



Feedback from seldom heard communities about the transformation of health services in East Kent

October - December 2018





In October 2018, Engage was commissioned to undertake targeted engagement with seldom heard communities to gather feedback about the developing model and options for the transformation of health and care in east Kent. The purpose was to gather views, thoughts and insights to support further development of the model and inform the option development work.

Executive summary

This research used two key methodologies designed to compliment each other and reach a wide range of people.

A total of 474 people from seldom heard communities were engaged, face to face, through these activities.

Method	Total number of people engaged
Method 1. Outreach Engagement	202
Method 2. Street surveys	272

The majority of people who took part in the focused conversations suggested that the current health and social systems were not working as well as they could. Although some examples of great care were given, people flagged up waiting times for appointments at hospitals and with GPs as indicators of the demands on the current system.

In the street surveys 56.5% felt that the NHS was doing a good job and meeting people needs.

However, across both groups the majority of people felt that there were good reasons for reviewing how health and social care is delivered in east Kent

Common concerns raised across both focused conversations and surveys included:

- Capacity of GP services is already struggling to meet the needs of today and how could this underpin increasing the range of services they could offer?
- Financial concerns; either that the options are just further attempts at reducing services to meet budgets or that the required funds to bring about these changes will not be available.
- That traveling further to reach an A&E in an emergency could have significant consequences.

Both groups also raised issues of;

- Better joined up working across health and social care.
- The need for equity of access and levels of services across east Kent, including rural areas.
- Questions about how the NHS would develop the workforce needed to deliver the options.
- The need for promotion and ongoing public engagement.

Some group specific issues were raised within the focused conversations;

- For people for whom English is not a first language, the most pressing concern was the lack of translation services, making any access or communication with health or social care services a significant challenge.
- People who identified as homeless had the greatest levels of engagement apathy, with clear frustration about the wider health and social care system letting them down. *'Its all blah blah blah. Nobody doing nothing to actually help you get off the streets'*
- For disabled people, including children with special educational needs, the core issues were ease of access and a concern that changes could create new hurdles and barriers to overcome.
- For people living with mental health problems, the need for increased mental health support was a prime concern alongside the implications of traveling further for appointments and the associated travel costs.
- A separate report has been prepared looking at the feedback from people using maternity or paediatrics services.

Methodology

A desktop review using our framework of protected characteristics and seldom heard groups enabled us to identify the following target groups against the brief.

Our review looked at available data and local insights to identify protected characteristics and seldom heard target groups from across East Kent. We prioritised these to ensure a wide range of communities had the opportunity to feed in their thoughts and reactions to inform the thinking and development of the plans and the proposed model of acute care.

Protected Characteristics / Seldom Heard groups	Target group selected for this engagement
Age	Older people
	Students, Canterbury has significant student populations
	Working age adults
Disability	People with dementia
	Physical disability
	Communication impairments
	Mental health problems
	Special Educational needs; Ashford has a higher than Kent average of children identified with speech and communication needs
Pregnancy and maternity	Mother and baby groups; Shepway has a higher than Kent average of lone parent families
Race	BAME, including the Nepalese community
	Eastern European, Margate has significant populations of Czech, Slovak and Polish communities
Sex	Men's Groups
Geographical areas with multiple indices of deprivation	Target locations in each CCG area; Thanet CCG - Cliftonville CT9 Ashford CCG- Victoria Park TN23 South Kent Coast CCG- Shepway CT20 Canterbury Coastal CCG – Northgate CT1
Rural isolation	Target locations in each CCG area; Thanet - Minster CT12, Ashford – Tenterden TN30 South Kent Coast CCG- Hawkinge CT18
Inclusion Health groups	Asylum seekers/ migrant communities

Table 1. Engagement plan using framework of protected characteristics and seldom heard groups.

Two key methods were used to reach these target populations;

1. **Outreach engagement** – visiting and talking to targeted community groups and using focused conversations for discussion.
2. **Street surveys** – talking to members of the public in public locations, using a simple survey to foster conversation and capture feedback.

These methods are designed to be complimentary as well as reach a wide range of people. The outreach engagement discussions capture direct insights and thoughts from participants and provides qualitative data allowing some analysis of what people are saying. The survey

data captures quantitative data and enables analysis of how many people are saying similar things.

Method 1 Outreach Engagement

These activities were designed to reach targeted seldom heard communities. The visits focused on facilitating a focused conversation, using the focused conversation method developed by the Institute of Cultural Affairs (ICA). This conversation allows people to explore the issues on a rational and emotional level. It is similar to a focus group in that it works with small groups of people, is a facilitated process and is built around a set of predesigned questions prompts. (Appendix 1).

During discussions, people also shared experiences of current health and social care services. This feedback has been recorded separately and can be seen in Appendix 2.

Quantitative findings

We spoke with 202 people during these targeted outreach visits.

Group	Date	Number of people
Older people	10 th October	42
People living with Dementia	15 th October	10
People with communication impairment	27 th November	4
People living with MH problems	13 th November	8
Children with special education needs	6 th November	18
Maternity/ Lone parent families	4 th December	4
Men's parent support group	13 th November	5
BAME – Nepalese	23 rd October	80
BAME Ashford	27 th October	9
BAME – East European	22 nd November	12
Homeless / migrant	8 th November	10

Qualitative findings

We engaged the groups in general discussion about the emerging ideas and concepts around transforming health and care in east Kent and the two current options being developed. The discussion was structured by a number of open questions.

