### Sustainable Health Care in East Kent

#### Joint Committee of NHS Clinical Commissioning Groups

<table>
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<tr>
<th>Agenda Item:</th>
<th>017/19</th>
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### Date of Meeting:
- 28 February 2019

### Title of Report:
- Pre-consultation engagement reports

### Author:
- Julia Rogers

### Executive/ Lay Sponsor:
- Caroline Selkirk

### This paper is for:
(please X as applicable)
- Approval: X
- Decision: X
- Assurance: X
- Information: X

### Are any members of the meeting conflicted?
- None identified: members to declare conflicts as necessary.

### Is circulation restricted?
(please X as applicable)
- No: X
- Yes: X

### Report summary/purpose:

The report includes five independently prepared reports on pre-consultation engagement activity between October 2018 and January 2019. The summary report has been prepared by the Communications and Engagement workstream. The purpose of the engagement activities and resulting reports is to gather insights and feedback on the work to date and specifically the medium list options, to:

- inform the outstanding design work for the proposed models, including gathering feedback on the impact the different options would have on patients and carers
- inform the formal consultation process and the specific topics for consultation
- demonstrate core stakeholders/system partners have been engaged and to understand the levels of support or otherwise for the proposals.

The summary report identifies key themes of patient and public feedback from across all the engagement activities and proposes a series of recommendations within each key theme.

### Recommendation:

The Joint Committee is asked to:

a) Consider the content of the summary and detailed reports.
b) Agree the recommendations identified should be taken forward by the programme.
c) Consider if any further actions are needed in response to the feedback collected.

### Governance

The paper including appended reports has been reviewed by Clinical Models Group, Transformation Delivery Board, Clinical Review Group, System Board, and the K&MSTP Patient and Public Advisory Group.
Pre-consultation engagement on hospital and local care services

Summary Report

February 2019

Our vision for Kent and Medway:
Quality of life, quality of care

Our vision is for everyone in Kent and Medway to have a great quality of life by giving them high-quality care.
# East Kent Transformation Pre-Consultation Engagement Summary Report

(October 2018 - January 2019)

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1. Introduction

This paper outlines the pre-consultation engagement activities carried out between October 2018 and January 2019 to help inform the east Kent transformation programme. This phase of pre-consultation engagement work and this report build on earlier phases of activity over several years (from the development of the east Kent case for change in 2016) and previous reports that have been published and received by the East Kent Transformation Delivery Board (or its predecessor) and commissioners sitting on the joint committee of clinical commissioning groups.

This report summarises the key themes across the engagement work and includes general correspondence received, as well as independent reports on specific activities including:

- 10 public listening events
- a survey (online and hardcopy)
- feedback from seldom heard communities,
- feedback from maternity and children’s services users
- and feedback from patients from areas outside of east Kent using regional services, which would be affected by the proposals

This phase of engagement work was agreed in the summer of 2018 to provide local people and communities with an update on current thinking and the opportunity, through a range of face to face and other channels, to feedback on the two proposed options on the medium list being developed for the future shape of acute hospital services and local care services across east Kent.

Our medium list of potential options

Option 1:
- Creates a major emergency centre with all specialist services at William Harvey Hospital, Ashford
- Emergency hospital at QEQM Hospital, Margate
- Planned care hospital in Canterbury with 24/7 GP-led urgent care
- NHS investment in existing hospitals

Option 2:
- Creates a major emergency centre with all specialist services at Canterbury
- Planned care hospitals at QEQM and William Harvey with 24/7 GP-led urgent care
- Developer offer to build shell of a new hospital in Canterbury
- NHS investing to fit out new hospital and upgrade existing buildings
This summary paper has been prepared by the east Kent transformation programme’s Communications and Engagement workstream. The feedback in this paper and the attached independent reports is being presented to:

- **Kent and Medway Patient and Public Advisory Group**
  Healthwatch Kent, public representatives and commissioning group governing body lay members; part of the sustainability and transformation partnership governance structure.

- **East Kent Clinical Models Group**
  Clinicians and senior managers leading the development of proposed care models.

- **East Kent Evaluation Working Group**
  Clinical leads and senior managers planning and overseeing the process for the final stage of evaluation of the medium list of options.

- **East Kent Transformation Delivery Board**
  Clinical leads and senior managers overseeing delivery of the programme.

- **East Kent System Board**
  Chief executives and accountable officers of NHS providers and commissioners.

- **East Kent Clinical Review Group**
  Senior clinicians from NHS providers and commissioners.

- **East Kent Joint Committee of Clinical Commissioning Groups**
  Formal joint committee of the four east Kent CCGs with decision-making authority.

All groups are asked to review the feedback and consider how the issues raised can best be addressed as the programme moves forward.

2. **Objectives for pre-consultation engagement**

Gather insights and feedback on the work to date and specifically the medium list options, to:

- inform the outstanding design work for the proposed models, including gathering feedback on the impact the different options would have on patients and carers
- inform the formal consultation process and the specific topics for consultation
- demonstrate core stakeholders/system partners have been engaged and to understand the levels of support or otherwise for the proposals.

3. **Key audiences and reach**

The engagement activities were developed to reach stakeholders across east Kent including patients, carers and the public; patient representatives/groups; elected members; NHS staff and partner organisations.

