

Evaluation of the Outpatients consultation in East Kent.

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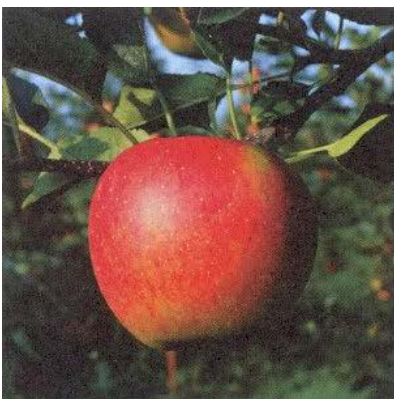
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Group



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The Centre is directed by Professor Stephen Peckham and draws together a wide range of research and disciplinary expertise, including health and social policy, medical sociology, public health and epidemiology, elderly medicine, primary care, physiotherapy, statistical and information analysis. CHSS supports research in the NHS in Kent and has a programme of national and international health services research. While CHSS undertakes research in a wide range of health and health care topics, its main research programmes comprise:

- Ethnicity and health care
- Health Psychology
- Palliative care
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Researchers in the Centre attract funding of nearly £1 million per year from a diverse range of funders including the ESRC, MRC, Department of Health, NHS Health Trusts and the European Commission. For further details about the work of the Centre, please contact:

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Introduction

CHSS undertook to support Kent and Medway Commissioning Support (KMCS: acting on behalf of East Kent Hospitals University NHS Foundation Trust and NHS Canterbury and Coastal Clinical Commissioning Group) in undertaking an independent analysis of a consultation on Outpatient services in East Kent. The aim of the consultation was to gain opinions from the public of a proposed Outpatient Clinical Strategy that intends to improve local access to, and facilities for, Outpatient services, and to offer a wider range of services on each site.

CHSS advised on the survey, evaluated the consultation process, ran focus groups and carried out quantitative and qualitative analysis of the responses gathered during the consultation period (9th December 2013 to 17th March, 2014 - originally 9th March but period was extended). Ethical approval was not required for a consultation process, but ethical principles have been adhered to regarding data confidentiality and informed consent for the focus groups.

Background

East Kent Hospital University NHS Foundation Trust (the Trust) currently provide a comprehensive range of general Outpatient services from its three acute sites: the William Harvey Hospital in Ashford (WHH), Kent and Canterbury Hospital, Canterbury (KCH) and The Queen Elizabeth the Queen Mother Hospital, Margate (QEQMH). Outpatient services are those where a patient attends a hospital or clinic, but does not stay overnight, and may include a consultation with a clinician, diagnostic tests such as phlebotomy, X-ray or MRI, and a treatment plan being discussed, or treatment being given.

The Trust also provides a smaller range of general outpatient and diagnostic services from the Royal Victoria Hospital Folkestone (RVH) and Buckland Hospital Dover (BHD) and a number of community hospitals which include; Faversham Health Centre (FH), Whitstable and Tankerton Hospital (W&T), Queen Victoria Memorial Hospital in Herne Bay (QVMH) and Victoria Hospital in Deal (VHD).

In addition to these, the Trust has delivered a range of “specialty specific” Outpatient services throughout the local area in various facilities owned by other Trusts and at GP surgeries.

These specialty specific outpatient services include: dermatology, paediatrics, obstetrics and midwifery services, renal, therapy clinics and neurological nurse-led clinics, and have grown out of various arrangements over the years.

As part of a wider clinical strategy over the last two years, the Trust has reviewed its outpatient services with staff and patients and a wide range of stakeholders to see how the Trust could improve the quality of care and offer strong local access to services. Recognising that the NHS, and all public services, is being challenged to make the ‘best’ use of resources.

What the Trust was consulting about.

With this in mind, the Trust has engaged in a consultation on outpatient services to gather feedback on a range of proposed changes to these services. The key proposals in the consultation are:

- To reduce the number of facilities used from 15 and concentrate services on six sites;
- To offer a wider range of Outpatient services across all specialities, including diagnostic support, from the six sites proposed;
- To extend the clinical working hours from 7.30 a.m. to 7.00 p.m., to offer better access to patients, and make more effective use of staff time including offering Saturday clinics from 9 a.m. to 11.30 a.m.;
- Increase the number of people within a 20-minute drive of outpatient services;
- To invest in the clinical environment to support high quality clinical services, and offer a comfortable patient experience in a welcoming environment, at all six facilities;
- To develop the one-stop approach that is currently offered in breast surgery, urology and dermatology across more services;
- To expand the use of technology such as telehealth and telemedicine to reduce unnecessary follow up appointments and support patients monitoring their progress at home or in a GP practice.

The proposed changes set out in the consultation will not affect certain services (i.e., renal services, children’s community services, vascular screening, midwifery- led community services, and nurse-led neurology clinics).

The consultation process

East Kent Hospitals University NHS Foundation Trust spent two years developing their proposals for improving Outpatient services across east Kent. The Trust surveyed patients for their views, spoke to staff and tested their ideas with a range of stakeholders via a series of presentations and discussions at 130 meetings. The range of stakeholders included GPs as clinical commissioners, local authorities, voluntary and community sector organisations, patient and carers groups and the Trust's governors and members. Overall, the Trust estimates that 4,000 people took part in this early phase and the Trust developed their plans based on the feedback received.

Between 9th December 2013 and 17th March 2014, East Kent Hospitals University NHS Foundation Trust and NHS Canterbury and Coastal Clinical Commissioning Group (CCG) held a consultation across east Kent on the proposals to Outpatient services. This period included additional time to allow extra public meetings to be held.

The consultation process used a wide range of means to involve people: public meetings, focus groups, online and paper surveys, by offering to attend local meetings and using social media to elicit people's views. The consultation documents (17,000 printed copies) were provided in various formats and distributed via GP practices, hospital waiting areas, all outpatient clinics, libraries, community centres, gateway centres, pharmacies, and local councils across east Kent. Consultation documents were also available at focus groups, public meetings and patient meetings or events that the Trust and engagement team were invited to attend. Members of the public could provide their feedback on the proposals via a dedicated telephone line, by email/letter, by completing a survey, and/or by attending a public meeting.

Efforts were made to publicise the process through the media, networks of organisations and local contacts across east Kent. This was picked up and repeated in various local papers particularly in areas where it excited local interest such as: Deal, Herne Bay, and Faversham, but also more widely by the media. During the consultation there were a series of 12 public meetings, held at varied times, in which a formal presentation was given setting out the plans for Outpatient services. Over the course of the consultation period, this presentation was

adapted in response to feedback from the public. For example, slides were included to explain the structure of the NHS and explain travel provision for all areas – not just the local area.

At the public meeting, local people had the opportunity to ask questions and comment upon the proposals. The Trust also accepted invitations to various patient groups and local authority meetings where a similar discussion was had, and recorded. CHSS at the University of Kent was asked to provide four focus groups for community members who might have specific needs from NHS services that should be taken into consideration.

The overall response was: 41 telephone enquiries, 65 emails and letters, 273 online and 205 paper completed surveys. Three local CCGs (NHS Ashford, NHS Thanet, & NHS South Kent Coast) also sent letters to EKHUFT in response to the consultation. In addition, two petitions were received- one from the Labour Party in Herne Bay signed by 1,260 and a second from The League of Friends of QVMH signed by 6,000. Approximately 1,330 people attended 12 public meetings, and a further 39 people took part in four focus groups run by CHSS. Approximately 100 people attended nine additional meetings in which members of the Trust and KMCS Engagement team were present to discuss the proposals.

All of the responses received have been recorded and collated by KMCS, then passed to CHSS to analyse within this report. In addition to collecting and analysing the data, CHSS were also asked to evaluate the consultation process, the discussion of which can be found at the end of the report.

Survey analysis

One way the public could offer their view to the consultation was by responding to a survey. The survey was distributed in the form of a pullout section, as part of the widely distributed full and summary consultation documents. It could also be completed online from a link posted on the consultation website. In the following section, responses to the survey are described in terms of the number completed, demographics of who responded and how they heard about the consultation, levels of support for and disagreement with the consultation questions and factors associated with these.

Number of responses and response rates

From the launch of the consultation in early December 2013 up to the end of the consultation period in March 2014, 478 people completed the survey, with 205 returning the pull-out paper surveys and 273 completing it online. The paper response rate was low (less than 2%) given that over 16,000 consultation documents were distributed, nevertheless the number of people giving their views through the survey compared well to similar consultations and fell within the range this consultation had anticipated. It is not possible to calculate the online response rate without knowing how many people became aware of the consultation and its website through the variety of methods used to promote the consultation.

The standard of completion for the paper survey was good overall. For example, over 95% provided gender, age, and postcode. A slightly lower proportion did not state their ethnicity; however, overall the standard of completion indicates a good quality survey and response rate. The main consultation questions were similarly well completed on paper returns. Although for the online surveys, demographics and how people heard about the consultation were completed to the same level, the main consultation questions and comments were answered by a lower percentage (74-84%) online. As the questions did not seem to be sensitive ones, or to be difficult to answer on paper, the level of missing data must be due to other differences. For example, people who did not complete the paper survey may not have returned it, whereas partially completed internet responses would automatically have been submitted.

Who responded

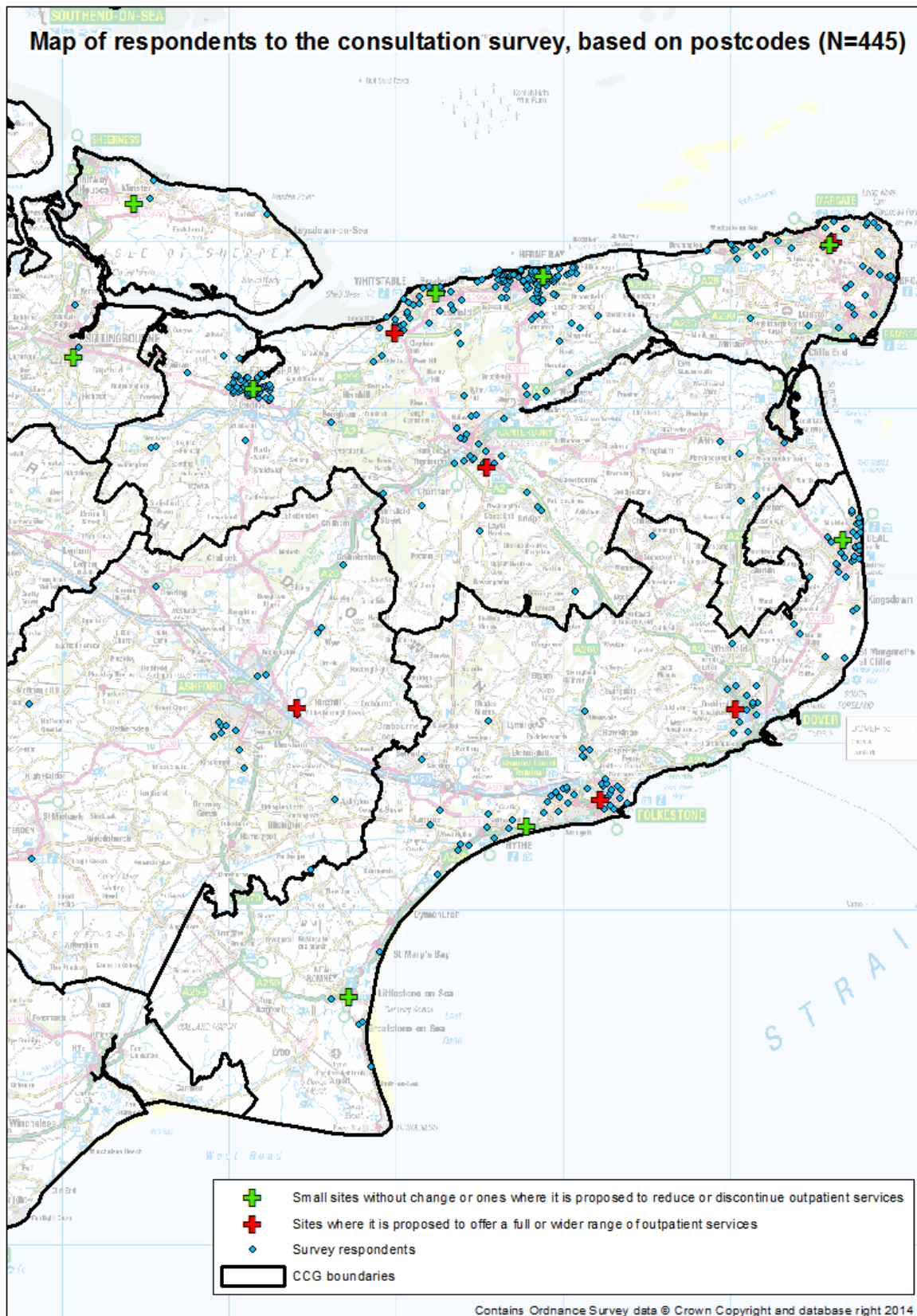
People between the ages of 17 and 91 years (mean age = 60 years) completed the survey, with the majority (66%) aged 55 and over. There were more replies from women (64%) compared to men (36%). Most survey respondents described their ethnicity as White - British or Irish, with 11% saying another ethnic group or preferring not to answer.

Online respondents were more likely than those replying on paper to have a long-term condition (68% compared to 46%) or a disability (21% compared to 13%). The percentage of carers (11%) was the same for both methods of responding. People completing the survey online also tended to be younger with more 35-65 years and fewer aged 65 years and over using that method.

In terms of gender and ethnicity, the demographic profile of responses was as expected for surveys of the public, but did include a large proportion of older people, which may account for the higher numbers with long-term conditions and disabilities. The higher response rate from older people, and those with disabilities, was appropriate for a consultation aiming to get the views of people most likely to be affected by changes to outpatient services.