We have grouped peoples' comments, and responses to each question, into common themes and ranked them in order of the number of times these themes were mentioned.

What details or facts struck you about the current situation and the proposed options?

What's the point in asking us?

- *'Nobody hears you'*
- *'They don't care about who they are ferrying in and out of hospital, I still haven't had any money since March and going into hospital won't change that.'*
- *'They don't care about the people out here'*
- *'No one can help you if you don't want to help yourself, but having no money and home, what can I do?'*
- *'What's the point of all this when we live like this?'*
- *'I've had scoliosis on my back for 22 years, it can't be healed but they only give me paracetamol. Are they waiting for me to be disabled to do something?'*

The current system isn't working

- *'The system is sh*t for Kent and patients have to go up to London'*
- *'I'm aware of bed blockers; a more robust approach is required'*
- *'They want to be able to do better'*
- *'The NHS uses the private nursing home next door to William Harvey Hospital as step down beds. The nurses from the hospital go over there as they get paid more money there. The system is broken'*
- *'People waiting too long in A&E and for operations'*
- *'The current situation is that you wait too long for everything'*
- *'Hard to see a specialist, have to wait over a year to see anyone'*

It'll mean we have to travel further

- *'For minor issues I don't mind the idea of travelling'*
- *'My child's needs are so unpredictable, I don't wait for ambulance, I moved to be closer to the hospital, so I drive them directly there and have open access to the ward'*
- *'Who makes the call about where you take your child? Do I have to make the judgement call?'*
- *'Travel – getting to the hospital. How would I get to Kent & Canterbury Hospital without a car?'*
- *'Ambulance – need more ambulances to make this work'*
- *'How far would Ashford people have to travel to get specialist services under Option 2?'*

It's about the money

- *'The NHS needs more money'*
- *'Stop giving foreign aid and keep it at home'*
- *'Did something similar to this in Medway and it has been awful. The bottom line is this is about cost. We know everyone has to save money but building new hospitals costs money. There is no joined up thinking'*
- *'There is so much wastage of money currently. Have they really looked at the budgets and efficiencies?'*

I've already done something

- *'Seen all about it on Facebook'*
- *'I've signed the online petition'*

It's about changes to A&E

- *'They want to change A&E at Ashford'*
- *'I can't believe they are considering shutting the A&E in Ashford particularly as it is on the motorway route'*
- *'No A&E at William Harvey, if seriously ill you will have to go to Canterbury. When they say highly specialist services, it will only be 9-5pm'*

It's the latest round of ideas

- *'They have taken lots of things away from Canterbury and now putting it all back'*
- *'It's like flares, they were in fashion then they went out, then they were in again. If they hadn't messed about with things in the first place, we'd still have things in local hospitals'*
- *'I'm angry that they keep changing things, but no one can help you'*

It's about GPs

- *'Local GP's can't cope now, it's a nightmare now. Especially because of the number of houses being built. At Charing you can't even get to the car park at the GP. Have they asked GP's if they want to do it?'*
- *'SO hard to get a GP appointment'*
- *'You can ring the GP for hours and they don't answer and don't call back'*

What's your reaction to proposed changes at a local level? **(GPs, minor injury units, community outpatients)**

GP capacity

- *'We are concerned about GP appointments'*
- *'Will GPs have better links with care homes? Changes to prescriptions don't seem to get sorted and the patient suffers'*
- *'How are you going to make sure that old people know about these changes, they are the ones who tend to wait longer before calling the Dr and then sometimes the problem is worse because they left it'*
- *'There are two surgeries in two villages with just one Dr, so can't get appointment, unless this changes how will the whole new system work without GPs?'*
- *'My GP is good'*
- *'It's really difficult to get hold of a GP'*
- *'How can you provide care in the community when they're isn't any back up?'*
- *'GP is no good so why would you want to bring more into the community?'*
- *'At the moment I wait around for my GP to call back, but things can change so much in the time it takes for them to call back, why can't they give you a clear time slot?'*
- *'Struggle to get a GP appointment, so I like the idea but can't see how it will work'*

- *'The call back system really works for me'*
- *'Instead of GP I would like a walk-in clinic for specific needs'*
- *'Some GPs decide on the phone if they want to see you'*

Current services

- *'Hasn't the GP hub already happened at Herne Bay?'*
- *'Some outpatients are very efficient like at Whitstable'*
- *'Are we going to lose Royal Victoria Hospital? One part is thriving with the minor injury unit'*
- *'Walk in centres are great'*
- *'I use a prescription service, have a good relationship with them and it works well.'*
- *'Discharging people without the right support at home will mean they just return to A&E.'*
- *'In the Czech Republic you go straight to see the specialist, for example from birth to 18 years you see a paediatrician, then a different doctor, can't that happen here?'*
- *'The biggest issue is the waiting times and the proposals are good if they do that good.'*

Accessibility and travel

- *'It's all very sensible but unless you can get translators it will mean nothing as we can't make phone calls to make appointments and the promised call backs don't happen'*
- *'Like the idea of more things closer to home and I'm okay with travelling further for appointments if they are in the community'*
- *'No issue with needing to travel, it's not desirable but necessary'*
- *'They just want us to travel further'*
- *'We are willing to go to London for treatment, but they won't let us'*

Need more detail

- *'The plan is good but the system that supports the plan lacks meat on the bones'*

Communication and collaboration between agencies/ public

- *'It's not clear how we can hear about new things like, what pharmacists can now do for us'*

What's your reaction to proposed changes at a main hospital level?

