



*PRE-CONSULTATION ENGAGEMENT ON
HOSPITAL SERVICES IN EAST KENT*

DECEMBER 2018

Prepared by



The Public Engagement Agency™

1. Executive Summary

Introduction

This report provides feedback for the East Kent Joint Committee of Clinical Commissioning Groups and the East Kent transformation programme team based on responses to a pre-consultation survey relating to proposed changes to hospital services in East Kent.

The Public Engagement Agency (PEA) was asked to deliver a survey to collect, analyse and report on this feedback ahead of the consultation.

There were 774 respondents overall and this report provides a summary of findings along with more detailed analysis of the results.

Key Findings

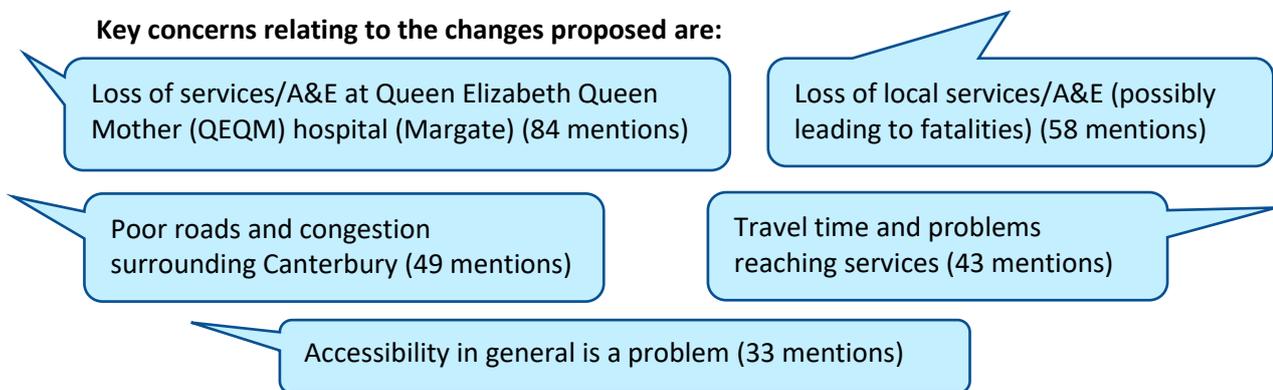
Overall a strong response to the survey (774 respondents), perhaps demonstrating the strength of opinion about the proposals as well as the well-publicised events and information relating to the engagement. Vast majority of respondents are patients/members of public (86%) with 11% health and social care staff.

Most commonly used services (at least once in last 12 months) based on survey responses are outpatient appointments (76%), Accident and Emergency (A&E) (64%) and day case surgery (32%).

The eight proposed improvements were ranked by respondents as to which were of most benefit to patients. The table below shows the ranking overall as well as for each respondents group.

Improvements of Most Benefit to Patients			
	<i>Most important</i>	<i>Second most important</i>	<i>Third most important</i>
OVERALL (755)	higher standards of care, improving outcomes for patients	consistently high-quality care seven days a week	joined-up care for frail people, intervening swiftly if their health takes a downturn
Patients/public (650)	higher standards of care, improving outcomes for patients	consistently high-quality care seven days a week	shorter waits in A&E and for planned operations
Staff (84)	higher standards of care, improving outcomes for patients	consistently high-quality care seven days a week	joined-up care for frail people, intervening swiftly if their health takes a downturn
Thanet (245)	higher standards of care, improving outcomes for patients	consistently high-quality care seven days a week	joined-up care for frail people, intervening swiftly if their health takes a downturn
Canterbury (124)	higher standards of care, improving outcomes for patients	consistently high-quality care seven days a week	joined-up care for frail people, intervening swiftly if their health takes a downturn
Ashford (108)	higher standards of care, improving outcomes for patients	consistently high-quality care seven days a week	shorter waits in A&E and for planned operations
SKC (65)	consistently high-quality care seven days a week	higher standards of care, improving outcomes for patients	wider range of services from GP surgeries and local health centres

Key concerns relating to the changes proposed are:



How to address concerns include:

Retain and improve services/A&E - and to a lesser extent stroke and maternity – at QEQM Hospital in Margate	143 mentions
Retain services at William Harvey Hospital in Ashford	60 mentions
Retain local/existing services	55 mentions
Retain 3 A&Es/regional A&Es	46 mentions
Choose option 2	30 mentions

Impact on Patient Experience and Quality of Care

More than half the respondents believe the proposals will mean that **patient experience** is worse than now (55%) (58% of patients/public and 30% of staff). Overall 34% indicate some or significant improvement (29% of patients/public and 57% of staff).

