are being moved and the services that will continue to be provided at local hospitals.
- Providing detailed information and publicity on the outcomes in terms of health care benefits of the changes including how they may outweigh any negative impacts from increased travel problems and reduced visitors.

1. Introduction

University Hospitals Birmingham NHS Foundation Trust (UHB) is proposing the following changes to adult services in order to reduce waiting times and improve outcomes for Trauma & Orthopaedic and Gynaecology Patients:

- **Traumatic bone and joint injuries**
 - Fractured hips (and some other fractures) would be operated on at Heartlands and no longer operated on at Good Hope. Patients would be transferred back to their local hospital for specialist rehabilitation following surgery.
 - Other traumatic injuries such as wrist and ankle fractures requiring surgery would mostly be undertaken at Good Hope and, with a few exceptions, no longer at Heartlands. After presenting to A&E most patients would be stabilised and go home before returning to a specialist clinic for assessment and where necessary be promptly added to one of the theatre lists. The vast majority of patients would return home within a day.
- **Planned orthopaedic surgery** - Procedures such as knee, hip and shoulder replacements would be undertaken at Solihull only and no longer at Good Hope.
- **Gynaecology services**
 - Planned procedures such as hysterectomies and surgery for ovarian cysts would be undertaken at Good Hope and no longer at Heartlands.
 - Patients with a gynaecology condition presenting unexpectedly at Heartlands would be transferred to Good Hope for their treatment if they are not requiring urgent surgical intervention or need longer than a day in hospital (e.g. some early pregnancy complications and low risk ectopic pregnancies).

A joint engagement and external communications plan on these proposals was developed with the NHS Birmingham and Solihull Clinical Commissioning Group (the CCG) which included:

- An online survey
- Stakeholder/public briefings and presentations
- Drop-in engagement events at each of the three hospitals affected
- A media pack – web and social media
- Making key documents available to allow intelligent consideration of the proposals.

An internal, interim report was prepared on the online survey so that measures could be taken to try to boost responses from under-represented groups.

CSK Strategies Ltd were commissioned to produce an independent analysis of responses to this engagement exercise. This is the report on the analysis. The next Section analyses the online survey while Section 3 summarises responses through other means. A short conclusion section ends the report.

2. Online Survey Analysis

The online survey consisted of six questions linked to the benefits, possible costs to patients and visitors to patients, and trade-offs involved in the proposed changes to adult services across the three hospitals.

The first question asked respondents to say what order of importance they would place seven factors when having an operation.

The second question asked whether they would prefer to wait longer for an operation closest to where they live or travel further to be seen quicker.

The third to fifth questions asked about the impact on the respondents of having to travel to Good Hope, Solihull or Heartlands Hospitals for an operation.

The sixth question was an open question, asking for any other comments.

A series of demographic questions (postcode, gender, age, ethnicity, sexuality and disability) followed on the second page of the questionnaire. These allow an assessment of respondents' representativeness of the population of Birmingham and Solihull and an analysis if there were major differences in responses between different groups. We start with a demographic analysis of the respondents.

Who responded?

A total of **490 people** completed the online survey. Three-quarters were female, over 80% were white, a much higher proportion than the population of Birmingham and Solihull, and they were more skewed to older groups than the general population. There appears to have been a higher response rate from people with disabilities than is usual for surveys of this nature. Representation of the LGBTQ community was not high.

The representativeness of the survey respondents has improved slightly since its midway point due to the promotion efforts of the CCG and UHB NHS Foundation Trust staff.

Further details on the demographic breakdown is shown in a series of tables below. These provide the number and percentage of respondents for each category. Note that percentages may not add to 100% due to rounding and that they are of all respondents to the survey, not just of those answering a particular question. They are thus an 'at least', self-reported figure. For example, the first table below shows that at least 362 of the 490 respondents said they were female.

Just under three-quarters of respondents said that they were female. More than three times as many women answered than men. The high response rate from women is likely to be because of the planned changes to gynaecology services.