Distance and travel

- *'Not bothered about traveling further to a hospital for planned surgery, but I want A&E close to me'*
- *'We can't afford to get taxis, I had to go with a bad eye and I couldn't see on the bus and they want to make hospital further away?!'*
- *'I wouldn't want to find that I am split across the county with a child in a hospital away from me, when I've got others at home/school that I need to be around for'*
- *'My child fits overnight and often need urgent care, I can get them straight in as I live close to the hospital'*

- *‘Someone I know had to go to Canterbury every day for chemo treatment. They were so poorly, they couldn’t go on public transport, so they had to pay for a taxi every day to get there’*

Capacity of hospitals

- *‘Why build a new hospital?’*
- *‘Should you have one central specialist hospital, or should you have a lesser service across 3 hospitals?’*
- *‘How will William Harvey Hospital cope with all these new houses if it’s not coping now? 18,000 new homes being built on Folkestone Racecourse’*
- *‘Arundel Unit at William Harvey Hospital is virtually empty – can it be better used?’*
- *‘What happens when Kent & Canterbury is full – where do people go then?’*
- *‘Better to have a separate minor injury unit rather than wait at A&E as it’s obvious that if there is an accident you will need to wait.’*
- *‘Like the idea of planned care in Canterbury, I had a friend who died before her planned operation came up’*

Communication and collaboration between agencies / public

- *‘Like GP appointments, unless we have translators, we can’t confirm appointments or try and change them, and that’s without not being able to understand what is happening when we are at the appointment’*
- *‘It feels like a done deal, but they need to ask us’*
- *‘Health records – will they be shared?’*
- *‘I recently had an operation at Kent & Canterbury and then had to go to William Harvey for a check up. But my notes weren’t there, and they didn’t know if they could treat me. I waited 2 hours. I was nearly in tears’*
- *‘No-one informs you where to go, i.e. minor injury’*

Maintain the status quo

- *‘I have grown up knowing that A&E is for emergencies, so I want to continue to get all I currently get’*
- *‘I don’t like it’*
- *‘None of it seems fit for purpose’*

A&E waiting times

- *‘Waiting lists are so long I check now (on an app) before I decide to go to William Harvey or Folkestone Minor Injury.’*
- *‘If there were 3 A&Es, it would be shorter waiting times’*
- *‘My friend went to William Harvey Hospital recently and was on a stretcher for 24 hours’*
- *‘I have waited 5-7 hours in QEQM A&E, people all just sitting around waiting. Will this get better?’*
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What is not covered in the options?

Need more detail about the model, finance and options

- *'Need more time to consider the options'*
- *'How can the cost of medicine and wastage be tackled and put money back into the NHS?'*
- *'If you make Canterbury a super hospital, how you going to get the staff?'*
- *'If we don't know where the specialist services are, how can we go to the right place?'*
- *'If there is a new hospital this will reduce waiting for one hospital, but we are concerned we would lose maternity in Margate.'*
- *'Why can't we go back to smaller local hospitals?'*

Mental health

- *'Lots of people are living longer with complex physical and mental health conditions. Need to consider the whole person, not just the physical health'*
- *'What about mental health provision? The lack of crisis services mean that a lot of people end up in A&E even though it's not the right place for them'*
- *'Where would people go if there wasn't a local A&E? They couldn't get to Canterbury if they were in crisis? How would people cope?'*
- *'Are there going to be any Hubs/Crisis Centres/Well Being services in the community? Crisis cafes are only open for limited hours'*
- *'An enormous super hospital will be a very scary place for someone in mental health crisis'*

Access for children

- *'Most important for doctors to realise that children cannot wait 8 hours in A&E. In the Czech Republic children have priority and the doctors choose who goes first.'*
- *'I had to wait for 5 hours for my child to be seen'*
- *'My child got shut in a doorway and we went in at 5pm and left at 3am without being seen by anyone. They did call and apologise the next day'*
- *'I have a green card, so my daughter has open access to the crash team, will this change?'*
- *'Best thing would be if you could go for a specific department for treatment'*

Planning and implementation

- *'If you make Canterbury a super hospital, how are you going to get the staff?'*
- *'I struggle to see the short-term plan, this will all take ages'*
- *'How are they going to educate people how to use the new system?'*
- *'Can they put up honest waiting times in A&E and run shuttles to Minor Injury Units to help people get to a more appropriate service?'*

Travel planning

- *'Need to look at the whole traffic system'*
- *'The considerations of traffic and travel'*
- *'Don't mind travelling for planned appointments etc if it means that they happen on time'*

More public discussion

- *'NHS never considers the people, they just focus on what is cheaper'*

Are these ideas based on sound reasons for change?

Something needs to change

- *'I understand that they have to do something, I guess it's only to be expected that we can't have everything in one place, but I would like A&E to be close'*
- *'Ashford is getting bigger, they have to do something'*
- *'Yes'*
- *'Clearly a need for reorganisation, these feel like a sticking plaster and not a solution'*
- *'There's got to be change. Years ago you used to go to convalescence home, not anymore. Social care should be under the NHS, it shouldn't be under KCC.'*
- *'Sounds like they are trying to make things simpler, at the moment it can be so confusing'*
- *'Absolutely, things can't go on like this'*
- *'They're so overworked'*
- *'Yes, it can't carry on. Something needs to change'*

No, not sound reasons

- *'No guarantee it will work anyway'*
- *'No, the money doesn't add up, how are they going to afford this?'*
- *'Promises have been broken before'*

Need more information

- *'Population density varies so much across the whole of east Kent, how can they decide where to put things, does that mean if we live in a rural area, we won't get the same services as people living in towns?'*
- *'They need to promote this better, use Facebook, where to go for your condition'*
- *'Why are they not looking at other ideas? Why not go back to smaller local cottage hospitals? Staff don't know you, especially with kids. Tend to ask for nurses as more consistent.'*
- *'Depends who came up with it, if based on money then it is justified, but they need to be upfront about it. Don't try and sugar-coat it. Can't promise any of this at the moment, it is based on their best guess'*

What parts of these ideas do you think are good?