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

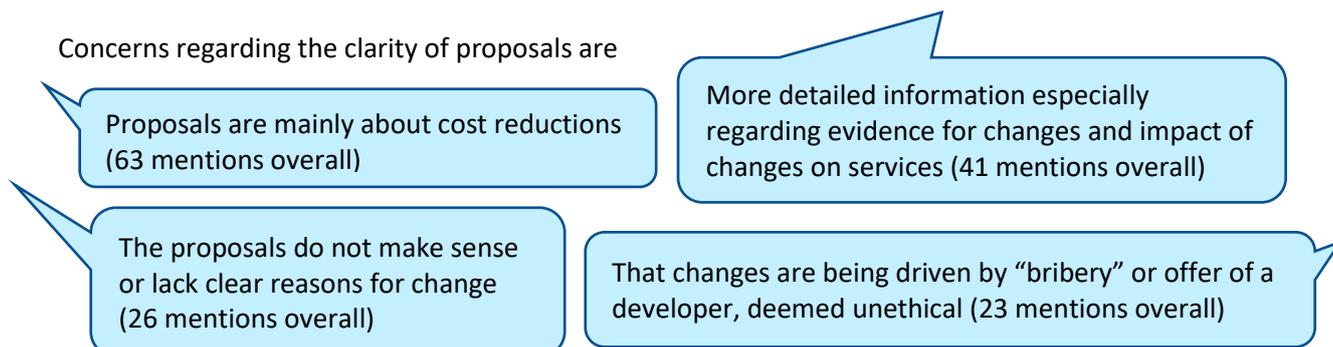
Two-fifths of respondents overall believe **quality of care** will be worse than now (39%), (43% of patients/public and 19% of staff). Overall 38% indicate some or significant improvement (33% of patients/public and 61% of staff).

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

Clarity of Changes

A third of respondents overall believe the reasons for change are ‘not at all’ clear (32%). Thanet CCG residents are significantly more likely to state that the reasons for change are ‘not at all clear’ (50%) compared to residents in the other CCG areas.

Concerns regarding the clarity of proposals are



2. Detailed Report of Findings

Background

The East Kent Joint Committee of Clinical Commissioning Groups and the East Kent transformation programme team are preparing for a consultation on changes to hospital services in East Kent. One element of this pre-consultation engagement is to gather views from patients of affected services, general public, staff in hospitals, GPs and other stakeholders.

Methodology

PEA worked alongside the STP team to develop a questionnaire to target patients, public and staff.

The key aims for the survey were:

- to understand what needs to be considered when developing the proposals in relation to those services that may be impacted
- to provide further information as to what residents and staff need, to fully understand and evaluate proposals for change as part of the formal consultation

The survey was open from 19 October to 9 December 2018 and was publicised through the following channels:

- Social media accounts of the Kent and Medway Sustainability and Transformation Partnership (STP), Clinical Commissioning Groups and East Kent Hospitals University NHS Foundation Trust.
- Local council accounts and campaign groups posted and retweeted links to the survey
- News items on the websites of the STP, CCGs and Hospital trust
- Internal news items/intranets of the CCGs, hospital trust and Kent community trust
- East Kent stakeholder e-Bulletins in October and November 2018 sent to 450+ recipients
- Health networks from the four CCGs
- A number of local media articles on the options and listening events also included links to the survey
- Hard copies were provided to:
 - 550 attendees of the eight public listening events between 30 October and 20 November 2018
 - 25 stakeholders/partners on 28.11.18
 - 78 GP surgeries on 6.11.1

Respondent Profile

CCG Area	All responding (558)
Thanet	46%
Canterbury	23%
Ashford	20%
SKC	12%

Age	All responding (651)	Patients /public (572)	Health /social care staff (62)
16-24 years	1%	1%	5%
25-34 years	9%	9%	13%
35-44 years	15%	15%	15%
45-54 years	17%	16%	37%
55-64 years	24%	23%	24%
65-74 years	22%	24%	3%
75 years or more	9%	10%	0%
Prefer not to say	3%	3%	3%

Gender	All responding (643)	Patients /public (565)	Health /social care staff (61)
Male	29%	29%	21%
Female	68%	68%	74%
Transgender	0%	0%	0%
Prefer not to say	3%	3%	5%

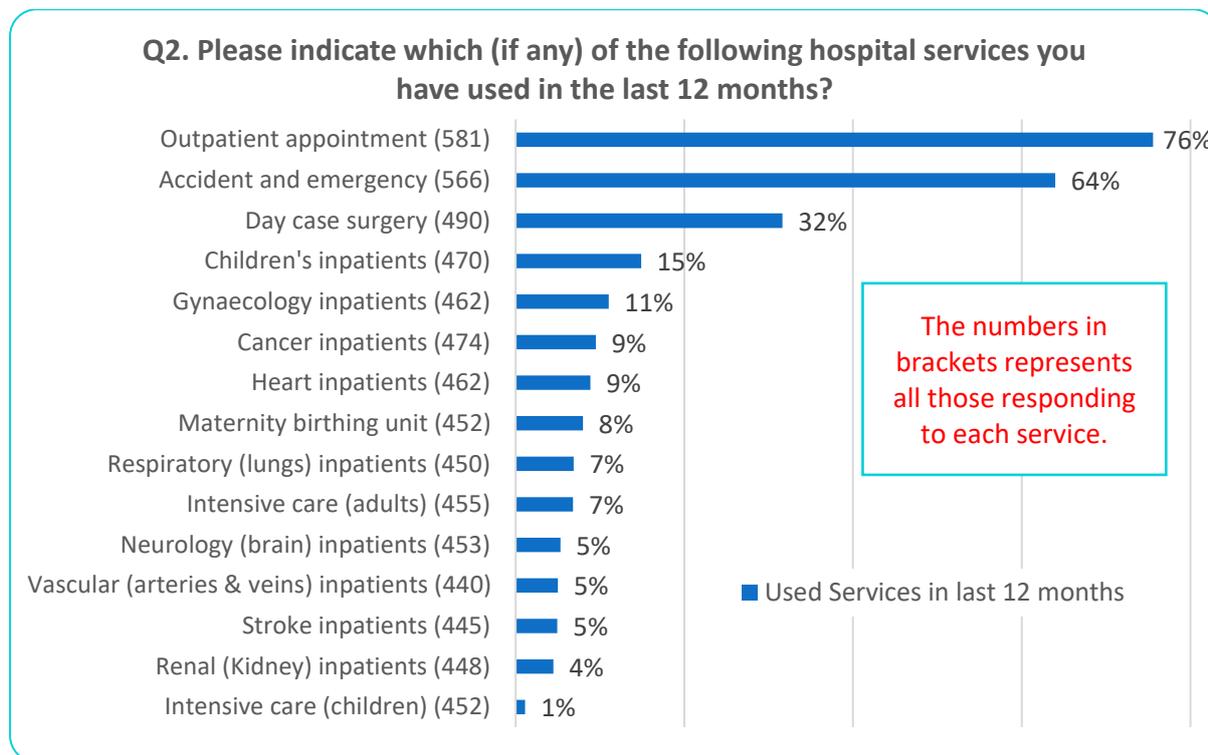
Ethnicity	All responding (644)	Patients /public (567)	Health /social care staff (60)
White	92%	92%	90%
Non-white	2%	2%	2%
Prefer not to say	6%	6%	8%

