Independent observation of listening events on transforming health services in east Kent

October - December 2018
In October 2018, Engage was commissioned to attend the public listening events across east Kent. The purpose was to provide an objective observational review of these events.

Researchers attended each of the public listening events held during October, November and December 2018.

<table>
<thead>
<tr>
<th>Date of listening event</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evening of Tuesday 30th October</td>
<td>Institute Hall, Herne Street, Herne CT6 7HE</td>
</tr>
<tr>
<td>Morning of Wednesday 31st October</td>
<td>Club Room, Elwick Club, Church Road, Ashford TN23 1RD</td>
</tr>
<tr>
<td>Evening of Tuesday 6th November</td>
<td>Upper Suite, Sports Pavilion, South Road, Hythe CT21 6AR</td>
</tr>
<tr>
<td>Morning of Wednesday 7th November</td>
<td>County Room, The Abode, 30 - 33 High Street, Canterbury CT1 2RX</td>
</tr>
<tr>
<td>Evening of Tuesday 13th November</td>
<td>Ravenscliffe Suite, Pegwell Bay Hotel, 81 Pegwell Road, Ramsgate CT11 0NJ</td>
</tr>
<tr>
<td>Morning of Thursday 15th November</td>
<td>Grand Marquee, Ramada Hotel, Singlede Lane, Whitfield, Dover CT16 3EL 9</td>
</tr>
<tr>
<td>Evening of Thursday 15th November</td>
<td>Holiday Inn (Central), Canterbury Road, Kennington, Ashford TN24 8QQ</td>
</tr>
<tr>
<td>Morning of Tuesday 20th November</td>
<td>The Lido, Ethelbert Terrace, Margate CT9 1RX 10am to 1pm</td>
</tr>
<tr>
<td>Evening of Monday 10th December</td>
<td>London Beach Country Hotel, Ashford Rd, St Michaels, Tenterden TN30 6HX</td>
</tr>
<tr>
<td>Evening of Wednesday 12th December</td>
<td>Queen Elizabeth’s Grammar School, Abbey Place, Faversham ME13 7BQ</td>
</tr>
</tbody>
</table>

Executive summary
This report details each public event. Using observational data and records of questions and issues raised by the public we are able to summarise three main aspects of the listening events;

- The most frequently asked question topics
- The questions / topics that generated the greatest public reaction
- The most frequently raised issues at table discussions

There were four key areas that the public raised most frequently:

The planning process undertaken so far and the future planned processes
- ‘What happens if we do nothing?’
- ‘Is the Canterbury option being driven by the developer?’
- ‘How long will this all take?’
- ‘Are the Ambulance service working with you on these plans?’

The financial background and impact of the proposal
- ‘How much will these options cost?’
- ‘Can you get all the money you need?’
- ‘How will money reach community services?’
- ‘Is this a drive to save more money?’
Issues around current and planned GP services

- ‘If getting a GP appointment now is hard, how will you create the capacity to deliver everything you have said you want to do in the future?’
- ‘How can I find out about how to access the new things that local GP surgeries will be offering?’
- ‘How can I maintain my valued relationship with my GP, who knows me?’

Issues around current and planned community services

- ‘How can you make sure the services that are needed are developed within the community?’
- ‘How will you get community services and hospital services to join up and work more efficiently and effectively?’
- ‘Is social care really working closely with you?’

However, questions that generated the greatest reaction across the audience were not necessarily related to these frequently raised topics. The public reacted most warmly to shared personal stories of experiences of health and social care.

Many testimonies were illustrations of how services could have been better, a significant number of these stories featured the ambulance service. This combined with the fact that the Ambulance service were not present at events to respond to issues raised by the public often added to the strength of public reaction.

The public also reacted strongly to concerns expressed around political and national influence to shaping of local services and expressed clear frustration at not having been given more detail about financial impacts and costings to support detailed discussion of the current situation and emerging options.

Finally it is worthy of note that local campaign groups were active before and during events and the focus of their campaigns were clearly reflected in the questions and discussions raised by the audience members.

Top question topics raised by the public

From 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 3 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

Questions / issues that generated greatest public reactions
These were the top topics that generated a strong reaction from the public in order of frequency:
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 3 hospital sites in east Kent
5. Lack of services in the community
6. Stroke services
7. Maternity services
8. Local cottage hospitals and MIUs
9. The developer
10. The need for evidence

Most frequently raised issues at table discussions
In order of frequency:
1. Finance and planning processes
2. GP services and community services
3. Travel and distance
4. Workforce
5. The need for more detail / evidence
6. Specialising and centralising
7. Services being more joined up
8. Ambulance services
9. Communication with the public
10. Technology
11. Geographical factors
12. Current services
13. Continuity of care
14. Prevention and self care
15. Maternity
16. Mental health
Methodology

Two observers attended each of the listening events. Observers were instructed to act as general members of the public. The observers were not always known to the event organisers.

Observers randomly selected a table to join, and were tasked to record the reaction of the room to the questions asked and responses made, noting body language and nonverbal reactions as well as any verbal reactions.

Observers were instructed to record a description of exactly what was happening without making assumptions about why it was occurring, to be objective and not subjective. This included, focusing on the facts, recording the detail of what they saw and heard and capturing the context of verbal and non-verbal reactions.

This report paraphrases the presentations, question and answers, to provide context and is not an attempt to be a word for word account, rather an objective evaluation of how the audience reacted during the listening event.

During table top discussions the observers did not draw attention to their role. This approach was adopted in order to ensure that the table facilitator was unaware that a member of their table was in anyway different and protect against any kind of bias in how the table is facilitated or notes recorded.

At the end of each event, the notes made by facilitators at the table tops were taken by the observer, to triangulate the observer's observations and ensure the final report offers a fair interpretation of the data from across all tables, theming what people are saying and relative strength of feeling.
Evening of Tuesday 30th October at Herne

<table>
<thead>
<tr>
<th>Estimated number of people present:</th>
<th>50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main speakers:</td>
<td></td>
</tr>
<tr>
<td>Liz Shutler – East Kent Hospitals University Foundation Trust (EKHUFT)</td>
<td></td>
</tr>
<tr>
<td>Caroline Selkirk - East Kent Clinical Commissioning Groups (CCG)</td>
<td></td>
</tr>
<tr>
<td>Upaasna Garbharran - EKHUFT</td>
<td></td>
</tr>
<tr>
<td>Dr Simon Dunn – Canterbury CCG</td>
<td></td>
</tr>
<tr>
<td>Matt Jones - EKHUFT</td>
<td></td>
</tr>
<tr>
<td>Facilitator:</td>
<td>Lorraine Denoris</td>
</tr>
<tr>
<td>Observation of audience:</td>
<td></td>
</tr>
<tr>
<td>Estimated average age 60 plus</td>
<td></td>
</tr>
<tr>
<td>Large number of professional staff wearing lanyards</td>
<td></td>
</tr>
<tr>
<td>few attendees from black and minority ethnic groups</td>
<td></td>
</tr>
<tr>
<td>No parking nearby and remote location</td>
<td></td>
</tr>
<tr>
<td>60:40 split men to women</td>
<td></td>
</tr>
</tbody>
</table>

Chatter before the event
- General small talk; ‘Where are you from?’
- People pointing out who is who to each other ‘that chap in the blue shirt I have seen him before’
- People sharing stories of previous events they have been to, ‘I was involved in the marches to London’
- Sharing insights from preparatory work they had done ‘I’ve just done all the figure work and students aren’t included but they should be’.
- Debating with each other what the options mean and talking about what they had seen on social media or the news. ‘It’s ok to do something new but not at cost of downgrading existing hospitals.’
- Sharing personal stories of using the hospitals ‘If that hospital hadn’t been there, I wouldn’t be here now’
- ‘Nobody knows about these events. I heard it through work and I work at the NHS’

Introduction
It was clearly stated that the meeting is a chance for everyone to ask questions and to have conversations. It was recognised that not everyone will want to ask open questions. It was clearly stated that no decision had been made about the future.

Ground rules were set.
Speakers all stated they were happy to be recorded or filmed.
Everyone was asked to speak into the microphone to ensure those with a hearing loop could hear the conversations.

Strong focus on 'might change', 'might do', 'might happen', some audience members looked to each other and raised their eyebrows.

Short film
During the film all side chatter stopped and people were fully focused on the film.

Welcome address
Audience was in total silence, taking it all in, no noticeable verbal or non-verbal reactions.
Presentation on community challenges
People started to relax in their seats. People smiled and nodded at recognition of the stories of general surgeons, general physicians, how it used to be and reflection on advancements in technology.

First question session

<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>About evidence from the USA that continuity of care has better outcomes</td>
<td>No significant public reaction. 1 person turned to someone next to them and gave a smile.</td>
</tr>
<tr>
<td>A</td>
<td>GP continuity will be in teams rather than with individuals</td>
<td>No significant response either verbal or non-verbal.</td>
</tr>
<tr>
<td>Q</td>
<td>Muscle wastage when in hospital compared to muscle wastage when stuck at home</td>
<td>Public reaction, people making eye contact and nodding, strong sense of agreement with the question</td>
</tr>
<tr>
<td>A</td>
<td>People are more independent and have better level of functioning in their own homes. I see the proof of this week in, week out, hospitals are artificial places.</td>
<td>Public turned to see her response, people nodding as they listened to her response, some side chatter</td>
</tr>
<tr>
<td>Q</td>
<td>Stroke services and staff protesting about being moved and centralised</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>Comparison of trauma going to London hospital, time to access specialist team not necessarily same as time to arrive at a unit</td>
<td>Public nodded at comparison with trauma but some questioning faces in response to statement about time reaching team not unit.</td>
</tr>
<tr>
<td>Q</td>
<td>Ambulance waiting times</td>
<td>Public reaction verbal ‘umms’ and nodding. Murmuring and lots of face to face / eye contact among the public.</td>
</tr>
<tr>
<td>A</td>
<td>Response times are improving</td>
<td>Public reaction, few shakes of the head, some quiet murmuring and shuffling in chairs.</td>
</tr>
</tbody>
</table>

Presentation of the options
Public actively listening, learning forward, no side conversations, no side glances to each other, remained focused on slides and presenter. Public nods and smiles at example of heart attack story and medical advancements in care. No reaction to mention of planned procedures being cancelled.
No reactions to specialist services being developed.

2/3 people writing questions on cards and some whispered side conversations.

Presentation on hospital challenges
Public shuffling in chairs, people straining forward to see slides, people leaning with chins on hands, actively following the content being delivered. No side conversations, no side glances.

When moved onto second slide focused on impact for local hospital, some eye contact started, exchanged glances and 1 or 2 whispered side conversations.
## Second question session

<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q</strong></td>
<td>Why not outpatients at Canterbury in option 2</td>
<td>No significant public reaction</td>
</tr>
<tr>
<td><strong>A</strong></td>
<td>There is not enough money to have outpatients at all three</td>
<td>No significant public reaction</td>
</tr>
<tr>
<td><strong>Q</strong></td>
<td>What about the future of day surgery at Royal Victoria</td>
<td>No significant reaction</td>
</tr>
<tr>
<td><strong>A</strong></td>
<td>Vision to use local facilities more, vision of a vibrant Queen Vic GPs want to increase local care Comment re investing in hospitals also needs investing in community facilities at local levels</td>
<td>No significant reaction, public reacted with lots of nods smiles and some verbal agreement ‘A very positive answer’ Public response, ‘Can we take from that that Queen Vic is not closing?’ A warm reaction in the public, shuffling in chairs, smiling at others and nodding.</td>
</tr>
<tr>
<td><strong>Q</strong></td>
<td>Not heard much mention of the NHS, things you set out are being provided by volunteers or other companies, these are not statutory services' ‘Seems you are talking about a cut in services'</td>
<td>Public reaction mixed with some raised eyebrows, frowns and 1 person seen rolling their eyes, also number of the audience nodding and some people smiling. Public reaction equally mixed, some shaking heads and exchanging glances with one or two frowning. Other audience members smiling and nodding.</td>
</tr>
<tr>
<td><strong>A</strong></td>
<td>‘What I have been hearing is all about the NHS’</td>
<td>Public response majority non-verbal nods but with serous faces, and audible verbal muttering of ‘yes’ that’s right’ ‘well said’.</td>
</tr>
<tr>
<td><strong>Q</strong></td>
<td>No mention of nurses, but all services need nurses. People need someone to look after them when they get out of hospitals</td>
<td>Public reaction, lots of vigorous nodding, verbal muttering and shared glances. At mention of Virgin healthcare and speaking out, person raising the question got a round of applause from the room, laughter, nods and outbreak of side chatter.</td>
</tr>
<tr>
<td><strong>A</strong></td>
<td>Workforce is essential, workforce planning by various agencies.</td>
<td>Public response lots of nodding, side chatter They seem to be planning for this’, ‘We need to know about all this’</td>
</tr>
<tr>
<td><strong>A</strong></td>
<td>Midwives have changed since the 80’s when I started working in NHS, and this model will work for us too</td>
<td>Public reaction clapping and smiling and verbal assent ‘umm’</td>
</tr>
<tr>
<td><strong>Q</strong></td>
<td>About staff getting back into practice and potential for generating private income streams from private wards in the new hospital.</td>
<td>No significant reaction</td>
</tr>
<tr>
<td><strong>A</strong></td>
<td>Will have considered it and will keep reviewing the potential</td>
<td>Some slow nodding at response that not all communities can support private wings but will be considered</td>
</tr>
</tbody>
</table>

### During the tea break

Few people left the event. People engaged in lively conversations.

- ‘It’s clearer now’
- ‘Be good if they can make use of what we have already got’
- ‘But to have no option about what happens frightens people’
‘What’s happening out there (on social media) is just scaremongering, what’s being said tonight is clearer, what’s out there is just not true’

Table top discussions
Themes have been gathered by triangulating direct observation at the tables and reviewing all handwritten notes taken by facilitators. The number of mentions, both positive and negative were calculated. Although the table top discussions were focused around 4 questions, for the purpose of this report we have themed all responses to the questions as a single data set to give a collective view of the most frequently mentioned issues. Each theme is illustrated by a range of quotes.

Travel times and transport
(15 mentions)
- ‘Improve patient transport’
- ‘Parking for visitors is already a problem, will this get better or worse at centralised hospital?’
- ‘I’m prepared to travel for specialist unit’
- ‘What plans do KCC have for future roads?’
- ‘Driving to hospital can take ages through the lanes’
- ‘Have you tried getting a bus to hospital recently?!’
- ‘It’s not just patients but more impact on family and friends who want to visit’

Joined up working and the proposed options
(13 mentions)
- More staff working together to provide effective services has got to be good’
- ‘something has to change’
- ‘Different sectors are all here, that’s a start’
- ‘It’s good to see that all parties want to work together’
- ‘It’s a strong case for joining things up, for organisations to work better together’
- ‘When things aren’t working we shouldn’t just stick with them’
- ‘Need to see the culture of A&E change’
- ‘I get the dream of a vibrant medical and social care sector’
- ‘Risk management needs to shift to make all this happen’

Medical school and workforce development
(13 mentions)
- ‘It will attract more people to come and work here’
- ‘Better services if centralised with medical school, students will get practical skills and then able to go into jobs’
- ‘mustn’t lose our nurses, we need to attract new ones, that’s really important’
- ‘Can see challenges in delivering this model given the current GP vacancies’
- ‘Staff are currently pushed to the max’
- ‘Use of agency staff is expensive’
- ‘How else can we make east Kent a more attractive place to live and work?’

Use of technology and data sharing
(10 mentions)
- ‘I don’t want my records being shared with private companies’
- ‘How can we get all services to be using the same systems, so records can be shared?’
- ‘We need to share medical records to support all this’
- ‘What about tele-medicine?’
• ‘What about electronic prescribing?’

Community services
(10 mentions)
• ‘Need to be making use of consultants who already do clinics at local hospitals’
• ‘Need to be improving community services’
• ‘Like to see diagnostic centres outside of hospitals’
• ‘Needs to be equality of provision across all areas ie Minor injury Units (MIU)’
• ‘Like to see outpatients being offered in community settings’
• ‘Like to see an MIU being built at every new estate’
• ‘Need to make sure services are in the community and stop discharging people too early from hospital’

Waiting times & GP appointments
(9 mentions)
• ‘All this is tempting if it’s the way to reduce waiting times for hospital and GP appointments’

Ambulance services
(7 mentions)
• ‘Ambulances are under pressure’
• ‘It’s not good enough’
• ‘They need to be able to understand and navigate the new configurations’
• ‘It’s easy to say there’ll be more ambulances, but need to prove it’

Support for development of specialisms
(6 mentions)
• ‘Is it really good to have all our specialists in one place?’
• ‘Centralising services is what’s needed, where they are is irrelevant’
• ‘Got to make things better for the future, centralising teams we need to make things better clinically’
• ‘Need to see vascular services sit alongside A&E’

Funding
(6 mentions)
• ‘Can you really get all of the money?’
• ‘Can you really get all the services you need to make this happen?’
• ‘Will the money come through to the community services?’

Buildings
(5 mentions)
• ‘No downgrading at current hospitals just because we got a new super hospital’
• ‘Current buildings are falling down, got to do something’
• ‘Would be great to have local modern facilities’
• ‘A new building could bring the ‘wow’ factor for working in east Kent’
• ‘Should have same basic level of provision at each hospital’

Promotion and Communication with the Public
(5 mentions)
• ‘You need to make it more attractive for people to go to other services and not A&E’
• ‘I get it, but you need to sell it to the man in the street’
• ‘You need to tell us where to go and when’

Geography
(5 mentions)
• ‘Geographically it should be in the middle of east Kent.’
• ‘Why don’t we have a county hospital, every other county does?’

Concern about not being given the full picture
(4 mentions)
• ‘What we’re not being told is the absolute truth, in what will happen in the future?’
• ‘It’s too local, we need to consider the wider national picture’
• ‘Need more facts about best practice’
• ‘This is great start but need more long term planning’

Quality & continuity of care
(3 mentions)
• ‘Seeing the same GP is really important as you get older’

Observations of table tops
Clinicians and staff were involved in hearing people’s personal stories and answering direct questions. People seemed to be enjoying the opportunity for direct access to clinicians and staff, ‘its great to be able to get it straight from them’. One table was observed to have swapped places during the discussion in order that they could continue in smaller discussion groups.

All tables stayed engaged in good humoured discussions.

Plenary session and close

<table>
<thead>
<tr>
<th>Q</th>
<th>Levels of accountability for non-GP professionals in primary care settings</th>
<th>Public reactions both verbal and non-verbal, ‘that’s not true’, shaking heads and sounds of disagreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Reassured quality standards and training levels for all health professionals</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>Q</td>
<td>Next step issues of money raised and discussed</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>Consultant anaesthetist spoke about improving quality of care for not just now and tomorrow but for 50 years’ time, more than buildings, transforming the way we deliver health care, joining up across the whole health economy, further specialism to help us achieve this. Social care pledge to be support joining up of delivery of these services</td>
<td>Public reaction clearly supporting and agreeing, verbal ‘well said’ and non-verbal, nodding of heads and upper body. Public reaction head nods and smiles.</td>
</tr>
<tr>
<td></td>
<td>A comment that there weren’t enough members of the public present and there were too many professionals.</td>
<td>This got a round of applause, but few attendees side chatter ‘its useful having so many of them here’</td>
</tr>
</tbody>
</table>
Exit chatter

- ‘Overall, that was really positive’
- ‘Believe that they really want to listen to us this time’
- ‘Feels genuine this time’
- ‘That was well facilitated’
- ‘Came thinking they were wanting to shut hospitals, now see how they are trying to get a local feel’
- ‘I’ve been to lots of rubbish events over the years but that was very good’
Morning of Wednesday 31st October at Ashford

<table>
<thead>
<tr>
<th>Estimated number of people present</th>
<th>Observation of audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Main speakers:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Liz Shutler – East Kent Hospital</td>
<td>More members of the public than staff present</td>
</tr>
<tr>
<td>University Foundation Trust (EKHUFT)</td>
<td>Balance of working age adults and over 60's</td>
</tr>
<tr>
<td>Dr Navin Kumta – Ashford Clinical commissioning Group (CCG)</td>
<td>Equal mix of male and female.</td>
</tr>
<tr>
<td>Upaasna Garbharran - EKHUFT</td>
<td>All white British</td>
</tr>
<tr>
<td>Caroline Selkirk – East Kent CCGs</td>
<td>Room very cramped and packed</td>
</tr>
<tr>
<td>Matt Jones - EKHUFT</td>
<td>Save Our NHS In Kent present</td>
</tr>
<tr>
<td>Facilitator:</td>
<td>Lots of senior staff present – many the same as the Herne event</td>
</tr>
<tr>
<td>Lorraine Denoris</td>
<td>Healthwatch Kent present</td>
</tr>
</tbody>
</table>

Chatter before event
General small talk ‘Where are you from?’
People looking at the material on tables and commenting to each other 'like the fact that they have given us a timeline, it looks like this is really early in the process.'
'Why didn’t they book a bigger room?’ 'Maybe they didn’t realise how strongly people would feel about it’

Introduction
Attendee at the front interrupted the introduction to say 'Where is the agenda?’
No reactions from the public. Body language is relaxed.
It was clearly stated that the meeting is a chance for everyone to ask questions and to have conversations. It was recognised that not everyone will want to ask open questions. It was clearly stated that no decision had been made about the future.
Ground rules were set
Speakers all stated they were happy to be recorded or filmed. SONIK stated that they would be recording the event.
Everyone asked to speak into the mic to ensure those with a hearing loop could hear the conversations

Short film
As the film started to show, some whispered side conversations started up, but as the film moved into a section with consultants speaking the side chatter stopped. People moving in chairs to get a better view of screen. People learning forward and actively listening.