Direct clinical engagement was out of scope. Clinical engagement is vital to the success of the overarching programme and has been included in the core programme through the establishment of the Clinical Design Group, through clinical commissioners as members of the Joint Committee of CCGs, and through CCGs and provider organisations taking responsibility for carrying out continual member and staff engagement.
This phase of pre-consultation activities was launched at the beginning of October 2018 with a stakeholder bulletin and media release, which announced the series of listening events and the survey. The email bulletin was sent to 475 stakeholders across east Kent, including all NHS organisations, local (district and borough) and county councils, MPs and a range of voluntary, community and patient groups. Those receiving the initial announcement were encouraged to cascade the information within their own organisations, networks and distribution groups. Regional and local media were sent and covered the announcement and it was published as news items on websites of the East Kent Hospitals University NHS Foundation Trust, the four east Kent Clinical Commissioning Groups and the Kent and Medway Sustainability and Transformation Partnership. The events and survey were also promoted and advertised through social media channels, including Facebook and Twitter. People informed and engaged through various activities in this phase of pre-consultation engagement include:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Format</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholder e-bulletins</td>
<td>Electronic bulletin emailed to distribution list for onward cascade</td>
<td>475</td>
</tr>
<tr>
<td>Public listening events</td>
<td>10 face-to-face meetings</td>
<td>~600</td>
</tr>
<tr>
<td>Survey</td>
<td>Online and hardcopy survey</td>
<td>774</td>
</tr>
<tr>
<td>Seldom heard group research</td>
<td>Targeted outreach and street surveys</td>
<td>474</td>
</tr>
<tr>
<td>Maternity and paediatric services</td>
<td>Focused conversations</td>
<td>33</td>
</tr>
<tr>
<td>Out of area patients</td>
<td>Face-to-face and online survey</td>
<td>97</td>
</tr>
<tr>
<td>Media coverage</td>
<td>Proactively placed media copy plus stories/reader’s letters across print, online and broadcast media in local and regional titles</td>
<td>75 pieces of coverage in titles with audiences from 1,000 to 900,000</td>
</tr>
<tr>
<td>NHS staff</td>
<td>Staff meetings and email briefings, intranets and internal news items</td>
<td>~15,000</td>
</tr>
</tbody>
</table>

As a result of the activities in this stage of pre-consultation engagement, a number of petitions were set up by campaign groups/members of the public. As of 19 February 2019, there has been a total of 20,456 responses across three petitions, two of which are still open. See section 12 for details.
4. Key themes across all engagement activities

- **Support for the case for change and proposals**
  Overall, there were good levels of support for the objectives of improving care by providing more local services and bringing specialist services together. There were a range of comments and stories of personal experiences highlighting that current services are not performing as well as patients expect.

  However, there is a clear expectation that we need to provide more evidence to support statements about the challenges facing local services and the proposed solutions being the right ones.

  From the survey, more than half (55%) of the respondents believe the proposals will mean patient experience would be worse than now. Opinion is more divided on quality of care with 39% saying it would be worse than now, against 38% saying they believe there would be some or significant improvements. Around two third of respondents said the reasons for change were clear with one third saying they were not. Responses by CCG area were: Thanet 46%, Canterbury 23%, Ashford 20% and South Kent Coast 12%.

- **Options development and assessment**
  There were lots of questions about how options had been developed and the process of reaching the current medium list of two options. People wanted to see more information on risk assessments, the costs of both options and how the funding would be identified.

  - **Outpatient services in Canterbury under option 2** – Concerns were raised about the proposal that outpatients would not be part of the Kent and Canterbury Hospital (K&C) under option 2. People want to know details about where outpatients would be and would prefer them to be available at K&C.

  - **A third option** – The campaign group *Save our NHS in Kent* is calling for a third option with A&E departments and consultant-led maternity on all three acute hospital sites. During the pre-consultation engagement in October - December 2018, in public meetings and through information on the website and stakeholder briefings, we explained why three A&E departments was not a viable option.

  - **Developer’s offer** – Concerns were raised about the potential risk of the developer’s offer falling through and what impact that would have. Comments were made about the motives behind the developer’s offer, what due diligence was in place, and whether the NHS should accept such offers.

- **Travel times and transport**
  There were lots of questions and concerns about the potential distance people would need to travel for A&E, maternity and specialist services. Concerns covered travel by ambulance, private car and public transport. Concerns were not just expressed about patients, but also for carers and relatives who could experience travel and transport challenges in visiting or getting a patient home, if a patient was receiving treatment in a hospital that is further away.

  - **Traffic congestion around Canterbury and the poor quality of the rural road network** were common concerns.

  - **Accessibility for patients and visitors without cars** was highlighted including issues of cost and the ability of people living a long way from hospitals to get home during nights and weekends.
At several events people questioned the analysis about travel times from various parts of east Kent i.e. people do not believe that services in Ashford would be accessible within 60mins by blue light ambulance from all parts of east Kent. The travel time analysis has used specialist mapping data based on satnav data collected over time from real journeys and the times used have been verified too by South East Coast Ambulance Service. What is important to note is that despite the data, some people do not believe it.

Feedback from areas such as Romney Marsh and Hythe, was that existing hospital services in Ashford were already a long way and Canterbury would be even farther.

- **Capacity to deliver and workforce shortages**
  Concerns were raised about current workforce shortages across the NHS and social care and the impact this will have on our ability to deliver the proposed improvements. Questions were raised about whether existing staff would be willing to move sites and if centralised specialist hospital services would really have a positive impact on recruitment.

  - A focus of comments at listening events and other activities was the current workforce shortages in general practice and, with these constraints, how realistic are plans to provide more local care?
  
  - The capacity of social care to offer more home care and reduce delayed discharge from hospital was also questioned.
  