Disability	All responding (628)	Patients /public (552)	Health /social care staff (60)
Yes, limited a little	22%	23%	12%
Yes, limited a lot	12%	14%	0%
No	60%	57%	85%
Prefer not to say	6%	6%	3%

Of the staff that responded (63), 46% work for East Kent Hospital University NHS Trust (EKHUFT) and 22% work for Kent Community Healthcare NHS Foundation Trust.

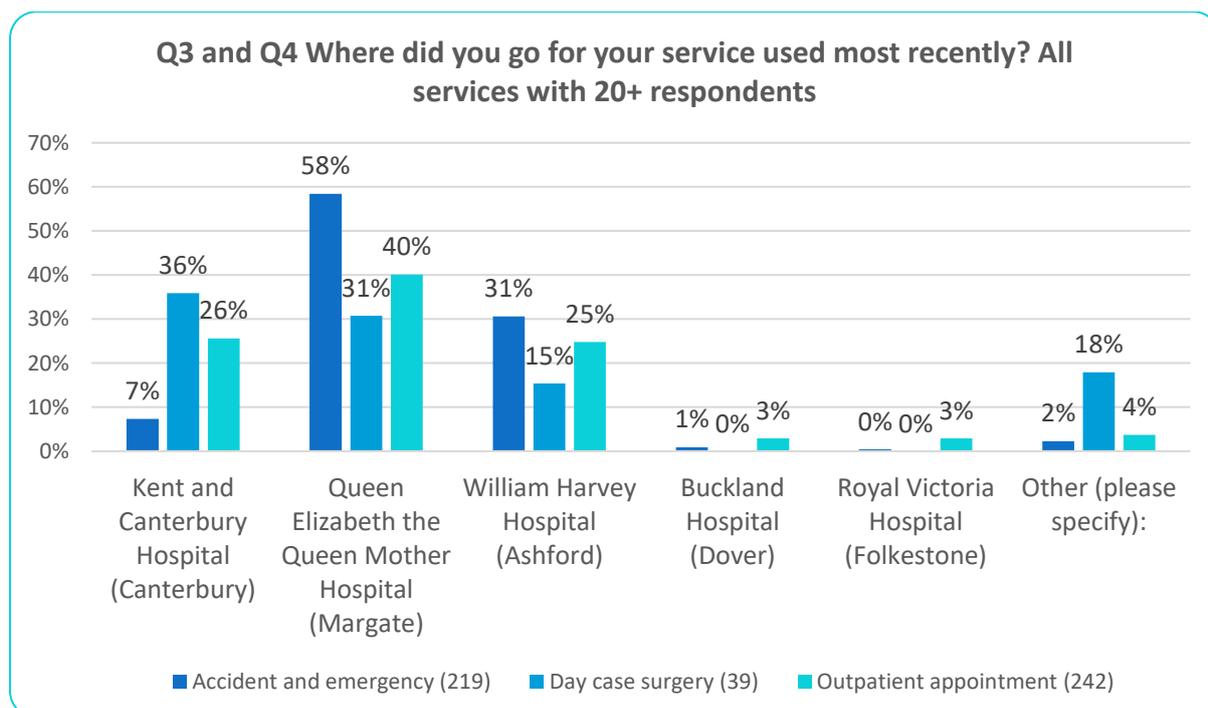
Services Used

The most commonly used services based on survey responses are outpatient appointments (76% experiencing these at least once in the last 12 months), followed by Accident and Emergency (A&E) (64%) and day case surgery (32%).



Services used **most recently** are A&E (34%) and outpatient appointments (38%).

The chart below shows the most recent service used and which site respondents visited. Over half those that most recently visited A&E, did so at Queen Elizabeth the Queen Mother Hospital (Margate) (58%), followed by 31% at William Harvey Hospital (Ashford).