A map of survey respondents' postcodes shows where they lived in relation to the existing and proposed outpatient services in east Kent (see Figure 1, p 8). The map shows that many survey responses came from people living in coastal areas, for example, they were densely clustered in Faversham, Whitstable, Herne Bay, Deal and Folkestone. Replies in the Margate area were more scattered. There were some parts of the east Kent area with very few replies, including rural areas where populations are low, and Ashford town which is largely unaffected by the consultation proposals. There were hardly any responses from Sittingbourne, the Isle of Sheppey and Romney Marsh, which was not surprising as these are areas with low level existing Outpatient services, and where no changes have been proposed.

Figure 1 Map of where respondents to the consultation survey live



Looking at the CCG catchment area in which people live, the greatest numbers of survey replies were from NHS Canterbury & Coastal (282 or 59%) and NHS South Kent Coast (112 or 23%) CCGs, with considerably fewer from NHS Thanet (41 or 8.6%), NHS Ashford (21 or 4.4%) and NHS Swale (5 or 1.0%) CCGs. For the purposes of this analysis, people were allocated to a CCG using the postcode they gave. The first part of the postcode was used to identify the towns where people lived.

Within the two CCGs with the highest numbers of responses (NHS Canterbury & Coastal, NHS South Kent Coast), some areas are more affected by the proposals than others, for example the towns of Faversham, Whitstable, Herne Bay, Deal and Sandwich. Perhaps not surprisingly, over half of the survey replies came from these areas, with 235 from Faversham, Whitstable and Herne Bay (ME13, CT5, CT6), and 43 from Deal and Sandwich (CT14, CT13).

People came to hear about the consultation through a variety of ways. Those replying on paper were most likely to have heard about the consultation by attending a GP practice (32%), an outpatient clinic (15%) or a meeting about the consultation (18%). (There was however some differences between the A4 and A5 format survey respondents.) Online respondents were more likely to have heard about the consultation from ‘other’ means such as emails, leaflets/flyers and social media (29%), reading a newspaper (23%) or from searching online (10%). Irrespective of which reply format was used, 12% of respondents had heard about the consultation through friends or family. Respondents were asked to write in what ‘other’ ways they heard about the consultation, and the most frequently cited were through leaflets/flyers, Facebook/Twitter, email, work and notices in libraries.

Levels of agreement with consultation questions and comments

At the beginning of the survey, the principle aims of the proposals were set out in seven key consultation statements or questions giving people the opportunity to indicate how strongly they agreed or disagreed with the aims of the proposals. They presented people with a range of replies from 5 = ‘Strongly agree’ to 1 = ‘Strongly disagree’. The bar charts in this section show the distribution of replies for all the survey respondents, with additional charts to highlight where there were variations in the response between sub-groups of the public. The

sub-groups were chosen to uncover where there might be differing views, and to avoid the results being distorted by high numbers of responses from small geographical areas. With this in mind, three sub-groups were created: people living close to the major areas of proposed changes in services, people who were likely to be heavier users of outpatient facilities (with health problems or over 75), and people who completed an online response or not.

Although a big overlap might be expected between the 'heavier users' this was not the case. For example, 142 people had disabilities, long-term conditions or were carers, and 60 people were 75 or over, with a relatively low proportion (only 39 people) falling in both categories; hence, the groups with long-term conditions/carers and people aged 75 or over have both been retained in the analysis. Analysis by CCG area of residence and by mode of response (on paper or online) rarely added anything that had not already been seen in other sub-groups.

In the results that follow the sub-groups are colour-coded in charts. Charts are shown only when noteworthy or significant results have been found, and they are always given in the same order: all responses; responses by area of residence; responses from people with disabilities/long-term conditions/carers; and finally people age 75 or over.

There were also five open-ended questions in the survey, where people could provide written comments. Not all people completing the survey wrote comments- from those that did around 1500 comments were generated across the five questions. In this section of the report, analysis of survey comments has been restricted to developing a coding frame and using this to categorise comments on approximately half of the paper surveys to give a flavour of what was written. The survey comments have been incorporated in to the qualitative analysis of comments made during other parts of the consultation.

In the text that follows the percentage agreeing refers to the 'agree' and the 'strongly agree' options added together. Likewise, the percentage disagreeing combines 'disagree' and 'strongly disagree'. In selecting noteworthy results for the consultation process we have highlighted areas that might be of concern because there were high levels of disagreement with the key consultation statements (using a threshold of 20% or more disagreeing), and

where there were differences between sub-groups' responses of 5 or more percentage points, as these were likely to be statistically significant variations.

Q1. The Trust can improve access to outpatient services by offering a greater range of clinical outpatient services from each outpatient centre (refers to Table 3 on page 21 in consultation document).

The majority (62%) agreed with this, but a substantial 27% disagreed (Fig 2). Disagreement rose for the high responding areas (49% in Deal/Sandwich, Fig 4, and 36% in Faversham, Whitstable and Herne Bay, Fig 3) and the online responders (33%). However rather more people who had disabilities, long-term conditions or were carers went along with this statement that there would be a greater range of services from each consolidated centre (71% of this group agreed and 18% disagreed, Fig 6). Likewise levels of agreement were higher for people aged 75 and over (67% agreed and 16% disagreed, Fig 7). Even for consultation survey respondents not living in affected areas, 11% did not think that the proposals would lead to better access to a greater range of outpatient services.

Figure 2: Consultation question 1 - All respondents

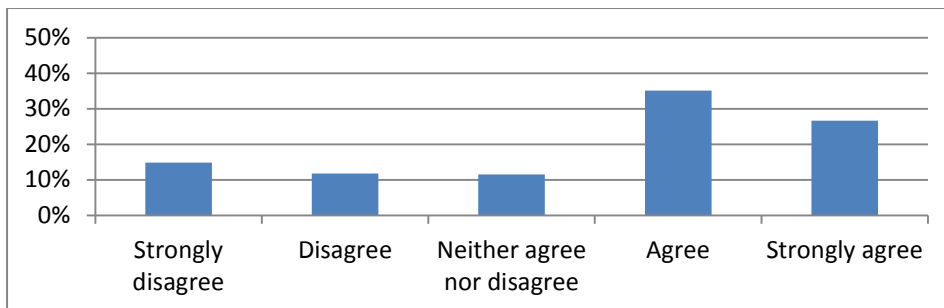


Figure 3: Consultation question 1 - Faversham/Whitstable/Herne Bay respondents

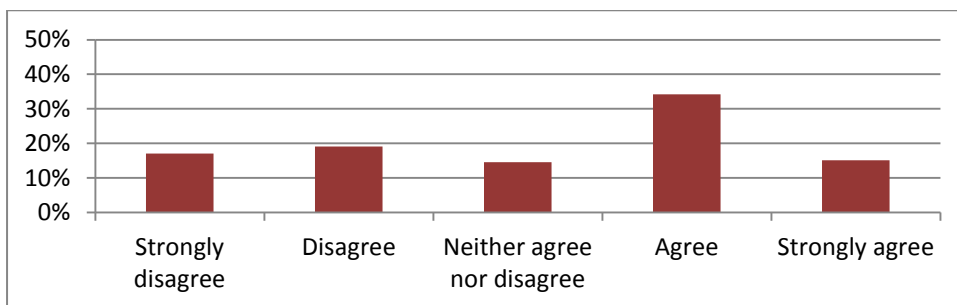


Figure 4: Consultation question 1 - Deal/Sandwich respondents

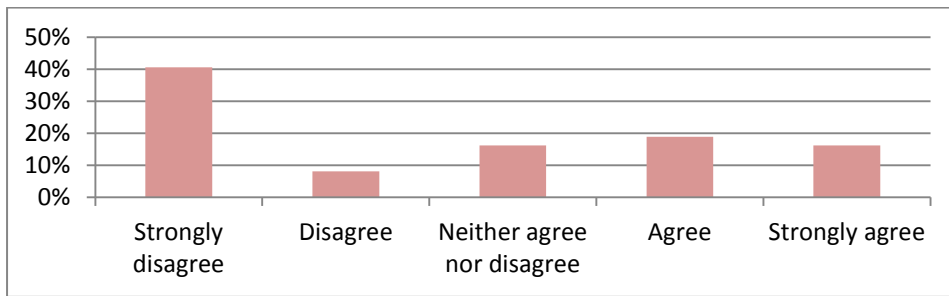


Figure 5: Consultation question 1 – Areas with lower response rates possibly because areas less affected by changes

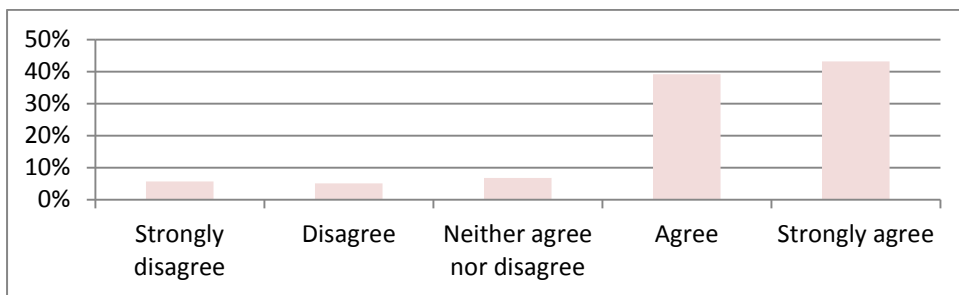


Figure 6: Consultation question 1 - Respondents with disabilities, long-term conditions or are carers

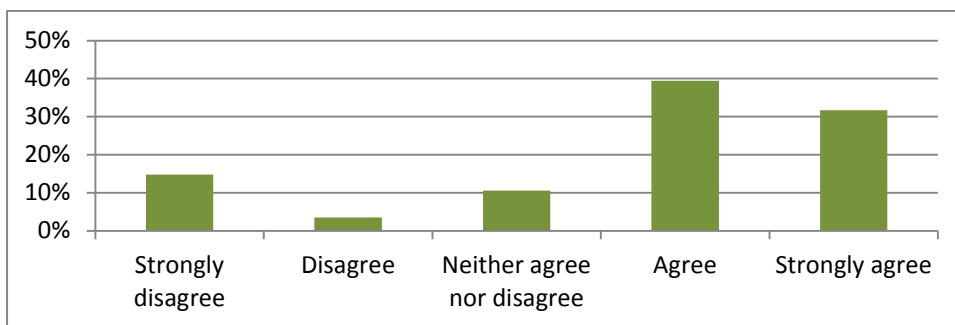
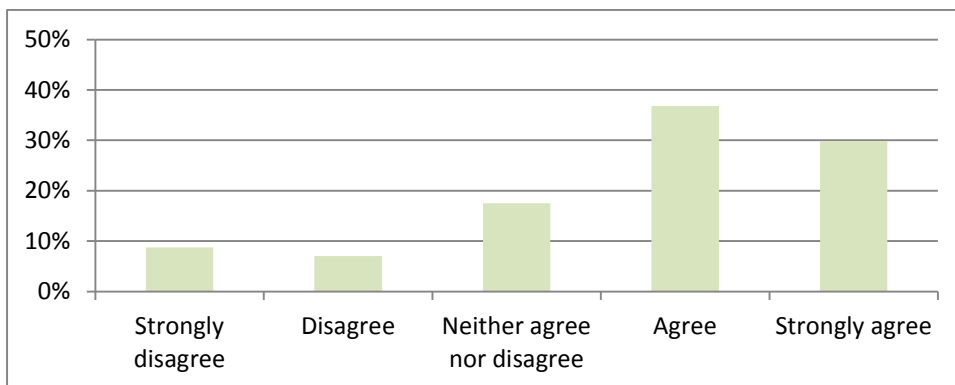


Figure 7: Consultation question 1 - Age 75+ respondents



Q2. The Trust can improve access by extending the opening times of the outpatient clinics; early mornings, evenings and Saturdays.

There was a high level of agreement with this statement (84% agreed and 9% disagreed, Fig 8) and this did not vary by CCG or for people with disabilities, long-term conditions or carers. Fewer survey responders in the Deal/Sandwich area (71%) agreed with the advantages of extended opening hours, and 16% disagreed (Fig 9). There was least disagreement (3%) with this statement from people aged 75 and over, and from those living in less affected areas (Fig 10). This response could be explained by the fact that people who did not wish to use or benefit from extended opening hours, could at the same time agree with the statement that such changes can improve access.