Welcome address
Audience focused and listening to the speaker, with no reaction from the public.
Presentation on community challenges
The story of what can now be achieved, example of eye surgery, elicited laughter, nods and smiles from the audience. Public continue to nod and smile at his comments around building on recent developments and increasing local services.
There were no side conversations during his presentation.
First question session

<table>
<thead>
<tr>
<th>Question number</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>Around the continuity of the Patient /Dr relationship</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>How this relationship needed to change to reflect people living longer and needing to ensure continuity for those that have complex care needs. Example of person reporting: ‘had five people come in to see me today and I didn’t know who the first three were’</td>
<td>Members of the public responded by nodding</td>
</tr>
<tr>
<td>Q</td>
<td>About GP closures, GP’s overburdened and recruitment concerns</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>Needing to work collectively, sharing systems and records</td>
<td>A few nods from the public</td>
</tr>
<tr>
<td>Q</td>
<td>Evidence of importance of personalised care and interplay of physical and mental health</td>
<td>Nodding with serious faces</td>
</tr>
<tr>
<td>A</td>
<td>Mental Health Trust looking at how they can better work together, vision of mental health on the same corridor as physical health</td>
<td>Few nods from the audience</td>
</tr>
<tr>
<td>Q</td>
<td>How will this model ensure rare conditions get specialist support</td>
<td>One or two people reacted with nods</td>
</tr>
<tr>
<td>A</td>
<td>Working as specialists in networks and this model gives opportunity to spread the network wider to allow for rare conditions as well as frequent</td>
<td>Some nods from the public</td>
</tr>
</tbody>
</table>

Presentation of hospital challenges
When talking through the challenges slide around A&E waiting times & beds there were some positive verbal grunts and ‘Umms’. People shuffled in their seats to see the screen. People leaning forward, no side conversations. Audience were actively listening to the presentation.

Public chuckled, smiled and nodded at story of how things used to be. Story of hernia and 6 weeks in hospital, now day surgery, had an impact on members of the audience. People turning to each other and non-verbally acknowledging how things have moved on. The comparison of trauma centre at Kings being an example of specialist centralised services drew more nods.

Public response to the presenter reached a peak at his joke about right kidney and left kidney specialisms, with open laughter, smiles and nods.
87% of surgery is now day surgery, a few of the audience turned to others in a clear reaction to this fact, eyebrows raised, a few others frowned.

### Audience questions

<table>
<thead>
<tr>
<th>Question number</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>Concern about consultant based / midwife led maternity units which was based on a recent experience</td>
<td>Public responded warmly to this and verbally murmured support</td>
</tr>
<tr>
<td>A</td>
<td>Inviting views on impact of this on maternity – suggests a maternity focused table discussion during the event</td>
<td>Some nods</td>
</tr>
</tbody>
</table>

### Presentation of detailed options

There were no side conversations, people were leaning forward, moving in chairs to see better and actively listening to the presentation. No side chatter.

### Second question session

<table>
<thead>
<tr>
<th>Question number</th>
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<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>Why not run 3 A&amp;E’s</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>Explained content of slide</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>Q</td>
<td>About possible location of new hospital being opportunistic or geographically driven</td>
<td>Some verbal murmured responses ‘umms’ with some nods and wry smiles</td>
</tr>
<tr>
<td>A</td>
<td>Offer of developer creates some opportunity at Canterbury</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>Q</td>
<td>Will funding reach the front line? What about children mental health services?</td>
<td>Nodding and side chatter, ‘It’s always the same’, ‘It gets lost in management’</td>
</tr>
<tr>
<td>A</td>
<td>Child mental health isn’t part of these options but separate conversation welcomed</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>Q</td>
<td>About understanding the logic behind only having 2 A&amp;Es</td>
<td>Some public response handful of people nodding</td>
</tr>
<tr>
<td>A</td>
<td>To have a full A&amp;E needs all specialists on sight to deal with whatever may arrive</td>
<td>Facilitator checked to see if the audience felt the question was answered – audience member gave thumbs up</td>
</tr>
<tr>
<td>Q</td>
<td>Are you going to increase the number of ambulances?</td>
<td>Majority of the audience nodded their agreement with this question</td>
</tr>
</tbody>
</table>
Independent observation of listening events on transforming health services in east Kent

| A | To work with them in the development of options | No significant reaction |
| Q | Are you asking patients to make the call about where to go? | Some nodding from the audience |
| A | GP response about care plans, joined up records and greater understanding for patient | Gained many nods and verbal sounds of support for the response |
| Q | About transport and need to coordinate the planning | This comment elicited a significant response from the audience, big nods, verbal declarations of support, ‘well said’ and lots of side conversations as people expressed their own frustrations and challenges with public transport |
| A | Commitment was made to address this | No significant reaction |
| Q | About how this model is starting to emulate the American approach to healthcare, with lucrative services contracted out, and the model not being clinically led but politically led | Some nods which grew to applause and laughter as the comment concluded with concerns about private sector taking over |
| A | Acknowledged differing viewpoint | No significant reaction |

Tea break
Ongoing conversations from first half of the session, discussions overheard were:
- About maternity services and child birth rates.
- Personal stories exchanged about public transport to / from hospitals
- Reflection on responses given so far, ‘concerned that local definition is still not clear, the response was about accessing teams not about how far you will need to go to get to those teams.’
- ‘When they made plans before they didn’t take into consideration the growing student population’
- ‘The idea that a developer can drive this is scandalous’
- ‘It’s all stage managed’
- ‘the facilitator is not allowing decent open conversation. She is controlling and narrowing the debate’
- ‘The room is too small. When I mentioned it I got my head bitten off’
- ‘There are so many staff in here taking up all the seats’
- ‘How should elderly people get to Canterbury? It’s outrageous’
- ‘Feels like the developer is black mailing the NHS’
- ‘You need someone like her (facilitator) to organise everyone and keep things going’

Before table top discussions a response was made to the earlier point about it not being a clinically driven process. The public responded warmly to this response, clapping, nodding and with verbal support ‘good’, ‘well said’, ‘well done, glad someone said something’.

Table top discussions
Themes have been gathered by triangulating direct observation at the tables and reviewing all handwritten notes taken by facilitators. The number of mentions, both positive and negative were themed. Although the table top discussions were focused around 4 questions, for the purpose of this report we have themed all responses as a single data set to give a collective view of the most frequently mentioned issues. Each theme is illustrated by a range of quotes in order of frequency.
Independent observation of listening events on transforming health services in east Kent

Travel
(19 mentions)
• ‘There are horrible traffic problems in Canterbury’
• ‘We need travel times in the case for change’
• ‘The cost of travel is a hidden impact’
• ‘Even ambulances can get stuck in traffic’
• ‘In future people won’t be walking into A&E, so transport is not such a valid argument for A&E as it is to reach planned surgery at other locations’
• ‘It’s not just about patients, carers and families need to get to the hospital on public transport.’
• ‘Got to move beyond the same questions and statements, like this magic 1 hour travel, its national guidelines so there’s no point keep talking about it locally, we can’t change it.’

Funding and planning
(11 mentions)
• ‘It’s been a lot better at previous meetings, they need to tell us why its unsustainable like this.’
• ‘Nothing said about costs, it’s a key missing detail’
• ‘Are these changes just about the developers offer?’
• ‘What happens if nothing changes?’
• ‘Is the money there?’
• ‘Is there a drive to go to one site and save more money?’
• ‘I understand option 2 is about 3 times more expensive but it doesn’t say this in the paper’
• ‘Would be good to see more about the investment required to make all this happen’

Joining up services
(8 mentions)
• ‘It’s a complex thing to do integration and get it right’
• ‘We are happy with things as they are, why change?’
• ‘Strategy around joined up and integrated cannot be guaranteed’
• ‘Centre of excellence is a good idea’
• ‘It is stressful continually repeating your personal history to different people’
• ‘Better GP liaison with specialists would help things flow’
• ‘The belief that team working is brilliant is wrong. It means that no-one person is then responsible.’

Technology, communication and accessibility
(7 mentions)
• ‘There are complex forms to fill in for social care’
• ‘24/7 accessibility is important as people are available evening and weekends’
• ‘Need a list of all services that will be provided’
• ‘Where will people go and for what?’
• ‘Need to educate residents how the use the NHS differently’

Prevention and self-management
(7 mentions)
• ‘We don’t do enough to prevent illness/ injury’
• ‘More prevention would be a real benefit’
• ‘Need to support carers more’
• ‘Using local skills, like first responders and community training for defibrillators’
Workforce
(6 mentions)
- ‘New staff need resilience training’
- ‘If don’t do anything it will still be a problem with staff numbers’
- ‘Make jobs more attractive’
- ‘Concerned about agency staff costs’
- ‘The shortage of Drs takes us back to the need for sustainability and understanding all the issues that are linked to this.’
- ‘My concern is that front line staff like receptionists will become signposters, sending people to the right place and that there will be too few people delivering the services.’

Community services
(6 mentions)
- ‘What is the knock on effect for support services?’
- ‘Seems to be a different argument about community services than hospital services’
- ‘Social prescribing is good but concerned too much referring to voluntary sector without funding’
- ‘Case for local care is clear but not sure about acute services’
- ‘What home treatment could be provided?’

Geography
(5 mentions)
- ‘Need to change the boundaries and merge Ashford with Maidstone.’
- ‘Ashford has better transport links’
- ‘Canterbury is more central’
- ‘What about rural communities and transport, why is Ashford proposed as our closest hospital when it’s probably quicker to get to Maidstone for me?’

Local
(3 mentions)
- ‘Local means different things to different people’
- ‘It’s good to hear about what changes are happening’
- ‘Housing developments are bringing more people to live in the area’

Observations of table top discussions
Clinicians and professional staff on tables focusing on current practice and sharing their views and aspirations. Discussion were temperate, no overwhelming domination of table discussions.

Plenary session and close

<table>
<thead>
<tr>
<th>Question number</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>Is the developer ‘blackmailing’ just to get houses?</td>
<td>Public reaction of vocal support and nods</td>
</tr>
<tr>
<td>A</td>
<td>There is no money on the table yet, both these options need considerable further work. No point having a lovely building with the wrong services in it</td>
<td>No significant reaction</td>
</tr>
</tbody>
</table>
Comment | We all, as citizens, need to take personal responsibility for preventing our own ill health. | Public reaction of support, verbal ‘well said’ and nods.
---|---|---
Comment | About workforce planning and need to ensure jobs are attractive and exciting to new and existing staff. | Public nods and smiles and verbal ‘umms’
Comment | KCC talked about social prescribing and navigators | Public reaction with nods and smiles.
Q | About how many MIUs there were in Ashford | No significant reaction
A | There are no MIUs in Ashford area currently | Public reacted with a laugh and some side conversations ‘they need to get this right’

During the plenary, many members of the audience were still looking through papers on the tables, although there were no significant side conversations.

Exit chatter
People left the room fairly quickly, in positive manner with relaxed smiling faces.
- ‘That was useful’
- ‘That was good, I learnt a lot’
- ‘Very good’
Evening of Tuesday 6th November at Hythe

<table>
<thead>
<tr>
<th>Estimated number of people present</th>
<th>Observation of audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td></td>
</tr>
</tbody>
</table>

Main speakers:
Darren Cocker – South Kent Coast Clinical Commissioning Group (CCG)
Caroline Selkirk – East Kent CCGs
Upaasna Garbharran – East Kent Hospital University Foundation Trust (EKHUFT)
Susan Acott - EKHUFT
Matt Jones - EKHF

Facilitator:
Lorraine Denoris

Chatter before the event
General small talk as people found their seats. Room was fairly quiet, a few hushed sides conversations ‘Where you from’, ‘Have you done the survey?’
People talking about the venue, ‘the room has a good ceiling that won’t echo’
‘I wonder if this will take the whole 3 hours’
‘Ours is on Monday at 1pm, they are doing it during our lunch hour’ between two members of staff
‘I am surprised that this has been promoted widely beyond the hospital – thought there would be more staff’

Introduction
Stressed this is emerging thinking – no significant public reaction
Nothing is formal yet – some nodding
They are working on it, they don’t know all the answers yet – few nods
You have opportunity to influence them – no significant reaction
Audience were focused on listening to the speakers introducing themselves

Short film
During the video the room was silent, audience watching, focused with no side conversation. No side conversations once the video finished.

Welcome address
Audience listening, looking at the booklets provided, no verbal or non-verbal reaction from majority of the audience. Two or 3 people gave gentle nods when the principle of bringing more things closer to home and investing in the community was mentioned.

Presentation on community challenges
GP explained his personal and professional links to east Kent, no significant reaction
At the mention of GP shortages there were a number of nods, serious faces and some verbal ‘yeah’.
People nodding when lack of GPs were mentioned and when maintaining continuity of care was mentioned. People nodding when talking about technological advances resulting in quicker recovery times. Mention of 300 patients awaiting care packages, few exchanged glances and nods. Small GP surgeries working in groups, people leaning forward, hands over mouths, focused faces, active listening.

Comment from one attendee under his breath ‘So do I’ in response to GP comment ‘I think we can do this better’ when referring to improve elective surgery. GP surgeries not open all hours triggered a few nods.

Things have changed, stories of robot surgery and quicker recovery prompted a few nods but no significant reaction in face or body language from the rest of the audience. Bringing more urgent care service locally, using local hospitals more, no significant reaction, people starting to shuffle in seats, arms folded across body, no smiles, sitting back in chairs. Mention of emergency and planned care impacts, resulting in cancellation of appointment started a few people muttering.

Home visiting service helping with appointments caused no significant reaction. Changing role of GPs, dealing with greater complexity of health issues, opportunity to change things so that people see the right kind of help at the right time, could be a trained nurse didn’t get a reaction. Arms still folded, serious faces and leaning back in chairs actively listening.

At mention of care homes and working with care homes, people started to shuffle in seats, mention of mental health needs of patients caused a verbal reaction, few ‘umms’ and few nods.

First question session

<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>Not to disagree with anything you said and would welcome it, but when can you do it, when reality is we can’t get GP appointment quickly, how quick can you get to nirvana?</td>
<td>Audience chuckled, nodding &amp; side glances</td>
</tr>
<tr>
<td>A</td>
<td>Local GPs retiring, trying to get surgeries to work together</td>
<td>Some muttering, few nods</td>
</tr>
<tr>
<td>Q</td>
<td>What is happening about the money? Is it reduced, increased or the same?</td>
<td>Audience actively listening – no significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>Waiting for financial settlement for next 5 years. Not about money but about joining things up, example of shared records given</td>
<td>Audience learning forward, no side conversation no significant reaction Few gentle nods</td>
</tr>
<tr>
<td>Q</td>
<td>Reality doesn’t match the vision, GP closures is a concern. Can’t rely on you to deliver the care</td>
<td>Audience verbal mummering and ‘umms’</td>
</tr>
<tr>
<td>A</td>
<td>Explained plans to train doctors. Broadening clinical team and even roles of receptionist are enhanced, and they are getting extra training</td>
<td>People leaning forward, hands on face, learning chins on hands, no side chat, focused on speaker. A small number of people nodding</td>
</tr>
<tr>
<td>Q</td>
<td>Closure of GP surgery in Folkestone, 173 people still waiting for a new GP.</td>
<td>Public reaction, sharing side glances, some nods and a few verbal ‘umms’</td>
</tr>
<tr>
<td><strong>Q</strong></td>
<td><strong>A</strong></td>
<td><strong>Note</strong></td>
</tr>
<tr>
<td>-------</td>
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<td>----------</td>
</tr>
<tr>
<td>You mentioned a data model, is this driving your financial model for the future?</td>
<td>We know who each of the 173 people are and we’re working on a case by case basis. We use the data model to help develop prevention, example of asthma which can get worse this time of year so all people in for a check-up</td>
<td>Few nods from the audience</td>
</tr>
<tr>
<td>Home visiting service, are these already happening</td>
<td></td>
<td>No significant reaction</td>
</tr>
<tr>
<td>Yes, now rolling it out</td>
<td></td>
<td>No significant reaction</td>
</tr>
<tr>
<td>How do you communicate this with patients, went to MIU but when got there saw a nurse who told me there were no Drs working that day</td>
<td>Audience reaction some laughter, raised eyebrows</td>
<td></td>
</tr>
<tr>
<td>Need to clearly communicate what you should expect, not getting it right all the time.</td>
<td>Some smiles and nods</td>
<td></td>
</tr>
<tr>
<td>New GP hubs will have different levels of staffing and discussion of what staff might be working there</td>
<td>Audience reaction, people looking puzzled, frowning, hand moved back up to faces</td>
<td></td>
</tr>
<tr>
<td>How can you ensure that things that present one way and are in fact something else, are not missed by staff who are not as trained as GPs</td>
<td>Few people exchange side glances</td>
<td></td>
</tr>
<tr>
<td>Reassurance of levels of training different professionals have received</td>
<td>Audience take hands from faces, learning forward active listening, no smiles, no nods</td>
<td></td>
</tr>
<tr>
<td>Receptionist – will they be doing triage?</td>
<td>Number of nods and smiles</td>
<td></td>
</tr>
<tr>
<td>Receptionist is not clinical, we have protocols in place to support receptionist to signpost to alternative clinical colleagues, but patient does have a choice</td>
<td>Some side chat within audience, arms crossed</td>
<td></td>
</tr>
<tr>
<td>Mention of patient who breathless, and GP continuity of care knowing that more breathless than usual</td>
<td>audience reaction- smiles, nods and verbal noise of agreement</td>
<td></td>
</tr>
<tr>
<td>Domiciliary care not mentioned, but they are the front line workers to keep people well at home</td>
<td>No significant reaction</td>
<td></td>
</tr>
<tr>
<td>KCC confirmed currently retendering Domiciliary care contracts in line with bringing them into multi-disciplinary teams</td>
<td>No significant reaction</td>
<td></td>
</tr>
<tr>
<td>Coastal communities are less popular adding to recruitment problem</td>
<td>no significant audience reaction</td>
<td></td>
</tr>
<tr>
<td>Trying to find interesting ways for GPs to work, which will attract GPs</td>
<td>One or two of audience exchange side glances, no significant reactions</td>
<td></td>
</tr>
<tr>
<td>Problems with appointments in coastal communities and the workforce</td>
<td>No significant reaction</td>
<td></td>
</tr>
<tr>
<td>The new medical school in Kent was mentioned as part of plans for workforce development. Mentions that it takes 12 years to train a GP</td>
<td>People nodding in agreement</td>
<td></td>
</tr>
<tr>
<td>Questioning faces and raised eyebrows</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Independent observation of listening events on transforming health services in east Kent**

<table>
<thead>
<tr>
<th>Q</th>
<th>Minor illness centres are offering GPs flexible ways of working and early signs are that they are attracting people to work in them</th>
<th>Audience actively listening, hands on faces, thoughtful faces, few nods</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Mental Health service working to improve waiting time to see someone</td>
<td>Audience turning to listen to the response. Some muttering and nods</td>
</tr>
<tr>
<td>A</td>
<td>Mental health trust, we had issues with resources now working jointly with other services</td>
<td>Some nods, the person listened intently to the answer but then felt that her question was not answered</td>
</tr>
<tr>
<td>Q</td>
<td>Local centre had funding cut, another local service gone, Mental Health not getting a fair crack</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>Trying different way of working: street triage, regular meetings with local GPs, we recognise the problems and working to resolve them</td>
<td>Some nods across the audience</td>
</tr>
<tr>
<td>Q</td>
<td>When I was in hospital I was ‘prodded and poked’ by 47 student Drs but very few will choose General practice for career path.</td>
<td>Some smiles and nods across the audience</td>
</tr>
<tr>
<td>A</td>
<td>Member of the public was thanked for his service. Need to make GP an attractive offer. Medical school is enabling students to have practical placements in east Kent ‘I am positive that this will become a very exciting place to work’.</td>
<td>Audience laughter</td>
</tr>
</tbody>
</table>

**Presentation of hospital challenges**

People leaning forward, hands on faces, active listening, few nods, no smiles.

Explanation of why not 3 A&Es, audience reacted with verbal ‘umm’. Reaction to explanation about not being able to meet standards – verbal muttering, hand moving away from faces and sitting back in chairs, some sniggering.

Public reaction to medical advancements, people listening and few people nodding.

Development of specialist centres such as the existing trauma unit – no significant reaction

Explanation of percentage of routine and emergency care caused no significant response.

**Presentation of detailed options**

Audience actively listening, looking at slides, body language open, people leaning forward. Mention of planned surgery being cancelled people nodding.

Audience appeared to be listening and very focused

Lots of the audience nodding about only going to the hospital that’s right for you with more day-care and less time spent in hospital.