Gender	%	No of Responses
Female	74	362
Male	19	91
Intersex	0	0
Identify as trans	1	4
Prefer not to say	3	13
Not answered	4	20
Grand Total	101	490

The age breakdown of respondents is skewed towards middle and older aged groups: 46% were aged between 45 and 64 while a further 19% were aged over 65. Although Birmingham and Solihull have a younger age profile than other British cities (particularly Birmingham), this is probably to be expected given the nature of the operations involved.

Age	%	No of Responses
16 to 17 years	+0	1
18 to 24	5	23
25 to 34	10	49
35 to 44	13	65
45 to 54	22	106
55 to 64	24	118
65 to 74	15	72
75+	4	22
Prefer not to say	3	13
Not answered	4	21
Grand Total	100	490

The survey questionnaire asked for the postcode of where respondents lived. Where sufficient information was provided (in just under two-thirds of responses), this data was converted into hospital 'catchment' areas by mapping from postcodes¹ to the 'closest provider'. (See table below.) This allows an analysis of the data by hospital 'catchment' area. The 'closest provider' is sometimes Birmingham City Hospital, Queen Elizabeth Hospital or the Royal Orthopaedic Hospital. However, as expected, the largest group of respondents (26%) had Solihull Hospital as their closest provider, followed by Good Hope (16%) and then Heartlands (10%).

Closest Hospital	%	No of Responses
Incomplete postcode or no answer	36	175
Solihull	26	125
Good Hope	16	76
Heartlands	10	51
Royal Orthopaedic	6	27
Birmingham City	4	19
Queen Elizabeth	3	17
Grand Total	101	490

Part of this methodology may reduce the numbers living in the Heartlands catchment area because it is situated between Good Hope and Solihull. In addition, as it is based upon an 'as the crow flies' basis, it does not take into account the structure of roads, public transport routes and so on. Nevertheless, the methodology does

¹ To avoid the risk of patients being identified from their postcode data, truncated postcodes were used for this exercise.

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provide a reasonable estimate of catchment areas and provides a basis for more detailed analysis of the different demographic make-up and reactions of respondents from the different catchment areas. For example, 81% of the respondents (101 people) with Solihull Hospital as their closest provider were female, a higher proportion than the 74% amongst respondees as a whole. This probably reflects the proposed changes to gynaecological services at Solihull Hospital.

Turning to ethnicity, respondents were overwhelmingly white – 82% compared to the 2011 Census estimate of 58% for Birmingham although this comparison exaggerates the difference as those identifying as white in the Census were 89% of the Solihull population and Solihull residents responded to the survey in proportionally greater numbers. (Almost all identified as White: English / Welsh / Scottish / Northern Irish / British.) All minority ethnic communities appear to be under-represented, a feature of many online surveys of this nature.

Ethnicity	%	No of Responses
White: English / Welsh / Scottish / Northern Irish / British	76	374
White: Irish	2	11
White: Gypsy or Irish Traveller	+0	1
White: Other	4	18
Sub-total: White	82	404
Mixed: White and Black Caribbean	+0	1
Mixed: White and Black African	0	0
Mixed: White and Asian	1	3
Mixed: Other	1	5
Sub-total: Mixed	2	9
Asian or Asian British: Indian	2	9
Asian or Asian British: Pakistani	2	11
Asian or Asian British: Bangladeshi	0	0
Asian or Asian British: Chinese	0	0
Asian: Other	+0	2
Sub-total: Asian or Asian British	4	22
Black or Black British: Caribbean	+0	2
Black or Black British: African	+0	1
Black: Other	+0	1
Sub-total: Black or Black British	1	4
Other: Arabic	+0	2
Other: Other Ethnic Background	+0	1
Sub-total: Other	1	3
Prefer not to say	3	17
Not answered	6	31
Grand Total	99	490

There has been a higher response rate from people with disabilities than is usual for surveys of this nature though that often reflects their relative exclusion from these surveys. Given the nature of the operations involved, this might be expected. It is also an engagement positive

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as the impact of the proposals on people with the disabilities listed in the table is likely to be higher than for the population as a whole.