Improving current services

- *'Waiting times in A&E are too long, I sat for 2 hours and still hadn't been triaged, I hope this will make that better.'*
- *'They have improved cancer services so maybe this time they could get A&E right'*
- *'Like urgent treatment at A&E'*
- *'Medical centres and walk in centres are great'*
- *'Would like a walk-in centre here, don't want to have to go to Canterbury. I want to keep A&E here'*
- *'The reason so many people go to A&E is because they can't get a GP appointment but if a walk-in centre was here this would help'*
- *'Walk in centres and more services in GPs'*

Centralising services

- *'Agree with centralisation but it's not ideal'*
- *'Hopefully they will build a new hospital'*
- *'Would like a day surgery/outpatient to stay at all 3 hospitals. Most of children's surgery gets sent to Canterbury or London but my biggest concern is if maternity is not here.'*
- *'For urgent treatment doesn't matter if in Canterbury or Margate. But for A&E we need it local.'*

Nothing good

- *'There is nothing good'*

Enhancing community services

- *'More things happening in the community closer to home'*

What parts don't you agree with? Why?

General concerns and distrust

- *'Every time they tinker with it, it seems to get worse'*
- *'I worry that this is just about things getting moved around the system so that they can meet their targets. The NHS is becoming more about delivering on targets than delivering on care'*
- *'Things move very slowly'*
- *'Why is the developer driving this? What is the trade off? Is he going to invest in the road system to make it ok to get to Canterbury?'*
- *'I don't trust this'*

Changes to day surgery / outpatients

- *'No day surgery / outpatients at Canterbury'*
- *'OK to say GPs but can't get an appointment'*

Changes to A&E

- *'They're just closing A&E!*
- *'A new hospital isn't going to solve the bed blocking issue'*

What are the advantages of the changes to local care?

Better care in the community

- *'My mum didn't want to be kept in hospital, but they couldn't get care package for her, hopefully this will mean she wouldn't have had to stay in so long'*
- *'We need the right support and care packages from social services – is that going to be sorted?'*

Capacity

- *'It does make sense, but they keep building houses, so it will still not be enough services for everyone'*
- *'Streamline services'*
- *'Community services have got to change if people are going to get out of hospital ok'*
- *'If A&E in Canterbury that's a bonus'*
- *'Won't wait as long'*

There are no advantages

- *'None. I like my local hospital to help me with everything and not have to travel'*

Travel

- *'I can get there quicker and juggle having 3 kids, getting them all to and from where they need to be while looking after the poorly child'*

Communication with the public

- *'We will know where to go depending on needs'*

Technology

- *'We live in a computerised world thing should be quicker'*

Local centres

- *'Faversham is brilliant, they give you information and you can get seen quickly'*

What are the advantages of changes to the 3 main hospitals?

Advantages of geography/ location

- *'Option 1 geographically will serve more people nearer to their home'*
- *'Option 2 all the resources for specialist care are in one place which would provide a better service'*

- *'Why would you move A&E when the infrastructure for ambulances is in Ashford?'*
- *'If we get new hospital in Canterbury it will be a state of the art hospital'*

Staying out of hospital

- *'Hospital at home is without doubt the best, more they can do at home the better'*
- *'Cottage hospitals need to be considered. Even spare beds in people's homes, stay with a friend who has been trained to care for you'*

No advantages

- *'None unless local problems get sorted like the GPs. It won't be local! It's the same people blocking hospitals'*
- *'People will suffer and stay at home'*

What are the disadvantages?

Finance, planning and implementation

- *'Only talking about current demands, need to future proof the plans'*
- *'Option 2 would mean all the money and focus would go to K&C and not to the other sites. Will the other hospitals struggle as a result? Is it dangerous to put all your eggs in one basket?'*
- *'Things are sitting there not being used, like the empty surgeries, needs more money'*
- *'Need to see money come into community services'*
- *'The situation will stay the same if you don't get any specialists taking up the jobs'*
- *'Staffing could still be an issue'*

Travel and distance

- *'If visitors have to travel further to see the patient, public transport is not good'*
- *'Like to keep it local, say you had a heart attack, need it to be quick'*
- *'The geographic problems with getting to the different hospitals'*
- *'Traveling but I guess you can't have it all!'*

Quality of services and care

- *'Discharge from hospitals, as I had an elderly relative discharged at night in her nighty with no underwear on. That's not right'*
- *'Will we still see someone medical for triage, wouldn't want to lose that'*

Need more options

- *'We need more options to choose from. One option could be; leave it as it is and spend more money'*

Technology

- *'They'll need to make sure they can share records to make all this runs smoothly. They've not got a great history of getting IT stuff done well by contractors. If the*

contractor doesn't deliver what is needed why do they get paid? I don't get paid if I fail to deliver what my clients want!