Explanation of detail, maternity services – no significant reaction

Recovery and rehab caused no significant reaction. Some members of the audience staring to fidget, looking around the room, distracted.
## Second question session

<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>Can you reassure us that bus services will be planned so that we can get to hospital</td>
<td>No significant response</td>
</tr>
<tr>
<td>A</td>
<td>If you are seriously ill, you will get an ambulance to hospital</td>
<td>Audience muttering, laughter 'if you can get an ambulance' ‘Canterbury may look central but not always easy to get to’.</td>
</tr>
<tr>
<td>A</td>
<td>It’s about making sure that you see the right team when you get to hospital, not just about getting to the building</td>
<td>‘pah’ ‘there’s a golden hour’ ‘no point getting to right team if it takes too long and you’re dead’ Audience reactions getting louder. Side chatter about people going to other areas for care, groans in the audience relating to golden hour not involving hospital transport</td>
</tr>
<tr>
<td>Q</td>
<td>Ashford is getting more and more new builds. Location of A&amp;E should be based on population not where ancillary services are based</td>
<td>Audience lots of nods and loud audience applause</td>
</tr>
<tr>
<td>A</td>
<td>We are working with the Ambulance trust and will include transfer times in future public information. Golden hour looks at networking of hospitals, it might be that closest hospital is in another area Need to use the ambulance service in the right way.</td>
<td>Audience nods ad verbal ‘umms’ muttering ‘god that’s crazy’</td>
</tr>
<tr>
<td>Q</td>
<td>Healthwatch asked what will happen if we do nothing?</td>
<td>Audience nods and verbal ‘umms’ Comment from audience member under breath said ‘absolutely’</td>
</tr>
<tr>
<td>Q</td>
<td>Is the developer just going into partnership with NHS to get his hands-on land and then give us an empty building? You’re just helping him to build new homes, but the developer won’t include social housing</td>
<td>Reaction, wry smiles, nods Mixed reaction some claps and some muttered dissent</td>
</tr>
<tr>
<td>A</td>
<td>Maintaining all services we need to attract staff, need to continue to evolve</td>
<td>Some nods</td>
</tr>
<tr>
<td>Q</td>
<td>If maternity services are moved it could mean further to travel, putting at risk on mum and baby. If catchment areas change and we have to go to Hastings, where will our follow up care be?</td>
<td>‘Good point’ positive verbal sounds ‘Umm’</td>
</tr>
<tr>
<td>A</td>
<td>Local antenatal care would continue as it is and high-risk pregnancy would continue to get the care they do, we would continue to make individual care plans for each woman</td>
<td>Some muttering and side glances ‘What about unplanned emergences’ ‘Things go wrong’ ‘Things change quick’ audience member commented ‘That’s not an answer’ and several shaking heads</td>
</tr>
</tbody>
</table>
If there is no consultant and the baby got cord round its neck, do they then have to travel to hospital? Some nods

We are keen to hear your thoughts about all this ‘That’s not an answer’ verbal muttering shaking of heads Comment from audience member ‘We are not being listened to’

What will happen to stroke services in Option 2 Some frowns, head shakes, serious faces

The stroke unit would move to Canterbury Clear verbal retort ‘what?!’ haven’t you already decided? ‘don’t you keep changing the goal posts’ people sitting back in chairs, puzzled expressions, more people crossing their arms.

Tea break
Overheard discussions;
- ‘Thought that this would be more heated’
- ‘I think people are just worried about more change’ ‘they need to put more about this on Facebook’
- ‘we can’t really make this work with GPs’
- ‘What they need is a specialist cottage hospital’
- ‘I can see where this is going’
- ‘It’s obvious the mental health services are so poor it’s getting worse and worse’

Table top discussions
After the break people opted to stay together in a large group rather than break into table top discussions.

<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>What are you going to do about health tourism?</td>
<td>No significant reaction to questions</td>
</tr>
<tr>
<td>A</td>
<td>Health tourism is not a problem in East Kent</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>Q</td>
<td>Will orthopaedic planned surgery be less likely to be cancelled under either option?</td>
<td>Reaction head inclined and focused</td>
</tr>
<tr>
<td>A</td>
<td>Yes</td>
<td>Reaction – some nods, some verbal comments ‘That’ll be better’</td>
</tr>
<tr>
<td>Q</td>
<td>Developer option 2, assume you have some confidence in 2000 houses being allocated in the district council plans?</td>
<td>Some nods and one or two verbal ‘umms’</td>
</tr>
<tr>
<td>A</td>
<td>We will go away and look at this</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>Q</td>
<td>Will you map the region, major roads, housing growth to identify best location, why is that detail not there?</td>
<td>More people nodding</td>
</tr>
<tr>
<td>Q</td>
<td>What proportion of people have a journey time 40 minutes or more?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>Question unable to be answered at present</td>
<td>Quiet comment from the audience member to their neighbour ‘I would’ve thought that would’ve been the first thing they worked out’</td>
</tr>
<tr>
<td>A</td>
<td>Differentiating the services allowing planned care to be ringfenced and protect on a different site</td>
<td>Cocked heads, active listening</td>
</tr>
<tr>
<td>---</td>
<td>------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>A</td>
<td>Cancelled operations are not acceptable. If you do something all the time you get better at it, specialising.</td>
<td>Number of nods from the public</td>
</tr>
<tr>
<td>Q</td>
<td>How many other areas in the country are doing this? What success have they had?</td>
<td>Interested faces and leaning forwards, side glances and watching speaker for response.</td>
</tr>
<tr>
<td>A</td>
<td>There are two or three areas that are doing this, and we are working with them.</td>
<td>Public frowns at each other, negative mummers, some side chatter ‘that was rude’, when person who asked original question came back with a second question, members of the audience muttering ‘give someone else a chance’, ‘come on, its 5 to 9pm’</td>
</tr>
<tr>
<td>A</td>
<td>Need to make sure more social care at GP surgeries, stress and anxiety affect everyone. Social prescribing is important part of helping people keep well</td>
<td>Nods, a verbal muttering ‘yup’ few people chewing their bottom lip.</td>
</tr>
<tr>
<td>Q</td>
<td>Did option 2 just make it because of the developers offer?</td>
<td>Public watching intently for response</td>
</tr>
<tr>
<td>A</td>
<td>Looked at whole range of options and option 2 only came on the table when the developer made an offer, it has now been through the same process as all the other options and met the criteria</td>
<td>Few nods, people crossing their arms and leading back in their changes</td>
</tr>
<tr>
<td>Q</td>
<td>You not talking about the financial difficulties you are all in, aren’t you all in special measures?</td>
<td>Some smiles and laughs verbal comments ‘This is all crazy, they got no money’ ‘We are getting waffle tonight’ ‘Lets have a real conversation’</td>
</tr>
<tr>
<td>Q</td>
<td>What about the £350k you spent on consultants? what about car parking?</td>
<td>Person asking the question said ‘I could go on’ groans from other members of the audience ‘Please don’t!’ ‘This is not what it’s all about’</td>
</tr>
<tr>
<td>Q</td>
<td>Both the two options need GPs, but GPs are few and far between, how will this work?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>GPs need varied and exciting jobs to attract them to work in east Kent and stay here</td>
<td>Warm, smiles and nods</td>
</tr>
<tr>
<td>Q</td>
<td>Need to change the culture of hospitals, culture is different at London hospitals</td>
<td>Audience nods Comment overheard from side conversation ‘You’ve got to get a grip of the culture’</td>
</tr>
<tr>
<td></td>
<td>We are putting the clinicians in charge as part of helping the culture change</td>
<td>Tension growing in the room, people trying to close down each other’s questions Someone tried to stop someone speaking and someone else said ‘Let him speak’</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Q</td>
<td>Seen older people coming out of hospital too early and being readmitted in a few days. Is this just misleading the statistics?</td>
<td>some smiling, nodding and verbal ‘ummm’</td>
</tr>
<tr>
<td>A</td>
<td>Each admission is counted, coming back after being discharged is counted again.</td>
<td>Audience starting to split into side conversations looking through papers on the table</td>
</tr>
<tr>
<td>A</td>
<td>These changes will need us all to compromise, like to hear what people think is most important</td>
<td>No significant response</td>
</tr>
<tr>
<td>Q</td>
<td>What about number of people being discharged without medication</td>
<td>No significant response</td>
</tr>
<tr>
<td>Q</td>
<td>Member of the public responded sharing her experience of the working in hospital and the discharge process</td>
<td>Public respond with nods and smiles and a few claps</td>
</tr>
<tr>
<td>Comment</td>
<td>The NHS is a miracle, what they do is fantastic</td>
<td>Public applause, people smiling and nods</td>
</tr>
</tbody>
</table>

Plenary session and close  
Timeframe and next steps discussed. Audience focused on the speakers, no significant reaction.

Exit chatter  
As the public left the meeting there was lots of loud chatter. People hung around to try and speak to the presenters and to talk to other members of the audience.
Morning of Wednesday 7th November at Canterbury

<table>
<thead>
<tr>
<th>Estimated number of people present</th>
<th>Observation of audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>Majority of older adults</td>
</tr>
</tbody>
</table>

Main speakers:
Liz Shutler – East Kent Hospital University Foundation Trust (EKHUFT)
Upaasna Garbharran - EKHUFT
Lorraine Goodsell – East Kent CCGs
Dr Simon Dunn – Canterbury CCG
Matt Jones - EKHUFT

Facilitator:
Lorraine Denoris

Chatter before event
People reading material on the tables and interacting with others at the table ‘that’s nonsense about older people…’
People completing the surveys
‘Is this all about cuts and savings, they say one thing but they’re doing another.’
‘The scary thing is that it’s our lives’.
‘The whole hospice consultation collapsed, and the chief honcho had to resign…’
‘Think that this will be a lively meeting’
‘Interesting to hear what they have to say’
Audible small talk about the weather etc.

Introduction
It was clearly stated that the meeting is a chance for everyone to ask questions and to have conversations. It was recognised that not everyone will want to ask open questions. It was clearly stated that no decision had been made about the future
Ground rules were set.
Speakers all stated they were happy to be recorded or filmed
Everyone asked to speak into the microphone to ensure those with a hearing loop could hear the conversations
Emphasised that no decisions have been made. Verbal responses ‘umms’, some chuckles and a good spirited warmth in the room
People still engaging with materials at the table, relaxed in their chairs.
When speakers were introduced, people starting to put papers down and look around the room to identify speakers, side conversations stopped, people starting to lean forward and chins resting on hands.

Short film
No side chatter, total focus on watching, no shuffling in chairs. During the clinician section people were seen jotting down notes.

Welcome address
No change in body language, people still actively listening.
Presentation on community challenges
At start of presentation a few more people crossed their arms across their chest, serious faces, actively listening. People remained focused throughout.

At the story of how things have changed, some people started nodding, some chuckles about the use of leaches and some people started to unfold their arms.
At mention of living longer with more complex diseases, nods and chuckles in response to the good-humoured jokes
At talk of Multi Disciplinary Teams and working as a wider system not separate organisations, some nods building to verbal responses of ‘umms and;’yeah’.

Talked about vision for vibrant primary care and local Minor injury units. People starting to exchange side glances, learning back in chairs.

First question session
<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>What unit are you using to measure care, in your percentage calculations?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>Patient visits</td>
<td>No significant response, people serious faces, learning forward actively listening</td>
</tr>
<tr>
<td>Q</td>
<td>Evidence that enhanced community care doesn’t necessarily reduce hospital demands, this is elephant in the room, you imply that community care will reduce cost of hospital care, do you have detailed cost models to share?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>Evidence does show improvements in quality of care. Have a ‘perfect storm’ here in East Kent. We need to be accountable to disproportionate amount of money being spent in east Kent on inadequate services’</td>
<td>Audience reactions, nods, verbal ‘yes’ and positive nodding and inclining heads</td>
</tr>
<tr>
<td>Q</td>
<td>What about growth in population number</td>
<td>Nods, verbal ‘umms ‘yeah’</td>
</tr>
<tr>
<td>A</td>
<td>Growth over next few years, will be absorbed in the extended community service no more beds available in the hospitals</td>
<td>Some side glances, frowns, but no verbal</td>
</tr>
<tr>
<td>Q</td>
<td>About national move to contracting, is this something that will happen with these changes?</td>
<td>No significant response</td>
</tr>
<tr>
<td>A</td>
<td>No plans to move towards this. Culturally need to move from competition to collaboration to overcome these issues</td>
<td>Some nods</td>
</tr>
<tr>
<td>Q</td>
<td>About the meeting venue and suitability and availability of tickets to attend</td>
<td>Some verbal ‘yeah’s and earnest nodding</td>
</tr>
</tbody>
</table>
**Independent observation of listening events on transforming health services in east Kent**

<table>
<thead>
<tr>
<th>Q</th>
<th>A</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apologies for the venue choice</td>
<td>No significant reaction</td>
<td></td>
</tr>
<tr>
<td>Request for a meeting in Faversham. Mental Health has not been mentioned</td>
<td>No significant reaction</td>
<td></td>
</tr>
<tr>
<td>Mental health is important, question do we change wholesale or in groups, targeting older frail people as first group. Mental Health Trust statement about being at all events.</td>
<td>No significant reaction, people taking notes, active listening, some people dropping eye gaze away from speakers</td>
<td></td>
</tr>
<tr>
<td>When I ran a business and demand grew for my services, I looked at how to upscale the process and secure the dosh, older people now being blamed as the problem, and KCC are struggling, it's a whole mess out there</td>
<td>Some wry grins, nods a verbal ‘yes’</td>
<td></td>
</tr>
<tr>
<td>There is a real challenge around finances and we are working closer together to avoid duplication and waste. Workforce planning being key to these options</td>
<td>No significant reaction</td>
<td></td>
</tr>
<tr>
<td>I haven’t heard about prevention, we need to be covering this from school upwards</td>
<td>Some nods and side glances</td>
<td></td>
</tr>
<tr>
<td>Prevention is critical to ensuring peoples wellbeing in the future and role for social prescribing</td>
<td>Nods</td>
<td></td>
</tr>
<tr>
<td>Have you factored in the total collapse of local government?</td>
<td>Verbal a few ‘Here here’s vigorous head nods, some note taking at tables</td>
<td></td>
</tr>
<tr>
<td>We are working together and KCC are part of the team looking at the options</td>
<td>No significant reactions</td>
<td></td>
</tr>
<tr>
<td>Are the ambulance service part of these discussions, what can you do to make them improve apart from sort out the roads?</td>
<td>A number of people chuckling and a number of smiles and nods</td>
<td></td>
</tr>
<tr>
<td>Recognise that Ambulance service are involved and the whole system needs to work together</td>
<td>No significant reaction</td>
<td></td>
</tr>
</tbody>
</table>

People starting to shuffle in chairs, more side conversations starting

**Presentation of hospital challenges**

As presentation started, a mixture of people sitting with arms crossed, leaning back and some people learning forward with chin on hands.
At the stories about how things used to be, old style matrons, carry on film analogies, audience laughter, smiles and arms starting to be uncrossed.

Move to slide about hospital networks and audience is fully listening, no side chatter.

At the illustration of specialisms needing to see people frequently, or if you only see one person every few years, you won’t be very good, there was public nodding with serious faces.

Explaining the majority of what hospitals do is routine, and this can be local, some nods, serious faces and a few people frowning. More people have uncrossed arms and body language is more open and relaxed.

Presentation of detailed options
On presentation of the options slide, people leant forward. Looking around others to see the slide better. Hands move back toward faces, people actively listening and thinking.

Why not three A&Es discussion caused no significant reaction nor did the explanation of the detailed options.

Local impact slide saw active listening from the audience but no significant reaction either verbal or nonverbal.

Last winter 3,000 operations were cancelled over 3 months. Those patients are often still in pain and still waiting. Explanation that they want to protect planned surgery. Nods of agreement seen on tables in response to this statement.

Tea break
During the tea break people continued talking to others, around 6 people left at this stage.

• ‘but we need to keep an eye on the bigger picture’
• ‘It’s good we’ve got consultants here to talk to directly’. Members of the public were seen approaching identified clinicians during the coffee break and sharing stories or viewpoints’
• ‘At least they are asking us, they used to just tell us’.
• ‘In theory I get it, but in practice I can’t see it working’
• ‘It’s ridiculous, did you know they going to build another 4000 houses near us?’
• ‘Even if the ambulance could get to you, and get you somewhere on time, they might then have to move you again if you in the wrong place!’
• ‘I don’t mind it being in the centre’
<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>Day surgery/ outpatients move around the hospitals, will this still happen?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>This is all about being able to see the right people at the right time, we will look into that and make sure to include it in further details</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>Q</td>
<td>Question about maternity services being on central site</td>
<td>Some side glances and a few people frowning</td>
</tr>
<tr>
<td>A</td>
<td>Maternity will continue to be delivered from local units with a single consultant led unit</td>
<td>Some muttering and a few people shaking heads</td>
</tr>
<tr>
<td>Q</td>
<td>I get the model will take pressure off hospitals, but we’ve only got one full status Urgent Treatment Centre, will these services that we have built up at our GP surgeries be safe in these changes?</td>
<td>Public nodding, verbal ‘hear hear’s</td>
</tr>
<tr>
<td>A</td>
<td>There are no promises of money to fund either option, there is need for investment, need for whole system to work together and investment in GP surgery also needed.</td>
<td>Wry grins, shared glances, frowns, serious nodding, people clearly reflecting on the response.</td>
</tr>
<tr>
<td>Q</td>
<td>Staff members relying on hospitals out of the areas, i.e. specialist cystic fibrosis services. Will these changes be a chance to bring specialist services into Kent?</td>
<td>No significant response</td>
</tr>
<tr>
<td>A</td>
<td>Already rely on specialist service outside of Kent for very specialist things, we do have a specialist nurse in this area, but we will continue to work with very specialist units outside of Kent for the limited number of Kent people who need that service.</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>Q</td>
<td>If West Kent also undertake this process, won’t that change how the boundaries lie and it could be that Maidstone becomes A&amp;E rather than Ashford?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>West Kent have identified specialist areas across their hospitals already, and Tunbridge Well is a Trauma Centre, so it wouldn’t move to Maidstone</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>Q</td>
<td>What are the estimates of capital costs?</td>
<td>People turning to watch for response</td>
</tr>
<tr>
<td>A</td>
<td>Costs are very approximated at this stage as we have not developed a detailed specification, at this stage, around £300m – this will be part of further options appraisal</td>
<td>No significant reactions</td>
</tr>
<tr>
<td>Q</td>
<td>Developer funding, is not new money – what would not be done as a result of money going into a new hospital?</td>
<td>Handful of people nodding</td>
</tr>
</tbody>
</table>
Table top discussions
Themes have been gathered by triangulating direct observation at the tables and reviewing all handwritten notes taken by facilitators. The number of mentions, both positive and negative were themed. Although the table top discussions were focused around 4 questions, for the purpose of this report we have themed all responses as a single data set to give a collective view of the most frequently mentioned issues. Each theme is illustrated by a range of quotes in order of frequency.

GPs and community services
(21 mentions)
- ‘Really pleased with my GP, they know me’
- ‘Local means seeing people their own homes’
- ‘They’ve tried offering things (appointments) more locally but some people don’t go, some fear if you don’t go you lose your place in the queue, I have heard of people paying loads of money to get taxis, so they can make appointments on time, or stressing about getting 3 buses to the appointment’
- Can’t get to see my GP, they need to be more flexible
- Minor injuries need to be 24/7
- Who can deliver all the extra care in the home and community to get faster discharge, is social care really working closely with you?
- GP appointment online booking
- The hubs have been a benefit
- Minor injury unit at Deal is fantastic
- Didn’t know about frailty teams, this sounds like a good idea, how do you access these teams?
- Like idea of having an Urgent Treatment Centre but when will it happen?
- Like to see more social prescribing, preventing social isolation
- Care navigators are really good
- If GP surgeries did more, more likely to want to be a GP
- Risk to follow up care falling down
- Like to see more services delivered at GP surgeries

Funding and planning
(18 mentions)
- Is this just a stepping stone, do they need to be brave and make a bigger decision now?
- It’s only because of the financial restrictions and the financial environment you and KCC face?
- 20 years ago, there was a feeling of if it isn’t broke don’t fix it, now it is broken and has got to be fixed
• It's shocking that nobody bothered to bring along any financial information, it is unprofessional. How are we to make judgement about which options are potentially the best without this information?
• Don't get rid of the beds before getting community care in place. It happened in mental health, don't let it happen in physical health
• How are you going to fund care in the community? That's why bed blocking is happening
• Treating all demographics of Kent and Medway as the same, you need to factor deprivation in the equations
• Are the two options hard options or are there sub options, could there be a third option?
• Are we relying on the developer?
• West Kent could do this too and will that affect us?
• Private hospitals have capacity, and they have contracts to help the NHS, are you using these efficiently?
• Why spending money on repairs of William Harvey, if going to move it all?
• Some people abuse the system, what can you do about that?

Travel times and transport
(15 mentions)
• Need to improve transport links between the 3 hospital sites
• Promised previous transport improvement in previous consultations and they haven't happened
• Not enough parking available
• Elderly people, disabled people and those without cars, trying to visit friends and relatives in hospital, the transport is not good enough. Having people around you is important for people to recover.
• Planned hospital transport, don’t always come with the right equipment to help you.
• Public transport is difficult, no direct bus from Canterbury to Ashford Hospital

Geography
(11 mentions)
• New hospital at Canterbury will benefit more people, including Thanet.
• Need more local services in Faversham
• Centralised in Canterbury would be best and has quick access from Queen Elizabeth Queen Mother hospital
• If everything moves into option 2, there will be less fragmentation
• Option 2 a braver option to have a bigger hospital with everything centralised

Concern about not being given the full picture
(8 mentions)
• Need to know whether community services improvements will drive down the number of acute hospital admissions, need to see the evidence.
• How do outpatient resources impact on these options?
• What does local mean?
• The financial information is not clear
• Concern about how many beds will there be, cannot make revenue saving unless got enough acute beds
• Opportunities need to be weighed against risks

Workforce
(8 mentions)
• Is there enough workforce to cover 3 sites?
• Do you need more resources to deliver against the 2 options?
• Workforce is key to the improvements
• Nurses and funding nurses training. Nurses are working in the private sector
• Use of medical school, training Drs, to bring them into the area and then they may stay
• Can’t recruit more nurses, the medical school might help
• NHS staff are doing excellent work
• Will staffing levels in SECAmb cope with the demand?