  - The capacity of the ambulance service was questioned and whether the options would put more pressure on an already struggling service.

- **Urgent treatment centre plans**
  People were positive about the ambition to improve urgent treatment options outside of hospitals but wanted more information about where urgent treatment centres would be located, their opening times and what illnesses/injuries they would be able to treat.

  - There were concerns about how people would know what to go to an urgent treatment centre for and when to go to A&E. Personal experiences of the NHS 111 service tended to be poor.
  
  - There were concerns that urgent treatment centres would not be open 24/7 and how far it would be to travel for urgent treatment on evenings and weekends.

- **Additional information**
  People want to see more information across a wide range of areas including:

  - options evaluation
  - population growth planning assumptions – including new housing developments
  - costs of options
  - risk assessments
  - implementation time
  - travel time analysis including clear maps with population densities
  - detail of all service locations under each option
  - location, opening times and service offered by urgent treatment centres
  - impact on ambulance service
  - funding plans for primary and community care (local care).
5. Listening events

Ten public listening events were held between 30 October and 12 December 2018. Originally two events in each CCG area were planned. A further two, close to the east Kent border, were added following requests. Additional street surveys were run in some areas which did not have a meeting.

More than 600 members of the public attended across the 10 sessions. The programme for each event included a mixture of presentations, whole group question and answers, and facilitated table discussions. Each event ran for three hours. On two occasions (Hythe and Ramsgate) the whole group discussion continued for an extended period in response to requests from campaigners so there were no table discussions.

Engage Kent attended all sessions as independent observers and have produced a detailed report on the events. The full report is included as Appendix 1. A list of events, panel members and attendance numbers is included as Appendix 6. The presentation use at the events is available at www.kentandmedway.nhs.uk/eastkentdocuments

Key themes and feedback:

From Engage Kent’s observations and analysis of table session notes, across all 10 events, questions were asked about the following topics (in order of frequency):

1. Planning processes
2. Finance
3. GP services
4. Community services
5. Workforce development / challenges
6. Maternity services
7. Details about the options (including the possibility of having three A&E departments)
8. Ambulance services
9. Transport and travel times
10. Stroke services
11. The developer (option 2)
12. Continuity of care
13. Cottage hospitals and Minor Injury units (MIUs)
14. Discharge planning
15. Political / national influence
16. Prevention
17. Mental health
18. Needing more evidence
19. Specialising and centralising
20. Geographical issues
21. Communication with the public.

The questions and issues that generated greatest public reactions, in order of frequency, were:

1. Experiences of, and concerns about, ambulance services
2. Concerns about political / national influence and privatisation of services
3. Financial details
4. Desire for A&E at each of the three hospital sites in east Kent
5. Lack of services in the community
6. Stroke services
7. Maternity services
8. Local cottage hospitals and minor injury units
9. The developer
10. The need for evidence
Across the series of listening events there was strong support for the need to change, supported by residents providing personal stories of their experience with primary, community, mental health and hospital services. Alongside this, there was also strong support for frontline clinicians who are seen to be doing their best given capacity, funding and other pressures.

While supporting the need for change, there was less confidence in how our specific case for change was presented and repeated calls for more evidence to show that the options being proposed are the best solution. There were also regular requests for more information about the costs of the two potential options and what other options had been considered before settling on the two medium list options.

There was acknowledgement that centralising specialist services could be good, but the negative impact on patients and relatives/carers needing to travel further was a significant concern for people. Increased travel times for both ambulances and people making their own way to hospital were a concern for people. At several events campaigners called for an option with A&E and maternity services on all three acute hospital sites. In general, when raised, this call was supported by the wider audience.

When discussing potential changes to A&E services the audiences wanted to see more information on what problems local urgent treatment centres could treat, where they would be located and what opening hours would be. It was a regular discussion topic that people are currently unclear about where to go for different urgent needs and what can be dealt with by services other than A&E.

Concerns about workforce covered all services. As well as staffing of the hospital services facing changes there were regular comments about how general practice could cope with leading more care outside hospitals when they are currently struggling. Questions about whether social care, community and ambulance service capacity would be increased were also raised at most events.

### 6. Survey

The Public Engagement Agency (PEA) was commissioned to run and analyse a survey. The survey was available online and in hardcopy and ran for seven weeks from 19 October to 9 December 2018. A total of 774 responses were received. Most responses have been from members of the public (86%) with a smaller number (11%) coming from NHS staff. Responses by CCG area were: Thanet 46%, Canterbury 23%, Ashford 20% and South Kent Coast 12%.

The survey asked similar questions to the discussion topics at the listening events e.g. how well people feel the case for change has been made, whether the proposals will improve patient experience and quality of care; what concerns people have; and what additional information people would expect to see supporting a public consultation.

The most commonly used services (at least once in last 12 months) by survey responders were outpatient appointments (76%), Accident and Emergency (A&E) (64%) and day case surgery (32%).

**Key themes and feedback**

When ranking a list of potential benefits, the two most important were:

- Higher standards of care, improving outcomes for patients
- Consistently high-quality care seven days a week
More than half the respondents believe the proposals will mean that patient experience would be worse than now (55%) (of these responses 58% were patients/public and 30% were staff). Overall 34% anticipated some or significant improvement (29% of patients/public and 57% of staff).

- Over three-quarters of respondents based in Thanet CCG area believe the proposals will make patient experience ‘worse than now’ (79%), significantly higher than residents in other east Kent areas.

Two-fifths of respondents overall believe quality of care would be worse than now (39%), (43% of patients/public and 19% of staff). Overall 38% anticipated some or significant improvement (33% of patients/public and 61% of staff).