What new questions have emerged for you?

Questions around what types of service there will be

- *'Will there be more walk-in centres to get to see a GP?'*
- *'Triage should include, go back to the GP and send them home from hospital'*
- *'If seen by new GP Hub, would you still get individual attention? At the moment they are so helpful'*
- *'When you are older you need continuity of Dr for comfort and they get to know you. How will this continue?'*
- *'Can they do something to offer older people appointment times that allow them to use their free bus passes?'*
- *'Can I ring up and get to see Mental Health services at my GPs?'*
- *'Ashford Mental Health services are appalling; will this improve as part of this?'*
- *'I have to pay privately to see someone about my Mental Health, will this change?'*
- *'We still need to deal with receptionists who think they are God. Need to sort out GP's to start with, sort out the basics'*

Questions around finance and planning

- *'If people miss two appointments why can't they be charged for wasting time and resources?'*
- *'How/why do you think this will solve the problem?'*
- *'What's the safety net?'*
- *'Can other developers be asked to contribute to our health infrastructure in return for these huge developments?'*
- *'How else can the NHS raise money?'*
- *'Could they do more to chase money from overseas patients?'*
- *'If always going to have crashes/serious incidents, then you are going to need to prioritise. Is this built into the plan?'*
- *'When are these changes going to take place?'*

Questions around communication and collaboration across agencies and public

- *'How are you going to promote this on social media?'*
- *'Local means local, so I didn't know I could go to an MIU in another area, I found out by accident'*
- *'Do the doctors know these changes are going to take place?'*

Questions around terminology and definitions

- *'I'm not sure that I understand the difference A&E and urgent care'*

Method 2 Street surveys

Street surveys were designed to reach the general public, living in a targeted location. Initially areas were targeted either to reach people living in rural areas or in areas with multiple indices of deprivation. The final three locations were requested to compliment the locations of the public listening events.

Surveyors spent three hours walking around each target area approaching people and undertaking a short questionnaire designed to capture their reactions to the proposals. Copy of survey can be found in Appendix 3.

The aim of the survey was to gather a snap shot of public feeling about the proposals. Surveyors proactively approached members of the public as they walked around the target locations and as such participants were randomly selected by virtue of being present.

Quantitative findings

A total of 272 people took part in the survey. A full demographical breakdown of these respondents can be found the Appendix 4.

Given that the total population of east Kent is estimated at around 695,000 people we feel that this sample of 272 people, allows for 95% confidence within 6% margin of error.

CCG Area	Survey location	Rationale for this location	Date of survey	Total number engaged
Thanet	Minster, CT12	Aiming to reach people living in rural location	15 th Oct 2018	12
	Cliftonville, CT9	Aiming to reach people living in an urban area with multiple indices of deprivation	15 th Oct 2018	37
Ashford	Tenterden, TN30	Aiming to reach people living in a rural area	11 th Oct 2018	41
	Victoria Park, TN23	Aiming to reach people living in an urban area with multiple indices of deprivation	15 th Oct 2018	25
South Kent Coast	Hawkinge, CT18	Aiming to reach people living in a rural area	12 th Oct 2018	18
	Folkestone, CT20	Aiming to reach people living in an urban area. Area has high levels of single people renting low cost homes	12 th Oct 2018	27
Canterbury	University Campus, C2	Aiming to reach students	10 th Oct 2018	37
	Northgate, CT1	Aiming to reach people living in an urban area with multiple indices of deprivation	10 th Oct 2018	10
Additional areas requested	Whitstable, CT5	Additional location	10 th Dec 2018	27
	Deal, CT14	Additional location	4 th Dec 2018	17
	Romney Marsh, TN28	Additional location	4 th Dec 2018	21
	Total number of people engaged			272

Table 2 Total number of people engaged in street surveys

Qualitative findings

45 people had heard something about changes to the way that services could be delivered locally and possible changes to how hospitals deliver services.

- *'Haven't they been talking about this for a while?'*
- *'I saw something about it on the news'*
- *'I saw something on Facebook'*
- *'They're always talking about changing things'*

Do you feel that the NHS is meeting the needs of people today?

56.5% of those surveyed felt the NHS was meeting people's needs.

Comments were;

- *'It does a good job'*
- *'They are trying hard, we had no problem recently'*
- *'They have a declining ability to provide the level of care needed'*
- *'It's stretched, but most people get what they need'*

43.5% of those surveyed said they felt it was not meeting people's needs. Comments were;

- *'You have to know in advance when you are going to be ill'*
- *'It needs modernising'*
- *'Not sure it meets the needs of today'*
- *'Struggle to get GP appointment'*
- *'Delayed waiting times'*
- *'It needs upgrading, some building are really old'*
- *'Can't find local GP surgery, complete shortage of GPs, what can be done about this?'*
- *'We have a population that is living longer with more illness and who will need different treatment'*
- *'It will never meet the needs of everyone'*
- *'Waiting times are too long'*
- *'Need more local treatment centres and services'*

Do you think the reasoning behind these proposed options is sound?

74.6% of people surveyed said they felt the reasoning behind the ideas and the need to change was sound.