Developing specialisms and centralising services
(8 mentions)
• Maternity – It’s all ok when its going well, but it’s always an emergency when things go wrong, what then?
• Less fragmenting of service will bring specialists together which has got to be good
• Clinical effectiveness, centralising specialism, understand that, so you do need to change, and you need to make services that people want to train and work in
• Sometimes you have to go back again as the consultant wasn’t in clinic the day you go
• Planned surgery could be available for longer hours making best use of operating theatres

Joining up services and culture change
(5 mentions)
• ‘There needs to be a culture change’
• What we have currently is not working, so case for change is good
• It’s not working, community and hospital are not working together enough, they don’t join up, things get thrown to the voluntary sector to pick up what they don’t want to do

Technology and accessibility
(4 mentions)
• Need to use technology, a son / daughter could fire up the laptop, talk skype to DR and find out what’s wrong with mum
• Want to be able to use technology moving forward, can’t just look at the now
• Using teleconferencing for patients as well as multi-disciplinary team working
• Improve telemedicine for all

Communication with the public
(4 mentions)
• You need to be clear, you need to tell people what is being offered and where.
• Need to be more focused on prevention
• How can we help tell people where they need to go?

Quality and continuity of care
(4 mentions)
• Need to meet national quality standards. Cancer is a scandal.
• Continuity of care for Mental health and midwifery are vital
• Need continuity of care from discharge and into the community

Mental health
(3 mentions)
• Mental health including young people, been a Cinderella service for so long
• Need mental health training for all public agencies to better meet peoples needs
• Need to improve Children Adolescent Mental Health Services and Adult Mental health services
  Ambulance services
  (3 mentions)
  • What about ambulance service investment?
  • Can they (Ambulance) provide mobile hospitals like in Scotland?
  • What about the difficulties in getting an Ambulance?

Observation of table discussions
All tables quickly focused on the questions posed. All tables seemed to be working well with very few side conversations.
Process of going around tables to feedback and checking that spokesperson had captured the key issues worked very well, Lots of nods and smiles from participants, body language relaxed.

Plenary session and close

<table>
<thead>
<tr>
<th>Q</th>
<th>Shameful that I had to prise the finance out of you.</th>
<th>Reaction fairly equal mixture of heads shaking in disagreement ‘they can’t work that out until they know what they need to deliver’ and agreeing nods with verbal, ‘mmms’</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Precise cost will be included at next stage</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>Comment</td>
<td>Process is not quick but has to be robust and will take some years</td>
<td>Nods and some ‘umms’</td>
</tr>
<tr>
<td>Q</td>
<td>Do you have lay members on your decision-making group?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>Yes, we can give you names of lay members</td>
<td>Humour amongst audience, some people seen rolling eyes, comments overheard ‘poor people!’, ‘They’ll be running for the hills now!’</td>
</tr>
</tbody>
</table>

Exit chatter
Audience left quickly with very little chatter.
Evening of Tuesday 13th November at Ramsgate

Estimated number of people present
90

Main speakers:
Jihad Malasi – Thanet Clinical Commissioning Group (CCG)
Caroline Selkirk – East Kent CCGs
Upaasna Garbharran – East Kent Hospital University Foundation Trust (EKHUFT)
Susan Acott - EKHUFT
Matt Jones - EKHUFT

Facilitator:
Lorraine Denoris

Observation of audience
On arrival at the venue people were outside with a large banner, handing out fliers and asking attendees to sign up to petition.

Majority older adults with a handful of working age adults.
Some political T-shirts and campaign T-shirts.
The venue had set aside a seating area for people who hadn’t booked.
The room was full and people were standing at the back.
There were not many people wearing lanyards.

Chatter before event
Chatter was muted, small talk and saying hello to others at the table. People reading table top material, very limited chatter across the tables.
Shortly before the event started, people with placards came into the room and took their seats. The chatter hushed.

Introduction
It was clearly stated that the meeting is a chance for everyone to ask questions and to have conversations. It was recognised that not everyone will want to ask open questions. It was clearly stated that no decision had been made about the future
Audience was silent, straining to see people as they were introduced. No significant reactions to the introduction.
People settling into their seats.
‘we all here because we care about the NHS’ some audience reaction of laughter and one group of people started side chatter, mutterings.

Short Film
Audience was silent and actively listening, leaning forward, hands on chin, to face, or sitting with arms crossed. No side chatter. During the video, mention of people with dementia got one or two nods from audience members.

Welcome address
Audience silent during the address, no significant reactions, arms folded some hands to faces, actively listening, some heads inclined. No verbal reactions.

Presentation on community challenges

<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>Before you start, what about plans to build 1700 homes in Thanet, how will this affect our hospital which can’t cope now?</td>
<td>Reaction, claps from around the room, nods</td>
</tr>
</tbody>
</table>
A I am one of the people that has to make the decision, I want to hear your thoughts

Interrupted by 2 or 3 heckles ‘make the right one then’.

Presenter referred to his local connections ‘you could almost say I am pickled in east Kent!’ This triggered warmth from the audience with laughter and smiles. Stories of how NHS care has changed, no significant audience reaction. No such thing as a Dr who can do it all anymore, GPs are also wanting to specialise in areas that interest them. No reaction from the audience. Technological advances discussed – no reaction. Audience remained silent, listening and focused on speaker. Challenges slide – no significant reactions ‘4 hrs wait time, one of the worst in the country’ – triggered some slight nods and smiles. ‘Even if we had all the money in the world, we would still not be able to improve some of these things’ single verbal reaction ‘nah’, no significant response from rest of the room. GP practise are closing, can’t sustain the business, can’t get staff – audience reacted with some side glances.

First question session

<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>No community support, so how are you going to do all this? If we can’t get to A&amp; E, we will die. How will you confront the problem of people who don’t know about the services?</td>
<td>Few claps from parts of the audience</td>
</tr>
<tr>
<td>A</td>
<td>We don’t use resources very well, need to use it all better to deliver everything we need. Better working together across services</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>Q</td>
<td>Personal story of older lady with broken hip had to pay for rehab, none available – this is not acceptable</td>
<td>Some people shaking their heads</td>
</tr>
<tr>
<td>Q</td>
<td>I do want local care, but you’ve not described how this will happen, it’s not good enough</td>
<td>Reaction some muttering and shaking heads</td>
</tr>
<tr>
<td>Q</td>
<td>This is based on reducing hospitals because community can take people in. Continuity of care is evidenced in better outcomes. In reality we are seeing GPs shut, small surgeries can’t survive.</td>
<td>People listening to question no significant positive or negative reactions, one person clapped.</td>
</tr>
<tr>
<td>A</td>
<td>Trying to change the way we are working to give more time for GPs. Start to build the detail, these events will influence the developing thinking, we are not there yet</td>
<td>Serious faces, no side chatter</td>
</tr>
<tr>
<td>A</td>
<td>Acknowledge that there are gaps, we are looking at the care people need outside of hospital and planning the workforce we need for this</td>
<td>Some muttering at one table, ‘It’s a load of flannel’, a heckle ‘You are talking at length but not saying anything’, leading to handful of side chats and mutterings</td>
</tr>
<tr>
<td>Q</td>
<td>It’s a myth that hospitals are full of people who don’t need to be there, no factual evidence for these plans</td>
<td>Large round of applause from across the room, whistles, verbal ‘whoa!’</td>
</tr>
<tr>
<td>A</td>
<td>Consultant see patients, but we need to focus on prevention, why did the person fall? What else could we do to help them</td>
<td>Some people seen taking notes</td>
</tr>
<tr>
<td>Q</td>
<td>Member of the public asked ‘Can I ask for your sources?’</td>
<td>Some nodding and side muttering</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>A</td>
<td>Moderator – we will come back to you</td>
<td>Heckles, ‘Have some respect’, one or two other muttered heckles, not caught</td>
</tr>
<tr>
<td>Q</td>
<td>Are you trying to convince us with anecdotal evidence rather than a cross party parliamentary white paper</td>
<td>Few claps, mutterings</td>
</tr>
<tr>
<td>Q</td>
<td>Seems there are 2 options but only one hospital has the full range of A&amp;E</td>
<td>Round of applause.</td>
</tr>
<tr>
<td>Q</td>
<td>What will this decision mean for the stroke unit?</td>
<td>Verbal, ‘umsms’</td>
</tr>
<tr>
<td>A</td>
<td>Talked through the slide for 3 A&amp;Es</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>Q</td>
<td>In life accidents happen, I would not have survived if stroke unit had been moved, so what is it, is it staff, is it money, is it not managing what we have?</td>
<td>Side chatter, and a few nods across the room</td>
</tr>
<tr>
<td>A</td>
<td>Standards are changing as healthcare advances and we need to meet them response,</td>
<td>Continued side chatter</td>
</tr>
<tr>
<td>Q</td>
<td>Not answered about stroke services, we need a clear answer</td>
<td>Side chatter volume increasing</td>
</tr>
<tr>
<td>A</td>
<td>Stroke services has been decided and announced Final decision made in January, sorry it wasn’t the answer you were looking for. Still have to complete the process, but it is currently the preferred option</td>
<td>Heckle ‘It was decided before it started’ Lots of side chatter, people exchanging glances, some people frowning</td>
</tr>
<tr>
<td>Q</td>
<td>Hyper Acute Stroke Unit (HASU) needs wrap around care but still indicated stroke service at Margate hospital site will remain for follow up care after 24 hrs acute hospital admission, is this the case?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>Rehab work happening now, will be done locally</td>
<td>More chatter</td>
</tr>
<tr>
<td>Q</td>
<td>95% of my care is provided by me, what can people do to help themselves</td>
<td>Audience still talking over the start of this question… Nods and smiles</td>
</tr>
<tr>
<td>Q</td>
<td>If we take better care of ourselves we won’t go to GP as much</td>
<td>Nods and verbal ‘umsms’ claps some head shaking and one person muttered ‘that’s right now blame the patient’</td>
</tr>
<tr>
<td>Q</td>
<td>We want good medical services, but you don’t have control of Kent County Council (KCC), it’s not being bed blocked, it’s services being closed down. What is a small GP practice?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>GP being small is determined by population it serves not by number of Drs it has.</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>Q</td>
<td>What is happening in Thanet?</td>
<td>Whispered side chatter</td>
</tr>
<tr>
<td>A</td>
<td>We are struggling as we’re not delivering the standard of healthcare we need, doing it the way we did years ago, demand placed on us is phenomenal</td>
<td>People focused on speaker, no significant reactions</td>
</tr>
<tr>
<td>A</td>
<td>Investing in GPs and practices, in last 6 months 6/7 posts added to GP surgeries and 2 GPs</td>
<td>Some nods</td>
</tr>
<tr>
<td>A</td>
<td>GPs seen great shift in how primary care delivered, tried for 3 years to recruit, got to think differently, qualified people are just not there. So, building a team around the GP</td>
<td>Serious faces, leaning forward and listening serious thinking faces</td>
</tr>
<tr>
<td>Q</td>
<td>Making the most disadvantaged groups in Thanet travel to seek medical attention, it won’t wash</td>
<td>Some claps and nods</td>
</tr>
<tr>
<td>A</td>
<td>We send children with strokes to London, absolutely trust that’s the right place for them, where the specialists are</td>
<td>Some muttering “This is so ridiculous”, and some claps and verbal ‘Well done’</td>
</tr>
<tr>
<td>Q</td>
<td>I am dubious, don’t share others absolute admiration of the NHS, the discharge process is awful and just not working, when will East Kent hospitals look at this?</td>
<td>Mutterings, nods</td>
</tr>
<tr>
<td>Q</td>
<td>Lengthy personal story and views touching on journey times, Target driven top down national agenda, pushed out regardless of local geography, centralising not improving death and disability outcomes, staff shortage is being used as excuse for closing hospitals</td>
<td>Most people listening intently, turning to look at speaker, at the end some claps and verbal support ‘Hear hear’</td>
</tr>
<tr>
<td>Q</td>
<td>Facilitator tried to bring contribution to a close and move the microphone to next speaker, audience reaction, ‘Let her speak’ and negative verbal response</td>
<td></td>
</tr>
<tr>
<td>Q</td>
<td>Same speaker continued - request you include 3 options</td>
<td>‘Hear hear’, applause lots of side glances and warm applause</td>
</tr>
<tr>
<td>Q</td>
<td>Speaker asked for a show of hands who wanted a third option.</td>
<td>Majority of audience hands went up ‘Well done’</td>
</tr>
<tr>
<td>Q</td>
<td>I am not convinced by what I am hearing, real problem is with the workforce, shortage of money in the system can we have this come to HOSC (Health Overview &amp; Scrutiny Committee). Money is a political football, not making political point but we should be making most of opportunities.</td>
<td>Some applause and people exchanging glances</td>
</tr>
</tbody>
</table>

**Tea break**
Some chatter around options and money
‘It just takes one person to die’
Good humoured vibe in the room
Clinicians seen talking to audience members during the tea break

**After Break**
A response made to questions before tea break.
The future is not about big GP practices, but about working better together. Medical school has been confirmed with 100 students starting in Sept 2020, in 5 years/ 10 years we will see a change in our workforce. One or two nods in response.

Presentation of hospital challenges
People settling into chairs drinking tea/ coffee
No chatter, watching slides, full concentration throughout the presentation, no significant reaction apart from at mention of having to go to William Harvey Hospital for trauma, 1 or 2 shakes of the head and some muttering from different parts of the road. Reference of Trauma Association Research Network given for audience to source if they wished.

Presentation of detailed options
Silence, no side chatter, leaning forward but at discussion of emergency / urgent care, some hands went up, some heckles requesting clarification, ‘how will the public know the difference?’ some side chatter and frowning faces.
Towards end of presentation hands waving in the air. Heckles from one group within the room to end the slides and get to the questions.

Second question session

<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>Option 2 only viable if new hospital at Canterbury</td>
<td>Claps</td>
</tr>
<tr>
<td>Q</td>
<td>Hyper Acute Stroke Unit Consultation was all about getting to right place in time, what if you now move it again?</td>
<td>Lots of side chatter, ‘People won’t make it’ mutterings head shaking</td>
</tr>
<tr>
<td>Q</td>
<td>Stroke is the essential thing, if M20 closed, we need it here. Also, QEQM is a major employer and we need it economically</td>
<td>Applause and supporting verbal response</td>
</tr>
<tr>
<td>A</td>
<td>This is not an open and closed issue. The hospital will remain an employer and continue delivering service.</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>Q</td>
<td>This is discrimination, under 2012 Act Thanet CCG must give due consideration to equality, if you are living out in rural areas this discriminates against you</td>
<td>Audience support verbal ‘Let’s hope he is listening to us’</td>
</tr>
<tr>
<td>Q</td>
<td>These plans are just sugar-coated pill from the builder, not heard about this yet</td>
<td>Some nods, some verbal ‘umms’ Others remaining focused on speaker no significant reactions</td>
</tr>
<tr>
<td>A</td>
<td>This time last year there was just Option 1 but developer stepped forward and both options have now been through the criteria and met the shortlist criteria. Both options require huge amounts of investment. Still needs to get through national committee. The developer is not making the decision, the offer has to go through all the criteria</td>
<td>People watching the speaker, but no significant reactions</td>
</tr>
<tr>
<td>Q</td>
<td>How long is it going to take if we go to Canterbury option?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>Take between 5-10yrs, in the interim we need to start developing local care</td>
<td>Whispered side chatter, few people nodding</td>
</tr>
<tr>
<td>Q</td>
<td>What about all the housing that is being built?</td>
<td>Few people nodding</td>
</tr>
<tr>
<td>A</td>
<td>KCC and district councils are helping us map the growth in all areas, growth in numbers as well as growth in pressure for</td>
<td>Some frowning, some people leaning heads to one side, active thinking</td>
</tr>
<tr>
<td>Q</td>
<td>Have any of these ‘bean counters’ been in an ambulance? All these stupid people using A&amp;E coz their finger hurts. They’ve not trained enough Drs and nurses. MPs have all got private healthcare.</td>
<td>Some side conversations started, a mixture of people nodding and others shaking their heads</td>
</tr>
<tr>
<td>Q</td>
<td>Would ambulance crews make the decision about where I go?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>Paramedics are highly trained professionals and they have clear guidance who to transfer and when</td>
<td>No significant reactions</td>
</tr>
<tr>
<td>Q</td>
<td>Under option 2, 999 calls go to Canterbury is that right?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>Depends what the paramedics think is happening and will take person to the best place Really big difference between emergency and urgent, need to get person to right ward at the right time</td>
<td>Reaction with some nods, listening and watching speaker</td>
</tr>
<tr>
<td>Q</td>
<td>Think the CCG needs to pause and look at what needs to happen, couldn’t agree more about need to change services but money not guaranteed to go to community services</td>
<td>Few claps, some nods</td>
</tr>
<tr>
<td>A</td>
<td>This is a pause in the process, coming out to share the thinking with you and listen to what you all say. Government have put a 5th test in place and the community services must be in place and working before we can apply for funding</td>
<td>Hands to face, people frowning and actively thinking about responses</td>
</tr>
<tr>
<td>Q</td>
<td>Things seem upside down, you want emergency care closest and quick to get to, and urgent care, when its uncomfortable, you could travel further. Emergency care is time critical</td>
<td>Some verbal side chatter, nodding</td>
</tr>
<tr>
<td>Q</td>
<td>In option 2 maternity, what happens if normal delivery suddenly goes wrong what happens then?</td>
<td>Some nods and people looking to response</td>
</tr>
<tr>
<td>A</td>
<td>A low risk delivery doesn’t suddenly become an emergency without indicators of things starting to change. Under option 1 nothing would change, under Option 2 the ambulance would transfer you to Canterbury Midwifery unit want to hear all the views and hear about travelling times and experiences</td>
<td>Some muttering</td>
</tr>
<tr>
<td>Q</td>
<td>I had a stroke 12 months ago, the ambulance arrived, the paramedic missed the stroke, they are trained very well, but are they trained to the standard we need. Do you know why there was an A&amp;E put at hospital in Margate? Because there was an accident at the docks and they took them all to Canterbury, but lots died on the way there, so they built A&amp;E closer, in Margate.</td>
<td>Warm applause</td>
</tr>
<tr>
<td></td>
<td>Will decision makers today be happy to take that risk?</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>A</strong></td>
<td>No-one is infallible, I escort critically ill patients around the country, it’s a proven model of taking people to specialists</td>
<td>Reaction focused, no significant response, some nods</td>
</tr>
<tr>
<td><strong>Q</strong></td>
<td>Most people here are objecting to option 1 &amp; 2, if this meeting had taken place before you might have 3 options. People being involved in the decision-making process</td>
<td>Reaction verbal support ‘Yes that’s right’ nods</td>
</tr>
<tr>
<td><strong>A</strong></td>
<td>I’m a lay member, give your views</td>
<td>Reaction lots of heckles, comments lost in the volume of chatter and heckles, took some time to subside</td>
</tr>
<tr>
<td><strong>Q</strong></td>
<td>A&amp;E is not just about being treated it’s the first stop to someone else, seeing a specialist</td>
<td>Still some background chatter and side conversations</td>
</tr>
<tr>
<td><strong>A</strong></td>
<td>Patients need to go somewhere first, if it’s a child the first port of call will still be A&amp;E, there will always be some children who live half an hour away and some who live further</td>
<td>No significant reactions</td>
</tr>
</tbody>
</table>

Closing comments
Explaining next steps slides people were listening closely.
Few people starting to put on coats and leave as event has overrun

Exit chatter
- ‘That was really useful’
- ‘That was interesting’
- ‘Do you think they’ll listen?’
- ‘Lots to think about’
- ‘They’ve got to give more detail, how can we decide from that?’
- ‘They need to talk to us more’
- ‘Everyone here is so unhappy with what has been suggested’
Morning of Thursday 15th November at Dover

<table>
<thead>
<tr>
<th>Estimated number of people present</th>
<th>Observation of audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>On arrival, Save Our NHS in Kent were greeting people with leaflets about what to do at the listening event and asking people to sign petition</td>
</tr>
</tbody>
</table>

Main speakers:
Jonathan Bryant – South Kent Coast Clinical Commissioning Group (CCG)
Liz Shutler – East Kent Hospitals University Foundation Trust (EKHUFT)
Caroline Selkirk – East Kent CCG
Upaasna Garbharran - EKHUFT
Facilitator:
Lorraine Denoris

Chatter before event
People looking around the room to see who is present, people pointing others out ‘that woman over there, she spoke at another event’
‘public money, it’s terrible what they spend it on’
‘They did the same at Buckland’
‘Can’t understand why they want a super hospital in Canterbury, people will be dead if they go from here.’
‘It’s a shame they shut A&E at Canterbury’
Chatter died down as start of the event came closer.