Figure 8: Consultation question 2 - All respondents

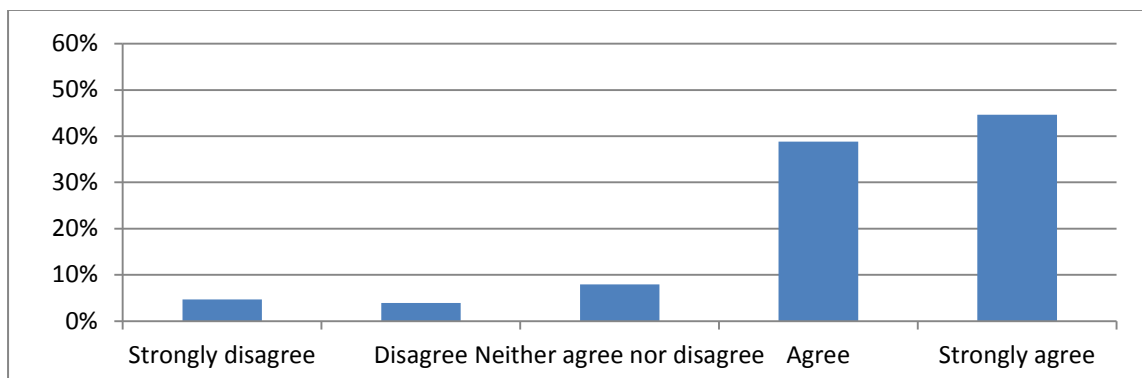


Figure 9: Consultation question 2 - Deal/Sandwich respondents

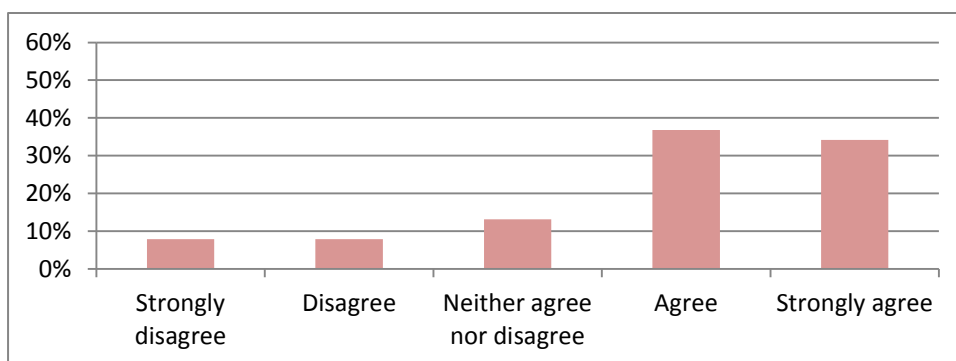
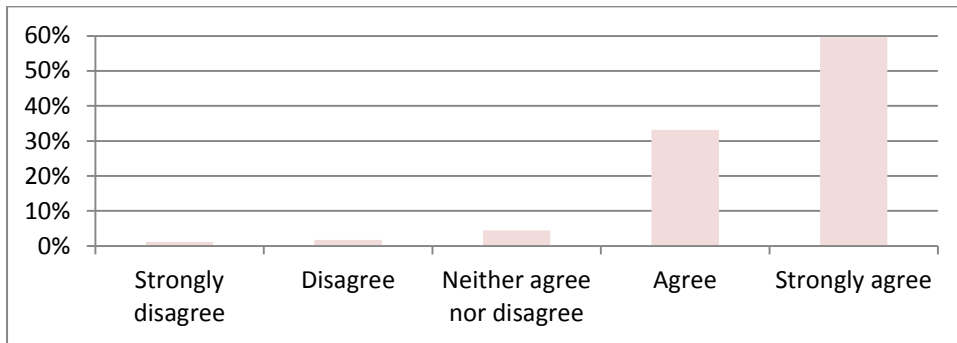


Figure 10: Consultation question 2 – Areas with lower response rate possibly because areas less affected by changes



Q3. Access to services can improve by increasing the number of people within a 20 minute drive of a fully equipped outpatient clinical centre.

This statement had least consensus and highest levels of opposition. A small majority (54%) agreed and nearly a third (33%) disagreed overall (Fig 11), and this increased to 40% of survey respondents living in NHS Canterbury & Coastal CCG area, and those replying online. As many as 31% of people aged 75 years and over did not agree with the 20 minute drive pledge (Fig 16), as well as 24% of people living in NHS South Kent Coast CCG, and 24% of survey responders who had disabilities, long-term conditions or were carers (Fig 15). Around half living in the high responding areas disagreed with the 20 minute pledge, with 45% in Faversham, Whitstable and Herne Bay (Fig 12), and 54% in Deal/Sandwich (Fig 13) clearly unhappy with the consultation process making this assertion about access to outpatient clinics. Survey respondents who lived in less affected areas were also sceptical that more people would be within a 20-minute drive of the proposed facilities, with 12% disagreeing with this statement (Fig 14).

Figure 11: Consultation question 3 - All respondents

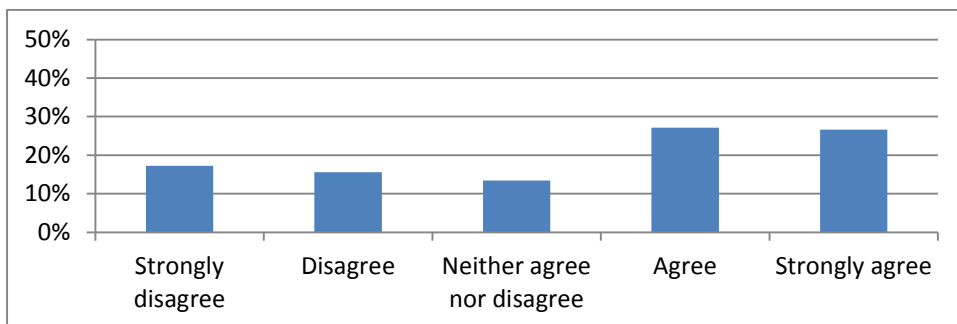


Figure 12: Consultation question 3 - Faversham/Whitstable/Herne Bay respondents

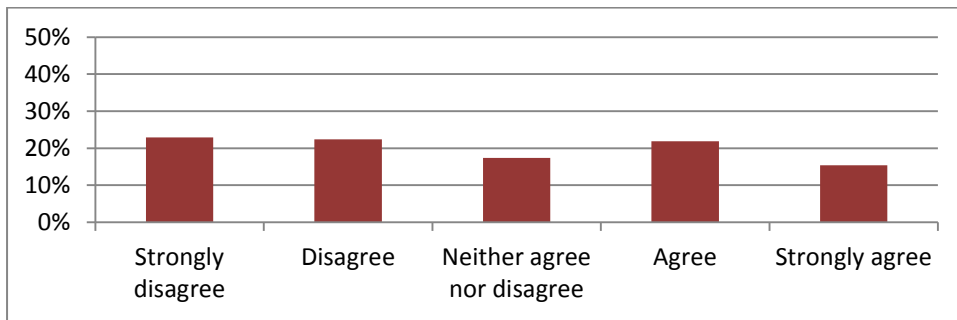


Figure 13: Consultation question 3 - Deal/Sandwich respondents

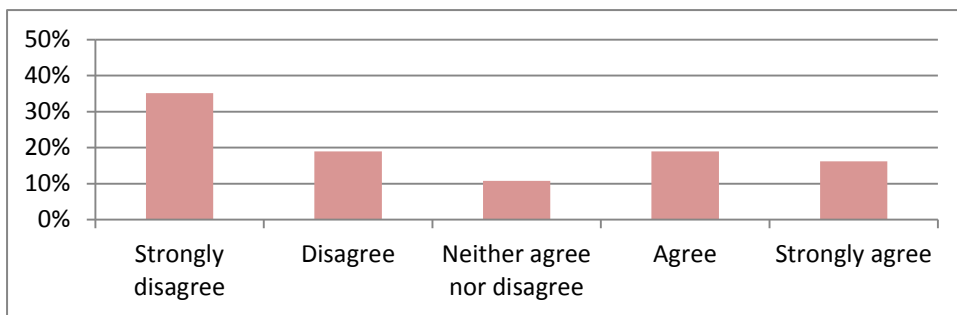


Figure 14: Consultation question 3 - Areas with lower response rates possibly because areas less affected by changes

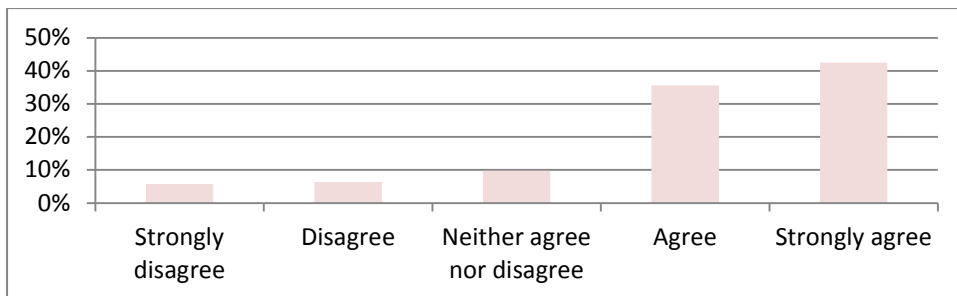


Figure 15: Consultation question 3 - Respondents with disabilities, long-term conditions or are carers

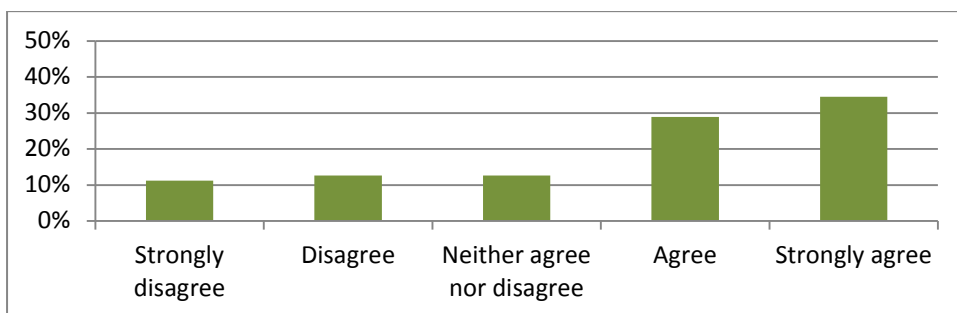
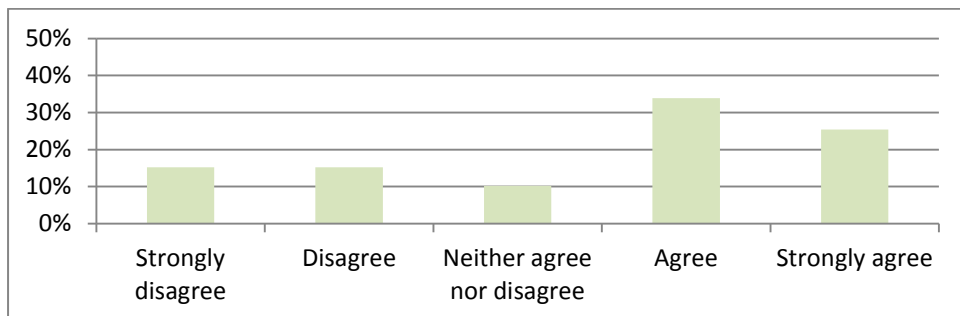


Figure 16: Consultation question 3 - Age 75+ respondents



Q4. The Trust can improve the quality of patient experience by improving the quality of the buildings and the patient environment.

A substantial proportion, nearly two-thirds agreed with this statement (64%), with 20% neither agreeing nor disagreeing and 16% disagreeing (Fig 17). This varied little by CCG, for the high responding areas or for people most likely to use outpatient services, as can be seen from those living in least affected areas (Fig 18).

Figure 17: Consultation question 4 - All respondents

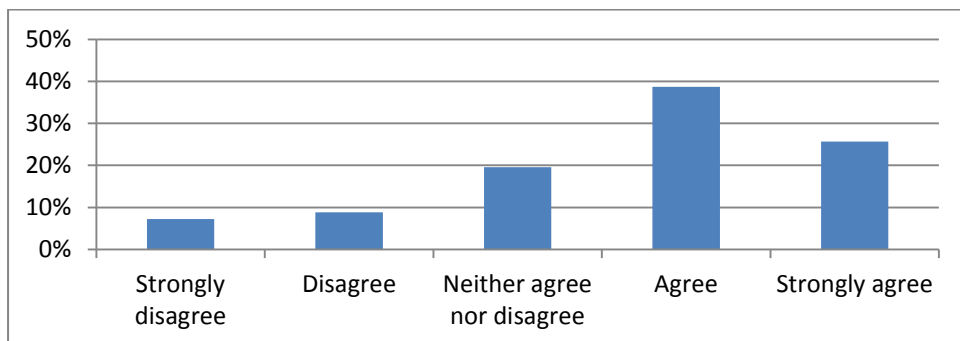
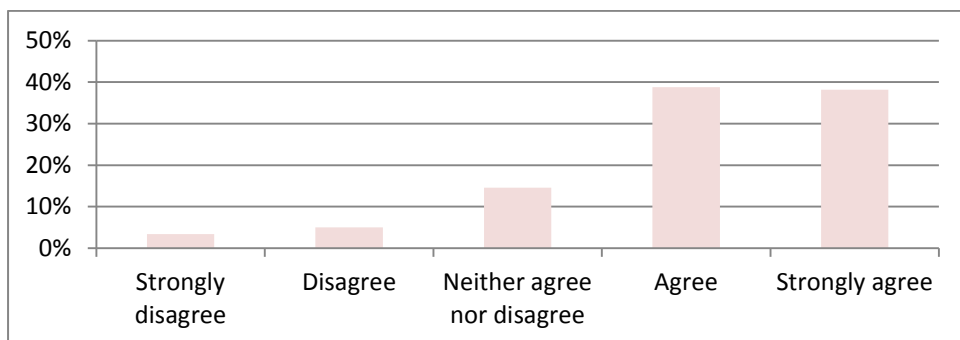


Figure 18: Consultation question 4 - Areas with lower response rates possibly because areas less affected by changes



Q5. The NHS needs to make effective use of all resources.

There was over-whelming support for this statement overall (85% agreed and very few disagreed 4%, Fig 19), and in areas least affected this rose to 96% showing a strong majority appreciate the need to make effective use of all NHS resources (Fig 20).