Note some individuals report more than one disability. Totalling the response column would give an overestimate of the number of people with disability responding to the survey so far.

Disability	%	No of Responses
Vision or sight impairment	1	6
Hearing	7	33
Physical mobility	8	41
Dexterity	4	19
Learning difficulty	2	9
Mental health problems	7	33
Long term health condition	17	85
Other (Those specified include multiple sclerosis and arthritis.)	4	21
Prefer not to say	13	65

The LGBT community appears to be under-represented in responses although this has improved since the half-way point. However, one fifth responded 'prefer not to say or provided no answer.

Sexual Orientation	%	No of Responses
Asexual	+0	1
Bisexual	1	6
Gay or Lesbian	1	6
Heterosexual	77	378
None of these	1	4
Prefer not to say	13	62
Not answered	7	33
Grand Total	100	490

Things that are most important to you when having an operation

There are two ways of obtaining an overall picture of the importance people responding to the survey place on the seven factors listed in the survey questionnaire. First, obtaining an average positioning by summing the importance indicators (where 1 means the highest importance to the individual respondent and 7 the lowest) and dividing by the number of respondents (490). The lower the average the higher is the level of importance placed on that factor by the respondents on average. The results are shown in the table below.

'Access to specialist doctors and nurses' and 'Receiving high quality care' are clearly the most important thing for the survey respondents.

'Minimal waiting times' comes in third, but it is not that far ahead of 'Being as close to home as possible' which is in 6th place when compared to the distance between it and the top two priorities.

'Up-to-date facilities and buildings' is some way behind in seventh place.

Most important when having an operation	Total of importance indicator	Weighted Average
Access to specialist doctors and nurses	1295	2.64
Receiving high quality care	1318	2.69
Minimal waiting times	1939	3.96
A quick recovery	2031	4.14
Having your pre- and post-operative care close to home	2219	4.53
Being as close to home as possible	2232	4.56
Up-to-date facilities and buildings	2686	5.48

The other way to analyse the responses to this question is to look at the number of 1s, 2s etc. for each factor. This gives a better idea of the distribution of importance indicators for each factor, providing a richer picture of potential patients' and visitors' priorities. The results are shown in the table below with some of the most prominent figures highlighted in bold and yellow.

Again 'Access to specialist doctors and nurses' and 'Receiving high quality care' are clearly most important for the survey respondents with 54% putting the former in positions 1 and 2 and 59% putting the latter in positions 1 and 2. (Note, this is a reversal to the priority ordering suggested by the weighted average approach.)

'Minimal waiting times' dominates the third priority position for the remaining factors suggesting that, on average, once respondents know they are going to receive high quality care and specialist doctors and nurses, reducing waiting time for an operation is their main priority. This is what the weighted average approach also suggests.

However, the picture is more mixed as 'Being as close to home as possible' received more first priorities than 'Minimal waiting times' although it also received the second highest number of the lowest priority marking. This suggests that, while for most respondents being close to home is much less important than quality of care and minimising waiting times, there is a sizeable group of people for whom this is a very important consideration.

The other category that is prominent in the middling priority categories is 'A quick recovery'.

The extent to which 'Up-to-date facilities and buildings' brings up the rear is shown more clearly in the table below. Position 7 was given by 40% of respondents while either 6 or 7 was indicated by 58%, well over half. This might suggest that in terms

of messages, improved quality of care is far more important for people than new equipment and buildings per se. Clearly, quality equipment and buildings can play a key role in delivering high quality care, but, usefully and deliberately, this link was not made explicit in the survey question. The responses therefore suggest that although new equipment and buildings are much easier to visibly demonstrate than improved quality of care, their introduction should be linked with the improvements in care that would result.