- Three-fifths of residents in Thanet CCG believe the proposals would make quality of care ‘worse than now’ (61%), significantly higher than residents in other east Kent areas.

The most commonly raised concerns were:

- loss of local services
- increased travel times and related accessibility issues e.g. travel costs, quality of road network
- a belief that change was driven by the need to reduce costs
- perceived lack of evidence to support the need for change and the solutions proposed.

The most frequently suggested ways to address concerns were to retain and develop existing local services.

The full survey report is included as appendix 2.

7. Seldom heard groups

In October 2018, Engage Kent was commissioned to carry out targeted engagement with seldom heard communities to gather feedback about the developing model and options for hospital and local care in east Kent. The Engage Kent report in Appendix 3 provides explanations on which groups in east Kent are defined as seldom heard. The purpose was to gather views, thoughts and insights to support further development of the options and pre-consultation business case.

A total of 474 people from seldom heard communities were engaged, face-to-face, through these activities. Two key methods were used to reach these target populations.

**Method one – outreach engagement**

Engage Kent spoke with 202 people during targeted outreach visits to the following groups.

<table>
<thead>
<tr>
<th>Group</th>
<th>Date</th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older people</td>
<td>10 October</td>
<td>42</td>
</tr>
<tr>
<td>People living with dementia</td>
<td>15 October</td>
<td>10</td>
</tr>
<tr>
<td>People with communication impairment</td>
<td>27 November</td>
<td>4</td>
</tr>
<tr>
<td>People living with mental health problems</td>
<td>13 November</td>
<td>8</td>
</tr>
<tr>
<td>Children with special education needs</td>
<td>6 November</td>
<td>18</td>
</tr>
<tr>
<td>Maternity/ lone parent families</td>
<td>4 December</td>
<td>4</td>
</tr>
<tr>
<td>Men’s parent support group</td>
<td>13 November</td>
<td>5</td>
</tr>
<tr>
<td>Black &amp; Minority Ethnic – Nepalese</td>
<td>23 October</td>
<td>80</td>
</tr>
<tr>
<td>Black &amp; Minority Ethnic – Ashford BME Assoc</td>
<td>27 October</td>
<td>9</td>
</tr>
<tr>
<td>Black &amp; Minority Ethnic – Eastern European</td>
<td>22 November</td>
<td>12</td>
</tr>
<tr>
<td>Homeless / migrant</td>
<td>8 November</td>
<td>10</td>
</tr>
</tbody>
</table>
Key themes and feedback from these conversations include:

- Some cynicism about whether *people’s views and opinions would be heard* or acted upon or that positive change would happen as a result.
- Acknowledgement that change was necessary *because of current capacity, performance and funding issues* – with examples of negative experiences regarding current access and service provision.
- Concerns about increased *travel times and costs*, and access issues for people without cars.
- The *importance of general practice* and concerns about current access and capacity of GPs.
- *Mental health and children’s services* both highlighted as important considerations for any proposed changes.
- More detail and evidence about the options and the planning, financing and implementation of any changes.
- More detail and *effective communication about what services will be available* and explaining terminology for different types of services e.g. urgent care centres etc.
- The need for *effective interpreting/translation services*.
- Concerns about *potential changes to A&E* although with some acknowledgement of poor current performance and the need to change.
- *Benefits of centralisation* and that not all services can be supplied at every hospital site.

**Method 2 – street surveys**

Street surveys were designed to reach the general public living in rural areas and in areas with multiple indices of deprivation. The final three locations were requested to complement the locations of the public listening events. A total of 272 people took part in the survey.

<table>
<thead>
<tr>
<th>CCG Area</th>
<th>Survey location</th>
<th>Rationale for this location</th>
<th>Date (2018)</th>
<th>Number engaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thanet</td>
<td>Minster, CT12</td>
<td>rural location</td>
<td>15 Oct</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Cliftonville, CT9</td>
<td>urban area with multiple indices of deprivation</td>
<td>15 Oct</td>
<td>37</td>
</tr>
<tr>
<td>Ashford</td>
<td>Tenterden, TN30</td>
<td>rural area</td>
<td>11 Oct</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>Victoria Park, TN23</td>
<td>urban area with multiple indices of deprivation</td>
<td>15 Oct</td>
<td>25</td>
</tr>
<tr>
<td>South Kent</td>
<td>Hawkinge, CT18</td>
<td>rural area</td>
<td>12 Oct</td>
<td>18</td>
</tr>
<tr>
<td>Coast</td>
<td>Folkestone, CT20</td>
<td>urban area and high levels of single people renting low cost homes</td>
<td>12 Oct</td>
<td>27</td>
</tr>
<tr>
<td>Canterbury</td>
<td>University Campus, C2</td>
<td>students</td>
<td>10 Oct</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Northgate, CT1</td>
<td>urban area with multiple indices of deprivation</td>
<td>10 Oct</td>
<td>10</td>
</tr>
<tr>
<td>Additional areas requested</td>
<td>Whitstable, CT5</td>
<td>Additional locations based on distance from public meeting</td>
<td>10 Dec</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Deal, CT14</td>
<td></td>
<td>4 Dec</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Romney Marsh, TN28</td>
<td></td>
<td>4 Dec</td>
<td>21</td>
</tr>
<tr>
<td><strong>Total number of people engaged</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>272</strong></td>
</tr>
</tbody>
</table>
Key themes and feedback from these conversations include:

- 16.5% people had heard something about the proposals
- 56.6% felt the NHS was currently meeting people’s needs with 43.5% saying that they did not think it was meeting people’s needs
- 74.6% of people surveyed said they felt the reasoning behind the ideas and the need to change was sound
- 73.5% of people surveyed said they would prefer Option 1
- 21% of people surveyed said they would prefer Option 2
- 5.5% of people surveyed said that they didn’t like either option, or couldn’t make a decision based on information available.