Figure 19: Consultation question 5 - All respondents

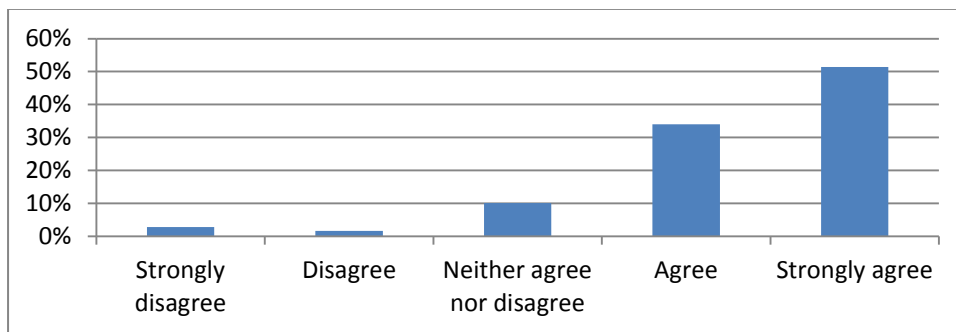
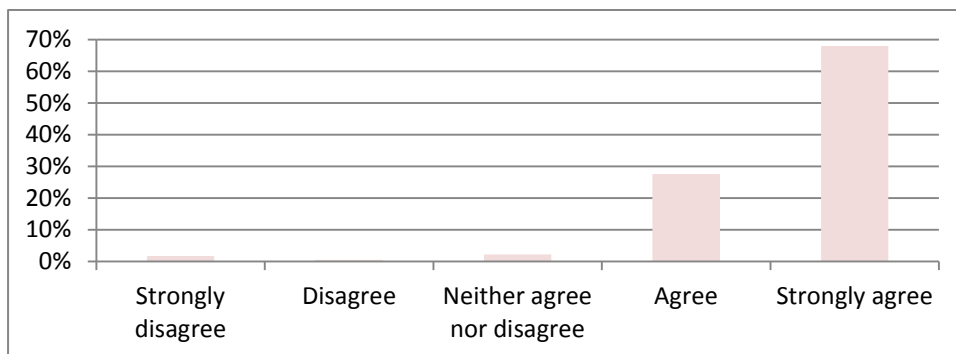


Figure 20: Consultation question 5 - Areas with lower response rates possibly because areas less affected by changes



Q6. Are there any other ways we could improve outpatient services?

Of 104 comments analysed from the paper survey returns very few were positive (2%) and a considerable number of these had concerns or were doubtful about the quality of service (75%), such as the coordination of communications and booking, and likely delays or waiting times. See table 1 for a summary of these.

Q7. The Trust proposes to consolidate its outpatient clinical services on to six sites. What are your thoughts on the proposal to have six outpatient clinics?

Of the 105 comments analysed there was considerable agreement with the consultation proposals, but about half felt the changes would make services worse, and others voiced

concerns about the facilities being offered, access to these, and the feeling that the changes were in the interests of the providers rather than the patients.

Q8. Are there any other aspects of the facilities that you think should be considered?

There were fewer comments, and these focused on concerns about making greater use of public transport, for specific people and services, making efficient use of resources and developing other facilities.

Q9. The Trust's preferred choice for the sixth outpatient clinic is Estuary View Medical Centre. What are your thoughts on the preferred option?

People were divided on this. There were many who agreed, but also others who thought travel distance and travel time were problems and that the facilities would not be improved. There were also critical views on the use of NHS resources and the consultation process.

Q10. The trust could make better use of technology to monitor patients in their own home: do you support this?

The majority was in agreement with this statement (73% agreed and 14% disagreed, Fig 21), although this decreased for people in the Deal/Sandwich area who seemed less keen on the use of technology in their homes, since 64% agreed with this statement and 20% disagreed (Fig 22). Older people and those with health problems were not significantly different from the overall response, and for respondents who did not live in the areas most affected by the consultation, there were still 9% who did not support greater use of technology in people's homes (Fig 23).

Figure 21: Consultation question 10 - All respondents

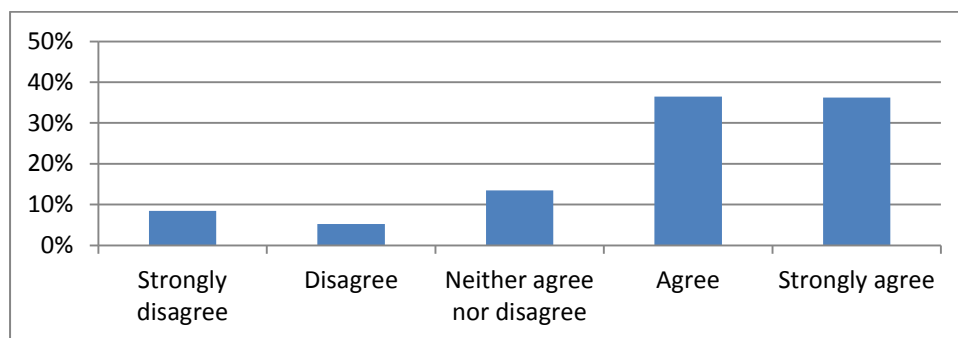


Figure 22: Consultation question 10 - Deal/Sandwich respondents

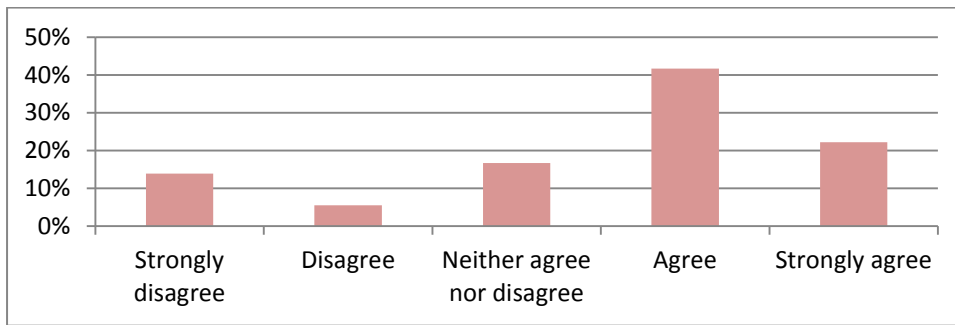
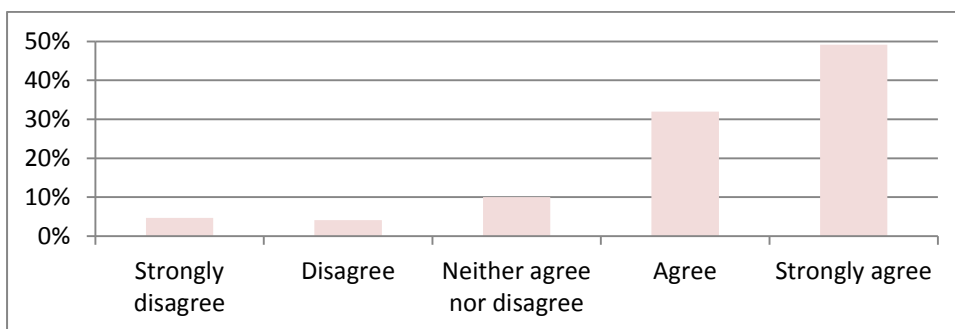


Figure 23: Consultation question 10 - Areas with lower response rates possibly because areas less affected by changes



Q11. Consolidating on six sites allows the trust to expand the one-stop approach over the next two to three years: do you support this?

The majority (62%) agreed, but as many as a quarter (25%) disagreed with this statement (Fig 24). Opposition was much greater for survey responders living in Deal/Sandwich where over half (55%) disagreed of the 33 people who replied (Fig 26). The percentage against consolidation to expand the one-stop approach also increased in other areas: to 30% in NHS Canterbury & Coastal CCG, 34% in Faversham/Whitstable/Herne Bay (Fig 25), and 32% among online responders. Although 73% of those with disabilities, long-term conditions or who were carers supported this statement (Fig 28), at the other end of the scale as many as 13% of this group strongly disagreed with expanding one-stop outpatient services. There were also some strong views among those aged 75 and over with 68% agreeing and 16% strongly disagreeing (Fig 29). For people who did not live in areas most affected by the consolidation of sites, 9% did not support an expansion (Fig 27).

In the comment following this question there were views for, against and doubts or concerns in similar proportions to seen in the previous comments with a tendency to repeat points that had already been made.

Figure 24: Consultation question 11 - All respondents

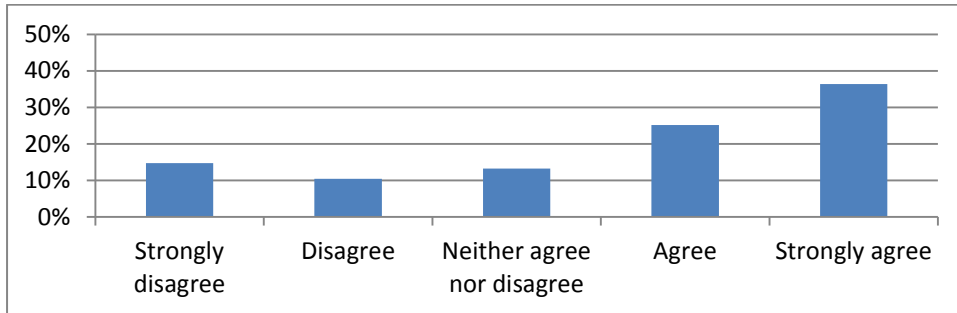


Figure 25: Consultation question 11 - Faversham/Whitstable/Herne Bay respondents

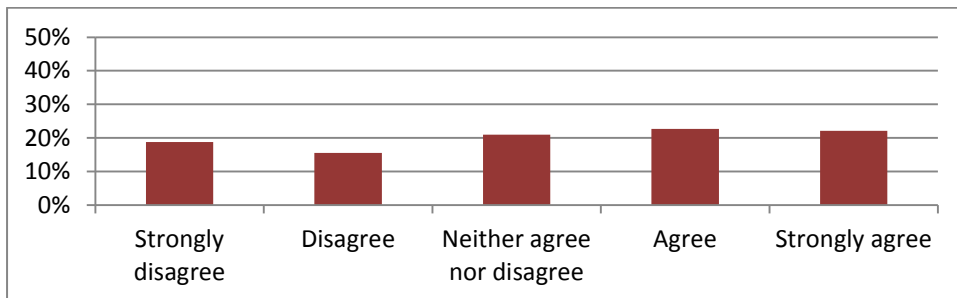


Figure 26: Consultation question 11 - Deal/Sandwich respondents

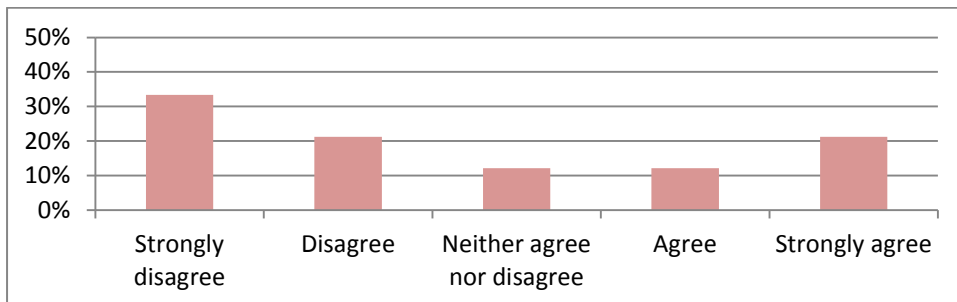


Figure 27: Consultation question 11 - Areas with lower response rates possibly because areas less affected by changes

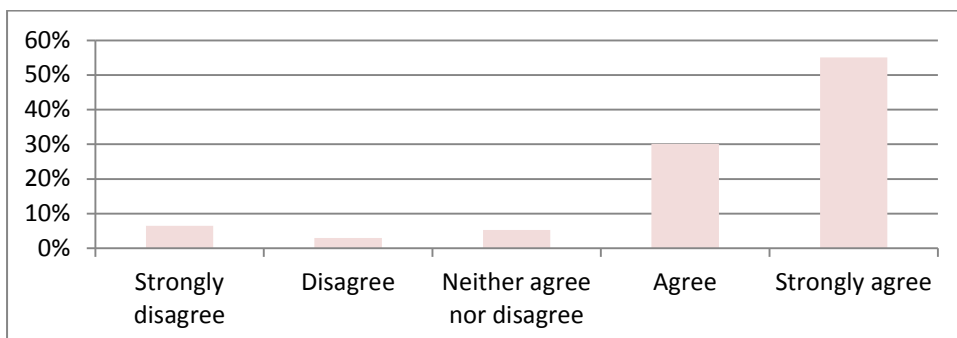


Figure 28: Consultation question 11 - Respondents with disabilities, long-term conditions or are carers

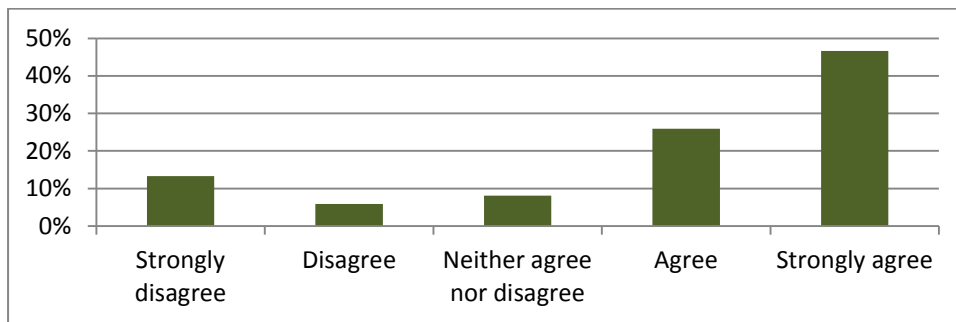
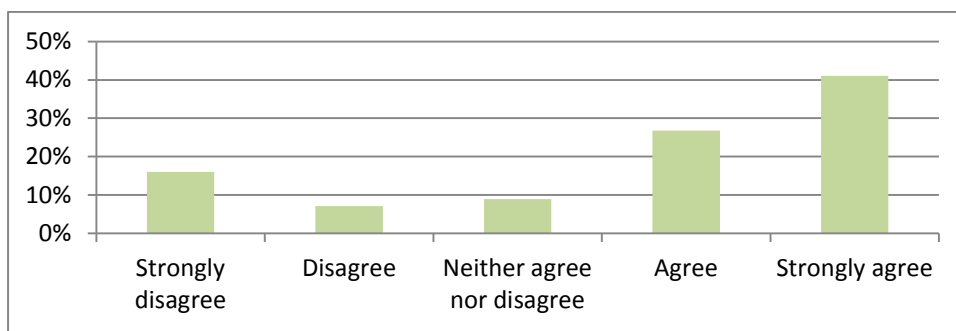


Figure 29: Consultation question 11 - Age 75+ respondents



Q12 Further comments on the approach of expanding the one-stop outpatient clinic

There were fewer comments written in this section, but those that were raised concerns about how well the one-stop clinic would work. People also wrote their final comments in this section regarding the whole consultation - often repeating comments they had already made. See Table 1 categorising a sample of survey comments.