Importance priority when having an operation	1	2	3	4	5	6	7
A quick recovery	41	54	76	109	88	76	46
Access to specialist doctors and nurses	130	136	106	57	30	20	11
Being as close to home as possible	59	48	49	59	71	89	115
Having your pre- and post-operative care close to home	26	53	60	78	101	114	58
Minimal waiting times	43	68	100	83	94	56	46
Receiving high quality care	179	110	65	37	34	49	16
Up-to-date facilities and buildings	12	21	34	67	72	86	198

Waiting longer for closest provider or travel to be seen quicker?

The table below shows that, for online survey respondents, in the choice between longer travel and longer waits, longer travel is ahead, with 56% of the 'votes', but not overwhelmingly. There still is a sizeable feeling that it is worth waiting longer to be near home when having an operation. (Respondents living in the Solihull catchment area had 51% in favour of waiting rather than travelling.) Furthermore, in answer to the 'other comments' question, some respondents pointed out that their answer to this question would depend upon the seriousness of the operation. For example:

'If the operation was minor. I would rather wait longer and have it near to home. If the operation was urgent, I would travel'

Waiting longer vs travelling further	%	No of Responses
Wait longer for an operation at the hospital closest to where I live	44	214
Travel to a hospital further away and be seen quicker	56	276
Grand Total	100	490

Impact of having to travel to different hospitals for an operation

Almost two-fifths of the survey respondents said that having to travel to Good Hope Hospital for an operation would have a big impact on them, the largest percentage for the three hospitals. A further 23% say it will have some impact. Much of this concern comes from those whose closest provider is Solihull Hospital where almost two-thirds say it would have a big impact and a further 22% say it would have some impact. Almost three-quarters of those respondents in the 'catchment area' of Heartlands Hospital say it would have a big or 'some' impact. This may reflect concerns about the transfer to Good Hope Hospital of planned and unexpected (but non-urgent) gynaecology surgery. (See tables below.)

On the other hand, just over a quarter of respondents said that travelling to Good Hope would have no impact. Many of these would be people who live relatively close to Good Hope although 10 respondents in its catchment area said that travelling there would have a big or some impact on them (3 big impact and 7 some impact) perhaps because of travel difficulties within that catchment area or perhaps because these respondents felt that travelling anywhere for an operation would have a personal big impact. (These suggestions were made by respondents in answers to the open-ended, 'other comments' question.)

How much impact on me if I have to travel to Good Hope Hospital for an operation	%	No of Responses
A big impact	39	189
Some impact	23	112
Small impact	11	52
No impact	26	126
Not sure	2	11
Grand total	101	490

Solihull respondents (125): How much impact on me if I have to travel to Good Hope Hospital for an operation	%	No of Responses
A big impact	66	83
Some impact	22	28
Small impact	7	9
No impact	2	3
Not sure	2	2
Grand total	99	125

Heartlands respondents (51): How much impact on me if I have to travel to Good Hope Hospital for an operation	%	No of Responses
A big impact	43	22
Some impact	31	16
Small impact	8	4
No impact	16	8
Not sure	2	1
Grand total	100	51

Having to travel to Solihull Hospital for an operation would have no impact on just under a half of respondents as opposed to the 36% who said it would have a big or some impact. This partly reflects the preponderance of those in Solihull Hospital's catchment area amongst survey respondents. A big impact is predicted by 49% of those in the Good Hope catchment area (29% saying 'some impact') and 41% in the Heartlands Hospital area responding that it would have a big (14%) or some (27%) impact. However, 47% of those near Heartlands say it would have no impact.