Issues, concerns and questions raised included:

- financial and management – including cost of change and whether funding and investment is available
- travel and transport
- quality and continuity of care
- the need for more and better joined-up working across different organisations and service providers
- equality of services across all areas
- concerns about workforce and the ambulance service
- public engagement, public health initiatives and ensuring that local people’s voices are heard.

The full report is included as Appendix 3.

8. Maternity and children’s services engagement

Engage Kent were commissioned to run some targeted engagement with families with experience of maternity and children’s services. They spoke to 33 parents over four sessions at children’s centres in Canterbury, Folkestone, Holfield (near Ashford) and Ramsgate.

Key themes and feedback

- Travel issues including: time, cost of public transport/taxis, ease of access to hospitals by public transport and quality of road networks
- Potential for added pressure on ambulance services if more mothers are further from maternity units
- Capacity if all maternity was on one site
- Positive experiences of midwife-led units but concerns about them being on separate sites from consultant-led units
- The need for local pre and postnatal appointments.

The full report is included as Appendix 4.
9. Out of area services

Some of the services which may be affected under the proposals serve a catchment area beyond east Kent. The number of people from outside east Kent using these services is quite small and spread out across Kent and Medway. Targeted engagement with patients of five services - haemophilia, paediatric surgery, primary percutaneous coronary intervention (pPCI), renal and neurorehabilitation (Swale only) - was conducted through the Public Engagement Agency (PEA) and the relevant clinical services.

PEA created an invitation letter and survey for clinical services to send out to individual out of area patients, across three services where patients don’t naturally come together as a group: haemophilia, paediatric surgery, pPCI. The number of responses from these services has been very low and we will review how to engage with these patients in the coming months.

A PEA researcher visited renal dialysis satellite sites in Medway and Maidstone and talked through and completed the survey with 70 renal patients. Staff were also encouraged to complete the survey online.

A small number (8) of Swale patients access east Kent neuro-rehabilitation services, so the PEA researcher met with a Stroke Support Group in Swale to elicit their views on the proposals.

Key themes and feedback from out of area renal patients

The improvement deemed of most benefit to patients is “higher standards of care, improving outcomes for patients” followed by “consistently high-quality care seven days a week”.

Respondents are concerned about:
- currently receiving good/excellent care at Canterbury and so would prefer to maintain this site
- Ashford is too far/difficult to get to

Almost half the respondents think the proposals will result in either ‘significant or some improvement’ to patient experience and a similar proportion ‘no improvement’.

Opinions are divided as to whether the reasons for change are clear with a third ‘not at all clear’, 43% ‘somewhat clear and a quarter completely clear.

Respondents would like the following information included in or alongside the consultation document:
- transport needs to be addressed – both patient and public
- more information, including details for individual services
- the impact on patient experience, including waiting times and care level

The full report is included as Appendix 5.

10. Staff engagement activities

Alongside the patient and public engagement work in this phase East Kent Hospitals University NHS Foundation Trust ran engagement work with relevant staff groups and circulated information to all 8,000 staff. Briefings and invitations to attend the public events were also circulated within the community trust, mental health trust, general practice and clinical commissioning groups.
EKHUFT’s specific staff engagement work in this period included:

- **October/November:** Written updates in Trust News (staff newsletter), Staff Zone (Trust intranet) and chief executive’s blog
- **November:** Team Brief (monthly face-to-face briefing for trust leaders, led by CEO) – staff updated on two options and Question and Answer session.
- **November/December:** Question and Answer sessions with hospital and community maternity teams to discuss the two options; led by midwifery leadership.
- **November/December:** Question and Answer sessions with child health teams (e.g. children’s wards) to discuss the two options; led by paediatric nursing leadership.
- **December:** Briefing for junior doctors led by Strategic Development Team.
- **January 2019:** Clinical strategy workshop with clinicians from across affected services.

### 11. Correspondence

As part of the pre-consultation engagement we publicised an email and postal address for questions and comments about the proposals and the listening events. Between 4 October and 17 December 2018, we responded to and logged just under 100 separate pieces of correspondence about the east Kent proposals. Comments and queries were received from a wide range of individuals, local councillors, MPs (including letters received from constituents and forwarded to the programme leadership to respond to) and representatives of campaign groups. Approximately 20 per cent of all correspondence was from the Save Our NHS in Kent campaign group.

**Key themes:**

- **Challenge on the suitability of venues and timings for the listening events**
  
  A number of individuals, local councillors, MPs and campaign group representatives commented on the locations and timings of the listening events. While these had been planned across the east Kent geography, at different times of day and evening and on different days of the week to accommodate as many people as possible, in response to the feedback, one venue was changed, two additional events were organised and additional street surveys were commissioned as part of the seldom heard engagement work. All feedback on timing and accessibility of venues will also be reviewed as part of planning public meetings for the formal consultation. It is already a core planning principle to only hold public meetings at venues that meet disability access requirements.

- **Comments on proposals**
  
  Comments providing general feedback on the proposals reflected the themes raised at listening events. The most common feedback was concern over increased travel times and accessibility issues linked to the road network and public transport, with A&E and maternity the most commonly highlighted services.