Introduction
It was clearly stated that the meeting is a chance for everyone to ask questions and to have conversations. It was recognised that not everyone will want to ask open questions. It was clearly stated that no decision had been made about the future
People watching in silence, listening and watching the facilitator, no change in people’s expressions or body language.

Short film
People focused on the screen, no significant reactions during the film, people actively listening.
People with hands to face, 1 or 2 people taking notes during the video
During the video, a member of SONIK walked around the tables, marking attendees on a table plan, noting how many NHS staff and members of the public appeared to be present.

Welcome address
After the video a few people started leafing through the table material, no significant changes to people’s facial expressions or body language.
Presentation on community challenges

People actively listening to the presenter. Not many people sitting with arms crossed, people seem relaxed in their chairs.

At mention of GP retirement, a number of people huffed, no significant facial reactions.

More people taking notes during the challenges slide at least 1 person per table was observed making notes.

At mention of continuity of care some side glances exchanged.

First question session

<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>I agree, need to keep people out of hospital, but concern is where is the money coming from for community services?</td>
<td>People turning to look and smile at each other, some nods, some people actively listening</td>
</tr>
<tr>
<td>A</td>
<td>It’s about everyone working together, joining things up</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>Q</td>
<td>Facilitator asked ‘why is it not already happening?’</td>
<td>People reacted by smiling and nodding some verbal responses umm ‘that’s a good question’</td>
</tr>
<tr>
<td>A</td>
<td>We are investing in the community</td>
<td>No significant reaction, not all looking at the speaker, some people looking down and listening</td>
</tr>
<tr>
<td>Q</td>
<td>Call 111 and they always send you to A&amp;E, sharing of a personal story</td>
<td>People reacted with smiles and nods, others raising eyebrows in reaction to the story.</td>
</tr>
<tr>
<td>A</td>
<td>Trying to spread people we’ve got and use workforce the best way</td>
<td>Some nods</td>
</tr>
<tr>
<td>Q</td>
<td>Can we cut to the chase, we’re here for the A&amp;E</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>I understand about wanting tests promptly, lots of patients come back to me just to find out where they are in the queue for things, agree things need to change but the question is what to change?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>Q</td>
<td>What resources will this need?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>We need to turn things on their head, 90% care happens in GPs but get 8% of the funding. We need to move resources round, people are using their GP to address issue of social isolation so need to work closer with social care colleagues. Awaiting details of NHS settlement, we are expecting it to be badged for developing and funding preventative services, which we will invest in community services.</td>
<td>Reaction - people writing and making notes, serious faces</td>
</tr>
<tr>
<td>Q</td>
<td>What percentage of community services has already been implemented?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>A</td>
<td>Today the home visiting &amp; minor illness service is up and running, fraility service just starting we have plans to do more.</td>
<td>Some nods, people with heads inclined actively listening</td>
</tr>
<tr>
<td>Q</td>
<td>I was blue lighted up to Kings and they saved my life, but we are sending too many people too far. We are a company that can offer physiotherapists that travel to you, so you don’t have to travel.</td>
<td>Some mutterings and head shakes from audience verbal ‘they’re private sector’</td>
</tr>
<tr>
<td>Q</td>
<td>Younger adults with learning disability in care homes, can be really challenging for them to travel, even needing sedation. We need to think about them too.</td>
<td>Some nods from people across the room</td>
</tr>
<tr>
<td>A</td>
<td>Absolutely right to raise profile of people with disability, the care home is their home, need to make sure we can offer support in homes where possible.</td>
<td>Reaction nods across each table</td>
</tr>
<tr>
<td>Q</td>
<td>SONIK shared a personal story that lead into number of factors around prevention. Facilitator intervened to suggest this question was referred to later in the event after presentation about the hospitals.</td>
<td>Reaction to the interruption was negative, mutterings and some verbal comments ‘let her speak’, ‘what's this, being told when you can and can’t speak?’ Some people with frowns and shaking heads</td>
</tr>
<tr>
<td>Q</td>
<td>How is this all going to be resourced?</td>
<td>Reaction some members of the audience shaking their heads, verbal comments ‘they just answered that’</td>
</tr>
<tr>
<td>Q</td>
<td>Need to get new staff without poaching from other services.</td>
<td>Open faces some side chatter &amp; earnest nods</td>
</tr>
<tr>
<td>A</td>
<td>Staff are being attracted by these new ways of working. Medical school is huge opportunity for us. Offering part time opportunities to keep people working longer and delay retirement.</td>
<td>Frowns and active thinking, some verbal comments ‘umm, not convinced’</td>
</tr>
<tr>
<td>Q</td>
<td>NHS and politics go hand in hand, if people miss appointments, we should charge them for wasting time and resources.</td>
<td>Reaction muttering ‘of course they do’ Nods and supportive clapping</td>
</tr>
<tr>
<td>A</td>
<td>I have some sympathy for this as a professional when appointments are missed, we have to make that time up later. We do use text messages to remind people of appointment and this is currently freeing up 2000 appointment a month</td>
<td>Some side glances and nods</td>
</tr>
<tr>
<td>Q</td>
<td>Prevention surely the best way, need to educate people and we may have to unlearn some of things we thought we knew</td>
<td>Nods and some side glances</td>
</tr>
<tr>
<td>A</td>
<td>Now starting to do this in groups, which then become a peer support groups, social prescribing/ care navigators are key part of this</td>
<td>One or two nods</td>
</tr>
</tbody>
</table>
Presentation of hospital changes
People looking at papers on the table, no side chatter, actively listening
Slide around why not three A&Es, one or 2 nods, otherwise no significant change in facial or non-verbal postures.
People looking up from papers at the table and paying full attention to the slides, people relaxed in chairs arms unfolded.
At the slide showing how things have changed over the years some people nodded.
People actively listening to the hospital network information and a number of people had their hand to face, actively thinking, less people taking notes and no fidgeting, side glances or verbal reaction.
At the mention of planned operations, some people starting to take notes again.

Presentation of detailed options
People reading papers on the table
During slide to highlight local impact, one person using iPad to pull up map of the area as reference whilst speaker talking about what services would be where. Audience actively listening, hands to faces.
At mention of last years cancelled planned surgery, some side glance and raised eyebrows. No side chatter.

Second question session

<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>What about midwife lead services?</td>
<td>One or 2 nods from the audience</td>
</tr>
<tr>
<td>A</td>
<td>We want to hear your views</td>
<td>Some side chatter and this continues for a while.</td>
</tr>
<tr>
<td>Q</td>
<td>If it’s really serious you go from Kent to Kings, will this still happen?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>Yes, trauma networks will still be the same</td>
<td>Number of nods</td>
</tr>
<tr>
<td>Q</td>
<td>Are options in existing buildings?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>No, we will need to build new buildings and enhance what we currently have</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>Q</td>
<td>How are we going to travel on the road network, is this taken into account in the planning?</td>
<td>Few nods</td>
</tr>
<tr>
<td>A</td>
<td>We’re working with district and county councils and it’s certainly part of the planning and weighing up the options</td>
<td>Some side shatter and shaking heads, hands shrugged in the air</td>
</tr>
<tr>
<td>Q</td>
<td>These are lovely words but cuts in KCC mean that there is no care in the community, how are you going to do this?</td>
<td>Nods and smiles of agreement</td>
</tr>
<tr>
<td>A</td>
<td>KCC has not reduced funding in social care and we are looking to invest significantly</td>
<td>Frowns, serious faces and shaking heads, side glances</td>
</tr>
<tr>
<td>Q</td>
<td>Is there a cost analysis on the options?</td>
<td>Some slight head nods</td>
</tr>
<tr>
<td>A</td>
<td>Analysis will happen at the next stage when we know what we need to do, finance is a criteria in the next phase of the evaluation</td>
<td>No reaction, audience are looking and listening</td>
</tr>
<tr>
<td></td>
<td>Travel, workforce and other factors are also criteria all these things need to be considered together</td>
<td>Some people nodding</td>
</tr>
<tr>
<td>Q</td>
<td>If we can’t get money for chosen option is it a deal breaker?</td>
<td>Some chuckles, verbal comment ‘course it is!’</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>A</td>
<td>Each option needs to pass tests to show that it can be afforded and local care is in place, before we can consult on the options. Can’t consult on something that we can’t afford to do</td>
<td>One or two people, exchanging side glances. Rest of room show no significant reaction</td>
</tr>
<tr>
<td>Q</td>
<td>I am concerned that you might lose flexibility to cope with the winter bulge in hospital use</td>
<td>A few nods and verbal ‘umms’</td>
</tr>
<tr>
<td>A</td>
<td>At the moment we have conflict in managing bulges and dips in attendance at hospital as all beds are medical beds, if we take planned surgery offsite, those beds will not be affected by seasonal changes</td>
<td>No significant reaction. People focused on response</td>
</tr>
<tr>
<td>Q</td>
<td>Is the developer’s ability to make good on his offer outside of your control? What about the funding needed to make this happen?</td>
<td>Some people nodding</td>
</tr>
<tr>
<td>A</td>
<td>Option 1 will cost in region of £225m and option 2 around £305m. The developer option has been through the same tests as all the other options and will continue through the next steps of the evaluation</td>
<td>Some shakes of the head, serious faces, frowns and hands stroking faces</td>
</tr>
</tbody>
</table>

**Tea break**
- ‘It’s good, but I’m really worried about how they can make it happen’
- ‘All very ambitious’
- ‘Travel is real issue, at Buckland they said that a bus would run and it would all be sorted, but they didn’t keep their promise.’
- ‘Really concerned about things like medication and care homes and changes to paramedics’
- ‘It’s plainly wrong that people are going to have to go further’
- ‘There are only 26 members of the public here, NHS are at each table listening to us.’
- ‘It’s frustrating, this is just about ticking boxes’

**Table top discussions**
Themes have been gathered by triangulating direct observation at the tables and reviewing all handwritten notes taken by facilitators. The number of mentions, both positive and negative were themed. Although the table top discussions were focused around 4 questions, for the purpose of this report we have themed all responses as a single data set to give a collective view of the most frequently mentioned issues. Each theme is illustrated by a range of quotes in order of frequency

**Funding and planning**
(29 mentions)
- Good case for change but how will it be paid for, how will it be delivered?
- Currently in special measures, will that affect the decision?
- Try and provide all NHS patients with best services. You need to stop, step back and look at shortfalls
- How will we manage in the interim between now and then?
- Need to change, development of healthcare has increased, we need to combine major services, agree there is a case for change but how long will it take?
- Guarantee that what is agreed is provided, make sure that it’s as promised, bits get missed and are then not addressed
Where will money come from and where will the money for community services be focused?
Need to cut to the point, it’s all about cash, not being honest about the challenges of making the best of a bad job
Query about market testing, need reassurance it’s about access to capital funding and not a procurement for service delivery
Concern about the finances, need to see the infrastructure working outside of the hospitals
Need to address and remove duplication of services, i.e. repeated blood tests requests
Buildings need to be developed
Concerned about areas of deprivation being unfairly impacted
Concerns about the developer… what if he pulls out… what happen to option 2?
I am convinced about primary care but not convinced about hospital changes
We don’t have enough resources
Need to balance efficiency and waste
Concern resources in the community will be run by private companies
Concern that option 2 will be less able to cope with winter pressures
Concerns about the finance, concerns that other hospitals like Buckland are not being fully used
How strong is the company offering to build the new building? Are they stable enough, is the structure of the company part of the assessment of options?
We need to be pragmatic
You have not made a case for change, why should it be changed? Why can’t we have services locally, why can’t there be more than 2 options?
Concerned it will take a long time to get local care services up and running

GPs and community services
(27 mentions)
Should have done this (building community) service years ago but where’s the money for it?
Patients are not getting services in time and in the place they need them
Agree with case for change and developing community and specialist services
Community care will be important
Has there been a consultation on local services as well?
Agree that we should support the right care closer to home, but with caveats
It’s all been focused on local care, need to hear more about hospitals
Need more enablement, people getting better in their own homes, it can be isolating at home
Community services are a very good idea, but concern if they have the capacity to deliver it.
Need more GPs, can practises share their expertise?
Carers need support looking after someone at home
Dementia, need to manage the risks and support families, it’s not a failure to see someone go into a home
Need to see work that will address social and rural isolation
Concern putting more out in local community need to be right, feel that this has gone downhill recently
Having an Estuary View type centre in every town
Possible expansion of Buckland Hospital
Making more services and diagnostics available in GP surgeries
Waiting times at GPs and hospitals need to be improved
Need to retain opening hours and out of hours services
Diagnostics linked with minor injury unit would be much better
Currently minor illness / injury unit close at 8pm – where will patients go if closed? Can we improve and keep minor injury and illness in respective areas in east Kent? These need to be retained?

Travel times and transport (24 mentions)
- Traveling to the highest levels of specialist care is ok
- Need to retain equity of ability to travel to hospital and not disadvantaged because of age / and or disability
- No buses running from the train stations anymore, need to reinstate them.
- Can’t hospitals run buses?
- Transport from the Romney marsh / public transport is terrible
- Need to explore options of getting to and from routine care, and Canterbury roads, will be important
- Operation Stack will be an issue
- Road infrastructure
- Concerns about travel and access if only one hospital
- Emergency care access for those with disabilities is a concern
- Travel times to specialist sites are a concern
- Driving conditions in east Kent are difficult
- The park and ride service that used to run from New Dover Road to Kent & Canterbury hospital has now stopped.
- Story of one person who lived in Cornwall and nearest hospital is 45 miles away, and everyone had to travel to it
- Clinics that were held at Deal moved to Dover with no decent transport links.

Concern about not being given the full picture (22 mentions)
- Need to see how we are getting from where we are now to where we want to be.
- What information can we see about services now?
- What about staff turnover?
- Need more evidence to support why we should change
- The case for change needs to be clear and with more evidence
- Would like statistics about how many people die on the way into A&E now and how many will under both options.
- How many people arrive in A&E, patient flows, projections, to make a clearer case for change.
- Would like to see figures on these who need transit from one hospital site to another for emergency care and how that would change under option 2
- Would like more information/ literature on the services and ways we prevent people going into hospital.
- Can we have list of studies and papers that the clinician referred to so that we can read them for ourselves
- Winter pressures are a reality, real life examples for the case for change
- It’s very technical to understand and make an informed decision
- More information about what types of births happen and how this would be affected in the future under these options
- Be helpful to have patient outcomes versus time spent travelling to alternative sites, so that we can make some informed understanding of difference traveling further to specialist unit or attending local unit without specialist
• Like having information to read before coming to these events
• The option doesn’t say much about planned care, could we find out more
• How can the public be involved in developing the criteria that are used to determine the options?
• How many patients are suitable for midwife led care? Complications may mean slightly different care is needed or available
• Missing information about convalescent homes, not just for the elderly but others that need that level of care and support

Specialising and centralising
(13 mentions)
• Cycle of things is that the more you specialise, the more you need to bring in specialist workers, but then if not enough of them, need to centralise it all again.
• Stroke services, I agreed with proposal to go to best centre even if it takes me longer to get there
• The reasons for centralising has not been made clear enough
• Like idea that specialist centre will be expertly staffed and because less people there you will get treatment quicker.
• Benefit of centralising specialist staff is the way forward for consistent care, could we have figures?
• Specialist units will offer better care
• One big hospital could be an advantage, having all services under one roof
• Could be useful to stop having appointment in all 3 hospitals, I’ve had hysterectomy and had treatment across all 3 sites.
• Concern if specialist services all in one hospital and A&E in another, patient would have to go through A&E to get to specialist, this needs to be slicker and save time for patients
• Consultant led options not needed everywhere
• Maternity, real concern about logistics of getting to units
• Maternity, where would this be centralised?

Joining up services and culture change
(8 mentions)
• Need to be joining it all up because you can suddenly find that you have dropped out the system
• Signposting needs to be built into the system
• Can’t continue the way we are, there must be smarter ways of working
• Need more collaboration, it’s happening in Hawkinge
• Need hospital and GP link up to be stronger.
• Greater cohesion between NHS and other organisations

Communication with the public
(7 mentions)
• As a neighbour and friend, people come to us and ask what they should do, what can we tell them, we don’t understand how to help ourselves?
• How do we change public perception and culture of attending A&E as a result of not getting a GP appointment?
• Don’t feel that you are listening to the public
• You don’t seem to be learning from previous events and consultations
• People not aware of other local services, what can you do about this?
Quality and continuity of care
(7 mentions)
- Elderly care, special needs and mental health all need continuity of care for the more complex cases, need the same person, professional needs to know the patient and understanding their needs.
- The stroke unit is brilliant.
- Folkestone and William Harvey Hospital are great
- The Clinical Decision Unit at William Harvey has failed discharges. Discharging people too early from hospital without the care and support they really need
- CAMHS need to improve
- Need to improve children’s A&E at William Harvey Hospital
- Discharge into the community - we need to improve care package and support upon discharge

Ambulance services
(4 mentions)
- Concern about access to the Kent & Canterbury Hospital. Ambulance will be difficult. Can we have a map with more detail?
- Are ambulances available to meet stroke/ cardiac response times? Are they stuck handing over patients at the hospitals?

Technology, communication and accessibility
(4 mentions)
- Like to see use of technology and teleconferencing increased and improved for some appointment to save staff and patients travelling
- GPs and all clinics using Skype.
- Working smarter, examples of where this is already happening would be useful.
- Need to retain and continue, to develop use of technology
- The change in our health needs and changes in technology mean the NHS has to change, but ensuring equitable access is an issue

Workforce
(3 mentions)
- There is a difficulty in retaining specialist staff
- Ability of staff to resource all this is a concern
- Staff need to be maintained, only so many staff, experts in their field, need motivated staff with development opportunities

Feedback about the meeting
(2 mentions)
- Not enough time for public feedback – would have liked longer in table discussions
- Would KCC also like to present at these kinds of events?

Prevention and self-management
(1 mention)
- Not talked enough about prevention and local services.

Observation of table top discussions
Quickly got into small group discussions. Table discussions seems to work well, with focused conversation rather than multiple side discussions. Clinicians involved as participants, some people sharing personal stories. Volume of chat at table respectful, sense of people enjoying discussions. Occasional outbreaks of laughter from tables. Each table confirmed that they had been heard and felt listened to.

Plenary session and close

<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>If already in hospital and suddenly something happens, under these plans will we have to be rushed to A&amp;E?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>Key is understanding what level of care is needed and matching people to the right care. If you had 1000 A&amp;Es, you’d have staff sitting around in every building with not much to do</td>
<td>People listening, no side chatter</td>
</tr>
<tr>
<td>Q</td>
<td>It’s always the unexpected in maternity services, can’t predict what will happen in the middle of childbirth and if it goes wrong you might not have a consultant down the hall, I hope this will be included in the risk assessment</td>
<td>People focused on speaker and no significant reactions</td>
</tr>
<tr>
<td>A</td>
<td>A lot more work needs to be done. We currently deal with these kinds of emergencies everyday</td>
<td>No significant reactions</td>
</tr>
<tr>
<td>Q</td>
<td>Don’t want things to go out to tender and start a process of privatisation. I love our NHS and don’t want to see it go like the trains</td>
<td>‘hear hear’, few claps People remained actively listening right to the end</td>
</tr>
<tr>
<td>Q</td>
<td>SONIK, I have a number of questions I would like to ask – Questions about ambulance levels and attendance times, stagecoach bus charges, money for prevention and community services</td>
<td>‘Don’t coz she’ll just go on again’ few people rolled eyes</td>
</tr>
<tr>
<td>Q</td>
<td>Aren’t you all in special measures</td>
<td>Some nodding across the room and people looking at each other with raised eyebrows</td>
</tr>
<tr>
<td>A</td>
<td>CCGs are overspent, as is the overall system, we used to have 4 voices, as we are four separate legal entities, but now we work tighter and have a single voice</td>
<td>No significant reactions</td>
</tr>
</tbody>
</table>

Explanation of next steps, people still actively listening, some people had arms crossed, or leaning forward with hands on faces. Round of applause and exit.
Evening of Thursday 15th November at Ashford

<table>
<thead>
<tr>
<th>Estimated number of people present</th>
<th>Observation of audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>Save Our NHS in Kent handing out leaflets to audience members suggesting how the audience should get the most from the meeting</td>
</tr>
</tbody>
</table>

Main speakers:
Liz Shutler – East Kent Hospitals University Foundation Trust (EKHUFT)
Navin Kumta – Ashford Clinical Commissioning Group (CCG)
Caroline Selkirk – East Kent CCGs
Matt Jones - EKHUFT

Facilitator:
Lorraine Denoris

Chatter before event
People actively looking at the paperwork
People filling in the questionnaire
People swapping stories in side conversations ‘how are they going to make all this better, can’t even get a GP appointment’
Chatter hushed as start time approached, some people have brought pre-made notes

Introduction
People gave their full attention to the facilitator, no significant reactions during the introduction.
When the lead for the CCGs was introduced a comment of ‘glad they’re here’ was heard.
Question immediately posed interrupting the discussion ‘How many people from the NHS are in the room?’
After a count it was identified that there were four speakers, plus eight who were asked to come and support / listen. In addition there were 10 people who work in NHS and had come under their own steam.

Short film
Audience actively listening, some hands-on faces, learning forward and watching. Some people nodding.