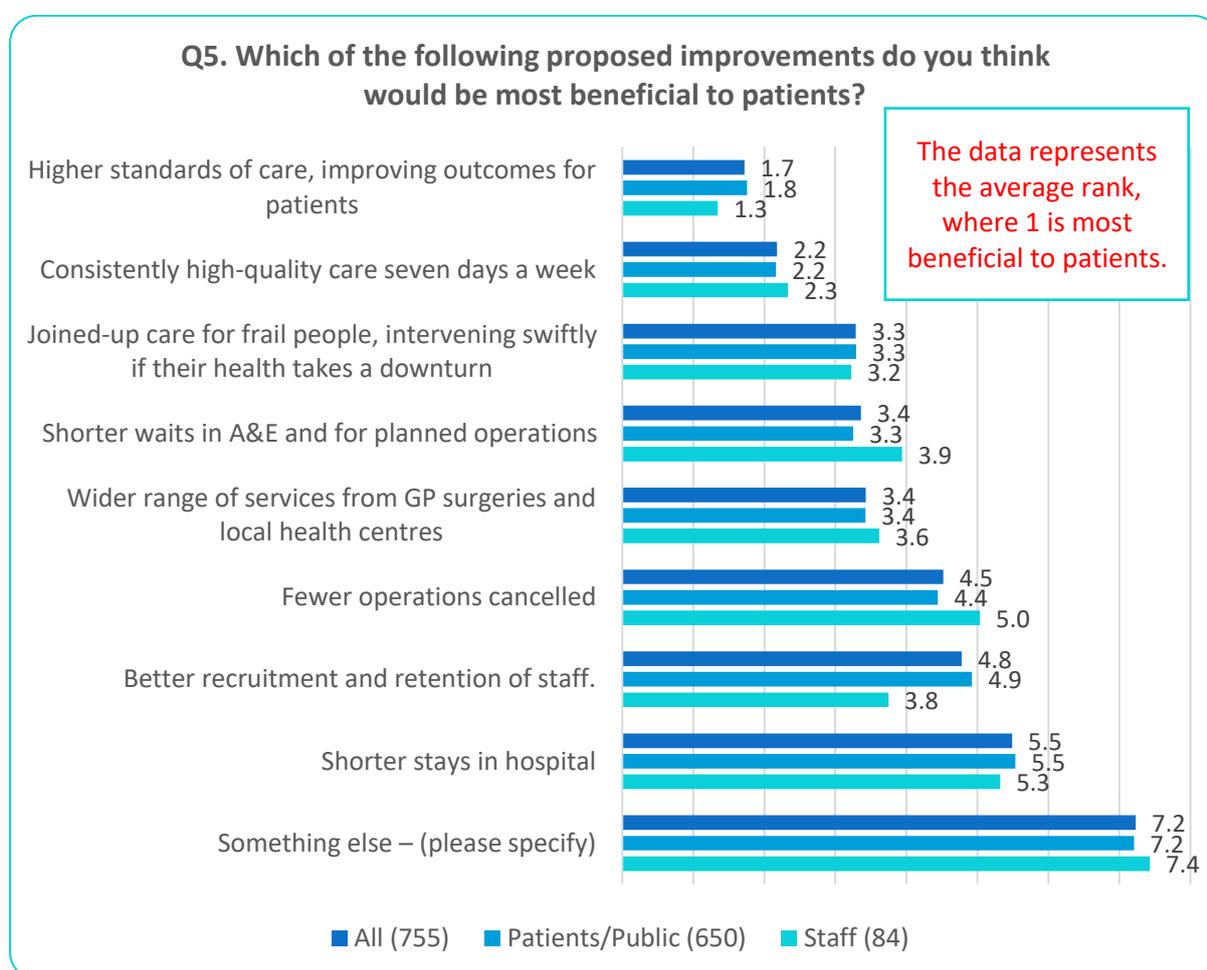
The vast majority of respondents (774) are patients/members of public (86%) with a further 11% identifying themselves as health and social care staff. The remaining 3% are voluntary and community staff, elected representatives or local employers.

Q5. The Benefits of Improvements Proposed

Overall ranking

The improvement deemed of most benefit to patients is “higher standards of care, improving outcomes for patients” (ranked position 1.72 on average), followed by “consistently high-quality care seven days a week” (ranked 2.18 on average).

The proposed improvements were ranked by respondents and allocated scores based on their ranking. The first ranked item receives a score of nine, a score of eight if ranked second and so on. The chart below represents the average ranking allocated by all respondents and therefore the lowest score equates with the most beneficial for patients. Therefore, “higher standards of care, improving outcomes for patients” was considered the most beneficial as shown below.



The feedback is very similar when analysed by patients/public and health and social care staff separately as shown in the chart above. Both respondent groups individually rank “higher standards of care, improving outcomes for patients” and “consistently high-quality care seven days a week” as top two most important improvements.

Patients then rank “shorter waits in A&E and for planned operations” as third whereas health and social care staff rank “joined-up care for frail people, intervening swiftly if their health takes a downturn” as third.

Ranking broken down by CCG

In terms of feedback by CCG area, the top 2 most important improvements are the same in each area, although the places are reversed according to respondents based in SKC CCG area.

In third place, respondents in Thanet and Canterbury are the same as the overall results (joined-up care for frail people, intervening swiftly if their health takes a downturn). However, respondents in Ashford identify “shorter waits in A&E and for planned operations” as third most important (3.1 average rank). Respondents in SKC CCG area identify “wider range of services from GP surgeries and local health centres” as third most important (2.8).