- **Requests for additional information**
  
  Mirroring feedback at the listening events and through other activities there were a number of requests for additional information on the proposals. These included: integrated impact assessment; costs; travel time analysis; and risk assessments.
12. Petitions

A&E on three sites
The campaign group Save Our NHS in Kent set up an online petition calling for three full A&E departments at Ashford, Canterbury and Margate. On 5 December 2018, the group wrote to us to confirm they had 3,767 online signatures and 760 hard copy signatures. The online petition remains open and as of 19 February 2019, had 5,396 signatures.

Separately from the petition, SONiK also produced postcards for people to send into the Kent and Medway Sustainability and Transformation Partnership with calls for A&E and consultant-led maternity on all three sites. As of 19 February 2019, a total of 992 have been received. A copy of the postcard can be seen in Appendix 8.

Keep William Harvey A&E
An Ashford based campaign group has also set up an online petition “Save the William Harvey A&E”. The petition remains open and as of 19 February 2019, it had 15,029 signatures.

Option 2 support
A hard copy petition supporting Option 2 with 31 signatures was also received from an individual.

Appendix 8 provides a summary of the three main active campaign groups.

13. Media coverage

During October to December 2018, there were 75 pieces of broadcast, print and online media coverage about the east Kent listening events and the potential options for transforming services in east Kent. Sparked by the initial media release about the listening events, these ranged from factual information about the listening events and options, to editorial and readers’ letters with commentary from campaigners and east Kent councillors and MPs. Media in the different geographical areas tended to promote the messages of their local campaign group. East Kent Managing Director Caroline Selkirk also gave an interview to BBC to highlight the public events.

Titles which ran articles on the east Kent options during October to December 2018 are listed below. They included BBC and ITV regional TV news broadcasts, regional and local radio and a wide range of local newspapers (print and online editions). Readership/audience numbers are included in brackets where known:

Kent Online (246,000), Kent Live (201,000), BBC News online, BBC Radio Kent (68,000), BBC South East Today (916,000), ITV Meridian, Academy FM, Medway Messenger (11,000), Kentish Gazette Canterbury (19,400), Kentish Express Ashford (9,900), Folkestone and Hythe Express (1,700), Herne Bay Gazette (1,680), Isle of Thanet Gazette (6,200), Isle of Thanet News (10,600), Dover Express (11,100), Faversham News (1,700), East Kent Mercury (7,000), Dartford Messenger (3,400), Kent Messenger Maidstone (26,600), The Canterbury Journal (3,000), and the Kent and Sussex Courier (13,000).

A full list of coverage has been recorded in the programme’s engagement and communications log which will be part of the pre-consultation business case supporting information.
14. Recommendations

The overarching recommendation is that the feedback gathered through this phase of pre-consultation engagement is actively used by the programme to inform the final options taken forward to public consultation, and to shape our next stages of discussion with patients and the public. The key areas of concern need to be taken into consideration and responded to as we move forward.

Specific recommendations to the programme, by key theme, are:

**Key theme – case for change**

The programme should:

Continue to reiterate the case for change in all stakeholder engagement and written communications, supported by the Communications and Engagement Group.

Provide the Communications and Engagement Group with further evidence to support areas that have been questioned further by the public, helping to make clear the current challenges to local services.

**Key theme – options development**

The programme should:

Continue to make sure there is good patient and public involvement in the ongoing options development and evaluation process – specifically in the next stage of work to evaluate the medium list and identify a shortlist (as planned).

Make sure that thorough risk assessments of the final shortlisted option(s) are included in the pre-consultation business case, alongside clear financial comparisons and clear explanations for how the funding will be secured (this is assumed as a given but set out here for emphasis and in response to the concerns raised).

Continue to explain clearly through ongoing engagement and information channels why three A&Es in east Kent has been considered but ruled out as a viable model for the future, and make sure this explanation is built into regular and ongoing stakeholder engagement.

Continue to keep an open mind about alternative proposed models of care, particularly in consultation.

Continue to make sure there is rigorous due diligence against the financial implications and commitments of any shortlisted option(s) (assumed as a given, but set out here for emphasis).
Key theme – travel times and transport

The programme should establish a **Travel and Transport Group** with involvement from the hospital trust, commissioners, ambulance service, councils and patient representatives to look at:

Collating the evidence around increased travel times and its impact on clinical outcomes (negative and positive) and how this can be more clearly articulated and presented to the public.

Any other solutions for how public concerns about increased travel time/distance having a perceived detrimental impact on patient safety and quality of care could be better addressed.

How public concerns about increased travel time/distance and cost of travel, and the impact this has on carers/relatives visiting and getting patients home from a more distant hospital once discharged, can be addressed. There should be particular focus on addressing this with regard to those who rely on public transport, as well as those with access to private cars.

Key theme – capacity to deliver and workforce shortages

Detailed workforce planning is a component part of the pre-consultation business case and of implementation plans to be included in a decision-making business case. On the basis of this engagement feedback the programme should consider:

Formally surveying current staff to continue to gather insights into attitudes and any barriers to working across different sites and/or moving permanently to a base location at a different site to now. This insight work should build on existing work and probe to more deeply understand what support and mitigations could be put in place with current staff to aid retention through any change process and ongoing recruitment. Insights gathered should be used to inform supporting strategies for staff in potentially affected services and to inform ongoing recruitment campaigns and implementation planning.