Welcome address
People actively listening, sitting back in chairs concentrating. No side conversations,
At comment, ‘We are here to test the thinking’ a handful of people nodding.
Local care presentation
No significant changes in body language
Changes in medical care slide and changes in patient needs - some people nodding
Fire alarm rang 6.55pm everyone left the room for 10 minutes. People came back into the room, lots of chatter, people smiling and settling back into chairs. Large number of people crossed arms again as the presentation started again. People actively listening to presentation. Some nods and laughter at interruption to address the acronym MDT (Multi Disciplinary Teams)
No side chatter throughout the presentation

First question session

<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>GP staff are available for extra hours, but they say no patients turn up, that can’t be good use of resources. Attend hub multi-disciplinary team meetings but we don’t get representatives from all GPs</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>We definitely need to make sure we communicate this, perhaps you can help by telling others after this evening.</td>
<td>No reaction</td>
</tr>
<tr>
<td>Q</td>
<td>How do GPs intend to improve when we can’t get an appointment?</td>
<td>Nods and smiles, with verbal ‘umms’</td>
</tr>
<tr>
<td>A</td>
<td>We need to start looking at how to prevent ill health, working with other professionals to free up GP time</td>
<td>Some people chewing their cheeks / lips, some people shaking their head</td>
</tr>
<tr>
<td>Q</td>
<td>What’s the point in being open till 8 pm if we don’t know about it?</td>
<td>One or two nods</td>
</tr>
<tr>
<td>Q</td>
<td>You described the GP Federation, but we don’t see that at all, don’t see GPs working as part of wider group, you need to promote what the first step should be and then that another step might be to see another GP with specialist knowledge.</td>
<td>Some nods, verbal ‘Ummss’</td>
</tr>
<tr>
<td>Q</td>
<td>Everyone wanting to get it to work better, but what’s the bigger picture, what are the options?</td>
<td>Few nods</td>
</tr>
<tr>
<td>Q</td>
<td>Drs don’t have time to see you properly. My condition was missed. We need something between a GP appointment and rushing to A&amp;E. Need to get treatment locally and know that you are on a pathway and won’t fall off it, or fall through the net</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>We are aiming to reduce people falling through the net</td>
<td>Some shakes of heads</td>
</tr>
<tr>
<td>Q</td>
<td>Research shows that continuity of GP is important. Plans sound really good but not going to work if no GPs. Putting pressure on people that it’s wrong to go to A&amp;E.</td>
<td>Some muttering and nods</td>
</tr>
<tr>
<td>A</td>
<td>GP workforce is changing, now doing more specialist areas of work and we are not able to keep doing it all. Need to build teams. GPs are now on one system, so records are available wherever you go.</td>
<td>More people have crossed their arms. Some side chatter</td>
</tr>
<tr>
<td>Question</td>
<td>Subject matter</td>
<td>Observable audience response</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>A</td>
<td>That was well articulated and raised lots of topics</td>
<td>No significant reaction</td>
</tr>
</tbody>
</table>

Presentation of hospital challenges

Some people starting to shuffle in chairs during this presentation. Others focused and actively listening.

At the mention of hospital networks and trauma example, some people are nodding. At comparison with supermarkets on every street and ‘tesco locals’ lots of nods and smiles, breaking into side chatter.

At mention of ‘1 consultant need 35 associated healthcare professionals’ some nods and one or two verbal ‘umms’

Slide showing service being located together, people actively listening and some nods.

A question was asked from the audience and deferred to later

Presentation of detailed options

Why not three A&E slide - people concentrating, all watching and listening to speaker, no significant reactions.

When explaining about specialism and the number of times you repeat something the better you get, one or two nods, no other significant reactions.

Detailed option slide. No significant reaction from the audience.

What does it mean for you slide – people actively leaning forward, hands on faces.

At mention of winter last year and the cancellation of planned surgery for 3 months there were some frowns and some inclined heads. A heckle ‘emergency services make a profit’ with one or two responding ‘shhs!’ from the audience. People sitting actively listening. Number of people still have arms crossed, serious listening faces.

Second question session

<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>About Maternity Units and travel time implications</td>
<td>Some people clapping in support</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>A personal shared story of Cancer. I have to give the information to my GP, I don’t rely on the GP, I go straight to A&amp;E</td>
<td>Some people shaking their head some verbal mutterings</td>
</tr>
<tr>
<td>Q</td>
<td>Why are you not encouraging secondment, there is no support for staff training</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>Q</td>
<td>Person shared some population statistic gained from KCC. Mentioned ambulance services challenges, roads.</td>
<td>People breaking into side chatter, people frowning, turning to see speaker. Serious faces. After a while people more people starting side chatters, shaking their heads and indicating speaker has been talking too long ‘that’s enough’ Some side laughter</td>
</tr>
<tr>
<td>Q</td>
<td>I agree with Option 1, two reasons for this - A&amp;E needs to be in right location for road network, just off motorway network. Population of Ashford is growing hugely and type of houses being built are family homes</td>
<td>Lots of nods, verbal 'umms' warm round of applause.</td>
</tr>
<tr>
<td>Q</td>
<td>Can you explain the difference between Thanet and Ashford in option 1? Queen Elizabeth Queen Mother hospital (QEQM) not have the same life saving option</td>
<td>Some nods and verbal 'umms'</td>
</tr>
<tr>
<td>A</td>
<td>Under option 1 only service moving away from QEQM is woman cancer services.</td>
<td>Some side glances</td>
</tr>
<tr>
<td>Q</td>
<td>You haven’t said how much these options cost, Option 1 is already set up, but you’ll need staff to move</td>
<td>Some whispered side chatter, and glances, some wry smiles, single person claps</td>
</tr>
<tr>
<td>A</td>
<td>We currently think that Option 1 in region of £225m and option 2 is £300m. The risks of staff moving are considered as we review the options</td>
<td>Shocked faces, exchanged glances and verbal ‘phew!’</td>
</tr>
<tr>
<td>Q</td>
<td>I’m comfortable with specialisms but big concern A&amp;E is for when things are life threatening and this will need ambulance</td>
<td>Number of verbal reactions and comments from other audience members ‘how will this work?’</td>
</tr>
<tr>
<td>A</td>
<td>Yes, there will need to be ambulances, It’s about making sure we use them in the best way. Ambulance times are part of the assessment</td>
<td>Heckles from audience ‘have you tried to get from Dungeness to Ashford?’ ‘what about the magic hour?’ Lots of side chatter, wry smiles and people sharing personal experiences of ambulance related difficulties. Room took some time to calm.</td>
</tr>
<tr>
<td>Q</td>
<td>Stroke services, there’s been a consultation about stroke services, how does this now affect that?</td>
<td>Some smiles and nods, verbal ‘umms’</td>
</tr>
<tr>
<td>Q</td>
<td>I work in Ashford and live in Margate, I drive that way every day. I see ambulances that can’t get through the traffic. The stroke services not being in Thanet will mean that Thanet people miss out on clot busting medicines.</td>
<td>Few nods</td>
</tr>
<tr>
<td>A</td>
<td>We have consulted on stroke services and have a preferred option, waiting for decision from CCGs and writing the business case around the capital required</td>
<td>Serious faces, listening but no significant reactions</td>
</tr>
<tr>
<td>Q</td>
<td>Concerned about whole of east Kent. Read from a prepared speech, topics included needing three A&amp;Es, travel, national planning driven top down. Concluded with asking you to include a third option of three A&amp;Es</td>
<td>Some side chatter, some supportive nods, wry smiles, some people groaning and frowning. Warm applause</td>
</tr>
</tbody>
</table>

**Tea break**

Ongoing conversations from first half of the session, discussions overheard:
- ‘He’s my GP and I didn’t know he did all that’
- ‘Trouble is we didn’t know any of this’
- ‘Buckland is beautiful now, but no-one uses it’
- ‘Ashford needs a new building, the current one won’t do all this’

Clinicians seen in earnest conversation with the public

A sense of good-natured chatter
Table top discussions
Themes have been gathered by triangulating direct observation at the tables and reviewing all handwritten notes taken by facilitators. The number of mentions, both positive and negative were themed. Although the table top discussions were focused around 4 questions, for the purpose of this report we have themed all responses as a single data set to give a collective view of the most frequently mentioned issues. Each theme is illustrated by a range of quotes in order of frequency.

Funding and planning
(41 mentions)
- The difference in funding sources are not clear, what’s the difference in capital and other funding, what can / can’t it be used for?
- Where is the money coming from?
- There is no money for this yet. Is this all a waste of time and money asking what we think?
- You took away post-operative support and convalescence places, freeing up capacity e.g. the cottage hospitals, what will happen now?
- Risk of bit by bit downgrading hospitals between the two options
- What assurances are there that the developer’s option is sound?
- Using private companies to provide some treatments, this then leaves the NHS to do the follow up and admin work
- Trust that the government won’t agree the funding needed
- Why does radiotherapy need to stay in Canterbury?
- Why spending money on William Harvey / Kent & Canterbury hospitals if it's going to change?
- This is not unique to the UK, what other models are there?
- If there’s a natural disaster, will these options reduce our resilience in county wide disaster
- How long will this all take?
- Delighted to see that you are finally getting around to sorting all this out, it’s overdue
- Why the change, is it desperation?
- Can’t you make a penalty for people who don’t attend appointments?
- Option 1 and 2 are not enough, need 3 options
- How much do all these consultations costs?
- Have you considered population growth?
- Are you delivering a politically lead ideology?
- Need to scrap tuition fees and fund NHS properly
- Spread the money on more nurses, not buildings
- There is a case for change, but I don’t like it
- Are the options presented viable?
- Change always happens, need to look at previous decision and see if these needs revising in light of situation now
- Planning concerns re green fields sites
- Want A&E remodelled back into Canterbury
- ‘Is it nationwide, is west Kent also doing this, will that change what we do?
- We should ask people what we are willing to pay for the NHS
- Concerned about developer motives and is it good for him to be involved in NHS services?
- Is it the same developer who promised to build a new dual carriageway, that never happened?
- Are we creating a dependency on the developer, who is only as good as his cheque book?
- Mobile bus in North Yorkshire urgent treatment centre, can we do this?
- Cardiac services were secretly removed from Kent & Canterbury hospital
Looking strategically, we have to work with the existing structure

GPs and community services  
(24 mentions)  
- Minor Injury Units don’t treat enough, your condition could escalate and then your told to go to A&E  
- Urgent Treatment Centres should have more than GPs in them.  
- Urgent treatment Centres need to 24/7 not 8 till 8 and to go to a specialist centre is right for some conditions  
- Concern GPs need more support to help them change their practice  
- Why do GPs send patients to A&E?  
- There are not enough GP appointments  
- Primary care is in a real state of crisis  
- Haven’t seen the same Dr twice in more than 3 years  
- Half of the new Haysbrook is sitting empty because we can’t get enough Drs  
- You normally have a Dr assigned to you, but you don’t see them  
- NHS in poor state across the country  
- Some of the changes will put stress on patients and community services (which are not there)  
- Direct access to secondary care for non-emergency stuff. Not having to go through GP all the time  
- Some services need to go into patients’ own homes  
- Are we focused enough on the 90% of care outside of hospital, in terms of quality and unnecessary readmission to hospital?  
- Make sure peoples’ health conditions are fully resolved before they are sent home

Travel times and transport  
(20 mentions)  
- People don’t necessarily have their own transport late at night, dark journeys a problem  
- Concern re A&E moving away from Ashford, what if motorway closed?  
- Need to evaluate impact of access and transport  
- Sitting by one of the largest motorways, need local A&Es, lorries and school run congestion affect ability to get to hospital in emergency  
- Transport link, in option 1 80% of people live within 30 mins, in option 2 20% of people live within 30 mins  
- More people missing appointment because of the travel problems  
- Study from British Medical Journal Sept 2016, 77% of things looked at a link with distance and mortality’ distance  
- There isn’t an area of Kent that doesn’t get gridlocked.  
- Are you working with KCC on transport?  
- Patients need help with transport to get to services including physical help for patients that need it. Need to be able to get appointments, some patients need more support.

Concern about not being given the full picture  
(20 mentions)  
- Not sure – need more statistics and data to back it up  
- Understanding the need for change but not hearing enough to convince me  
- Not enough of a case about urgent treatment centres  
- Need to know more about plans for Mental health.  
- Need to explain more about follow up care being local.  
- Have Canterbury coped since 2005, is there performance information we can see?
- More evidence about the clinical outcomes that people keep talking about
- Need to make clear what the improvements will be if we do this
- Need more information about ambulance plans and their response times to decide
- Need more information about the diversification of roles
- More information about the local care services and options for urgent treatment
- What is happening in the rest of Kent and the rest of the country
- Can we hear more about the use of community hospitals?
- Like to see some evidence that beds are more available by getting people home sooner or into other more suitable settings

Specialising and centralising (15 mentions)
- Separating elective from specialist is good
- As it becomes more specialised you can’t spread it across 3 sites, machines cost millions
- Concern that you are taking away A&E
- Specialist services on one site makes sense, getting all specialist staff together
- Does making planned care separate really give more flexibility in beds for emergency admissions?
- What would happen to A&E waiting times in option 2
- Its Hobsons choice, if all specialists in one place, we might get to the right place but will we be in the right time?
- We’re being very negative but one of the benefits is elective surgery – question is where it goes

Communication with the public (14 mentions)
- Like the idea of local care changes but you need to communicate this better
- Need better publicity for events
- Keep doing the text reminders for appointments and make sure that all GPs and hospitals use this
- Need to communicate all of this better
- How can you address ignorance of people using A&E as a GP surgery?
- Concerns that people don’t understand what the options mean, what is Urgent care, urgent treatment
- Can’t the GPs start to explain it to patients as they see them?
- Will the people be told how to access services when changes occur?
- Educate people how to use A&E
- Make people aware of what local services are there now
- Signposting people away from A&E

Workforce (11 mentions)
- If you had more staff would you still need to change?
- Need to treat staff better, their work life balance. NHS has become uncaring, focused on the money. Need to employ and keep good staff
- I’m a carer and I want to be a nurse, but I need hospital experience
- Do nurses need degrees, making it hard, hard to keep up with e-learning, need time to do it.
- Concern that there aren’t enough people in training at the moment to make a difference in the next few years, what will you do in the meantime?
• The design of the new services is being done around the workforce, is this not the wrong way around?
• There is not enough money for the staff that are needed, that’s what’s behind all this
• Happy about the medical school
• Better hospital facilities will attract new staff
• But they haven’t got trained staff, that will take years

Ambulance services
(10 mentions)
• Further allocation of ambulances should take account of time taken to reach different areas
• A28 is not suitable for ambulances
• Will paramedics cope with the demands?
• Safer transfer for patients in ambulance greater risk with longer distance
• There’s no one here from the ambulance service, how are they going to take all this forward

Current services
(6 mentions)
• I generally feel that the NHS needs to change
• In a crisis the NHS is fantastic,
• I was put on hold when calling 999
• Not true to say that Kent & Canterbury hospital lost its A&E in 2005, patients still went for urgent care 24/7, we need to have that now.
• Access through A&E can feel like quick route to the specialist
• Urgent care centres are working well

Geographical comments
(6 mentions)
• Canterbury has high population of students
• East Kent is too big for option 2
• A&E on the M20 is important
• Would Romney Marsh need to go to Conquest Hospital in Hastings?
• Should develop more A&Es in Folkestone, and Dover
• There is a secret way into the back of Canterbury Hospital

Maternity
(6 mentions)
• Maternity, travel of the family, being in hospital is depressing.
• Midwife led is good, you spend less time in hospital and go to co-located midwife led and consultant team to back up if something goes wrong
• Need to keep maternity services locally, having no transport and other children could be a real challenge
• Need more emphasis on the benefits of midwife led service as opposed to consultant led service
• The central plan going forward is one maternity unit per area, ultimate goal is for midwives providing them. If problem during birth will be taken to consultant led unit mid delivery.
• Birth Trauma Association says that this can’t be proven to be safe

Technology, communication and accessibility
(3 mentions)
Like the idea of local care changes but haven’t seen sign of it. Could use technology better, e.g. sharing photos of skin conditions

Joining up services and culture change
(1 mention)
- Better communication between agencies

Feedback about the meeting
(1 mention)
- I don’t like this, but we are here now so we have to make the best of what we have

Observation of table discussions
Tables quickly settled into table top discussion.
Busy buzz in the room, all tables looked focused on single discussions and working well.
Some people were looking at table top material to help other answer their questions
Feedback from table tops worked well and all tables indicated that they felt they had been listened to.

Plenary session and close

<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>Where should I go for treatment?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>Urgent care centres open from 8am until 8pm. If you need emergency care the ambulance will decide the best place to take you</td>
<td>Strong reaction in the room, numerous verbal comments ‘what about after 8pm’, lots of side chatter and frustrated faces. People frowning and looking confused</td>
</tr>
<tr>
<td>Q</td>
<td>The options need to be driven by clinical need and not legal advice about what developers have offered</td>
<td>Warm round of applause</td>
</tr>
<tr>
<td>Q</td>
<td>What about the land for the new hospital?</td>
<td>People watching those asking questions. Focused but no significant reactions</td>
</tr>
<tr>
<td>A</td>
<td>This will be gifted from the developer</td>
<td>Some people exchange glances</td>
</tr>
<tr>
<td>Q</td>
<td>Can ambulance service attend these meetings?</td>
<td>Some people nodding and some verbal ‘umms’</td>
</tr>
<tr>
<td>A</td>
<td>Yes, make sure they at future round of engagement events.</td>
<td>No significant reactions</td>
</tr>
</tbody>
</table>

Next steps were explained, few people seen yawning and rubbing eyes.
No significant reactions
Applause at the end.

Exit chatter
‘They did well, it was a good event’
‘They let everyone have a say and dealt well with the disruptions’
Morning of Tuesday 20th November at Margate

<table>
<thead>
<tr>
<th>Estimated number of people present</th>
<th>Observation of audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>75</td>
<td>Mix of working age and older age adults</td>
</tr>
<tr>
<td></td>
<td>Large number of professional staff wearing lanyards</td>
</tr>
<tr>
<td>Main speakers:</td>
<td>A large room</td>
</tr>
<tr>
<td>Jihad Malasi – Thanet Clinical Commissioning Group (CCG)</td>
<td>Labour party leaflets at tables</td>
</tr>
<tr>
<td>Caroline Selkirk – East Kent CCGs</td>
<td>Healthwatch Kent leafleting at tables</td>
</tr>
<tr>
<td>Upasna Garbharran – East Kent Hospital University Foundation Trust (EKHUFT)</td>
<td></td>
</tr>
<tr>
<td>Matt Jones - EKHUFT</td>
<td></td>
</tr>
<tr>
<td>Facilitator:</td>
<td></td>
</tr>
<tr>
<td>Lorraine Denoris</td>
<td></td>
</tr>
</tbody>
</table>

Chatter before event
Small talk ‘Where are you from?’
People pointing out faces that they know
People looking at materials on the tables and interacting with it ‘The training school isn’t opening till 2020, so we are not going to get any Drs for another 5 years at least’

Introduction
Facilitator welcomed people to the ‘Sanctuary’ instant heckle ‘You need to go there’
People still settling into the tables, sitting back in chairs.
No side chatter, focused on facilitator, no other verbal or non-verbal reactions

Short film
Peoples’ hands on chin, learning forward focused on the video, no significant reaction during the video. At mention of travel and not wanting people to travel further than absolutely essential some people shaking their head
During the video SONIK are walking the room and making table plans.

<table>
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<tr>
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<tbody>
<tr>
<td>Q</td>
<td>How much did the video cost to make, and all these consultation events?</td>
<td>People turning to see who asked question. No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>We will find out and get back to you</td>
<td>No significant reaction</td>
</tr>
</tbody>
</table>
Welcome address
No significant reaction, people sitting relaxed in chairs, arms unfolded and no side chatter. A number of hands went up during the welcome addresses.
Audience member asked ‘90% and 10%, where did you get these numbers from?’ and was met with the answer ‘can we take questions later and allow the presentations first to give you the information’

Presentation on community challenges
A few people making notes, photographing the slides. No significant reactions people actively listening and focused on speaker.
At the mention of 300 people waiting in hospital beds, there was some side chatter, more people taking notes.
People sitting with hands to their faces, focused on speaker and actively listening.
Medical advances slide and complexity of care, few people smiled and nodded.
No significant reaction to stories about what can now be delivered in GP surgeries.
Benefits slide, people focused and listening, towards the end of slide some muttering and one or two couples started to chat amongst themselves.
At the mention of Thanet acute response team being seen as a national example of good practice, some smiles, nods and exchanged side glances.
At mention of wrap around package of personalised care and linking with DWP some people nodded.