Given this tendency to repeat the same points in several places on their survey, a broad summary of the survey comments to all the open-ended questions (questions 6-9 and question12) is given below.

Compared to the ticked box questions in the survey where the majority view was in support of the consultation questions, the open questions gave people the opportunity to raise their concerns, the comments written on the paper survey returns give the impression of more deep-seated and widespread concerns about the proposed changes (see Table 1, p 25). Less than 20% of the comments were positive about the changes, nearly a half voiced doubts or

concerns about how well the proposed changes would work, and just over a third thought the changes would make things worse. Comments in favour were predominantly about the improved facilities that would come from consolidation on to six sites, the choice of Estuary View, and expanding the one-stop clinic approach.

Negative comments were from people who thought that the outpatient service already worked very well, that service consolidation would lead to a worse service, and it would be more difficult to get to. Concerns were raised about a whole variety of aspects of the proposals for change, and these included: access (sometimes to a specific service), service quality (such as delays, waiting times and doubts about the co-ordination required to make one-stop service work), use of NHS resources, and how there were better things that could have been done with the money. There were also some criticism of the consultation process and whether it would have any effect on decisions being made.

Key points from the survey

Following widespread publicity and a large number of consultation documents being handed out, the response of 478 completed surveys was in line with expectations and commensurate with other similar consultations. This response rates gives an indication that there was a considerable level of public interest and engagement with the process. Although there was majority support for the proposed changes; it should also be noted that some opposition to the consultation proposals and process was voiced, particularly in written comments in the survey.

The survey had a geographically uneven response, with most people taking part coming from NHS Canterbury & Coastal CCG and NHS South Kent Coast CCG, and within NHS Canterbury & Coastal CCG the strongest response came from Faversham, Whitstable and Herne Bay residents.








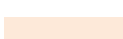

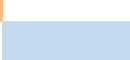
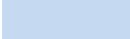




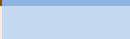







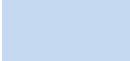


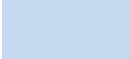
A majority of people supported all seven key consultation questions relating to the main principles for improving outpatient services, but for some of these questions there were proportions of people who disagreed. Greatest support was noted for making effective use of NHS resources (Q5), and agreement that access could be improved with longer clinic opening hours (Q2). There was also good support for making greater use of new technology (Q10).

However, respondents from Deal/Sandwich area were less likely to see the benefits of longer opening hours and new technology. People responding to the survey were more ambivalent about the importance of improving the patient experience/ buildings/ environment (Q4). The most contentious part of the survey was that access would be improved by increasing the number of people within a 20-minute drive of a fully equipped outpatient centre (Q3). There was also some scepticism that access would be improved by providing a greater range of services from each location (Q1), and expanding the one-stop approach (Q11). The greatest opposition on the three most contentious survey questions came from people living in Deal/Sandwich and Faversham/Whitstable/Herne Bay.

As already mentioned, in contrast to the levels of agreement on the tick-box questions recording levels of agreement or disagreement, the comments on the survey forms were far more negative, and raised many concerns and doubts about the proposals effect on aspects of future outpatient service.

These findings are based on a reasonably large number of responses representing a cross-section of the public, with the highest levels of response from those living in the most affected areas. Overall, the survey showed there was support for the proposed changes. Alongside this level of agreement, there were also a proportion of respondents (up to a half of Deal/Sandwich responses) who disagreed with some aspects of the consultation and through the free text comments voiced a wide range of concerns.

Table 1: Survey comments by subject matter and whether supportive of change

Categories	Sub-categories	Total	In favour	Against	Have concerns
Access	Journey: distance, time, cost	31			
	Ease of using public transport	34			
	Ease of using car	2			
	For specific people (older, without car, etc)	18			
	For a specific service, eg Margate, fracture clinic	16			
	For people in Deal/Sandwich area	8			
	For people in Herne Bay/Faversham area	15			
	For other specific areas, eg Lydd	7			
	Other access	8			
Facilities	Proposed changes in services	101			
	Parking space and charges	12			
	Clinic capacity, seating	6			
	Other developments suggested	4			
	Other facilities	7			
Quality of service	Communication and co-ordination, incl booking and test results	19			
	Delays and waiting times	23			
	One-stop clinic	22			
	Patient choice	1			
	Patient rather than provider-orientated	5			
	Overall service	5			
	Other service quality	2			
Use of NHS resources	Efficiency	12			
	Use of non-NHS premises	7			
	Other resource use	11			
Miscellaneous	Views on the consultation	13			
	Views on change being needed	21			
	Views on developing other facilities	7			
	Views on better ways of working	11			
	Other miscellaneous	2			
Total comments coded (from 123 paper responses)		430			

Key: The darker the shading the more comments were made (0-4 no shading, 5-9, 10-24, 25+)

Analysis of round table questions at consultation meetings

Questions from the survey were also asked at round table discussions, held as part of the public consultation meetings. These round table discussions took place immediately after the main presentation and enabled people to break out in to smaller groups and reflect on the proposals in more depth. Each small group was facilitated by someone with extensive knowledge of the consultation (e.g., Trust employee, KMCS representative) who was able to answer specific queries about the proposals on a one-to-one basis.

Questions from the consultation survey were asked and completed by the facilitator after the initial discussions. This process generated survey response data, alongside more in-depth comments that were used in the qualitative analysis. The responses to the survey questions were taken to represent the overall level of agreement and/or disagreement around the table; hence, this score does not reflect individual opinions, but instead the overall impressions of those at each table.

At five of the consultation meetings (Deal and both events in Herne Bay & Faversham), the audience was deemed too large to effectively run these round table discussions. At the consultation in Hythe, the audience was relatively small: hence, these discussions were incorporated in to the Q & A session. Therefore, only data collected from six of the consultation events was used in this analysis.

As with the survey questions, responses were scored from 1 = 'seriously disagree' to 5 = 'strongly agree'- higher scores were indicative of stronger levels of agreement with the statement. Seven questions were asked, the results of which are detailed below in Table 2.

Table 2. Descriptive statistics for survey data collected at table discussions

Question	Number of group responses	Min	Max	Mean
1. Access to OP services will improve by offering greater range of clinical services?	22	2	5	4.25
2. Access will be improved by extending the opening times of the OP clinics?	22	4	5	4.50
3. Access to services can improve by increasing the number of people within a 20 minute drive?	17	2	5	3.65
4. The Trust can improve quality of patients experience by improving quality of buildings?	17	3	5	4.12
5. NHS has to make effective use of all resources; do people recognise and support this?	19	2	5	4.42
6. How do people feel about new technology being used in NHS?	17	3	5	4.32
7. How do people feel about the one-stop clinics?	17	4	5	4.82

From looking at the mean values in Table 2, the numbers suggest that people in the round table discussions were in moderate to strong agreement with most of the proposals put forward. This level of overall level of agreement was similar to overall levels reported in the individual survey findings, when comparing the same geographical areas (note: table discussions were not held at Deal, Herne Bay and Faversham).

The main difference from the individual survey responses was the greater support for one-stop clinics after the table discussions. This could be a consequence of people at the table discussions having the opportunity to discuss in person the proposals; hence, any concerns or queries about the one-stop model could be addressed.

Qualitative analysis

Introduction

To gain an in depth understanding of the public reaction to the proposals set out in the consultation, responses from a number of forums were analysed utilising a reliable and valid qualitative analysis method termed The Framework Method (Ritchie & Spencer, 2011). This method involves the identification of commonalities and differences in the qualitative data, thereby developing themes and subthemes from which broad conclusions can be drawn.

Data used in this analysis was generated by comments made at the 12 public consultation meetings and subsequent table discussions (6 of the 12 events), four focus groups run by the CHSS, nine local meetings attended by the Trust and KMCS, 65 letters and emails, and comments provided in the survey (both paper and online). Data from the four focus groups was recorded and transcribed verbatim. In the consultation events and table discussions, written notes were made at the time by representatives of KMCS and subsequently forwarded to CHSS.

The principle aim of running focus groups was to gain the opinions of those who may be less likely to attend a consultation event or complete the survey. For example, individuals with learning disabilities, chronic health problems, and individuals who do not have English as a first language. With these criteria in mind, KMCS approached 31 organisations and 87 Patient Participation Groups (PPGs) across the South Kent Coast, Thanet, Canterbury & Coastal, and Ashford to offer the opportunity of participating in a focus group. Subsequently CHSS ran four focus groups with Mencap in Deal, Dover Disability Group, an ESOL class in Dover, and the mental health support group Thanet Speakup CIC. These focus groups typically ran for 1 hour and followed a guide developed by CHSS and KMCS (see appendix B).

KMCS and the Trust also attended eight meetings with Locality PPGs in Dover and Shepway. These included the Stoma Support Group based at Buckland Hospital, Epilepsy Here in Canterbury, Faversham and St Peter's Surgery PPGs. Members of the Trust also

attended the Dover Adult Strategic Partnership (DASP) meeting to discuss the Outpatient consultation and plans for the new Dover Hospital and attended the Thanet Health Overview and Scrutiny Committee.

The data generated from these sources is presented in four parts, reflecting the main areas covered by the consultation proposals: first the principle measures proposed by the Trust for improving outpatient services, second the reduction of sites, third choosing the North Kent site, and fourth the future improvements using new technology and the one-stop approach. Within each section, the responses are broken down in themes and subthemes to reflect the main topics that emerged from the responses gathered.

Part One: Proposals to improve outpatient services.

Views on a number of proposed improvements to Outpatient services in east Kent were sought, as set out in the consultation documents. These improvements were:

- 1) To increase the range of services at each of the six sites;
- 2) To extend opening hours;
- 3) More patients receiving outpatient care within a 20-minute drive;
- 4) To modernise facilities.

Improvement One: Increasing range of services

The first improvement focused on increasing the range of clinical Outpatient services that, going forward, would be available from each of the six clinics. Responses to this question drew some positive feedback, focusing on the benefit of visiting fewer sites for treatment and the subsequent impact this would have on travel and time spent in clinics. Respondents also recognised spreading Outpatient services across numerous sites may not be the best utilisation of resources, and that consolidation of services and equipment had the potential to improve patient care.

Alongside these positive views about expanded services, cautionary views were also expressed. While recognising the benefit, it was also noted that although services would increase at some sites, the extent to which people would benefit may not be universal. For example, people cited the need to consider outlying villages and the impact of having to travel further, despite a broader range of services being on offer. When discussing this

limitation, a number of respondents referred to those living in the Romney Marsh area as being particularly disadvantaged.

“Agree with the principal – need to recognise how it is delivered to areas like Romney Marsh.” (Folkestone: Table discussions)

“People on the Marshes, Deal are slightly cut off but will have Dover.” (Margate: Table discussions)

Improvement Two: Extending opening times

The second improvement focused on extending the opening times of Outpatient clinics. Positive feedback for this improvement was noted in the table discussions at the consultation events and at the focus groups. The prevailing theme throughout this positive feedback focused on the increase in choice and flexibility that extending hours would provide for patients, especially those in employment and education. The quotes below highlight this feeling.

“Yes, it is an improvement, it offers greater flexibility. It will give patients more “choice” (Dover: Table discussions)

“This will help support patients who work, better to offer greater flexibility”. (Whitstable: Table discussions)

“If you’re working and you need to see a doctor you can either have the choice of the morning before you start work or after you finished work. Yeah, that’s brilliant”. (Dover: Focus group)

In addition, people also highlighted that extending opening times will utilise staff and facilities to the full and potentially mitigate car-parking problems, as the demand on parking will be spread over a longer period.

Alongside these positive comments, a number of concerns were also raised covering three broad areas: staffing and logistics of a longer working day, public transport coverage for the extended hours, and issues around implementation of the extended service.

i) Staffing

Of these three concerns, the most often cited were concerns about staff working hours. For example, how this extension of working hours would be viewed by Consultants.

“What is Consultant perception of these changes” (Whitstable: Table discussions)

“Have the consultants agreed to it though?” (Dover: Focus group)

More broadly, concerns were also raised about the logistics of implementing a longer working day for all staff and whether sufficient medical staff could be provided for the additional opening hours.

“How will it actually work when you increase working hours – what about staff and cover?” (Ashford: Consultation Q & A)

“What are the staff implications? It seems that you may need to increase your staffing levels. There are implications for staff to deliver this, often services have a bottle neck due to lack of staff – will there be an increase in staff to do this?” (Canterbury: Consultation Q & A)

ii) Transport

The second theme to emerge was focused on more practical concerns about whether public transport would be available to enable patients to make full use of the extended hours. For example, the issue around bus passes not being valid until a certain time was highlighted by people in the consultation events and in the focus groups.

“Some patients coming to Outpatient services who need to use bus pass, who can’t get on the bus before 9.00am so the extended hours will not work for them. You need to think about this when you book their appointments”. (Dover: Consultation Q & A)

In addition, concerns were raised about weekend appointments as reduced bus services often run at these times, and consequently may not accommodate travel needs to and from outpatient clinics.

*“Access to public transport might be an issue in the evenings and on Saturday’s.”
(Canterbury: Table discussion)*

iii) Implementation

This theme encompassed practical suggestions to make the proposed extension of services work well. For example, the need to communicate with patients to ensure they know about the extended hours was emphasised. A number of responses cited the extension of hours in GP surgeries as an example of how anticipated demand for services did not materialise.