Q5. Which of the following proposed improvements would be most beneficial to patients? (showing average rank position out of 9)			
CCG Area	Most important	Second most important	Third most important
Thanet (245)	higher standards of care, improving outcomes for patients (1.7)	consistently high-quality care seven days a week (2.2)	joined-up care for frail people, intervening swiftly if their health takes a downturn (3.2)
Canterbury (124)	higher standards of care, improving outcomes for patients (1.8)	consistently high-quality care seven days a week (2.4)	joined-up care for frail people, intervening swiftly if their health takes a downturn (3.2)
Ashford (108)	higher standards of care, improving outcomes for patients (1.8)	consistently high-quality care seven days a week (2.1)	shorter waits in A&E and for planned operations (3.1)
SKC (65)	consistently high-quality care seven days a week (2.0)	higher standards of care, improving outcomes for patients (2.2)	wider range of services from GP surgeries and local health centres (2.8)

Q6. Concerns

When asked what, if any, concerns they have about the changes being proposed the following points were mentioned:

- Loss of services/A&E at Queen Elizabeth Queen Mother (QEQM) hospital (Margate) (84 mentions)
- Loss of local services/A&E (possibly leading to fatalities) (58 mentions)
- Poor roads and congestion surrounding Canterbury (49 mentions)
- Travel time and problems reaching services (43 mentions)
- Accessibility in general is a problem (33 mentions)
- Travel time and problems to Canterbury (25 mentions)
- Canterbury/ Option 2 is preferred/considered best option (25 mentions)
- Ashford/Option 1 is preferred/considered best option (24 mentions)
- Staffing issues particularly recruiting and retaining staff (24 mentions)
- Travel time and problems to Ashford/WHH (24 mentions)
- Increased pressure on South East Coast Ambulance (SECAMB) (20 mentions)

“We need our A&E service safe guarded to stay in QEQM especially as more and houses are being built.” [BLANK]

“ANY removal of services from local hospitals can only be detrimental to local populations. It will simply exacerbate the existing problems (notably recruitment and retention of staff) and will, in all likely lead to proposals for closing hospitals completely - self-fulfilling prophecy. It is simply not good enough to expect patients and their families to have to travel for hours for hospital-based NHS services.”

[Patient/member of public, Thanet, 45-54 years, female]

“Concerned that essential services would be lost in an area already socially and economically deprived” [BLANKS]

“The potential delay in emergency attention my family or I could see if having to go to Canterbury or beyond!!” [Health /Social Care staff, East Kent Hospital University NHS Trust, 25-34 years, male]

“The length of time it would take to get to A&E, more deaths would result from increased times.” [Patient/member of public, Thanet, 35-44 years, male]

Other concerns raised by respondents include the need to maintain hospital sites in all current locations with current A&E services (16 mentions), loss of A&E/services at Canterbury (16 mentions), that a private developer should not be part of decisions and discussions regarding NHS service provision (14 mentions).

Q7. How to Address Concerns

The most frequently suggested ways to address concerns are:

- Retain and improve services/A&E - and to a lesser extent stroke and maternity – at QEQM Hospital in Margate (143 mentions)
- Retain services at William Harvey Hospital in Ashford (60 mentions)
- Retain local/existing services (55 mentions)
- Retain 3 A&Es/regional A&Es (46 mentions)
- Choose option 2 (30 mentions)
- Don't make any changes (27 mentions)
- Develop/expand current services/hospitals (18 mentions)
- Choose option 1 (17 mentions)

“Keep Margate and Ashford as they are. The money you save on moving everything can be used to improve services at these sites. Use your head”

[Patient/member of public, Thanet, 35-44 years, male]

“By keeping local hospitals open for local people. Arranging direct transport for non car owners. By putting patients before money.” [Patient/member of public, Thanet, 75 years or more, female]

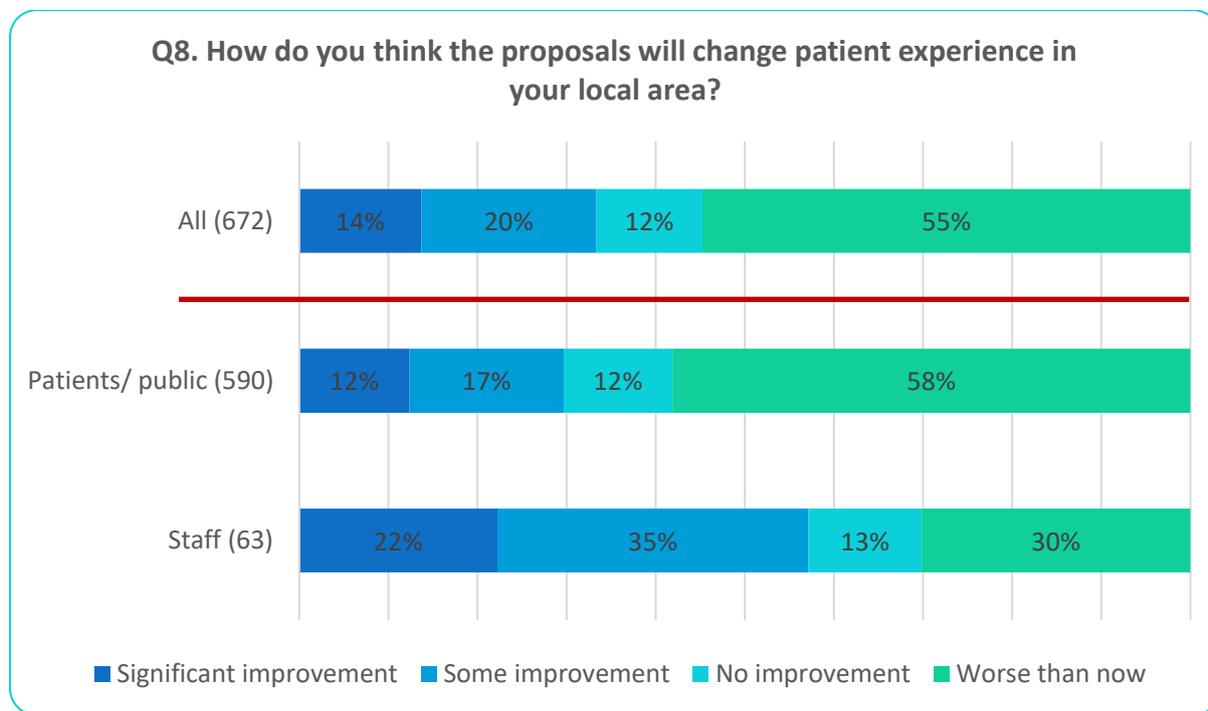
“Keep William Harvey A&E, educate public about what is classed 'an emergency' needing a&e visit so hopefully unit wouldn't be over-run” [Patient/member of public, Ashford, 35-44 years, female]