The programme should:

Make sure detailed workforce plans are published as part of the pre-consultation business case, setting out clearly current and forecast levels of GP and other primary care and social care workforce needed to deliver on local care ambitions, and associated costs and timescales for getting there (assumed as a given but included here for emphasis).

Continue to support and help make visible to key stakeholders and patient groups the ongoing recruitment campaigns underway, particularly the recent national campaign filmed in EKHUFT, and the joint approach in Kent ‘Take a different view’.

Make sure adequate investment is earmarked within the financial modelling for the pre-consultation business case for any additional requirements placed on South East Ambulance Service and seek assurance on ambulance staffing as well as vehicle capacity for any future model of care.
Key theme – urgent care and urgent treatment centres

The programme should:

Continue to align with the nationally driven activity to replace minor injuries units with alternative provision, including the commissioning of urgent treatment centres, making sure that by the launch of consultation on hospital proposals there is clear information on the location, opening times, and conditions treated by any new (or newly titled) urgent treatment centres in east Kent.

Consider investing in/influencing for investment in (by commissioners and providers of these services) a targeted public information campaign, at the right time, to explain to people what urgent treatment centres can offer to people in need of urgent care and treatment and how and when to access them.

Consider any gaps in the current clinical model of care in terms of availability of urgent care and treatment close to home at the evenings and weekends.

Ensure commissioners of the 111 service are aware of the insights gathered and feedback from those who gave views in this engagement activity about the service received being considered as ‘generally poor’ (recognising the self-selected audience and potential dominance of reporting of poor experience over good).

Ensure feedback gathered from subsequent engagement events for east Kent urgent treatment centre on sites other than the three acute hospitals is used to develop a clear consistent approach for all urgent treatment centres.

Key theme – information provision

The programme should:

Task the Communications and Engagement Group with developing further clear communications to address the perceived information gaps and support the group in so doing by providing granular content once it is available and approved. (refer to the list on p7 of this report).

Task the Communications and Engagement Group with setting out a clear public timeline for when some of the more detailed information requirements may become available if they are not already in the public domain (i.e. some of the information requested may not be available until the PCBC has been approved and the consultation launches).

Additional work to prepare for and deliver formal public consultation

As part of preparing the pre-consultation business case the Communications and Engagement workstream will be working with the programme team, the Patient and Public Advisory Group and other stakeholders to develop a detailed consultation plan. Feedback from this phase of pre-consultation engagement provides a useful reminder that in preparing and delivering the consultation we must make sure:

- there are a sufficient number of public meetings to reasonably cover the east Kent catchment geography, and that venues and timings are accessible for as wide a range of people as possible
- there are multiple opportunities for face-to-face discussions with patients and residents beyond open public meetings, including where appropriate speaking with patients in hospital
- there is detailed information supporting the consultation document, which addresses issues we know are of particular concern to people, and is easily available online and on request for those who don’t have online access
- consultation materials are available in a range of accessible formats.
Out of area engagement

As highlighted in the out of area engagement report, responses were very low from three of the four services we tried to engage. As part of preparing for consultation we must enhance plans to collect feedback from patients from these services. Options need to be discussed with clinical service leads and with the Patient and Public Advisory Group as part of developing a detailed consultation plan.

15. Conclusion and action required

A significant number of people have given their views during this phase of pre-consultation engagement and highlighted a range of legitimate concerns. It is important that all internal groups and workstreams involved in the east Kent transformation programme review the attached reports in detail. Where possible, the feedback should be used in the further development and refinement of options for public consultation.

Discussions must happen in all groups/workstreams in line with the timetable for developing the pre-consultation business case.

Discussions and related actions should be minuted and record where feedback and themes have impacted on proposals and to describe where mitigations will be in place to address concerns raised.) This information will then be included within the pre-consultation business case as part of showing that ongoing active engagement with a broad range of stakeholders has shaped the options we formally consult on.

16. Appendices

The following independent reports are published as separate documents:

Appendix 1 – Listening event report

Appendix 2 – Survey report

Appendix 3 – Seldom heard report

Appendix 4 – Maternity and children’s services report

Appendix 5 – Out of area patients report

All reports are available at www.kentandmedway.nhs.uk/eastkent
## Appendix 6 - Listening event details

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<th>Date</th>
<th>Venue</th>
<th>Presenters</th>
<th>Number of attendees*</th>
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<tr>
<td>Evening of Tues 30 Oct</td>
<td>Institute Hall, Herne Street, Herne CT6 7HE</td>
<td>Caroline Selkirk, Dr Simon Dunn, Dr Upaasna Garbharran, Liz Shutler</td>
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<td>Morning of Wed 31 Oct</td>
<td>Elwick Club, Church Road, Ashford TN23 1RD</td>
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<td>Evening of Tues 6 Nov</td>
<td>Upper Suite, Sports Pavilion, South Road, Hythe CT21 6AR</td>
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<td>Morning of Wed 7 Nov</td>
<td>County Room, The Abode, 30 - 33 High Street, Canterbury CT1 2RX</td>
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<td>Evening of Tues 13 Nov</td>
<td>Ravenscliffe Suite, Pegwell Bay Hotel, 81 Pegwell Road, Ramsgate CT11 0NJ</td>
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<td>No</td>
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<td>Morning of Thurs 15 Nov</td>
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<td>Evening of Thurs 15 Nov</td>
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<td>Morning of Tues 20 Nov</td>
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<td>Evening of Mon 10 Dec</td>
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<td>Evening of Wed 12 Dec</td>
<td>Queen Elizabeth’s Grammar School, Abbey Place, Faversham ME13 7BQ</td>
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* Numbers based on sign-in sheets; excluding presenters and event staff.
Appendix 7 - Materials supporting the engagement

Stakeholder e-bulletin
An east Kent specific stakeholder bulletin was developed and circulated to 475 addresses including all local and county councillors in the east Kent area. A first edition announced the pre-consultation engagement activities and subsequent copies have updated on progress during the engagement period and to conclude the current activities. A subscriber sign-up form is now published on the east Kent section of the KMSTP website.