“They tried extended hours at the GP surgeries but they were too small to continue. They offered late night appointments but there was no demand for the increase, or perhaps people did not know it was available. You need to make an effort ensure receptionists inform people.” (Dover: Consultation Q & A)

There was also a sense from the focus groups and the consultation events that people would like to see opening times extended even further (e.g., later in the evening, Saturday afternoons & Sunday) to offer increased choice, but also in recognition of the need for more appointments if the number of patients at each site is to increase.

“I don’t think an hour in like in the morning and an hour evening is going to make much of a difference. So if they opened it like at the same time in the morning and two hours of an evening or two hours earlier in a morning then you’ve got the two hours rather than just the one either side. And Saturday afternoons / Sundays.” (Margate: Focus group)

Improvement Three: More patients receiving outpatient care within a 20-minute drive of a fully equipped Outpatient clinic.

i) Concerns and Worries

Responses to this improvement were heavily focused on the accuracy of the 20-minute drive time set as a parameter in the consultation document. This query was raised in consultation

events across all 10 of the locations visited, in letters and emails written by members of the public, and by participants in a number of the focus groups. Within this complaint, two main themes emerged from the responses.

First, there was a general unhappiness with using the 20-minute criteria – people questioned why such a seemingly arbitrary number had been used to describe one of the key improvements.

“Your proposal makes sense but wish you hadn’t put in 20 minutes travel time as this is a red herring and will make problems for you. My experience of going to Tenterden tells me it takes much longer, likewise Romney Marsh.” (Ashford: Consultation Q & A)

“..... they’ve really upset people or antagonised people by saying everybody within the whole patch can get to a hospital within 20 minutes.” (Dover: Focus Group)

Second, people questioned the use of travel times based on car journeys as opposed to using public transport journey times. It was widely acknowledged by people across all forums that if public transport journey times were taken into consideration, then a reduced proportion of people would have access to outpatient care within 20-minutes. Although the documentation clearly states ‘drive’ in the description, the overriding feeling was that by using this term the consultation document did not accurately reflect the reality of how many people travel to outpatient appointments.

“Transport is very important for Health. It’s totally dishonest to talk about travel times by car, when only what % of the population haven’t got cars.” (Folkestone: Consultation Q & A)

“.....Lot of the slides based in 20 minutes travel time in car what about patients on public transport?” (Herne Bay: Consultation Q & A)

“Also ‘20 minutes by car’ is a distressing statement because so many people have to come by public transport.” (Margate: Consultation Q & A)

Responses also indicated concerns that the 20-minute travel time did not account for parking once at the hospital and additional time it might take the elderly or people with disabilities to access outpatient services. In addition, concerns were raised that even if travelling by car, the 20-minute drive time is unrealistic when taking in to account how driving conditions can change according to time of day. For example:

“.....I was going to say that because it depends what time of day. If you’ve got an appointment at six o’clock it’s rush hour so it’s going to be longer than 20 minutes.”
(Margate: Focus Group)

ii) Positive feedback

Despite the overall negativity concerning the use of the 20-minute drive criteria, some positive feelings were expressed. For example, people recognised that travelling to a fully equipped clinic could potentially decrease overall journey times due to utilisation of the one-stop model. If patients were able to attend numerous appointments in a single session, then this would negate the need for further journeys.

“Yes, each of the sites will have more facilities so it is recognised that it will improve access, especially with One Stop Clinics.” (Whitstable: Table discussions)

“Less travelling time for patients experiencing 5 different appointments across 3 sites, so my observation is that it is not about the “20” min travel time but in total that there will be less travel.” (Dover: Consultation Q & A)

iii) NHS investment in transport

At the consultation events the Trust outlined plans to invest £455,000 in improving public transport services for North Kent, Dover, Sandwich, and Deal. During the consultation events, subsequent table discussions, and to a lesser extent in letters received from the public, concerns were raised as to whether spending NHS funds on transport infrastructure was a sensible use of money. Responses questioning the spending broadly fitted in to two main areas of concern. First, people expressed doubt about how sustainable any changes to services would be once the investment ended.

“Will services you are proposing be viable? They wouldn’t be put on by public transport provider, what happens after NHS funding runs out.” (Folkestone: Consultation Q & A)

“You are planning to spend £500,000 on transport over what period and for how long?.....After the 3-4years we will be back to square 1?” (Faversham: Consultation Q & A)

Second, responses in the most part from consultation events in Faversham and Herne Bay questioned whether the funds allocated for transport improvements should instead be invested in modernising and maintaining existing facilities.

“I don’t want to see this Trust wasting money on buses, I want it spent on clinical services, x-ray facilities.....Don’t pay for a bus, pay for x-ray!” (Faversham: Consultation Q & A)

Improvement 4: Modernising facilities and investing in the buildings and equipment, to make the environment more welcoming.

The proposal to invest in buildings and equipment received positive responses in both consultation events and focus groups. Overall, responses indicated that people did see a need for this investment, with a number of different areas for investment emerging as key themes. First, responses gathered from a number of the table discussions and focus groups supported an investment specifically in waiting areas, with mention of improving the quality of seating areas (e.g., quality of chairs provided, number of chairs), improving access for wheelchair users and signage. Second, the notion of investing in technology with the recognition that this has the potential to improve patient care was also welcomed. When asked what *other* improvements the Trust could make with the investment, three main themes emerged from the responses: communication, parking, and staff.

The most frequently cited improvement broadly focused on communication between patients and clinicians, with a number of specific requests for more information being given when a clinic is running late.

“I would have really appreciated being told clinic was running late – we weren’t allowed to eat or drink in that area. An electronic display with information about the time running would help this”. (Ashford: Table discussion)

Parking was mentioned in a selection of table discussions, consultation events, and the focus group in Deal. In summary, people expressed a wish for more parking and the location of disabled parking at William Harvey Hospital to be moved.

Finally, regarding staff, various improvements were offered, mainly from the table discussions. The suggestions focused on increasing staff numbers, staff training, and enhancing the staff-patient relationships (e.g., information about staff in the clinic).

“If you’re going to increase the size (of Outpatients), you’ve got to increase the staff.” (Dover: Focus group)

In general the proposal to invest was positively received; although some people questioned the rationale for investing money in this way. Responses collected in both focus groups and table discussions highlighted the feeling that the quality of care received is often paramount to the patient- not necessarily the quality of the building they visit, and maybe in light of this, investment should be focused on staff and patient services instead.

“Rather spend funding on staff and equipment than on buildings and patient facilities.” (Canterbury: Table discussions)

Part Two: Reduction of sites

The second part of the analysis focuses on the proposal to reduce the number of sites that deliver outpatient services from 15 to 6, whilst making these 6 sites bigger and increasing the range of services available at each of the 6 sites.

Agreement with the proposal

Responses gathered from a number of the table discussions, focus groups and survey comments indicated agreement with this proposal. For example, comments gathered as part of the survey included:

“It's a good idea to offer more services in a single location and so the reductions in sites make sense.” (Survey comment)

“Excellent - bearing in mind the advantages and an increase in the number of 'one stop' clinics.” (Survey comment)

More specifically, people also noted the need for the NHS to rationalise its resources and reduce the number of sites. For example, quotes illustrating this notion include:

“It makes sense to have fuller, better facilities in fewer places in order to maximise resources, both clinical and financial.” (Survey comment)

“Originally read plans thought it was about cuts, but if more services are available and equitable (i.e. each site offer same range) then that's better.” (Margate: Table discussions)

“Agree that the savings made by reducing the number of sites as it means re-investing in the local health care.” (Whitstable: Consultation Q & A)

A number of responses gathered from the focus groups, table discussions and survey comments indicated a positive, but cautious approach to the reduction in sites. Alongside these comments, views were also expressed regarding how the reduction of sites would affect certain sections of the community- for example, wheelchair users and the elderly. There was also concern about how public transport services would accommodate the needs of those who would need to travel further.

“Good idea, but would need a much improved public transport service, with late running times after last appointments.” (Survey comment)

Disagreement with the proposal

Although positive comments were made about the proposal to reduce sites offering outpatient services, a higher volume of critical comments were recorded. Concerns covering various themes were expressed across all 12 consultation events, in the focus groups, in letters and emails written by members of the public, and finally in comments collected as part of the survey. A number of comments reflected a general unhappiness about the reduction of sites

which came across strongly in the first Herne Bay consultation event and in focus groups run in Canterbury, Deal, and Dover. For example:

“Well I can’t see how they can say to us that the patients have more say, more choice and yet we’re being reduced again in choice!” (Dover: Focus group)

“Why six sites only, would make more people happy with greater spread of sites?” (Whitstable: Table discussions)

Specific concerns broadly fell in to two main topics: public transport provision and capacity, both of which are discussed below.

Public transport concerns

A high number of respondents expressed worry about how public transport provision would facilitate visiting a site that potentially could involve a longer journey. These concerns were expressed in focus groups, consultation meetings and letters from the public. Responses focused on the length of bus journeys, the frequency of services to and from the sites, distance from the bus stop to the site, and the routes buses take.

“Needs improvement (transport), a lot of areas still disadvantaged. It’s not just about bus transport. If necessary it’s a long march from bus stop in town. After your appointment, you have to wait for buses - Has thought has been given to a direct route?” (Dover: Table discussion)

“Dover as a replacement for Deal is utterly unrealistic. public transport is expensively inconvenient and often impossible.” (Deal: Letter 14)

“Transport – Number 10 bus route is biggest problem – need one that goes straight down the motorway, current route makes people feel ill.” (Hythe: Consultation Q & A)

In addition to these general concerns about transport, three sub themes emerged within this topic that warrant a separate examination due to the extent of the comments offered.

i) Access issues in South Kent Coast

A number of concerns focused specifically on the impact to those living in the South Kent Coast (SKC) area. These concerns were again expressed at consultation events in Ashford, Folkestone, Hythe, in letters/email sent to the Trust and in focus groups held in Margate and Shepway. Respondents called for further consideration of the needs of patients in Hythe and Romney March area. In addition, concerns were also raised by local MP Damian Collins in a letter to the Chief Executive, and in the DASP meeting attended by members of EKHUFT. These concerns emphasised the transport challenges and limited access to healthcare that people living in this area are currently experiencing.

“For Lydd, New Romney, Hythe – better public transport would be really beneficial. It takes 40 minutes in a car, and an hour on a bus.” (Folkestone: Consultation Q & A)

“Romney Marsh/Lydd has been left out. There are some people who will have problems accessing one of the six sites.” (Hythe: Consultation Q & A)

“I am deeply concerned about the impact for us at the town and coast of Lydd and surrounding marsh area. Travel time to and from hospitals, together with lack of public transport..... has to be an important consideration.” (Letter: 26)

Comments reflecting these concerns were not only made by people who reside in the SKC, but were also made by people who live outside this area. For example, in the Margate focus group concerns were expressed about how the proposed changes could affect the South Kent Coast area.

ii) Access issues for specific populations

A second concern raised was how the reduction of sites may affect people across all areas who are elderly, disabled, in a wheelchair, and/or without a car. These views were expressed in many of the consultation events across the region (i.e., Deal, Faversham, Folkestone, Herne Bay, and Margate), at focus groups in Canterbury, Margate, and Dover, and via letters/emails received from members of the public.

Responses from Deal were predominantly focused on the impact on an elderly population who no longer drive, and potentially find accessing public transport difficult. The two quotes below summarise the feelings expressed in this area:

“I live in Deal, I am 81 and my wife is of a similar age ... it would be very difficult for us if many of these services were moved to Buckland or elsewhere. I no longer drive - buses would be very difficult and taxis expensive. Hospital /volunteer transport often not available.”
(Email: 22)

“I would ask the hospital to think about those people in Deal who find hard to travel and ask hospital to think about those people and also ask the CCG to think about that again.” (Deal: Consultation Q & A)

Responses from other areas also reflected concerns about the elderly, while also illustrating specific concerns about how the reduction in sites would affect those without access to a car and the cost implications of travelling further for those on lower incomes. Quotes below from Faversham and Canterbury exemplify these feelings:

“We have poor people who are not affluent. If you don't have a bus pass, for example a young mum with 2 children, how are they going to afford it? You need to think about accessing transport.” (Faversham: Consultation Q & A)

“I'm not suggesting individual people do not want to improve the system, but looking at what the document says it does show some disadvantages for people relying on public transport.”
(Canterbury: Focus group)

This type of concern was expressed in the Herne Bay consultation in relation to the proposed sixth site in Whitstable (see Part Three for in-depth analysis). The quote below highlights concerns about the location of this site for people who do not have access to a car.

“What about the 20/25% of people who haven't got a car or can't catch a bus. They will have to travel to Whitstable High Street and then catch another bus up to Estuary View? It will be a long and torturous journey.” (Herne Bay: Consultation Q & A)

The focus group in Margate with Speakup CIC – a charity supporting people with mental ill health- also highlighted concerns. In the discussions, it was felt by many in the group that asking people with mental ill health to travel further for services would be detrimental to their health and potentially could increase feelings of anxiety about the visit. Quotes from the group illustrate this:

“.....many people (with mental health problems) have difficulty travelling.....for people who find it difficult to get on buses/ public transport for travelling it really does compromise their ability to access services if they can’t get something local.” (Margate: Focus group)

iii) Impact on patient transport and volunteer driver schemes

Focus groups in Deal and Dover also highlighted concerns about the impact of travelling to sites over a larger area, could have on patient transport and volunteer drivers.

“.....some of the places that people actually live in, they’re so short staffed sometimes (volunteer drivers). So it’s trying to get people to places is difficult, whereas in Deal it’s just up the road from you.” (Deal: Focus group)

“And also have they taken into consideration those that are entitled to travel by hospital transport? You’re going to have a larger area to pick people up from so if you’re picked up first and you’re going to go all round the rural back roads, what time are you going to get up to the hospital, what state are you going to be in by the time you get there and what state are you going to be in by the time you get delivered home?” (Dover: Focus group)

Part Three: Choosing the North Kent site: Considering sites in Faversham, Whitstable, Tankerton, and Herne Bay.