How much impact on me if I have to travel to Solihull Hospital for an operation	%	No of Responses
A big impact	18	86
Some impact	19	91
Small impact	14	68
No impact	49	240
Not sure	1	5
Grand total	101	490

Good Hope respondents (76): How much impact on me if I have to travel to Solihull Hospital for an operation	%	No of Responses
A big impact	49	37
Some impact	29	22
Small impact	14	11
No impact	8	6
Not sure	0	0
Grand total	100	76

Heartlands respondents (51): How much impact on me if I have to travel to Solihull Hospital for an operation	%	No of Responses
A big impact	14	7
Some impact	27	14
Small impact	12	6
No impact	47	24
Not sure	0	0
Grand total	100	51

Having to travel to Heartlands Hospital for some surgery would have a big or some impact on 59% of respondents. The biggest problems are for those in the Good Hope catchment area where 86% say that it would have a big or some impact and only 4% saying it would have no impact. Solihull catchment area residents also foresee difficulties with 59% responding that it would have a big or no impact. (See tables below.) Perhaps because of travel difficulties within the Heartlands area, a

quarter of residents living there say that travelling to that hospital would have a big or some impact.

How much impact on me if I have to travel to Heartlands Hospital for an operation	%	No of Responses
A big impact	29	144
Some impact	30	146
Small impact	18	87
No impact	22	106
Not sure	1	7
Grand total	100	490

Solihull (125) respondents: How much impact on me if I have to travel to Heartlands Hospital for an operation	%	No of Responses
A big impact	28	35
Some impact	31	39
Small impact	26	32
No impact	14	18
Not sure	1	1
Grand total	100	125

Good Hope respondents (76): How much impact on me if I have to travel to Heartlands Hospital for an operation	%	No of Responses
A big impact	45	34
Some impact	41	31
Small impact	11	8
No impact	4	3
Not sure	0	0
Grand total	101	76

Other comments

The survey form also asked whether respondents had any other comments. There were 184 responses (excluding those that said 'no further comment') to this open-ended question which provided room for respondents to raise any points that they felt they had not been able to express elsewhere.

The issues raised are summarised below together with occasional quotes, in italics and inverted commas, from respondents

Extra travelling

The most frequently raised issue was the increased travelling distance, time and cost for patients and patients' visitors. The distance involved, some stated, would be exacerbated by inadequate public transport and congestion on the road.

'The state and reliability of public transport between hospitals must be taken into account. At the moment it's a nightmare to travel between the ones mentioned in the survey.'

'Traffic and congestion may have a big impact on access to services.'

The increased financial costs, including parking fees, for those having to travel was also a great concern for many. Some thought that the increased travelling involved, and its costs would have a harder impact on the elderly and people with disability (e.g. the vision impaired).

'As I am visually impaired Heartlands and Good Hope are at least 3 bus journeys each way, and Good Hope is about £25 in a taxi.'

Many foresee a particularly big impact on the elderly.

'Getting from Solihull to Heartlands or Good Hope would be quite a challenge for some elderly patients and their families especially non-drivers as public transport isn't always reliable or regular.'

Some were also worried about the impact on pregnant women:

'Having to go to Heartlands for maternity care is a big issue for us in Solihull ... there is a massive worry if we fall ill or I go into labour quickly that Heartlands is so far away.'

Difficulties of getting to relevant hospital on time if operation is early in the morning was also raised as an issue.

'A patient living in Sutton Coldfield and having to get to Solihull for 7.30 for elective surgery would be paying a fortune in taxi fare.'

A few asked whether the hospitals would consider helping out with transport or arrange shuttle busses for visitors at certain times because of the problems outlined above.

'...if required would there be provision for help with transport?'

One person suggested that medical staff could rotate around the hospitals rather than making patients travel:

'Why does everything have to be centralised why can't all doctors and nurse work on rotation in all hospitals giving all of us the best chance of a stress-free time in hospital'

Another pointed out that travelling after an operation could be a bigger problem than travelling to an operation, implying that this could lead to bed-blocking:

'Travelling TO hospital is much easier than getting home AFTER an operation so I would perhaps want a longer in-patient stay before feeling ready to travel a longer distance home from hospital.'

The consequent increase in pollution was also raised by another:

'Any journey that involves such long distances on such congested roads should not even be under consideration, not to mention the adverse effects of pollution from travelling...'