	Tenterden	Minster	Victoria Park	Northgate	University of Canterbury	Folkestone	Cliftonville	Hawkinge	Deal	Romney Marsh	Whitstable	
	TN30	CT12	TN23	CT1	CT2	CT20	CT18	CT9	CT14	TN28	CT5	Total
Reasoning is sound	16	11	17	8	30	23	12	31	13	15	27	203
Reasoning not sound	19	1	5	2	7	4	6	4	4	6	0	58
Unsure	6	0	3	0	0	0	0	2	0	0	0	11
Total	41	12	25	10	37	27	18	35	17	21	27	272

Table 3 How people felt about the proposed need for change

Comments were;

- *‘Yes, it’s a step in the right direction’*
- *‘Many hospitals in London have already done this kind of thing’*
- *‘It’s something to do with the aging population’*
- *‘The amount of people using hospital is increasing all the time they can’t keep up’*
- *‘It’s just a money saving exercise’*
- *‘Yes, but what are the alternatives?’*
- *‘They’re doing a good job so why change things?’*
- *‘Don’t know, would need to hear more’*
- *‘No, we need maternity services to be local!’*
- *‘Not sound if you live in Romney Marsh’*

Of the options, which one makes more sense to you?

73.5% of people surveyed said they would prefer Option 1

21% of people surveyed said they would prefer Option 2

5.5% of people surveyed said that they didn’t like either option, or couldn’t make a decision based on information available

Comments were;

- *‘Something has got to change’*
- *‘I would use Ashford or Pembury’*
- *‘No premises are big enough to do what is proposed’*
- *‘I prefer to go to the main hospital’*
- *‘Don’t know enough to make a decision’*

- *'Without seeing the analysis of detail, I can't decide, just because it's local doesn't mean it's right'*
- *'I don't like either option, maternity for example needs to be close so you can get there quick'*

What issues/ concerns/ questions do you have about these ideas?

The most frequently mentioned issues were, in order of frequency;

Financial and management concerns – example comments

- *'It will be good to have investment locally'*
- *'Is it just change for short term gain?'*
- *'Stop messing with our services, you only make it worse'*
- *'Great idea in principle but will it work?'*
- *'Where is the money coming from?'*
- *'Depends on cost benefit analysis, can we see this in the final option?'*
- *'Can this really be done?'*
- *'How long will this take to achieve?'*
- *'Building a new hospital will take years, what are the interim plans?'*
- *'There is an issue with resources, and see why they need to move it all around, but what will the cost of a new hospital be?'*
- *'We need more information to be put together to help us make a decision'*
- *'Health and social welfare are the most important things, fund our welfare today or pay the price tomorrow'*
- *'Is the national health service just being privatised?'*
- *'We have people coming from London to use our hospitals, can't London boroughs part fund our hospitals?'*
- *'Logically it sounds good but will wait for things to happen before I believe it, but please hurry up and do it'*
- *'There are lots of new homes being built in Ashford, will we have the infrastructure to support the health needs?'*
- *'If you spend all the money on a new hospital what will happen to funding other things?'*
- *'This is just about the developer who wants to get planning permission for 2000 new homes'*
- *'Reduce the level of management'*

Transport and travel – example comments

- *'When I was in labour, I wouldn't have had time to go further'*
- *'Poor parking'*
- *'Public transport is really difficult to all the hospitals'*
- *'Help needed for people on minimum wage around travel'*
- *'Think about people without their own transport'*
- *'The cost of driving and parking at hospitals is something to consider'*

- *'It's stressful trying to find somewhere you've not been to before when it's an emergency'*
- *'If you have your own transport it's ok, if not it is almost impossible to get to different hospitals'*

Centralising services – example comments

- *'People will be better at home or in local services unless it's really serious'*
- *'Centralising will lead to overcrowding at A&E'*
- *'Taking day surgery out of hospitals to make space for specialist services sounds sensible'*
- *'Centralise and set up specialist centre supported by local services sounds good'*
- *'Centralising scarce resources is a good idea'*
- *'Agree that getting access to specialist teams is better'*
- *'Great idea to have planned operation hospitals'*
- *'A&E got to be local as you need to get there quickly'*
- *'Need local facilities first'*
- *'Local facilities are better than super hospitals'*
- *'Planned surgery can be anywhere as you have time to arrange to get there'*
- *'Are we just moving blockage from Canterbury?'*

Quality and continuity of care – example comments

- *'We are losing too many patients because they are not getting to hospital on time'*
- *'Anything that reduces A&E waiting times is good'*
- *'My GP knows me, I've been there all my life, we're just sheep and numbers at the hospital, they're good people but they just don't know us'*
- *'Quality of services is poor, want a better service, they are short of staff'*
- *'Lots of cancelled operations'*
- *'Will this stop long delays?'*
- *'Will it improve treatment and quality of care?'*
- *'It will free up use of acute services for those that really need them?'*
- *'Hope that waiting time for surgery would be reduced if they did this'*
- *'It should free up A&E and reduce waiting times'*
- *'Will we still get post-op support locally?'*
- *'NHS is becoming a bit like dentists – finding a GP is more difficult'*

Joined up working – example comments

- *'We need better communication across social services, GPs and hospitals'*
- *'Need record system to share notes easier'*
- *'I wish it every success, but I think it's about wider systems not just the hospital'*
- *'Signposting services will be needed to help people find their way around the new system'*
- *'I am frustrated by GPs saying one thing and hospital saying something different with no explanation'*

Equality of services in all areas – example comments

- *'All hospitals should have A&E but fund a planned surgery hospital properly'*
- *'It will require local walk in centres to enable this to work'*
- *'Use GP clinics and small hospitals as a network for local outpatients to reduce bottleneck at main hospitals'*
- *'The thought of not having local maternity services is frightening'*
- *'Maternity and A&E needs to be as close to home as possible'*
- *'Maternity at a central place is okay – but we need access to local maternity, pre and post-natal support as well'*
- *'Maternity cannot be centralised as you can't determine the exact time someone will give birth'*