“Do not close Ashford WHH A & E as it would mean a lot more people would suffer in the most rural areas.” [Patient/member of public, South Kent Coast, 25-34 years, female]

Q8. Expected Potential Impact of Proposals on Patient Experience

Overall

Overall more than half the respondents believe that the proposals will mean that patient experience is worse than now (55%) rising to 58% of patients/public. A third of staff (30%) believe it will be worse than now whereas over half of staff believe there will be some or significant improvement (57%).



By CCG area

Respondents based in Thanet CCG area tend to respond differently compared to respondents in other east Kent CCG areas as shown in the table below, where figures circled in red are significantly different to the figures in red by column.

Over three-quarters of Thanet CCG residents believe that the proposals will make patient experience 'worse than now', significantly higher than residents in other east Kent areas.

Q8. How do you think the proposals will change patient experience in your area?				
CCG Area	Significant improvement	Some improvement	No improvement	Worse than now
Thanet (245)	6%	6%	10%	79%
Canterbury (124)	27%	37%	12%	24%
Ashford (108)	8%	19%	13%	60%
SKC (65)	17%	29%	15%	38%

Q9. Reasons for Changes to Patient Experience

Of those respondents indicating **some or significant improvement** to patient experience, most frequently mentioned reasons are as follows:

- Simply that option 2 is best option (28 mentions)
- Centralised services will deliver improvements (27 mentions)
- Any planned improvements would be good (14 mentions)

“Because Canterbury is more centrally placed to provide acute services”
[Health/Social Care staff, East Kent Hospital University NHS Trust, 45-54 years, female]

“The new hospital in Canterbury would be my personal favourite due to its proximity to me. However, I well understand the concerns of people living in the Margate or Ashford areas with this option.” [Patient/member of public, Canterbury, 65-74 years, male]

Of those respondents indicating **no improvement** to patient experience, most frequently mentioned reasons are as follows:

- Travel time to access services (9 mentions)
- That it depends on which option is selected (6 mentions)
- Lack of GPs (4 mentions)
- Moving services does not necessarily improve them (4 mentions)

“Rationalisation like these plans, aims at savings and efficiency as much as care quality improvement. Change is itself disruptive to care and will take time to work through. Travel is an issue and key choke points remain a concern (Canterbury).”
[Health/Social Care staff, GP (South Coast), 45-54 years, male]

“Will make things worse re prospective journey times. Increasing stress levels and result in poorer rather than improved outcomes.” [Patient/member of public, Ashford, 65-74 years, female]

Of those respondents indicating patient experience will be **worse than now**, most frequently mentioned reasons are as follows:

- Travel time (135 mentions)
- Travel problems (cost, distance, access etc,) (36 mentions)
- Reducing any services cannot deliver improved patient experience (35 mentions)

“A serious reduction of reasonable access to crucial services for the large population of Thanet” [Patient/member of public, Thanet, 75 years or more, female]

“Because people will have further to travel. Poor road links to other hospitals. Poor public transport links” [Patient/member of public, Thanet, 65-74 years, female]