There was also some concern around the travel implications for hospital staff who may need to move as a result of these changes.

Finally, some appeared to be unclear about what they might have to travel further for, including for pre- and post-op appointments, which may have increased concerns about the extra travelling that could be involved. The proposal is that pre- and post-op appointments would remain at a patient's local hospital. However, one person thought that the momentum of the proposed changes would mean that

'over time pre and post op appts would also move and this would have a much greater impact.'

Parking

Inadequate parking was raised by quite a number.

'Parking can cause more stress than the actual operation.'

'Will there be sufficient car parking spaces at a reasonable cost?'

'...the dire parking facilities at Heartlands'

Visitors help recovery

A number argued that recovery is helped by having visitors which would very likely be reduced by the proposals, especially for elderly patients².

'A speedy recovery is multifactorial and based on not only clinical care but having regular contact from family.'

'I think visitors are an important part of recovery.'

There is also a psychological impact on success and recovery of being further away from home wrote some respondents.

'Psychological impacts on moving people away from home across the other side of the city must not be underestimated.'

Worth travelling for better quality care

A few stated that they were happy to travel further for better quality care and that the best quality of care available was the key issue.

'I would be happy to travel further and receive better care.'

'Being able to see the right specialist for my care is by far the most important thing.'

'Experience is the key- needs to be kept together.'

² Stating that visitors would have to travel further is based upon an assumption that visitors live close to where the patient lives. In addition, the number of potential visitors is related to the length of time a patient is hospitalised.

Not all clinicians supportive

Not all clinicians are convinced about the benefits of the model.

‘Having worked professionally in several roles at all sites I recognise the model is fundamentally flawed whilst attempting to achieve improved outcomes the most useful model has yet to materialise. I recognise some aims and goals here, but they need further thought to the pathways. I would not choose to work in a system that is in such a mess! Too much travel involved for patients, visitors etc.’

One respondent (who may not have been a clinician) questioned the evidence to support the changes.

‘Pointless reshuffling of services. There’s currently no evidence that it will benefit patients or outcomes.’

Capacity issues

Questions were also raised re the capacity at Solihull.

‘There are more theatres at Good Hope. How is Solihull going to cope with less theatres?’

‘How is Solihull hospital going to cope with the capacity of good hope patients coming over?’

There were concerns about capacity at Heartlands and Good Hope too.

‘Heartlands Hospital is to under-staffed and very Busy waiting times for nurses to attend patience is too long in excess of 15 minutes in my experience more nurses are needed for the volume of patients.’

Information transfer issues

A couple of respondents were concerned that there may be mistakes in the transfer of patient records from one hospital to another and this could have drastic consequences.

‘If a hybrid clinical record system is used for OP attendances, Pre Op, Operation, Post Op and at different hospitals, the risk of overlooking relevant clinical information is high.’

Impact on other hospitals

There were concerns re whether Queen Elizabeth Hospital and the Royal Orthopaedic Hospital would be affected and, on the other hand, whether patients would still be able to get access to consultants based at these places.

One respondent asked whether other services would be affected at each of the hospitals because of the changes proposed.

‘Changing one service to one dedicated hospital would need space etc so I’m assuming a service/ward changes have been made, has this compromised another patient service...’

Solihull Hospital and financial restraints

Lack of A & E at Solihull creeps into some comments as well as a strong feeling that Solihull has been run down but has the potential to do more - and needs to offer more in light of the borough's growing population.

'The continuing downgrading of services at Solihull is appalling. We have a hospital that is unable to meet growing needs of the community due to cuts.'

Some were concerned that services were being run down at Good Hope Hospital as well.

'You keep taking away services from Good Hope Hospital to further away hospitals which are situated on terrible bus journeys - you have to use the bus as car parking is totally inadequate at Heartlands and Solihull hospitals - even parking on the road is poor. You should have spent money on developing Good Hope Hospital instead of developing monstrously big impersonal centres of excellence where services are difficult to find because of sheer size of those hospitals.'