This section of the analysis focuses on the location of the sixth Outpatient clinic, proposed to be on the North Kent coast. Responses analysed in this section came from questions raised at

the consultation events, the subsequent table discussions at these events, focus groups run by CHSS and KMCS, and finally letters and emails sent by members of the public.

Criteria used to compare four potential sites

In the focus groups and table discussions people were first asked what they thought about the points the Trust used to compare the sites.

i) Agreement with points used

Comments made in support of the points utilised by the Trust were identified in table discussions held at the Whitstable, Dover and Folkestone consultation events. For example, in two of the Whitstable table discussions people highlighted that the options appraisal had considered all the relevant criteria.

ii) Disagreement with points used

Although support for the points used was noted in some discussions, the majority of comments reflected a number of concerns, voiced at consultation events in Herne Bay (across both events), Faversham (across both events), Whitstable, Canterbury, and Margate. Furthermore, comments made in the table discussions at these events reiterated the issues raised. In addition, focus groups held in Faversham and letters received from residents in Herne Bay also expressed doubts about the criteria used.

Responses from Herne Bay suggested the facilities at QVMH had been incorrectly evaluated. For example, the descriptions of ‘car parking on site being limited’ and ‘the limited availability of X-ray’ were highlighted as being incorrect assessments of the current facilities at QVMH. In one letter, the following statement emphasises the dissatisfaction with the parking appraisal:

“.....parking at QVMH is already greater and easier to access contrary to what is stated in your consultation document.”(Letter 4: Herne Bay)

The quote below summarises the main concerns about the appraisal of facilities at QVMH.

“..... X-ray and ultrasound is classified as limited availability – but it can be used 7 days a week if commissioned, rather than 4 days. Also, the Queen Victoria has a fully equipped operating theatre that can be used for anything. Estuary View does not have an MRI Scanner only the potential for one.” (Consultation Q & A: Herne Bay)

In Faversham views expressed in the consultation events and focus groups highlighted that additional parking spaces were available and the appraisal criteria would have benefited from acknowledging this.

“Faversham has twice as many pay and display spaces as Estuary View. If this is based on the options appraisal this is so flawed.” (Faversham: Focus Group)

In both Faversham consultation events, concerns were also expressed that facilities currently available in Faversham are not being utilised effectively and, although currently four Outpatient services are available, people felt services could be increased using current facilities. The example was given of Newton Place Surgery, which was not included in the appraisal, but was highlighted as having available clinic rooms.

At the Whitstable consultation event a number of concerns were expressed regarding the appraisal criteria of Whitstable and Tankerton Hospital (W&T). For example, responses expressed dissatisfaction in describing W & T as non-compliant with DDA guidelines and, in doing so, did not reflect recent changes to parking and waiting areas. Furthermore, it was felt that improvements in general maintenance and upgrading to the building had not been acknowledged. Concerns were also raised that distinctions between services provided by EKHUFT and Kent Community Health NHS Trust (KCHT) were not made. Consequently, people viewed this as a confusing and inaccurate assessment of the services provided by the W&T. The following two quotes from the Whitstable consultation event illustrate these concerns:

“...Whitstable and Tankerton is not showing as having Physio/OT/Speech and Language therapy, but these are provided by KCHT not by EKHUFT.” (Whitstable: Consultation Q & A)

“The table which is a summary of the option appraisal isn’t correct. You say Whitstable & Tankerton is non-compliant with DDA, but new disabled bays make it more compliant.” (Whitstable: Consultation Q & A)

Other points the options appraisal should have considered

The consultation also asked what other points the options appraisal should have considered. In analysing these responses, three main topics emerged- transport links and access to the sixth site, demographics in the local area of the sixth site, and ownership of the sixth site options.

i) Transport links and Access

The suggestion to include transport and ease of access in the options appraisal came from letters, focus groups and table discussions in Canterbury, Dover, Faversham, Herne Bay, and Margate.

For example, Herne Bay residents expressed concern the appraisal did not adequately consider the needs of those who would access Estuary View by public transport.

“Estuary View is not at this time on a bus route and many older people do not drive so the most vulnerable will be the hardest hit.”(Herne Bay: Letter 6)

“Takes little or no consideration of hundreds who fall in to the categories of elderly, infirm, immobile, confused or without use of public transport.” (Herne Bay: Letter 25)

A view reiterated by individuals in table discussions in Margate, Dover, & Canterbury and in the Q & A at the Faversham consultation event. For example:

*“Ensuring good public transport access important (enhanced transport services).
Need to look at transport access to sixth site.” (Dover: Table discussions)*

“Ease of accessibility is key for patients, this is the key criteria. Problem with public transport only, very difficult for people from Herne Bay and Faversham.” (Margate: Table discussions)

ii) Demographics

A second consideration raised was in relation to the demographics of the areas being considered for the sixth site. Responses indicated the need for the option appraisal to reflect information about projected population growth and specific demographics (e.g., age of local population). This suggestion was particularly strong in responses from Herne Bay via the

consultation events and letters. From these sources, two concerns in particular were highlighted - the notion that the population of Herne Bay is expected to increase compared to that of Whitstable and the population of Herne Bay includes a higher proportion of elderly and frail people. These concerns are illustrated in the following quotes taken from the consultation Q & A in Herne Bay and letters from members of the public:

“Herne Bay has highest number of people and highest levels of deprivation, highest rising population, you are putting services in an area which have less need. You should put it in centre of need, by choosing Estuary View you are not doing it.” (Herne Bay: Consultation Q & A)

“One very important point that has totally been left out of this plan is the future development of the North Kent coastal area..... very little development in Whitstable but massive increase in Herne bay.” (Herne Bay: Letter 5)

The need to consider demographics of an area was also highlighted in relation to Outpatient service provision in Faversham and Ashford.

iii) Ownership of estate

A final minor theme emerged in Canterbury at the table discussions, from the Herne Bay consultation event and letters written by residents. Responses called for the ownership of Estuary View and QVMH to be included as a comparator in the options appraisal. People expressed concern that Estuary View is a privately owned company and not owned by the NHS. Quotes from the Herne Bay consultation event and, from one of the letters sent to the Trust, illustrate this point:

“Estuary view is a private business and all profits and financial gain will be to the benefit of the owners, whereas any monies earned by QVMH will surely be reinvested within the NHS.” (Herne Bay: Letter 3)

“Queen Vic – NHS doesn’t own land but don’t own Estuary View either. Land at Queen Vic bequeathed to people of Herne Bay by Lord Dence.” (Herne Bay: Consultation)

Table discussions in Canterbury also touched upon this topic:

“There is an issue of ownership of buildings and services. I am not happy about a non- NHS owned hospital being used (Estuary View). It’s a major threat to those of us who want to preserve a public NHS.” (Canterbury: Table discussions)

Finally, a number of single responses indicated a selection of other items they would like to see being considered as part of the options appraisal. These included disabled facilities, baby changing, toilet facilities, and current staffing levels.

In consideration of the feedback received from the public, the Trust has offered to re run the options appraisal regarding the choice of the sixth site on the north Kent coast. This will be completed in collaboration with NHS Canterbury and Coastal CCG and members of the Health Overview and Scrutiny Committee to ensure the process is transparent. Up to date information from NHS property services will be used in the new appraisal. Furthermore, the Trust has also confirmed demographic criteria and access to the sites via public transport will be included in the criteria.

Site specific feedback

The concluding questions in this part of the consultation asked people to identify their thoughts on the advantages and disadvantages of each site. Most of the subsequent responses (advantages and disadvantages) focused on Estuary View specifically; hence, the analysis below reflects this.

Advantages of Whitstable, Estuary View as sixth site

Support was expressed for the sixth site being located at Estuary View in table discussions at Ashford, Dover, Canterbury, Folkestone, Margate, and Whitstable. Specific reasons for this support highlighted the high standard of the facilities and resources available at the site, the ability for the site to host one-stop shop clinics, and the impression that better diagnostics would be available at this site.

“Everybody recognised need to have facilities/space to deliver improvements. Agree Estuary View on scoring looks that it offers more and appears best placed. When looking at preferred options it is designed to meet the modern ways of working.” (Folkestone: Table discussion)

“Estuary View seems very well organised, and has good facilities.” (Canterbury: Table discussion)

Disadvantages of Whitstable, Estuary View as sixth site

Alongside support for Estuary View as the sixth site, concerns were also raised from a number of sources. These concerns could be broadly categorised under four themes: capacity concerns at Estuary View, transport links and access to Estuary View, and parking capacity at the site.

i) Capacity at Estuary View

Concerns as to whether the Estuary View site would be able to accommodate increased numbers of patients using Outpatient services were raised in both of the Herne Bay consultation events, in letters written by Herne Bay residents, and in one of the table discussions at Whitstable. Expressions of concern were made as to whether Estuary View could accommodate the whole range of Outpatient services in the space available.

“You’re going to increase 2 services and bring in 20 services at Estuary View don’t think they can cope with those numbers.” (Herne Bay: Consultation Q & A)

“Estuary View faces potentially disastrous prospect of being totally overwhelmed or at best providing an inferior service.” (Herne Bay: Letter 25)

“20 new clinics at Estuary View, what guarantees have you they will cope?” (Herne Bay: Consultation Q & A)

ii) Transport links & access to Estuary View

Public transport provision to Estuary View was also highlighted as a potential barrier. The lack of a regular, direct bus service was cited in letters from Herne Bay residents. There was also scepticism about how effective, in the long-term, investment in local bus services would be.

“It might sound like a good investment (triangle route) but I have to tell you that bus companies tend to honour such arrangements in the short term only to renege on the deal later because mostly elderly passengers with bus passes use (the service).” (Herne Bay: Letter 4)

In conjunction with these apprehensions, people also highlighted the belief that Estuary View was a difficult place to access by foot from the bus stop, with specific concerns expressed for elderly and disabled service users. These concerns are reflected in the example responses below:

*“The group expressed concern that Estuary View is difficult to access on foot or by bus.”
(Canterbury: Table discussion)*

“The comment that it is a 5-10 minute walk from the bus stop is insulting to those who are disabled and or may need a pram/wheelchair.”(Herne Bay: Letter 8)

iii) Parking at Estuary View

The final concern noted mainly from the consultation events in Herne Bay, but also to a lesser extent in the table discussions at Dover and focus group in Faversham, was parking capacity at Estuary View. Questions were raised as to whether, with an increased number of patients using Outpatient services at this site, the current car park would be sufficient.

“If treatment is to be condensed in EV what are the provisions for parking. It will need a huge car park.”(Email 38)

*“Patients cannot get disabled people on and off the buses and there is not enough parking? :
When the Car park in Herne Bay is full you can park in street, at Estuary View you have to park on a private estate across a busy road.” (Herne Bay: Consultation Q & A)*

A minor sub theme that emerged as part of discussions on the sixth site location was the question of having a seventh site. The location of where this site should be was inconsistent, but this suggestion was made by people in Herne Bay and Faversham. In addition a minority questioned the inclusion of Faversham in the consultation appraisal options because of its proximity to Swale- by including this site it was felt QMVH suffered in the appraisal due to the 20-minute driving criteria.

It should also be noted that a number of people felt reluctant to comment on the choice of the sixth site as they felt the changes would not affect them directly. Such reflections were noted

at table discussions and focus groups in Ashford, Canterbury, Dover, Folkestone, and Margate.

“If you’re going to change something in the Whitstable and Herne Bay area, they’re the people you consult!” (Dover: Focus group)

Part Four: Future Improvements

The fourth and final part of the analysis focuses on future improvements the Trust would like to make. Specifically the Trust would like to make better use of new technology to allow clinicians to monitor patients’ health in their own home and utilise Telemedicine that could improve access to healthcare by using remote consultations between health professionals.

Positive feedback about using this technology

Positive feedback was received about using this type of technology. Some responses indicated they either had benefited from this type of technology before or would be willing to use in the future. As for why people thought this to be beneficial, reduction in travel, increasing patient choice and relieving some of the pressure on outpatient services were all cited.

In addition, a number of people agreed in principle with the idea of using this type of technology, but highlighted certain caveats to using it. For example, it was felt that maintaining patient choice and keeping a face-to-face option available for some people would be crucial (i.e., those who feel less comfortable about using technology, or speak English as a second language).

“Could be used for /instead of follow-up appointments may be. As long as patients have a choice so they can be seen if really wanted to be seen.” (Canterbury: Table discussion)

People also emphasised the need for technology and supporting systems to be piloted to ensure when rolled out to the wider community it works as expected.

Concerns about using this technology

Some concerns were also raised about using this type of technology. People preferring face-to-face consultations, fears about using this type of technology and how some elderly people would adapt to it and finally practical concerns about the implementations, were all highlighted as potential barriers for usage.

“Needs joined up thinking to make it work GP’s need to be quite organised to schedule in time on telemedicine. Have to do 2 or 3 way booking (conference call).” (Folkestone: Table discussion)

Increasing the One-stop approach

The Trust would also like to develop the ‘one-stop’ approach being used by a few services. This will mean that on the same day of the patient’s first appointment, they will also have all relevant diagnostic tests (e.g., X-rays, blood tests) performed, a treatment package proposed based on these tests and a convenient date for treatment or operation will be arranged.

Positive feedback about the approach

A positive response to this idea was noted at a number of Consultation events and focus groups.

“The One Stop Shop proposal is one of the best parts of this. Is it working elsewhere?” (Canterbury: Consultation Q & A)

“As an aspiration it sounds good – almost too good to be true – but I’d like to see it happen.” (Hythe: Consultation Q & A)

Alongside these general comments of support, people highlighted specific reasons why they thought this approach could be a positive introduction to Outpatient services. First, it was noted that having all diagnostic tests and consultant appointments completed in one day would reduce anxiety. Second, having all appointments in a single day would reduce the amount of overall travel and time spent at Outpatients.