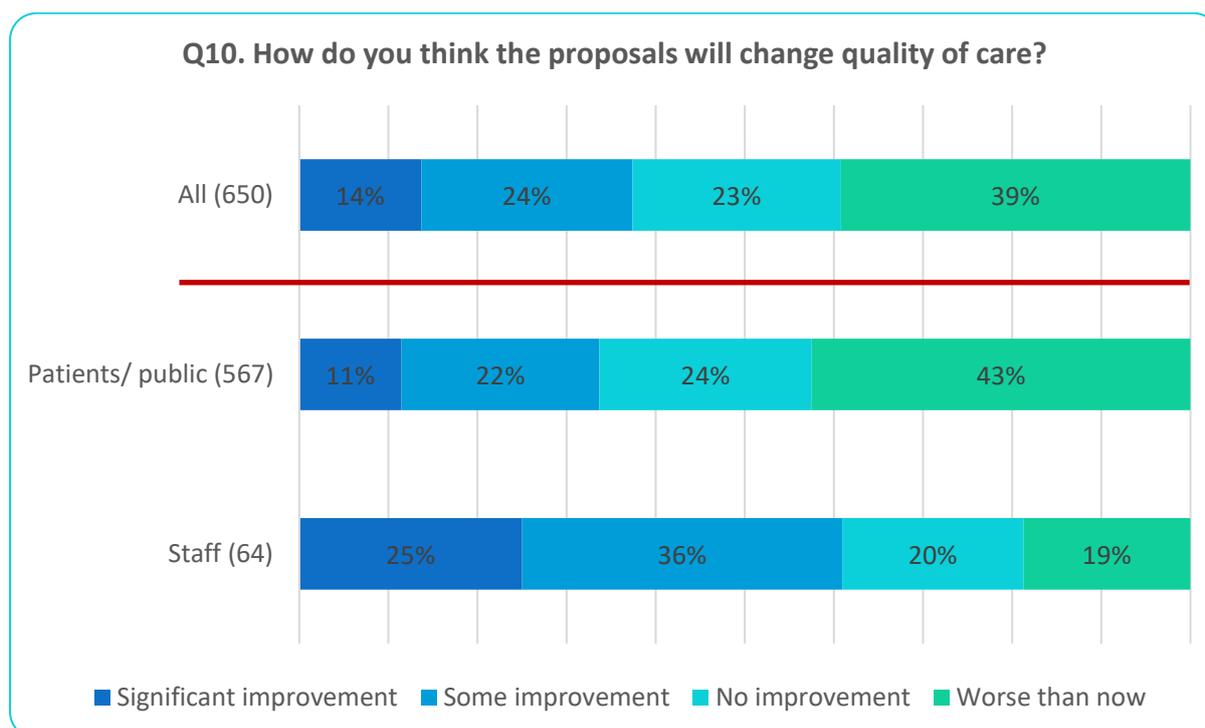
Q10. Expected Potential Impact of Proposals on Quality of Care

Overall

When asked the impact of the proposals on quality of care two-fifths of respondents overall believe it will be worse than now (39%), with a similar proportion indicating some or significant improvement (38%).

The feedback is similar for patients/public with 43% indicating proposals will make quality of care worse than now and 33% indicating some degree of improvement.

Staff are more positive towards the proposals with three-fifths indicating some or significant improvement (61%) to quality of care.



By CCG area

In the table below, figures circled in red are significantly different to the figures in red in each column.

As outlined previously three-fifths of residents in Thanet CCG believe the proposals will make quality of care 'worse than now' (61%), which is significantly higher than residents in other east Kent areas.

Q10. How do you think the proposals will change quality of care?				
CCG Area	Significant improvement	Some improvement	No improvement	Worse than now
Thanet (244)	4%	10%	25%	61%
Canterbury (121)	21%	46%	18%	14%
Ashford (103)	16%	19%	29%	36%
SKC (62)	16%	34%	27%	23%

Q11. Reasons for Changes to Quality of Care

Of those respondents indicating **some or significant improvement** to quality of care, most frequently mentioned reasons are as follows:

- Centralising services will deliver improvements (36 mentions)
- More staff are needed as it is hoped the changes will attract them (14 mentions)
- Better facilities (which will also help attract more staff) (11 mentions)

“NHS struggles nationwide to recruit into vacant posts and centralising services would concentrate staff into one hospital which would impact on availability of staff, improve training, etc.” [Patient/member of public, Canterbury, 35-44 years, female]

Of those respondents indicating **no improvement** to quality of care, most frequently mentioned reasons are as follows:

- Travel time/distance (13 mentions)
- Moving services does not result in improvements to quality of care (7 mentions)
- Impossible to assess currently (5 mentions)

“Synergy of centralised services will be outweighed by reduced beds and distance to travel” [Health/Social Care staff, GP (South Coast), 45-54 years, male]

Of those respondents indicating quality of care will be **worse than now**, most frequently mentioned reasons are as follows:

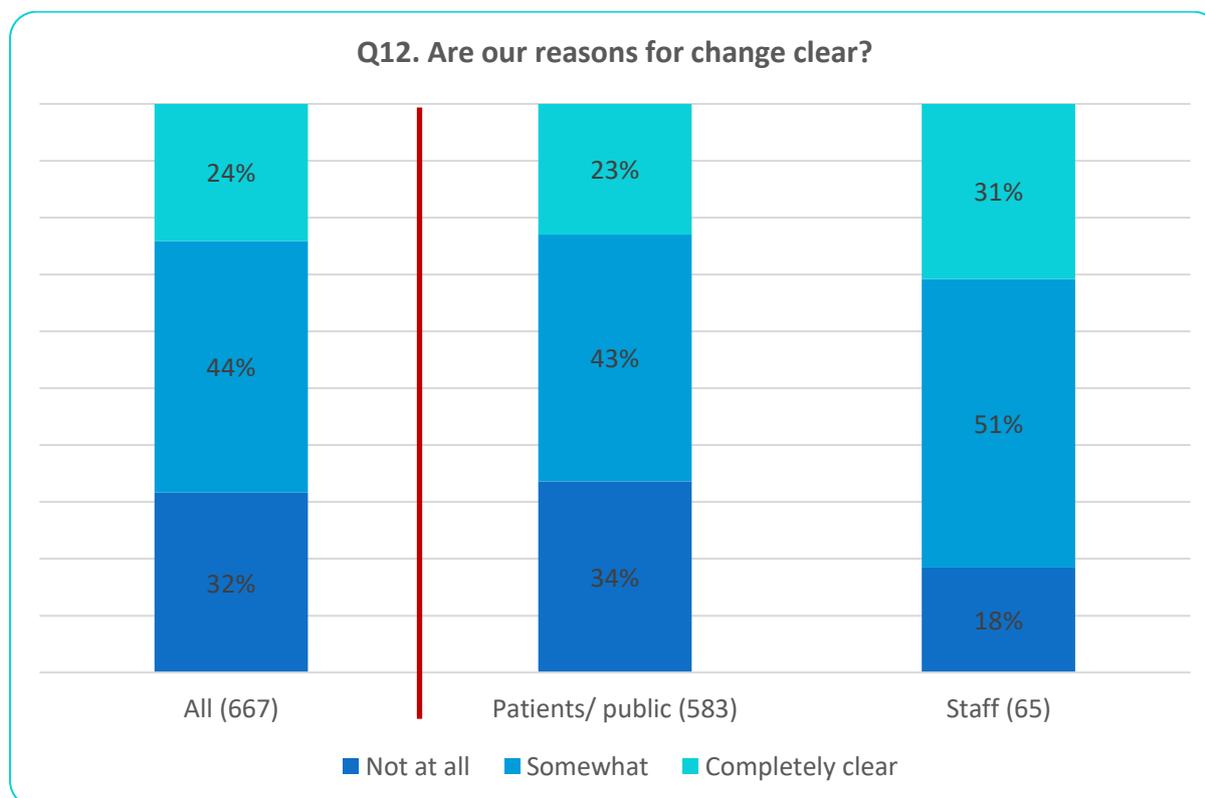
- Travel time/distance (61 mentions)
- Loss of local services/A&E (34 mentions)
- Services already under pressure will be stretched even more (11 responses)

“Because the traveling to other areas is putting more lives at risk.”
[Patient/member of public, Thanet, 65-74 years, female]

“Will be outside the golden hour on some occasions” [Patient/member of public, Ashford, 65-74 years, male]

Q12. Input to Consultation - Clarity of Information

Around a third of respondents overall believe the reasons for change are ‘not at all’ clear (32%). Staff are generally more positive with just 18% stating the reasons are ‘not at all’ clear while only 31% of staff believe that the reasons are completely clear.



By CCG area

In the table below, figures circled in red are significantly different to the figures in red in each column. Thanet CCG residents are significantly more likely to state that the reasons for change are ‘not at all clear’ (50%) compared to residents in the other CCG areas.

Q12. Are our reasons for change clear?			
CCG Area	Not at all	Somewhat	Completely clear
Thanet (252)	50%	37%	13%
Canterbury (124)	14%	48%	39%
Ashford (106)	25%	52%	23%
SKC (68)	22%	46%	32%

Q13. Reasons for Changes Being Unclear

The main issues respondents have regarding the changes are as follows:

- Proposals are mainly about cost reductions (63 mentions overall)
- More detailed information especially regarding evidence for changes and impact of changes on services (41 mentions overall)
- The proposals do not make sense or lack clear reasons for change (26 mentions overall)
- That changes are being driven by “bribery” or offer of a developer, deemed unethical (23 mentions overall)
- Changes are not considered to be in patients’ best interests (20 mentions overall)

"I assume it's money saving as have seen nothing else that explains such a dangerous decision, but I think people's health is more important than saving money." [Patient/member of public, Thanet, 35-44 years, female]

"Not very detailed in terms of the evidence it is based on." [Patient/member of public, Ashford, 45-54 years, male]

"Concrete facts and figures" [Patient/member of public, Canterbury, 75 years or more, female]

Q14. – Expectations of Consultation

The most frequently mentioned suggestions for the consultation are as follows:

- To include a travel comparison using realistic data and statistics across different days and times (75 mentions)
- Detailed financial information to include cost comparison of status quo and each option (64 mentions)
- Clear details of each option to include maps of properties and areas covered (46 mentions)
- A detailed impact assessment of proposals to show how services and experiences will change (45 mentions)
- To fully address transport problems (37 mentions)
- Full and detailed plans (35 mentions)
- Complete transparency and honesty (33 mentions)
- Clear rationale for changes (30 mentions)
- To fully address staffing problems (25 mentions)

"Maps and analysis of travel ease and time to Canterbury and Ashford hospitals from all towns/villages for comparison.

Map showing actual population distribution.

Proposals for attracting more doctors and other healthcare professionals to the area.

Proposals for local training programmes for the healthcare professionals we need including doctors.

Details of where proposed outpatient clinics, treatment/testing centres, operating theatres will be under each option." [Patient/member of public, Canterbury, 55-64 years, female]

"Third party assessments of road/rail infrastructure, travel times (blue light and otherwise) for the various options. The projected cost to the public purse of various options. Evidence of real, new, financial support to the community providers whose activity is expected to absorb the work secondary care is hoping to move out of the current hospital setting." [Health/Social Care staff, GP (Ashford), 55-64 years, male]

"Costings, numbers of medical staff recruited; confidence-giving information about the ambulance service." [Patient/member of public, South Kent Coast, 55-64 years, male]