There was also concern that Heartlands Hospital was under-funded. (See quote under capacity issues above.)

A few were cynical about the proposals and did not believe that they were not linked to funding cuts.

'We all know that this is about trying to save money and the NHS is not being properly funded and is overstretched. Don't try and sugar coat it and make it sound like it's a good idea.'

Local services as a right

Some respondents appeared to go further than saying they preferred services being in their local hospital, suggesting that having all medical services in the local hospital was a citizen's right.

'Hospitals are meant to serve the local community for all aspects of the patient's needs. Travelling to a hospital outside of the area for treatment is NOT acceptable especially for the elderly and those with mental health issues.'

'I feel that the right to be treated in your local area is being taken away from patients.'

Sometimes this view was nuanced:

'Keep services local. Complicated surgery should be kept in one location, but routine gynae needs to be local.'

A couple counterposed this issue to the problems when an institution becomes too big.

'Over the past few years I have had the misfortune of visiting friends in the QE Hospital. I understand about having centralising services but the QE is too big! That's what's happening to Heartlands. Inpatient care is awful. Outpatient care is awful. Too big. Too many people. Not enough parking. Not enough staff.'

Praise for staff and faith in NHS managers

Despite the concerns and criticisms in these comments, there was wide-spread praise for NHS staff with very little criticism.

'I want my next orthopaedic operation at Solihull. Same as my previous operation. The consultant was great, and staff were fantastic.'

'I found Good Hope difficult to travel to earlier this year. However, treatment and consultant and nursing staff excellent.'

'I think Heartlands hospital is a wonderful hospital on all levels, yes there could be obvious improvements but I'm sure that is due to funding.'

Occasionally, a touching faith in hospital management was revealed together with a recognition that choices had to be made.

'As I see it this is a medical management operation and as long as your medical teams are satisfied that this is the best arrangement then it should have been put into operation. We the patients would soon tell you if the arrangement were satisfactory. You will never satisfy everyone's personal wants and conditions. As long as we are informed of working arrangements then we are satisfied.'

'You guys are the experts and you should proceed with your plans with our complete support. Best Wishes.'

Issues re the survey itself

Finally, some raised questions about whether the survey was asking sufficiently detailed questions given the complexity of the issues and others suggested that some of the questions led respondents to the 'desired' answer. A number of detailed comments on the survey questions themselves were made though some reflected a view that they wanted all of Question 1's seven factors locally whatever the cost.

'I'm not sure these questions truly address this issue. They do not reflect the nuanced complexities involved with this significant restructuring. I would therefore urge caution in using the results of this survey to influence restructuring decisions.'

3. Comments and issues raised through other means

Views on the proposals are also being invited and submitted by other means including comments at public engagement meetings, drop-in sessions, emails, letters and social media comments. To date, social media comments have been monitored on:

- Publicity releases from the CCG and UHB.
- Social media posts on the CCG's and UHB's social media accounts.
- Local newspaper articles.
- BVSC's Weekly Bulletin.

The Facebook postings reached 7,888 people directly with 88 likes, 30 shares and 4 comments. Tweets reached 14,155 people with 17 likes, 25 retweets and one reply. Instagram postings received 20 likes. There is some evidence that the social media activity led to people completing the online survey.

While these tended to be more direct than through the survey, many of the same issues were raised. These included:

- Concerns about people with disabilities or long-term illnesses being able to travel to other hospitals.
- Solihull Hospital appearing to shrink while local population was increasing together with wider concerns re the proposals being linked with cuts and privatisation 'through the backdoor'.
- Concerns about the cleanliness, capacity and efficiency of Heartlands. Many see the problem as there not being enough staff who are over-worked. Views of staff are often positive.
- Women's Hospital being easier to get to from Solihull than Good Hope.
- Issues around potential gaps in data transfer between hospitals.