Workforce – example comments

- *'Not enough staff to keep working in the hospitals'*
- *'Does the NHS meet the needs of its staff today?'*
- *'Will the staff really want to travel to another hospital if their job moves?'*
- *'We need more GPs'*

Ambulance services – example comments

- *'Isn't there an increased risk of using the ambulance to get to hospital as no public transport?'*
- *'Ambulances, where do they come from and will they be able to get to us in time?'*

Public promotion and engagement – example comments

- *'How will you educate the masses about how to use the new system?'*
- *'It's positive but it needs to be properly communicated to people and across the different services'*
- *'They need to listen to local ideas and insights. Need to get rid of pen pushers and reinstate matrons and nursing staff to provide care, not administrators'*
- *'Education needed to help people realise when to use hospitals or their GPs'*

Accessibility – example comments

- *'I go to A&E as I don't have a GP, only place I can go'*
- *'Language difficulties, like Polish, how will this get better?'*

Appendix 1 Focused conversation template

Objective questions:

- What details or facts struck you about the current situation and the proposed options?
- What's your reaction to proposed changes at a local level? (GPs, minor injury units, community outpatients)
- What's your reaction to proposed changes at a main hospital level?
- What is not covered in the options?

Reflective questions:

- Are these ideas based on sound reasons for change?
- What parts of these ideas do you think are good?
- What parts don't you agree with? Why?

Interpretive questions:

- What are the advantages of the changes to health and social care?
- What are the advantages of changes to 3 main hospitals?
- What are the disadvantages?
- What new questions have emerged for you?

Appendix 2 Public feedback about current services

- *'I am disgusted about how I am currently treated at William Harvey Hospital. I am treated like a number rather than a person'*
- *'My nurse said 'You should be over that by now'*
- *'They told an attempted suicide patient 'You didn't do a very good job then love!'*
- *'I had a bad experience where they took my blood pressure, it was too high, they didn't do anything and then I collapsed, despite the GP surgery knowing the Doctor wasn't very good.'*
- *'A member of staff said 'I have to battle against other services in the community. I talk to the client and say that I will get them the help and support they need but then battle the other services to get that support. I'm the one that has to go back and face that client and tell them I've not been able to get what they need. I feel like I have failed in my job'*
- *'GP saw a man with really high blood pressure and told him to either go to hospital or go home, but he has no home or money to get to hospital, they should have called an ambulance'*
- *'I'd like to praise the maternity unit in Margate, the care in hospital was brilliant'*



Appendix 3 Street survey template

Location & Date

People count	Male	Female
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The NHS is developing plans to improve services in community-based healthcare like GPs, minor injury units and the three main east Kent hospitals, the William Harvey Kent & Canterbury and the Queen Elizabeth the Queen Mother in Margate.

The current NHS system isn't designed to meet the needs of today and tomorrow.

The proposals for changes to hospital services are part of improving the quality of NHS care for everyone across east Kent. They are based on the belief that people should only have to go to hospital when it's absolutely essential and that the relatively small number of people who have very serious illnesses or injuries are treated by specialist teams offering the best care possible.

Currently:

- too many people spend too long in hospital. Around 300 of the hospital beds in east Kent are regularly taken by patients who are ready to leave but are waiting for support to be arranged outside hospital
- too many people are waiting too long for A&E, planned operations and cancer treatment
- some specialist services are stretched too thinly across too many hospitals. This makes it hard to provide the best care 7 days a week
- too many pre-booked operations are cancelled because emergencies take priority

Alongside changes to how GPs and community services are working, 2 options for how to organise hospital services are now being developed in detail. These have been identified from a longer list in discussion with clinicians, patients and the public. We want to ask you what you think about these two options:

Option 1

- Highly specialist services for seriously unwell patients would be centralised at the William Harvey in Ashford.
- QEQM in Margate would keep its 24/7 A&E and a range of inpatient areas
- Kent & Canterbury would have a 24/7 urgent treatment centre with GPs, nurses and other clinicians
- Day case surgery and outpatient appointments would continue from all three hospitals

Option 2 a new hospital in Canterbury

- Highly specialist services for seriously unwell patients across east Kent would be centralised in Canterbury
- There would be one 24/7 A&E centre in Canterbury
- Canterbury would not provide day surgery / outpatient for routine conditions, this would be at Ashford or Margate
- QEQM in Margate and William Harvey in Ashford would have 24/7 urgent treatment centres with GPs, nurses and other clinicians



- Maternity, children’s surgery and most adults’ inpatient surgery would move to Canterbury from QEQM and William Harvey

	Yes	No
Have you heard about these proposed options?		
Do you feel that the NHS is meeting the needs of people today? Prompt <ul style="list-style-type: none"> • At a local level? (GPs, minor injury units, community outpatients) • At a main hospital level? 		
Do you think the reasoning behind these proposed options is sound?		
Of the options, which one makes more sense to you?		
What issues/ concerns/ questions do you have about these ideas? <ul style="list-style-type: none"> • Prompt – feedback on ideas to increase amount of services available at local level • Prompt -feedback on ideas to reconfigure 3 main hospitals? 		



