



West Hampshire Clinical Commissioning Group
North Hampshire Clinical Commissioning Group
Hampshire Hospitals NHS Foundation Trust

TRANSFORMING CARE SERVICES IN NORTH AND MID HAMPSHIRE

OUTPUTS OF THE EXTERNAL ENGAGEMENT PROGRAMME JUNE-JULY 2017

1. Purpose of the engagement programme

Explain Market Research was commissioned in May 2017 to conduct a programme of independent research and engagement, to ensure robust and representative insight was collected. The key objectives of this research were to:

- Gather and understand the views of local people in relation to the possible outcomes of changes to acute services
- Understand any concerns the public may have about service change
- Engage with hard to reach and seldom heard groups within local communities

2. Process

- 1,083 on-street interviews in Basingstoke, Winchester, Andover, Eastleigh, Alton, Bishops Waltham, Romsey, Hook, New Alresford, Stockbridge, Tadley, Odiham, Chandler's Ford, North Waltham, Whitchurch and Overton.
- 608 online questionnaires were completed (29% were by NHS employees, 71% not).
- Six focus groups were conducted across the Hampshire and West Berkshire area with a range of demographic profiles that reflected the overall demographics of the area.
- Six local community group sessions were also attended with hard to reach and seldom heard groups as follows: elderly people, carers, BME - Nepalese, homeless and residents of social housing, deaf and hearing impaired.
- A series of ten in-depth interviews were completed with representatives of a range of harder to reach groups, including the following organisations: Southern Health NHS Foundation Trust; Basingstoke and Deane Borough Council (homeless and socially isolated); Age UK Hampshire (elderly); The Voice (mental health); Carers Together; Hart Voluntary Action – (mental health amongst young people); Dementia Friendly Hampshire (long term health conditions); Hampshire Neurological Alliance (long term health conditions); Basingstoke and District Disability Forum (all disability types including physical and learning); Basingstoke Day Opportunities (physical and learning disability and brain injury). A further two interviews were conducted with the chief executives of Basingstoke and Deane Borough Council and Winchester City Council.

3. Findings

Respondent profile

- 29% of online respondents were NHS employees and 4% of those that completed the on-street research were NHS employees.
- Over a third (37%) of respondents from the public who took part in the online survey had a long-term health condition or disability.
- A majority (96%) of NHS staff who took part in the online survey were between the ages of 25 and 64. Members of the public who took part in the online survey tended to be older with 56% of respondents aged 55 or over, while the on-street was representative of the local area in terms of a range of demographics including age, gender and socioeconomic groups.
- A higher percentage (46%) of respondents who were members of the public taking part in the online survey had visited a hospital in the last 12 months.
- Many reported positive experiences of local hospital services.

Centralising hospital services

- A majority of survey respondents felt comfortable that they understood what was meant by centralising services.
- Both NHS staff (49%) and public (58%) respondents of the online survey were more concerned than those who took part on-street (35%).
- The most positive regarding centralising critical care were NHS staff who took part in the online survey - 40% of these respondents had a very positive view of this.
- 38% of public respondents who took part in the online survey felt either negative or very negative about the prospect of centralising maternity services. The most positive respondents were those on-street, with 55% having either a positive or very positive view.
- Across all three sets of respondents, those who had children felt more negative about the prospect of centralising maternity services.

Personal priorities

- Respondents were asked how important certain factors were if they or a loved one experienced a serious illness or a severe accident and required centralised critical care. Mean scores out of ten were highest for 'hospital staff having the right skills', 'being able to see the right specialist with the right equipment' and 'knowing a specialist doctor will be readily available to treat the sickest and most injured patients 24/7'.
- When asked to rank their highest priority, 'knowing a specialist doctor will be readily available to treat the sickest and most injured patients 24/7' was the highest online with 42% of staff and 37% of the public saying this was their highest priority.
- Amongst respondents on-street, the highest priority was 'being able to see the right specialist with the right equipment' - 27% of respondents gave this answer.

4. Conclusions

Strong themes in response emerged across all strands of the research engagement.

Overall, there was a **majority of support** for the principle of acute service centralisation; two thirds (66%) of public online and 64% of on-street respondents stated they had a positive or very positive view of bringing together the specialist teams and equipment needed to treat patients who are critically ill or injured in one place, while 73% of NHS

Examples of literal comments about potential benefits to centralisation included:

“Having the right equipment and doctors in the right place. The more times they carry out this type of care, they can only get better at it and it could be more efficient and saves money not having such specialist equipment everywhere”

“Cost saving, critical need. All best specialists in one area means you get the best care”

“Concentrated specialist knowledge and education centres. Promote research projects and develop research strategies”

“All equipment and staff are in one place, improved care and education in health care. Centre of excellence”

Comments about concerns over travel times and distances included:

“It won't work, it's a cost cutting measure. Increases transport time putting lives at risk”

“The location would be too far away and because of this it wouldn't work. How would visitors get there, I have no transport”

“If this means increased travel to reach care then this could have a negative effect”

“The travel time in an ambulance will be increased for many patients; some will not make it alive to a central unit. We have good local services like. A and E, and obstetrics is far superior”

staff who took part in the online survey also had a positive or very positive view. There was a general consensus that all patients should receive the best care possible and many stated that the availability of consultant-delivered treatment at all times would benefit patients in this way.

Response to the centralisation of consultant-led maternity services was mixed, and over a third (37%) of public participants in the online survey reported their view to be negative or very negative.

Concerns about centralisation overall were largely centred on the possibility of extended travel times and distances, for patients, those in labour, and visitors. Concerns expressed also included possible impacts on existing services, such as the closure of existing local facilities or redirection of resources away from local areas.

Despite concerns around travel and access, when asked to choose their highest priority in a scenario in which they or a loved one required centralised critical care, ‘good car parking and public transport for visitors’ was overwhelmingly the **lowest** priority for respondents compared to factors such as ‘being able to see the right specialist with the right equipment’ and ‘knowing a specialist doctor will be readily available to treat the sickest and most injured patients 24/7’. Only 1% of respondents from each set gave ‘good parking and public transport for visitors’ as their highest priority.

In discussion of provision of care services within communities and dissemination of information, GP surgeries were seen as an important touch point for local people. They were considered a reliable source of information pertaining to healthcare services in the region and also appropriate alternative sites for provision of some services currently provided at local hospitals.

It was noted that more detailed plans would be required for the public to give truly informed responses, and local people and organisations expressed a desire to be involved in shaping future outcomes. It was suggested that a varied approach to communication and engagement around any service changes would be needed to reach all members of local communities, to include traditional media, online channels, and dissemination of information through third parties and established community groups.

It was suggested that a varied approach to communication and engagement around any service changes would be required to reach all members of local communities, to include traditional media, online channels, and dissemination of information through third parties and established community groups.