East Kent section of the KMSTP website
This was updated for the launch of this phase of pre-consultation engagement and now includes information on previous engagement work; questions and answers, a list of published documents, news items and a summary of the next steps in the programme. During October to December 2018 the site listed all the listening events and a link to the online survey.

www.kentandmedway.nhs.uk/eastkent

Film
A short film, highlighting the issues faced by the health and care economy across east Kent and outlining the plans for improving how hospital and local care is delivered. This was used at the beginning of listening events as a ‘scene setter’ for attendees. It featured patients and the public, clinicians and health and care professionals who spoke directly about their experiences and hopes for the future shape of health and care services in the area. The film has been published on the KMSTP YouTube Channel and promoted via social media channels.

Better health and care in east Kent: you said, we did
A 28-page A4 document printed and distributed at listening events and to GP practices across east Kent and published online. This captured key elements of the ‘case for change’, set out the clinical vision for the future, gave an overview of the current medium list options and showcased areas and initiatives where patient and public feedback was already making change to the development and delivery of health and care services. Approximately 2,700 copies were distributed at the public listening events and circulated to GP surgeries, community hospitals council offices and voluntary organisations.
Listening event presentation

The presentations at each listening event were tailored to the clinical commissioning group area and nearest hospital to specific events. A master copy with the local slides from all areas was published on the Kent and Medway website www.kentandmedway.nhs.uk/eastkent after the final listening event.

Question and answers list

A list of questions and answers about the east Kent programme and options for changing hospital services was provided as part of the handout materials at listening events and published online. Questions responding to specific issues raised during the engagement activities were added to the list as the listening events and other activities progressed.
Appendix 8 - Campaign groups and activists – East Kent

Three campaign groups linked to geographical areas are taking an active interest in our plans. These groups were vocal during this pre-consultation activity period with a significant presence at listening events, on social media, and, in some cases, as correspondents asking for additional information or making comments. An overview of these groups is below.

Campaign to Save Ashford A&E

The campaign group was set up in response to the plans as set out in the medium list of options and gained profile and traction once the listening events were publicised in October 2018. The group was founded by Independent Romney Marsh councillor Susie Govett (Folkestone and Hythe District Council) and is predominantly concerned with ensuring the continuation of an A&E department at the William Harvey Hospital. As well as gaining a voice with the local media, the group’s campaigning activities use social media channels – especially Facebook – to garner support and interest as well as encouraging local people to relate their experiences and concerns about potential changes to hospital services.

A petition (on the 38 Degrees website) lobbying to keep an A&E at William Harvey Hospital was started by the group in October and as of 19 February 2019 had 15,029 signatures.

Areas of challenge from this group include: travel times, road conditions and likely or perceived impact on time-critical conditions and accusations that a ‘super-hospital’ in Canterbury will be the result of politically motivated ‘backhanders’ on the part of the property developer.
SONiK’s profile as a campaign group has grown steadily over the past year as they have taken an active interest in the stroke services review as well as in plans for services in east Kent. SONiK is mainly Thanet-based with a marked focus on the future of Queen Elizabeth The Queen Mother Hospital. They are active on social media (Facebook and Twitter) and are regular correspondents with the STP and its workstreams, especially around the stroke review and the east Kent plans. SONiK are lobbying for three A&Es across Kent and Medway and for a hyper acute stroke unit to be established at QEQM. They are critical of our plans and processes and frequently question the accuracy and veracity of information and evidence that is presented in support of plans in public statements. SONiK members have formed a significant presence at a number of the listening events and were given the opportunity on several occasions to make statements and ask questions.

They have a petition (on Change.org) lobbying for full A&Es at Canterbury, Ashford and Thanet hospitals, which as of 19 February 2019 had 5,396 signatures.

As well as the petition, SONiK has developed the postcard below for people to send to the STP. As of 19 February 2019, 992 have been received.

**Areas of challenge from this group include:** plans are driven by the desire to save money, there is no clear ‘case for change’ or evidence that changes will result in positive outcomes for local people, centralisation of specialist services is a ‘myth’ and the methodology used to develop the proposals is flawed, plans will endanger the lives of local residents, the removal of one acute service will be closely followed by other services leading to the downgrading and eventual closure of their local hospital.
CHEK is a long-standing campaign group that was established to protect services at the Kent and Canterbury Hospital. It has a well-established local profile and is active within the local media and to a lesser extent on social media channels to promote messages and discussion. CHEK generally acknowledges the ‘case for change’ for services underpinning the east Kent plans and are keen for a consultation on acute services to take place as soon as possible and they openly support Option 2. CHEK is also lobbying for a HASU to be established at the Kent and Canterbury hospital. CHEK members also attended most of the public listening events and commented during question and answer sessions.

**Areas of challenge from this group include:** the current arrangement of A&Es and other services means that the Kent and Canterbury hospital is being unfairly downgraded to the detriment of local people, the need to stop ‘sticking plaster’ solutions to system-wide health and care challenges, the stroke review needs to be revisited to ensure a HASU is established at a hospital site in Canterbury, the need to push forward with consultation and implementation as soon as possible.