Appendix 4 Demographic profile of respondent’s street survey

Gender

	Tenterden	University Canterbury	Folkestone	Hawkinge	Northgate	Northdown Road	Minster	Victoria park	Deal	New Romney	Whitstable
	TN30	CT2	CT20	CT18	CT7	CT9	CT12	TN23	CT14	TN28	CT5
Male	21	18	17	7	4	19	4	11	8	9	9
Female	20	19	10	11	6	18	8	14	9	12	18

Sexual orientation

	Tenterden	University Canterbury	Folkestone	Hawkinge	Northgate	Northdown Road	Minster	Victoria Park	Deal	New Romney	Whitstable
	TN30	CT2	CT20	CT18	CT7	CT9	CT12	TN23	CT14	TN28	CT5
Hetero sexual	39	31	24	18	10	37	11	25	17	19	26
Gay	1	3	0	0	0	0	0	0	0	2	1
Not Say	1	3	3	0	0	0	1	0	0	0	0

Age

	Tenterden	University Canterbury	Folkestone	Hawkinge	Northgate	Northdown Rod	Minster	Victoria park	Deal	New Romney	Whitstable
	TN30	CT2	CT20	CT18	CT7	CT9	CT12	CT23	CT14	TN28	CT5
Under 16	0	0	0	0	0	0	0	0	0	0	0
16-24	3	30	2	2	0	7	0	2	3	0	2
25-34	2	4	7	3	3	6	1	7	2	4	4
35-59	12	1	8	4	4	16	1	3	4	5	11
60-74	18	1	7	5	2	6	8	11	7	10	8
75+	6	1	3	2	1	2	2	2	1	2	2
Not Say	0	0	0	0	0	0	0	0	0	0	0

Ethnicity



	Tenterden	University of Canterbury	Folkestone	Hawkinge	Northgate	Northdown Road	Minster	Victoria park	Deal	New Romney	Whitstable
	TN30	CT2	CT20	CT18	CT7	CT9	CT12	TN23	CT14	TN28	CT5
English / Welsh / Scottish	40	16	23	18	8	27	12	21	16	20	27
Irish	0	1	0	0	0	0	0	0	1	0	0
Gypsy / Romany / Irish Traveller	0	0	2	0	0	0	0	0	0	0	0
Any other White background	0	3	1	0	1	4	0	2	0	0	0
White and Black Caribbean	0	3	0	0	0	0	0	1	0	0	0
White and Black African	0	0	0	0	0	0	0	0	0	0	0
White and Asian	0	1	0	0	0	0	0	0	0	0	0
Any Other Mixed / multiple ethnic	1	1	0	0	0	2	0	0	0	0	0
Indian	0	1	0	0	0	0	0	0	0	0	0
Pakistani	0	1	0	0	0	1	0	0	0	0	0
Bangladeshi	0	1	0	0	0	0	0	0	0	0	0
Chinese	0	1	0	0	0	0	0	0	0	0	1
Any other Asian background	0	1	1	0	1	0	0	0	0	0	0
African	0	1	0	0	0	0	0	0	0	0	0
Caribbean	0	3	0	0	0	0	0	0	0	0	0
Any other Black background	0	0	0	0	0	0	0	0	0	0	0
Arab	0	1	0	0	0	2	0	0	0	0	0
Any other ethnic background	0	2	0	0	0	1	0	1	0	1	0
Prefer not to say	0	0	0	0	0	0	0	0	0	0	0

Location

Location	Postcodes of respondents
Tenterden, High Street	CT21, TN23, TN26, TN30, TN27, TN17, TN24
University Canterbury Campus	Ss8 ME17 CT2
Folkestone harbour area	CT19, CT20, CT4
Hawkinge High Street	CT18
Northgate, Shopping area	CT1
Northdown Road, Shopping area	CT9, ME4, CT11, CT10, CT6, CT8



Minster, local shopping area	CT12
Victoria Park, local shopping area	TN23
Deal, High Street	CT14, CT21
New Romney, High Street	TN28, TN23, TN29
Whitstable, High Street	CT5, CT2, ME13

1st language

	Tenterden	University of Canterbury	Folkestone	Hawkinge	Northgate	Northdown Road	Minster	Victoria park	Deal	New Romney	Whitstable
	TN30	CT2	CT20	CT18	CT7	CT9	CT12	TN23	CT14	TN28	CT5
English	41	29	24	18	8	30	12	23	17	20	26
Other	0	8	3	0	2	7	0	2	0	1	1
BSL	0	0	0	0	0	0	0	0	0	0	0

Consider themselves a carer

	Tenterden	University of Canterbury	Folkestone	Hawkinge	Northgate	Northdown Road	Minster	Victoria Park	Deal	New Romney	Whitstable
	TN30	CT2	CT20	CT18	CT7	CT9	CT12	TN23	CT14	TN28	CT5
Yes	3	1	2	3	3	6	3	3	2	2	1
No	38	36	25	15	7	31	9	22	15	19	26
Not say	0	0	0	0	0	0	0	0	0	0	0

Consider themselves disabled

	Tenterden	University of Canterbury	Folkestone	Hawkinge	Northgate	Northdown Road	Minster	Victoria Park	Deal	New Romney	Whitstable
	TN30	CT2	CT20	CT18	CT7	CT9	CT12	TN23	CT14	TN28	CT5
Yes	3	4	2	3	2	3	0	4	2	2	2
No	38	33	25	15	8	34	12	21	15	19	25
Not say	0	0	0	0	0	0	0	0	0	0	0