Two governors from two of the three hospitals involved in the proposed changes asked questions. One was concerning whether the engagement process could be extended because it was taking place over the holiday period. It was explained that this couldn't be done because the engagement dates had been set based on the timings to make the changes to services if they were to go ahead. The drop-in engagement sessions had to be undertaken within the six-week engagement period. It is also worth noting that by engaging over the summer period, local people would arguably have *more time* to engage with the process as parents may be off work looking after children or taking children/family to events. It is unlikely that individuals and families go abroad for six weeks therefore they were unlikely to be excluded from engaging with the survey.

The other question requested further details on the number of clinicians who had supported the proposed changes. UHB answered that the proposals are supported by the majority of the Traumatic injuries & Orthopaedic (T&O) staff and Gynae clinical teams due to the clear benefits to patient outcomes including:

- 34 Obstetrics and Gynae consultants
- 36 T&O consultants
- 80 Junior Doctors

- 2 Locums

Drop-in engagement sessions

These events were organised:

- ✓ On 5th August at Good Hope Hospital, attended by 17 people.
- ✓ On 6th August at Solihull Hospital, attended by 20 people.
- ✓ On 13th August at Heartlands Hospital, attended by 3 people although 9 patients had registered to attend.

The issues and questions raised, summarised below, reflected many of the comments made on the online survey but also included some new ones.

- Attendees at all three events said that travelling long distances would have a detrimental effect on many, especially the elderly. Although an ambulance would take patients from site to site, there would still be an inconvenience for people who want to visit such as family and friends. Can the transport companies be talked to?
- It was suggested at one session that the longer-to-travel issue could be mitigated if sufficient notice was given to patients of where and when their operation would be so that they would have more time to plan and prepare themselves.
- Retaining pre- and post-op appointments at local hospitals was welcomed.
- Parking problems were also raised.
- Communication of patients records between hospitals was also mentioned.
- At Good Hope, there was some anxiety that these proposals were a harbinger of a future closure.
- There were concerns that the proposals would limit patient choice in the future, although they were reassured that post-operative appointments would be at their local hospital.
- Some did say that the main thing was the best care.
- More detail was requested on how the service changes would work and how they would release more bed space. It was important that the proposed changes were thought through thoroughly now to avoid crises in the future.
- How do Queen Elizabeth and the Royal Orthopaedic Hospitals fit in with these proposed changes?
- How would in-home services be delivered in the future? By a mixture of hospital and community staff?
- There were worries that some vulnerable patients would be sent home during the night pending their operation at another site the next day and that they would not be able to manage.
- Would similar changes be made in other medical specialty areas in the future?
- There was a feeling that the proposed benefits were being pushed for clinicians benefits rather than for patients.
- Some people were convinced that the decision had already been made. Some thought the proposals were a tactic to save money.
- Attendees wanted the findings of the engagement exercise to be made public.

4. Conclusions

The engagement exercise appears on balance to support the proposed changes but also reveals a deep unhappiness among some, particularly because of the personal and financial impact of having to travel further. This latter group includes the elderly, people with disabilities and pregnant women, and is a sizeable minority of those responding to the engagement exercise.

Responses also point to several issues that would need to be addressed by the CCG and UHB NHS Foundation Trust. The main ones are:

- Travel issues and mitigating the impact on people with disabilities, the elderly and pregnant women. Can anything be done to ease travel difficulties and costs for those patients and visitors most likely to be negatively impacted? Can adequate notice be given of a patient's operation so they have time to better prepare themselves?
- Parking at the three hospitals. Can anything be done to improve parking facilities and lower their cost?
- Confirming that patient information would be transferred accurately and expeditiously while maintaining privacy.
- Continuing to communicate information about the services that are being moved and the services that would continue to be provided at local hospitals.
- Providing detailed information and publicity on the outcomes in terms of health care benefits of the changes including how they may outweigh any negative impacts from increased travel problems and reduced visitors.