First question session

<table>
<thead>
<tr>
<th>Question</th>
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<tbody>
<tr>
<td>Q</td>
<td>Told we have 3 hubs in Thanet, to me hub means health centre. Is all this about doing away with hospital and just have 3 hubs and allow for natural wastage of GPs?</td>
<td>People listening and focused on speakers but no observable reactions</td>
</tr>
<tr>
<td>A</td>
<td>It’s not about getting rid of GPs, but bringing them together, serving a population of around 30 to 50,000 people</td>
<td>People listening and focused on speakers but no observable reactions</td>
</tr>
<tr>
<td>Q</td>
<td>I am pleased to hear multi-disciplinary teams are working and how GPs should be working to centralise themselves and aspiring to be large practices, but what matters to people is continuity of care, seeing the same GP</td>
<td>People listening and focused on speakers. One of two people nodding</td>
</tr>
<tr>
<td>A</td>
<td>Need to change, can’t carry on, hospital services are stretched, social services are under pressure and GPs need to adapt</td>
<td>Few claps, some people nodding and verbal ‘Umms’</td>
</tr>
<tr>
<td>Q</td>
<td>It’s difficult to recruit locally, police, Mental health all areas find recruitment difficult, is recruitment at the root of the problem, is that why you’re doing this?</td>
<td>People listening and focused on speakers but no observable reactions</td>
</tr>
<tr>
<td>A</td>
<td>Can’t comment on specific instances but over last 10 years been a number of cuts made and we now need to work closely with colleagues</td>
<td>People listening and focused on speakers but no observable reactions</td>
</tr>
<tr>
<td>Row</td>
<td>Explanation of sustainability and transformation plan, greater working together across the system, national programme of investment into GPs. Thanet has had 30 new posts, nurses, paramedics domiciliary care staff, want to work differently</td>
<td>Few people nodding, few people shaking their heads</td>
</tr>
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<td>-----</td>
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</tr>
<tr>
<td>Q</td>
<td>Polyclinic idea is good, GPs have other services delivered from surgeries, but lots of GPs will be retiring in the next 10 years, how are you going to staff things?</td>
<td>Nodding from the audience in response to the question</td>
</tr>
<tr>
<td>Q</td>
<td>There used to be payments made to GPs working in isolated places, is this still in place? Could it be used more in Thanet?</td>
<td>People listening and focused on speakers but no observable reactions</td>
</tr>
<tr>
<td>A</td>
<td>The current model is creaking, we can all see that. (Some nods) We are not doing all things well everywhere and want to ensure consistency. Premiums do not necessarily help, unless you live somewhere like an island</td>
<td>No significant reaction, people listening and some people rubbing their faces and frowning as they listen to details. heckle 'We are an island!'</td>
</tr>
<tr>
<td>Q</td>
<td>Can you tell me the difference of laying in a bed, getting muscle wastage in hospital or at home with no one to help you</td>
<td>Chuckles and nods from the audience, lots of claps. Heckle 'It's cheaper to be at home'</td>
</tr>
<tr>
<td>Q</td>
<td>Experience in QEQM, told a personal story about relative being discharged with 12-week physio at home</td>
<td>Lots of side chatter across the audience heckle 'She was lucky!'</td>
</tr>
<tr>
<td>A</td>
<td>We don't send people home unless it’s safe. In hospital people behave like a patient and slip into being looked after but when go home they need to take responsibility for looking after yourself again and become more active</td>
<td>Few people shaking their head This prompted some nods and smiles from the audience Some muttering and side chatter</td>
</tr>
<tr>
<td>Q</td>
<td>I echo the need for continuity of care, in this locality, we always suffer from top down approaches. The population has multiple needs and national programmes don’t take account of our specific needs. Extended GP hours don’t mean anything without continuity</td>
<td>Some nods across the audience</td>
</tr>
<tr>
<td>Q</td>
<td>Seems this is full of contradiction. Older people not have problem with stroke, or have they already died before they get to the age to have a stroke?! Urgent Care Centre is downgrading A&amp;E. The CCG is duty bound to address health inequalities, how is moving services away going to do this? This is party political, the government is starving hospitals of funds.</td>
<td>Lots of claps, nods and verbal 'Umm's'</td>
</tr>
<tr>
<td>Q</td>
<td>Concerns that people come home from hospital, having signed for a care package but not knowing what's in it and it's not enough for them. Personal story about being offered care package in June 2019, what shall I do until then?</td>
<td>Heckle 'he'll probably die!' few claps.</td>
</tr>
<tr>
<td>A</td>
<td>Agree that continuity of care has an impact. Some GPs are grouping together and your appointments are all booked through the GPs, to see next person available within the group, non urgent issues, like coughs and colds don't need to see the same GP, giving more time for people with ongoing issues to see the same person</td>
<td>Some shakes of heads, wry smiles</td>
</tr>
<tr>
<td>Q</td>
<td>A</td>
<td></td>
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<td>----</td>
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</tr>
<tr>
<td>We now have same system for records, so any GP can pick up your notes, some frowns and shake of heads. 30-40% of the people we currently see don't actually need to see a GP, could see other people within the team.</td>
<td>No significant reactions</td>
<td></td>
</tr>
<tr>
<td>The CCG reviews the health needs of the area it serves on regular basis and understanding these needs to support its work to address health inequalities</td>
<td>No significant reactions, few people frowning, people largely focused on speaker.</td>
<td></td>
</tr>
<tr>
<td>Seems to me we have perfect storm here, elderly population, needs of someone 75yrs+ is very different to someone in 50s. personal example of someone having 17 different carers, public transport and eventually needing to call the police, at the time of the incident there were only 19 police officers on duty across the whole of Kent, growing social isolation and fragmentation of social care being delivered by private bodies</td>
<td>Audience reaction, shaking heads, side chatter ‘Did you hear that?’, some clapping</td>
<td></td>
</tr>
<tr>
<td>That's a perfect example of creating bad care, it can't be good having 17 different carers. Social isolation is enormous problem and can't be solved by hospitals or GPs working on the own, we have to join up with others, examples of Care navigators and vol sector</td>
<td>No significant reaction</td>
<td></td>
</tr>
<tr>
<td>It's not fair to ask the receptionist to be GPs and decide how patients should be seen, they are not medical professionals. You've effectively created a system that means you can't get to see who you want to see, but get an intermediary who will determine what happens</td>
<td>Few claps and some side chatter</td>
<td></td>
</tr>
<tr>
<td>Healthcare professionals all have professional standards and bodies they belong to. We are building a robust system around the GPs. Creating GP led teams, within a competency framework. Receptionists are not there to make decisions that do not sit with them</td>
<td>No reactions</td>
<td></td>
</tr>
<tr>
<td>I trained and worked in NHS, been an enormous amount of changes, now going to have another lot of changes. Where is the reporting structure, supervision, support and leadership, as it's not all within the NHS, how are you going to be coordinated and managed across all agencies?</td>
<td>Some people nodding and turning to look at each other</td>
<td></td>
</tr>
<tr>
<td>We'll pick that up in next section</td>
<td>No significant reaction</td>
<td></td>
</tr>
<tr>
<td>Not confident that GP receptionist can diagnose something at reception, moving personal story of not having a heart attack diagnosed and travelling to London</td>
<td>Warm applause and concerned faces, lots of side chatter. Room took a while to settle again</td>
<td></td>
</tr>
<tr>
<td>We are not asking receptionist to be GPs or paramedics</td>
<td>Number of heckles ‘But you are’ ‘GP triage’, ‘They do’, ‘Why do triage on the phone then?’</td>
<td></td>
</tr>
</tbody>
</table>
Presentation of hospital challenges
People looking at overhead screens, some people with hands to face or leaning back in chairs looking up at slides some people frowning.
The three A&E slide, one or two people shrugged their hands in the air.
Medical advancements, hospitals can’t be the same as they were – some nods.
Hospital network slide, people reacting to the content, lots of side chatter, people pointing at the slides whilst whispering to person next to them. One or two people nodding, people actively listening.

Presentation of detailed options
People listening and looking at slides. No significant reactions, one or two people taking photos of slides. Handful of whispered side chatters.
Detailed options slide – people focused on speaker, no significant reactions or side chatter, people with hands to face, or resting chin on hands.

Second question session
Lots of hands straight in the air

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Q</td>
<td>If I am at Kingsgate, how long will it take me to get to Canterbury?</td>
<td>Clear negative audience reaction, heckles ‘Is this during the day?’, ‘Could take hours!’, ‘You can’t get there’</td>
</tr>
<tr>
<td>A</td>
<td>People focus on the travel and journey times, but it’s when you get to the right team that can treat you, that’s important. The ambulance crews are highly trained From a clinical point of view, it doesn’t matter if it takes 20 mins or 72 minutes, what matters is the paramedic crew looking after you on the way and that you arrive at the best place to treat you. We don’t expect people to die in the ambulance, there are people traveling in ambulances across Kent right now.</td>
<td>Lots of heckles ‘you’ll die on the way’, people clapping and lots of side chatter. Heckle ‘how many people die in ambulances?’ Lots of muttering and side chatter</td>
</tr>
<tr>
<td>Q</td>
<td>What about maternity services, midwives all very well until something goes wrong and the baby dies or is disabled</td>
<td>People clapping, and nodding some verbal ‘ umms’ and side comments ‘these things happen really quickly’</td>
</tr>
<tr>
<td>A</td>
<td>All women are risk assessed continuously and when things go wrong in labour there are always indicators that things are changing, so we can make transfers if needed</td>
<td>People listening and focused on speakers but no observable reactions</td>
</tr>
<tr>
<td>Q</td>
<td>There’s uncertainty about the new hospital in Canterbury. If it does not go ahead and we only have option 1, will you start consultation before you go ahead and decide?</td>
<td>No audience reaction</td>
</tr>
<tr>
<td>A</td>
<td>No decision has been made, we don’t know yet if it will be one or two options going forward.</td>
<td>People listening and focused on speakers but no observable reactions</td>
</tr>
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</tr>
<tr>
<td>Q</td>
<td>Finding it upsetting talking about ambulances. Person shared a personal story about delays to getting ambulance that could transfer husband to London with necessary equipment</td>
<td>Emotional reaction of audience, head shaking, and verbal mutterings. A heckle ‘you need to think again about what you’re doing to the people of Thanet’</td>
</tr>
<tr>
<td>A</td>
<td>We don’t live in a perfect world, ambulances are key and we need to hold them to account</td>
<td>Number of people muttering. Heckles ‘Not good enough’</td>
</tr>
<tr>
<td>Q</td>
<td>CCGs under special measures, ambulance service too</td>
<td>Heckle ‘If you don’t get it right from the bottom’, ‘Ambulance not delivering what we need’ claps of support</td>
</tr>
<tr>
<td>A</td>
<td>Ambulance in Thanet is better than anywhere else in east Kent. Need to improve and think about how get people to the right places and make more efficient use of ambulance</td>
<td>No significant reactions</td>
</tr>
<tr>
<td>Q</td>
<td>In Thanet you are missing the point that we will have the most elderly population on 20yrs. Moving the stroke unit further away means that people not getting assessed and treated within the hour, axons and neurons die within 3 mins, I don’t want to be thrombolised in the back of an ambulance</td>
<td>Lots of claps and nodding, verbal ‘Umms’ ‘Well said’</td>
</tr>
<tr>
<td>Q</td>
<td>Healthcare is really failing. Much needed services are being taken away from Thanet. We have obesity crisis in Thanet, and fragmented provision just not delivering. What will be impact on staff</td>
<td>Number of people clapping and nods across the audience</td>
</tr>
<tr>
<td>Q</td>
<td>Separating elective surgery and emergency surgery trailed in Belfast, what are the results? What is the medical evidence that this works?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>Q</td>
<td>See the importance of specialism but you’re continuously generalising that it works, you keep saying get to the right place at the right time but this is generalising. Accept you can’t have everything on the doorstep but when emergency happens want to get help quickly</td>
<td>Warm round of applause</td>
</tr>
<tr>
<td>A</td>
<td>Looking at current use of hospitals, 8% of cases are time critical and would ideally be on doorstep while 86% are non-urgent</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>National evidence it’s that more you do something the better you become at it</td>
<td>No significant reaction</td>
</tr>
</tbody>
</table>

Tea break
Ongoing conversations overheard:
- ‘Never had people offer so many reassurances without an implementation plan’
- ‘There no mention of district nurses’
- ‘Can’t believe they have not got ambulance here to talk, they are so important’
- ‘You can sit in GP surgery for ages until they see you’
- ‘Somebody here has already made a decision’
- ‘I can’t believe they want to take the emergency care service away from Thanet’
- ‘It’s all too wishy / washy’ and ‘is not clear why they need to centralise services’
Table top discussions
Themes have been gathered by triangulating direct observation at the tables and reviewing all handwritten notes taken by facilitators. The number of mentions, both positive and negative were themed. Although the table top discussions were focused around 4 questions, for the purpose of this report we have themed all responses as a single data set to give a collective view of the most frequently mentioned issues. Each theme is illustrated by a range of quotes in order of frequency.

Funding and planning
(22 mentions)
- There’s good reason for slow development and improvement
- We don’t want change just step by step improvement
- Want to focus on what we can change today. How can we change that now? This is why people want to push back on this proposed change.
- National guidance is wrong, it doesn’t apply to Margate, this is based on a London model
- There needs to be an option in the consultation next year that allows respondents to reject both options, basically the two options are the same, we’ll reduce the service by centralising and closing A&Es and maternity.
- The case for change contradicts itself, it’s painting a utopian picture
- The case for change is politically driven and all about financial constraints
- There is no real explanation as to why Thanet should have its A&E taken away from such a heavily populated area.
- Is there a comparable area that doesn’t have its own A&E?
- Thanet has population of circa 150,000 people, that’s the same size as Oxford, look at what they are doing
- The case for change hasn’t been explained very well
- Like to see some services in Thanet that offer patients some improvements now ahead of changes to build the public confidence that bigger changes can be achieved.
- With increase in population (including students) need more than an Urgent Treatment Centre in Canterbury
- Worried about option 2, developer is a worry, wary of getting planning for housing, then refusing to build the new hospital, what if he goes bust?
- Three major housing developments in the area, some of these are dependent on developer working with KCC to build schools etc
- East Kent is being bullied by other areas, like the stroke consultation, we were ignored.
- Theory sounds promising, but in reality it’s not the right direction.

Concern about not being given the full picture
(8 mentions)
- It doesn’t say how it will work to address the poverty in Thanet
- Not convinced about the case for change, only have one study, does not show any increase in outcomes in relation to centralising of emergency care
- Case for change is not clear. More evidence and information needed to decide
- Like some evidence from contractors and providers already in place to see how they’re performing
- There was no evidence of clinical data in stroke consultation, there is risk of misinformation from the press.
- Need to see the strong clinical evidence, not seen any of this today
- Are there any comparison or examples in other trusts / locations that could be used as evidence for services being centralised?
• I don’t believe the ambulance times

Ambulance services
(8 mentions)
• G4S and Ambulance service need to be included
• The ambulance service is absolute critical
• Worried about the ambulance service
• Need to improve the quality of the ambulance service, surely, they have a duty to develop?
• The ambulance trust are in special measures, it takes hours in ideal conditions to make the journey from Margate
• Concerned about needing a better answer from the ambulance trust re travel times, they need to come and talk to the public.
• Concerned about time of travelling in an ambulance and the potential impact that this will have on the patient.
• Concern about opportunity for private ambulance services

Current services
(5 mentions)
• Two A&Es have been shown not to work in East Kent
• A&E in Margate is over stretched, it’s all because of the money and the developer offer in Canterbury
• Understand the changes and why they are being made but the A&E wait is awful and access to primary care is poor, so as services are poor then any changes made are seen as taking away more services

GPs and community services
(4 mentions)
• Need to improve the care you get when coming out of hospital
• There is pressure on carers to care for people
• You’re looking to move major cases further away, rather than the minor injuries which could travel.
• GP proposals are good but there is no capacity

Joining up services and culture change
(4 mentions)
• Better communication between facilities
• More collaborative working will be good
• Consensus from this table is that services are not joined up
• It’s not in the NHS scope to address all the problems of health and social care

Travel times and transport
(3 mentions)
• Transport links need improving, I had to pay £150 to get home from St Thomas’ Hospital
• Transport links are an issue, roads need upgrading

Specialising and centralising
(3 mentions)
• Specialised services and separate non-urgent care make sense
• Critically injured people are being given the right care locally before being sent to a specialist
Feedback about the meeting
(3 mentions)
- This is frustrating, there hasn’t been enough time for table discussion
- When you do the consultation, you need representatives from the ground, like the ambulance workers, but they not allowed to whistleblowing because they get targeted.
- Can the format of the formal consultation be different, without table conversations?

Communication with the public
(2 mentions)
- It’s confusing people
- Collective feedback needs to be published to communicate feedback to the people who gave it – for transparency

Maternity
(1 mention)
- Pregnant women are at greatest risk of not getting access to the right hospital

Observation of table discussions
Room is slow to reconvene after tea break. Lots of side chatter and people not going back to tables very quickly. A facilitator was placed at each table.
People approaching event facilitator asking that table tops discussions are stopped in order to allow questions in plenary style.
7 tables seen to be working well
Those that were not engaged at tables were planning what they were going to ask in plenary questions ‘Will you back me up if I say that?’

<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>Simply don’t understand why you are forging ahead when no evidence of benefits to patients. Longer journey times increase death rates, centralising services is a myth. Person was reading a pre-prepared statement, covering roads, travel, centralising and A&amp;E.</td>
<td>People listening, verbal support ‘hear hear’ some people clapping and some people nodding. Number of people started to side chat increasing, chatter and mutterings building in volume. Heckle from audience members ‘are you asking questions or just reading a statement?’ ‘Can we all feedback like you?’ Other people shouting ‘carry on’ ‘keep going’ Round of warm applause at end of the comment</td>
</tr>
<tr>
<td>A</td>
<td>We have looked at rigorous studies to inform these options</td>
<td>Heckles ‘Get out there and show us’ People muttering and shaking heads</td>
</tr>
<tr>
<td>Q</td>
<td>In the future it might all be at Canterbury not William Harvey. In France and Canada time taken to travel to specialist units for pregnant women increased neonatal death. Concerned that no maternity at Canterbury</td>
<td>People focused on speaker, nodding. Round of warm applause</td>
</tr>
<tr>
<td>Q</td>
<td>Mental health, they decided to shut units, and ended up sending people all over the place</td>
<td>Some nod in support of comments ‘We were told 15 years ago we would get a fantastic new hospital’</td>
</tr>
</tbody>
</table>
Q | It’s all to do with the money | Number of people clapping, some people nodding. Other focused and listening without significant reactions. A person heard to loudly comment ‘I don’t want no robot to be my surgeon. NHS not got much money don’t waste it on robots. We’d all rather go to local hospital’. Audience clapped and nodded at this comment

Q | Change is worrying, what I like about this is specialist hospital but this is pitting Kent against each other to get a hospital | Loud claps from audience members

Some side conversations still happening as they move into the closing comments, Gradual attention shifts to speaker and audience becomes focused on speaker explaining next steps and timeframe.
People leaning forward, hands on face, some people starting to shuffle papers on table.

Audience member asked ‘What happens to comments from the tables’. They were told ‘We take it way and consider it’
Tables starting to talk among themselves and background chatter volume is increasing again.

At the end of the event, a couple of people clapped.
Tables were slow to dissipate, remaining to continue their individual conversations.

Exit chatter
- ‘Great to come along to this event and see what people have to say but what concerns me is getting them to see all about it’.
- ‘Have you talked to someone here today how you feel? you should feed that back’
Evening of Monday 10th December at Tenterden

<table>
<thead>
<tr>
<th>Estimated number of people present</th>
<th>Observation of audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>Mix of working age adult and older adults</td>
</tr>
<tr>
<td></td>
<td>Mostly white ethnic group</td>
</tr>
<tr>
<td></td>
<td>Few professionals wearing lanyards</td>
</tr>
<tr>
<td>Main speakers:</td>
<td>6 tables</td>
</tr>
<tr>
<td>Liz Shutler – East Kent Hospital</td>
<td></td>
</tr>
<tr>
<td>University Foundation Trust (EKHUFT)</td>
<td></td>
</tr>
<tr>
<td>Lorraine Goodsell – East Kent Clinical Commissioning Groups (CCG)</td>
<td></td>
</tr>
<tr>
<td>Upaasna Garbharran – EKHUFT</td>
<td></td>
</tr>
<tr>
<td>Matt Jones – EKHFUFT</td>
<td></td>
</tr>
<tr>
<td>Facilitator:</td>
<td></td>
</tr>
<tr>
<td>Lorraine Denoris</td>
<td></td>
</tr>
</tbody>
</table>

Chatter before event
Lots of chatter in the room, warm atmosphere.

Introduction
People all focused on speaker. No significant reactions, no side chatter. People looking through the table top materials.

Short film
People watching, no side chatter, some people leaning forward with chin resting on hands. No side chatter and no significant reactions.

Welcome address
No significant reaction, people sitting relaxed in chairs, arms unfolded and no side chatter.

Presentation on community challenges
During the slide setting out the challenges, a few members of the audience nodded. People remained focused on the speaker.
No significant reactions and presentation around advances in medical care. One or two people seen taking notes at the mention of number of populations to be serviced by hubs and the types of professionals within multi disciplinary teams.
At the mention of shared medical records one or two people nodded.

First question session

<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>What said was not new. Where is the money coming from for primary care?</td>
<td>No significant audience reaction</td>
</tr>
<tr>
<td>A</td>
<td>Not just about the money, looking to see how we can work together, back office functions, more collaboration. Investment in capital for premises recently been made. Now got consultants going into care homes to prevent people going into hospital</td>
<td>One or two people nodding, some people inclining their heads to one side. Other no significant reactions</td>
</tr>
</tbody>
</table>
My concern is the model, depends upon a strong community. But members of staff need to be able to afford to live in the area. Housing in the area isn’t necessarily affordable for health staff.

Working closely with county, borough and district councils to ensure plans for people to stay and work/live in the area. Got a medical school coming

Most people support improving primary care but what about context, what specific reasons are causing long wait times in our area?

Waiting times are due to fact that we trying to deliver 3 similar sets of services in 3 places.

Presentation of hospital challenges
People focused on presenter. No side conversation or exchanging glances.
At slide showing changes in medicine, some smiles and chuckles and being ‘tucked up in bed for 6 weeks’.

One or two people nodding at the network slide. Majority of the audience don’t showing any significant reactions. People totally focused on the speaker. No significant reactions for the rest of the presentation.

Presentation of detailed options
Audience focused on the speaker and the slides, no significant shift in body position or facial expressions throughout the presentation.

Second question session

<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>They are always short of nurses, staffing is my worry</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>We are short of staff across all our sites. By specialising in areas we think that we will make jobs more attractive. We need to give the staff clarity and focus.</td>
<td>Audience nodding and audience member commented quietly ‘yes definitely’</td>
</tr>
<tr>
<td>Q</td>
<td>How much will option 2 cost?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>The option is based on the developers offer. Without his offer, there wouldn’t be an option 2</td>
<td>Few people exchanging glances and having a side conversation. 1 or 2 people shaking their heads</td>
</tr>
<tr>
<td>Q</td>
<td>What happens if he does not get planning permission?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>Then it won’t be a viable option and will be removed.</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>Q</td>
<td>What will happen to stop the 300 people staying in hospital, aren’t we relying too heavily on voluntary sector?</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>We have been looking closely at what kind of patient is staying in these beds so that we can understand what we need to provide to support them getting back home. Focusing on older frail</td>
<td>No side chatter, people focused on the response, no significant reactions</td>
</tr>
</tbody>
</table>
people as the first group. Teams meet every week to look at cases.

<table>
<thead>
<tr>
<th>Q</th>
<th>What about social care, where are they tonight?</th>
<th>No significant reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>They are committed to working with us, working to align how we commission services.</td>
<td>The member of audience who asked the question said she didn’t feel the question had been answered and that the social care sector needs to ‘step up’.</td>
</tr>
<tr>
<td>Q</td>
<td>How will medical school work with the Kent &amp; Canterbury hospital not being fit for purpose?</td>
<td>Some quiet clapping and nodding from the audience</td>
</tr>
<tr>
<td>A</td>
<td>The training is a university degree, nominally based at Canterbury but clinical placement across all East Kent / Kent hospitals or London hospitals</td>
<td>People focused on speaker, listening, no side chatter and no significant facial reactions</td>
</tr>
<tr>
<td>A</td>
<td>CCG is in special measures, part of the challenge is reaching the standards. We are now working collectively across east Kent and not duplicating.</td>
<td>People focused on speaker, listening, no side chatter and no significant facial reactions</td>
</tr>
<tr>
<td>Q</td>
<td>Tenterden is uniquely located, have you had conversation with neighbouring areas?</td>
<td>No significant reactions</td>
</tr>
<tr>
<td>A</td>
<td>We are looking at patient flows across the areas and with neighbouring hospitals and we will be reviewing this with them.</td>
<td>No significant reaction</td>
</tr>
<tr>
<td>Q</td>
<td>What is the timeline? Building houses is quick but a hospital will take years</td>
<td>No significant reaction</td>
</tr>
</tbody>
</table>

Tea break

Ongoing conversations overheard:

- ‘How much does all this cost – printing all these leaflets and booklets?’
- ‘Someone who has never been to Tenterden will make the decisions”’
- ‘I’m interested to know how long this will all take’
- ‘There are a lot of us in Tenterden that can afford to be members of Benenden’

People talking about the temperature of the room and the sandwiches
A handful of people left during the tea break.

Table top discussions
Themes have been gathered by triangulating direct observation at the tables and reviewing all handwritten notes taken by facilitators. The number of mentions, both positive and negative were themed. Although the table top discussions were focused around 4 questions, for the purpose of this report we have themed all responses as a single data set to give a collective view of the most frequently mentioned issues. Each theme is illustrated by a range of quotes in order of frequency

Travel times and transport
(10 mentions)

- Difficulties travelling around when it’s mostly country roads
- Maternity have additional concerns about travelling and having to travel further
- Need to improve travel networks and road systems
- Traffic is grid locked, and poor parking at Canterbury
- Transport links are a concern and will affect more vulnerable patients, i.e the elderly and those dependant on public transport
GPs and community services
(8 mentions)
- Would like to have local ophthalmology service
- NHS patient can choose private hospital to avoid long waits at William Harvey
- There is a walk in service for X-ray at Benenden
- Improve medicine management for the elderly, need to understand all the medicines and drugs that people are now on.
- It’s hard to get appointments at the GP surgery
- I have seen more local treatment happening, more nurse led care
- Improve social care for the elderly
- Support for families caring for elderly relatives

Joining up services and culture change
(7 mentions)
- Networking the computer system is good for GPs to have access to records, not only in primary care but in social care too
- Concern that social care is not really linked into this?
- Multi Disciplinary Teams from different organisations can be complex if they all have different agendas
- How can we build a sense of community to help empower and support neighbours. Need to change our society

Ambulance services
(4 mentions)
- The golden hour, will they get us to the hospital in time?
- What is the capacity of the ambulance services, what are their plans for recruitment?

Communication with the public
(3 mentions)
- Better communication about urgent care and use of A&E so people know where to go for what and don’t head to A&E if they don’t need to
- I’ll read the booklet when I get home

Workforce
(2 mentions)
- Can you train admin staff to make the service more efficient and effective?
- New medical school could lead to better staff retention

Current services
(2 mentions)
- Ivy Court surgery, how is the extension being funded?
- There’s an excellent cardiac services at William Harvey Hospital

Specialising and centralising
(2 mentions)
- Centres of excellence make sense
- Planned care and specialising is good

Funding and planning
(2 mentions)
Independent observation of listening events on transforming health services in east Kent

- Population growth is high, need to make sure plans are future proof
- Need to invest in the community

Concern about not being given the full picture
(1 mention)
- Not enough information

Mental Health
(1 mention)
- Concerned about mental health

Quality and continuity
(1 mention)
- As GP practices are getting bigger there is a lack of continuity of care, more complex conditions it's important to see the same Dr

Observation of table discussions
Four tables quickly got into discussions. All tables seen to be working well, all parties engaged in discussions. A facilitator at each table. Estimated that approximately 20 members of the public took part in table discussions.
The facilitator took feedback from each table and some questions were raised.

Plenary session and close

<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>Population growth and ensuring plans can cope with growing numbers of people</td>
<td>People listening, no significant reactions</td>
</tr>
<tr>
<td>A</td>
<td>We are using public health data and local development plans. Ashford have been the most positive Local Authority to work with</td>
<td>Comment from audience member ‘that’s good’</td>
</tr>
<tr>
<td>A</td>
<td>Social prescribing, multi disciplinary teams, bringing wider groups of people.</td>
<td>People listening, no significant reactions</td>
</tr>
<tr>
<td>Q</td>
<td>Mental health not been talked about much tonight, it’s so important.</td>
<td>People listening, no significant reactions</td>
</tr>
<tr>
<td>A</td>
<td>Primary care and general practice working to increase social prescribing. The Mental health Trust is working to embed services in primary care.</td>
<td>People listening, no significant reactions</td>
</tr>
<tr>
<td>Q</td>
<td>A&amp;E is not the right place for someone having a mental health crisis</td>
<td>Some people nodding</td>
</tr>
<tr>
<td>A</td>
<td>As we design services going forward we need to build mental health in</td>
<td>People listening, no significant reactions</td>
</tr>
<tr>
<td>A</td>
<td>Ambulance travel times will be crucial in further deliberation</td>
<td>People listening, no significant reactions</td>
</tr>
<tr>
<td>Q</td>
<td>Continuity of GP care</td>
<td>Some nodding and verbal ‘umms’</td>
</tr>
<tr>
<td>A</td>
<td>Shared records, routine appointments can be seen by other members of the surgery team, allowing GP to see those patients that benefit from continuity.</td>
<td>Comment from member of public ‘it won’t matter, it won’t happen’</td>
</tr>
<tr>
<td>Q</td>
<td>It is essential for people to be listened to and cared for physically rather than virtual care, younger generation might be alright with</td>
<td>Lots of nodding from public in responses to this.</td>
</tr>
</tbody>
</table>
Speaker explained the next steps
Audience looking at speaker, no side chatter, they are focused on watching final slides. As the speaker explained timeframes one or two people shaking their heads.

Public audience clapped at the end of the meeting.

Exit chatter

- ‘Way it’s been explained it all makes sense, would be lovely if William Harvey was the centre for everything’
- ‘It’ll be 2 years before anything actually happens’
- ‘The management are running the whole thing, this is just a part of the process’
- ‘It’s been very interesting, thank you’
- ‘It’s good that you are listening to people’
Evening of Wednesday 13th December at Faversham

<table>
<thead>
<tr>
<th>Estimated number of people present</th>
<th>Observation of audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Room is cold, people remaining in coats throughout the meeting</td>
</tr>
<tr>
<td></td>
<td>Some working age adults, majority older adults</td>
</tr>
<tr>
<td></td>
<td>A few people wearing lanyards</td>
</tr>
</tbody>
</table>

Main speakers:
- Susan Alcock – East Kent Hospitals University Foundation Trust (EKHUFT)
- Caroline Selkirk – East Kent Clinical Commissioning Groups (CCGs)
- Upaasna Garbharran - EKHUFT
- Daren Cocker CCG

Facilitator:
- Lorraine Denoris

Chatter before event
People talking about the venue, small talk as they settle into tables.

Introduction
People focused on the facilitator. Some laughter in reaction to comment about the political vote happening at the same time as this meeting. No significant reactions or side chatter.

Short film
People focused on the screen, some people leaning forward resting chin on hands. No side chatter, no exchanging glances. A few people looking at the table top materials.

Welcome address
People remained focused on the speaker throughout the presentation. No significant reactions, no side chatter.

Presentation on community challenges
People focused on presenter. One or two people nodding, other exchanging glances or taking in sharp intake of breath at the statistics given about the different life expectancy across east Kent.

When talking about the changes in medical care and what can now be offered at a GP surgery, one or two people nodding.

A local GP talked about what happening now in Faversham, audience focused but no significant response.

First question session

<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>Our public campaign saved the MIU and now we are worried about what Urgent Care Centre will be. What does local care really mean, how do</td>
<td>One or two people nodding</td>
</tr>
<tr>
<td>A</td>
<td>The population size of Faversham is perfect for local care, aimed at 30-50k people. We will be using the local cottage hospital, with GPs working closely and sharing resources offering more access to consultants. We are doing some work to improve premises and ensure they meet need to growing population.</td>
<td>People watching and listening to the response. No significant reaction</td>
</tr>
<tr>
<td>A</td>
<td>We are working to understand the needs of Faversham population as it’s important we respond to local need. The MIU, according to new guidelines and standards will now be an Urgent Treatment Centre and we will be working to make sure it meets the required standards.</td>
<td>One or two people nodding</td>
</tr>
<tr>
<td>Q</td>
<td>Why are asthma, diabetes, COPD all worse now than they were years ago? It should be better now, with all the medicines available? People can’t come home from hospital because community isn’t there. No one is pushing local government to get it sorted. Few years ago, you took it all away and now you are bringing it back.</td>
<td>Some verbal supports to this comment ‘umms’. People nodding across the room. Few bits of side chatter</td>
</tr>
<tr>
<td>A</td>
<td>Not worse, but more people living with more conditions makes it more complex. Average number of diagnosis is now 7 per patient.</td>
<td>Audible intake of breath in reaction to average number of diagnosis per patient.</td>
</tr>
<tr>
<td>A</td>
<td>Working to understand the needs of people who are coming from acute hospital to cottage hospital, beds and how, by linking up professional teams, we can get them supported in their own home. Looking at how we develop the workforce to do this.</td>
<td>No significant reactions</td>
</tr>
<tr>
<td>A</td>
<td>Facilitator asked for show of hands to see who had a bed to go home to tonight. All hands went up. Best bed is your own bed. Dementia patients get confused quickly and then we are trying to assess them in an environment where they don’t live.</td>
<td>Some laughter and nodding from the audience.</td>
</tr>
<tr>
<td>Q</td>
<td>We would like a vibrant community hospital with the services we need, agree we need to change. Problem is the design of this model. 8% people will go to A&amp;E, the majority from here will still find it easier to go to Kent &amp; Canterbury hospital not Estuary View.</td>
<td>People nodding some verbal comments ‘absolutely’</td>
</tr>
<tr>
<td>A</td>
<td>There are 27 standards to meet about what is needed in an Urgent Treatment Centre, this will define what they offer. The starting point will be for these to be open for 12 hrs initially, this is the required minimum.</td>
<td>No significant reactions</td>
</tr>
<tr>
<td>Q</td>
<td>Post discharge follow up, personal story shared of no follow up and resulting further medical input needed.</td>
<td>One or two people nodding. Everyone focused on speaker and no side chatter</td>
</tr>
<tr>
<td>A</td>
<td>Need to clarify that currently follow up teams are focusing on identified group of frail older people who frequently in and out of hospital. As we</td>
<td>No significant reactions</td>
</tr>
</tbody>
</table>
Develop we want to extend this follow up care to all patients.

Q Healthcare in the community you live in is not a new idea, but it was taken away for one good reason, money, it’s expensive to deliver. We’ve not heard about where this money is going to come from.

Handful of people nodding

Q Elephant in the room is lack of social services. They not here tonight. Example of local care home fees of £65k per year if a private resident. What are KCC doing about this? Are they running scared?

Many members of the audience looked shocked and surprised at the cost of care home fees. People shaking their heads and some side chatter. Some people chuckling.

A It’s clear that new monies coming to us are to be focused on prevention and community services. Waiting to hear what this will be. KCC have been at most of these meetings, we are working with them. Primary care has got a lot of new services, perhaps we could link with some of you to help get the messages to the public.

Some side chatter, few people looking at their phones, some smiles and nods at reference of better communication with the public.

Presentation of hospital challenges
Medical advances have been charging ahead over the last 70 years – people nodding and smiling.

No significant reaction to the slide showing hospital networks or the need to locate specialisms together on the same site.

People remained focused on speaker throughout the presentation and no significant reactions or side chatter.

Presentation of detailed options
Audience focused on speaker and slides, some people shuffling in their chairs, and looking at paperwork on the table tops. No significant changes to facial expressions throughout the presentation.

Second question session

<table>
<thead>
<tr>
<th>Question</th>
<th>Subject matter</th>
<th>Observable audience response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>We don’t have a trauma centre in Kent, will this change?</td>
<td>No significant response</td>
</tr>
<tr>
<td>A</td>
<td>No, it will remain at Kings</td>
<td>One or two people nodded, no significant response from the rest of the audience</td>
</tr>
<tr>
<td>Q</td>
<td>Nothing here about costs and timescale</td>
<td>People nodding and smiling</td>
</tr>
<tr>
<td>A</td>
<td>Explanation of steps needed and estimated timeframe, could take a good year. We need to start to make changes now to deliver safe services.</td>
<td></td>
</tr>
<tr>
<td>Q</td>
<td>Both options see day surgery at Kent &amp; Canterbury hospital, this is the bulk of care you deliver and it’s our closest option. The problem is with administration of appointments</td>
<td>People nodding, smiling and some chuckles. Some people exchanging glances and nods.</td>
</tr>
</tbody>
</table>
Agree our own administration could be better, we want to become more efficient and use technology better.

This consultation worries me. You had a variety of them now, but what's the point if our views are not taken into account? We need to know the detail of what it will look like. You talked about the Clinical Senate, who sits on that, isn’t it a bit like marking your own homework?!

I can tell you the Senate is most definitely not like marking your own homework, it’s very challenging and if we don’t get it right they can stop us. A consultation is not a vote, we need to demonstrate that we have heard what people have said in how we form our decision. We can’t please everyone with our decision, this needs to be about compromise.

When people ask me, what are the benefits of option 1 or option 2, I tell them I have a list of benefits for option 2!

No significant reactions

People nodding and smiling

People focused on speaker and the response. Some people inclining heads and listening.

Audience laughter

Tea break
Conversations overheard;
- ‘It’s really cold in here’
- ‘they need to train people up, it all needs staffing’
- ‘You can’t get people to work 24/7, yet that’s what people say they want, how are we supposed to do that in a reasonable world?’
- ‘They can’t retain staff, it’s not about the needs of the patient it’s about the need of the organisation’
- ‘I’ve been to events like this before, but this feels like they are talking to us before it’s all sorted’
- ‘In other countries they do it differently, why can’t we see what they are doing?’

Table top discussions
Themes have been gathered by triangulating direct observation at the tables and reviewing all handwritten notes taken by facilitators. The number of mentions, both positive and negative were themed. Although the table top discussions were focused around 4 questions, for the purpose of this report we have themed all responses as a single data set to give a collective view of the most frequently mentioned issues. Each theme is illustrated by a range of quotes in order of frequency

Funding and planning
(17 mentions)
- Are funding cuts driving this?
- Change is needed but not sure that it needs this much change
- You’re targeting the care at the frail which is 3% of the population but need to recognise wider vulnerable people and have some flexibility.
- The model plays into underfunded, under resourced services
- Kent County Council (KCC) need to be an active partner
- Kent & Canterbury hospital has been downgraded over the years, is there the will to rebuild it?
- A broad range of services should be on all sites
• Seen you take things away from local hospital and now bringing them back, that’s not good planning and is wasting money
• You only need to see where the hospitals are on national rankings to see things need to change, we can’t stay at the bottom of the tables
• You’re starting to change things through the back door
• East Kent is one of the poorest in the UK, how is this taken into account?
• How will money shift from acute hospitals to the community?
• Urgent care for general practice is not currently funded, can this be included when mapping urgent care pathways
• Make sure that funding isn’t only provided for new service but also maintaining current one
• Need more support for people with dementia
• Where are the young people at these events?

GPs and community services
(11 mentions)
• Need more social care and rehabilitation, it's not mentioned in this model
• Will social care improve?
• Need to have more care in the community and follow up after surgery
• Could we have glaucoma clinics delivered at Faversham?
• Good idea to have urgent care at all three sites, takes pressure off A&E
• Open door policy, you’re currently trying to police who uses what door
• Are there opportunities to bring back specialist services to local hospitals?
• Use local cottage hospitals to improve services

Workforce
(5 mentions)
• Recruitment needs of staff mean that the solution has to work for staff as well as patients
• The medical school is a positive thing
• Concerned that the medical school won’t work in option 1
• Staff are going through changes and working differently, it’s already having an impact upon them

Specialising and centralising
(5 mentions)
• Understand that we can’t afford everything everywhere
• Centralising services and separation of planned care makes sense
• Concern that paediatric will be centralised at one site.
• Outreach model of consultant coming out to the community, balance the time of professionals traveling against the benefit to patients.

Technology
(5 mentions)
• Could we use technology more and create virtual wards?
• Appointments on the same day across these different sites will be difficult to manage, will system be able to link and prevent ‘double bookings’
• Need to ensure IT systems integrate across the whole system
• Massive changes in technology, we should be using this

Travel times and transport
(4 mentions)
• Public transport and road infrastructure means transport and travelling are difficult

Joining up services and culture change
(4 mentions)
• Organisations are working in silos, need to have an outreach community facing model.
• Need to standardise practices, we GPs have collaborated across Faversham but still working differently
• Adult and children’s social services operate from different parts of the county, it’s difficult joining all things up
• Transition between health and social care is difficult

Concern about not being given the full picture
(3 mentions)
• Could we see more information about current performance of all hospitals?
• Where is the interaction with private hospitals and what capacity do they have to support these changes?
• What are A&E travel times in this area?

Ambulance services
(3 mentions)
• Ambulance service are also in special measure, what are their plans?
• What will the effect on ambulance services be?

Mental Health
(2 mentions)
• Local care has the potential to deliver mental health close to home

Current services
(2 mentions)
• 111 is not working, it just puts pressure on the hospital
• Admin and poor follow up mean a poor patient experience

Communication with the public
(1 mention)
• What is the difference between urgent and emergency care – need to make sure people understand

Observation of table discussions
Four tables came back together after the tea break, some people left during the interval. Tables had a facilitator and were seen to be working well. Some clinicians and professionals joined the table discussions
Facilitator took feedback from the tables

Plenary session and close

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<tbody>
<tr>
<td>Q</td>
<td>Can health department pressurise the Dept of Transport to improve road infrastructure in Kent?</td>
<td>Some people smiling and nodding their heads</td>
</tr>
<tr>
<td>A</td>
<td>Working with local authorities and county council and with public transport providers.</td>
<td>People focused on speaker, no significant reactions observed</td>
</tr>
</tbody>
</table>
This work will continue as the options develop.

Q What about virtual wards?  
A There is a virtual inpatient ward and hospital at home service, reviewing medicines and monitoring progress remotely. We should be looking to develop this too.  

Q Maternity and paediatric services, what about the impact on families, who might have children in hospital as well as looking after children at home?  
A We are looking to see how we can treat more children at home. There are times when a child needs to be in hospital, but we need to make sure we are located in place where other services are also available for the child to keep them safe. Average length of stay of a child is under a day, they bounce back so quickly.

Meeting was drawn to a close, people thanked for attending.

Public audience clapped at the end of the meeting.

Exit chatter

- ‘That was interesting;
- ‘I wonder what will happen next?’
- Do you think we’ll get the hear about the next bits?’