“When I have gone for a doctor’s appointment at the hospital, I sometimes then don’t get results from my tests or a letter to my doctor. This will be an advantage of the One Stop; it won’t be like this and will know results on the same day.” (Ashford: Table discussion)

“One stop is good idea, rather than take lots of time off, regardless of where the sixth site is.” (Whitstable: Table discussion)

Considerations in regard to One-stop

Alongside these positive comments, a number of caveats were also highlighted. First, as with telemedicine, the need to run a pilot beforehand was emphasised and maintaining a choice to opt-out if patients desire. The greatest number of comments was generated in response to practical concerns about how the one-stop model would be implemented. Specific concerns focused on scheduling of appointments, length of time spent at Outpatients, and capacity at sites. Furthermore, overall concerns were expressed in regards to how realistic an aim is it to expect all the different services to coordinate effectively and how sustainable the one-stop approach will be. The selection of quotes below illustrates these concerns.

“But what worries me is that we’re talking about you going to see your consultant in this one-stop system but there are other consultants, all of whom need access to the MRI, to the blood testing – the phlebotomists and what-have-you – so all of a sudden there’s going to be a rush of people. So your appointment was for ten o’clock in the morning- you could still be there at three o’clock in the afternoon in this one-stop...” (Dover: Focus group)

“I am worried about the assumption that the One Stop will work? I’m concerned that you will need to open at 7.30am for people to access the service and may still be sitting there at 9.30pm, surely it is much better to do numerous visits and not waste resources.” (Herne Bay: Consultation Q & A)

“While theoretically this is laudable (one-stop), in an overstretched demand for services we are sure that practically this is an impossibility.” (Herne Bay: Letter 3)

“We cannot believe that specialists’ investigations will be reported in time for same day service.” (Deal: Letter 27)

Other reservations about the one-stop approach focused on the impact of parking and travel. Concerns focused on the potential increase in cost and an increase in the pressure on parking spaces if required to be on site for longer.

“Will the one stop shop lead to more people being at the hospital for longer with increased parking costs?” (Broadstairs: Focus group)

“My concern is adding to the pressure on car parking/ spaces.” (Folkestone: Consultation Q & A)

The impact on the volunteer driver services was also raised as a concern:

“If you’ve got to rely on volunteer transport no way they’re going to wait for two hours.” (Dover: Focus group)

Finally, effective communication between different groups of staff and keeping patients informed was also seen as integral to the effective implementation of the one-stop clinic.

“Understanding from patients will be key; they need good information up front about one stop. Education and info for patients about “what to expect” from one longer appointment.” (Dover: Consultation Q & A)

“Administration and clinical need to talk to each other.” (Ashford: Table discussion)

“Admin to support and pre-assessment to ensure the process is smooth.” (Whitstable: Table discussion)

Official responses to the consultation

Alongside feedback from the public, a number of official responses from organisations were sent to the Trust. Representatives from NHS South Kent Coast CCG, NHS Thanet CCG, and NHS Ashford CCG wrote to the Trust to express their general support of the proposals, whilst also reiterating concerns highlighted by residents in their local area at the public meetings (e.g., 20 minute drive time criteria, provision of services for those less mobile, and access to sites via public transport). The Trust responded to these letters, addressing the specific concerns highlighted by each CCG.

The Council of Governors at the Trust discussed the Outpatient proposals at its meeting on March 10th. In the official notes of this meeting, it was recognised that a large majority of the Council of Governors expressed support for the Trust's proposals, but also wanted to highlight specific concerns in response to those raised by members of the public at the consultation meetings. For example, the Governors highlighted the impact on travel times for people whose local service is being reduced and recommended the Trust recognise the significant level of public opposition in Deal, Faversham, and Herne Bay. Mention was also made of inaccuracies in the option appraisal information provided in the consultation document; however, the Council of Governors also welcomed the Trust's decision to re-run the options appraisal for the North Kent coast site.

Three local Members of Parliament – Damian Collins, Charlie Elphicke, and Julian Brazier – also wrote to the Trust on behalf of their constituents. The focus of these letters varied according to the author. For example, Julian Brazier (MP for Canterbury and Whitstable) responded to concerns about parking shortages at Estuary View by reiterating the number of spaces available (135) and highlighting the room for expansion if necessary. Damian Collins (MP for Folkestone and Hythe) highlighted concerns regarding the impact on the elderly of longer journeys to Outpatients and access to services for his constituents in the Romney Marsh area. Finally, Charlie Elphicke (MP for Dover and Deal) emphasised the dissatisfaction of the proposal on behalf of the residents of Deal. All letters were responded to by Stuart Bain, Chief Executive of EKHUFT.

Finally, as highlighted in the introduction, two petitions were received from the Labour Party in Herne Bay signed by 1,260 and The League of Friends of QVMH signed by 6,000.

Public feedback on the consultation process

Throughout the different forums of feedback, members of the public also provided their own reflections about the consultation document and consultation process. Regarding the consultation document, responses indicated three main reflections:

- 1) Some information provided in the document was viewed as inaccurate (e.g., 20 minute drive, criteria used in the options appraisal).

“Main concern is selection of information and criteria used to build it- how have you decided upon the travel time of 20 minutes by car as main criterion?” (Email 35)

“Request for the document to be updated as this is a public document and gives a false impression of the services delivered at each site.” (Whitstable: Consultation Q & A)

2) Certain types of additional information to be included in the consultation document. For example, the overall time span of the proposed changes, an explanation of the postcode analysis, clarification of NHS structure and how outpatient services fit in to this.

“It would have been useful if a simple flow chart had been used to illustrate the NHS structure and where outpatient services fitted in.” (Herne Bay: Letter 2)

“Large proportion of the general public does not understand the difference between hospital and community providers. Clarification requested in the public document.” (Whitstable: Consultation Q & A)

3) Finally, there was an element of cynicism regarding the phrasing of the questions in the consultation document.

“The questions (in the survey) were either totally irrelevant or carefully worded to ensure that you would receive the answers you required.” (Herne Bay: Letter 11)

The questions in the consultation process have nothing whatsoever to do with siting of services. There is a massive extrapolation from these very limited questions.” (Deal: Letter 27)

A selection of people also reflected on the management and implementation of the consultation process. Comments indicated concerns about how widely the consultation had been advertised, whether enough engagement with specialist groups had taken place (e.g., volunteer and patient transport), the timing of the meetings, and specifically to Herne Bay the organisation of the consultation meeting.

The final reflection coming through from the responses was a feeling that, to a certain extent, the key decisions had already been made and hence the process did not represent a 'true' consultation. These views were expressed at consultation meetings in Deal, Faversham, and Herne Bay, in focus groups and via letters sent to the Trust. A selection of quotes from these sources illustrates these concerns.

"They have a very much favoured site which they were selling to us and we were all then supposed to say, "That's a wonderful idea." (Dover: Focus group)

"You know, you're asking us for our opinions but actually it's not going to make a lot of difference actually at the end of the day." (Margate: Focus group)

"I attend the open meeting..... advertised under the misnomer of it being a public consultation ... I have not spoken with 1 person who came away feeling that it was anything other than an appeasement exercise , merely meeting the need to 'consult'." (Herne Bay: Letter 7)

"This consultation is great, but if you're decided, then is it a true consultation? If it is you, would ask us first." (Faversham: Consultation Q & A)

However, in contrast, positive feedback about the process was also noted, broadly acknowledging the difficulty of the decision and that some consideration of the transport concerns had been taken on board with the investment of money in this area.

"On a positive note, there was a public meeting in Deal organised by the Council and the biggest concern was transport, so I was really impressed you have already thought about transport." (Shepway: Focus group)

"Facts must be clear on what Trust is intending. Impressed with improvement in buses, shows you (the Trust) have listened to people." (Dover: Table discussions)

Evaluators reflections on consultation process

The Department of Health in July 2010 introduced the ‘four tests’ against which current and future reconfiguration would need to be assessed. The Secretary of State identified these four tests as:

- support from GP commissioners;
- clarity of the clinical evidence base;
- consistency with current and prospective patient choice and;
- strengthened public and patient engagement.

Regarding the first test, letters expressing formal confirmation of the support from the three CCGs involved (NHS Ashford, NHS South Kent Coast & NHS Thanet) were received. Alongside the expression of support, all three CCGs also set out the caveats which they asked the Trust to consider in the implementation phase. NHS Canterbury and Coastal chose to partner the Trust in the consultation process to give their organisation a chance to make their decision based upon the detailed feedback gathered during the consultation process from patients, stakeholders and their local communities.

Furthermore, a representative from NHS Canterbury and Coastal has taken part in the re run of the options appraisal with the Trust, and reported on it. The representative will also be attending the Kent County Council Health Overview and Scrutiny Committee in June to hear the Committee’s views; before a final decision on the proposals is made.

Taking in to consideration the formal confirmation of support from the three CCGS, and collaboration with the Trust of NHS Canterbury and Coastal, it is our assessment that this bench mark has been passed and the proposals for Outpatients services have the broad support of local commissioning groups.

In terms of the second test ‘clarity of clinical evidence base’, guidelines highlight that before service reconfiguration takes place, the strength of the clinical evidence and support from senior clinicians whose service will be affected needs to be considered.

The current proposals for Outpatient services have been discussed at Trust Board and in forums where senior clinicians, including the Medical Director and the Divisional Medical Directors, were present. Furthermore, each Division has also been represented on all working groups by either the Divisional Director or the General Manager who work closely with the Specialty leads and communicate the on-going work to them. Other consultants and senior nurses were met with individually to discuss the implications for their respective services, and what the changes will mean to these services. Developing the strategy for Outpatients has been a collaborative process between the Trust and clinicians in each speciality and, in taking this approach, the Trust have met the criteria for the benchmark under clarity of clinical evidence base.

Finally, in the guidelines, it stipulates that public, patients and staff be involved in the planning development, consultation and decision making in respect of the proposals (p.6).

The consultation was advertised widely by the Trust and KMCS to a range of groups via launch emails sent to Health Networks in Ashford, Canterbury, Thanet, and South Kent Coast, over 150 voluntary organisations (e.g., Red Cross, Rethink Carers, Thanet Disability Forum, Age UK Thanet, & Diabetes- UK Thanet), local and county councillors, east Kent MPs, other NHS organisations, CCG accountable officers, PPG locality groups, and Kent Healthwatch.

Alongside alerting stakeholders by email, hard copies of the consultation document were widely distributed to GP practices in NHS Canterbury and Coastal, NHS Ashford, NHS Thanet, and NHS South Kent Coast CCGs, local libraries, Outpatient clinics, acute hospitals, gateway centres, district and borough councils, pharmacies and at the consultation meetings. In addition, a number of newspaper ads were placed in local newspapers covering the east Kent area informing local communities of the opportunity to participate in the consultation. Engagement via social media was also utilised, with both the EKHUFT Twitter feed (62 tweets) and Facebook page disseminating information about the consultation.

Considering the extent of the consultation in the local community and the range of options offered to encourage public engagement it is the assessment of the evaluating team that the Trust fulfilled its statutory obligation under public engagement. In addition, the Trust reacted to public concerns about the options appraisal and consequently adjusted the criteria to be

used in the re run. This example illustrates that the Trust considered public opinion and responded to it by adapting the proposal.

In addition to ‘the four tests’ benchmark, Governmental guidance on consultations published November 5th, 2013 (Cabinet Office, 2013) provide a code of practice to help policy makers make the right judgements about when, with whom and how to consult.

The governing principle of these guidelines is that real engagement, with those who will be affected, is sought. In these guidelines it highlights that consideration should be given to including more informal methods of consultation (e.g., public meetings, focus groups, surveys) rather than reverting to only a written form. With this in mind, we believe the current Outpatient’s consultation meets this recommendation. Various informal avenues were offered to the public to enable them to engage with consultation and were well-attended.

The guidelines also stipulate that efforts should be made to engage with vulnerable groups- a suggestion that was taken on board in the consultation with efforts to reach these groups via focus groups. The evaluation team would conclude that on both counts the Trust has passed the benchmark on providing real engagement opportunities and engaging with vulnerable groups.

Main findings of consultation

- Answers from the survey responses indicated that the majority of people supported all seven key consultation questions. Alongside this though, there were proportions of people who also disagreed with the proposals.
- When asked about whether the Trust could improve access to Outpatients services by offering a greater range of services from a smaller number of clinics, responses from the survey highlighted the majority of respondents agreed (62%) compared to disagree (27%) . Breaking down responses to focus on specific CCG areas (e.g., NHS Canterbury & Coastal, & NHS South Kent Coast) elicited different proportions of disagreement. For example, levels of disagreement increased to 49% in South Kent Coast and 36% in Canterbury & Coastal. In the focus groups, the proposal to improve

the range of Outpatient services was in general received positively, with little opposition voiced.

- Survey responses indicated a high level of agreement with the proposal to extend opening times, with 84% of people agreeing. This level of agreement was the second highest in the survey, indicating a high level of support. Responses in the focus groups also broadly supported this proposal.
- The proposal to increase the number of people within a 20-minute drive of an outpatient's clinic received, overall, negative reaction. This was especially evident in the consultation events and focus groups. Two main concerns highlighted with this proposal were the use of the 20-minute criteria and the focus on drive time- not on public transport journey times. To some extent, the scepticism about the proposals was reiterated in the overall survey responses with a relatively small majority of respondents (54%) agreeing with the proposal compared to levels of disagreement (33%). Breaking down response by CCG area, levels of disagreement rose to 40% in NHS Canterbury and Coastal CCG.
- The Trusts proposal to improve the quality of the patient experience was met with a strong level of support in response to the survey questions (64%). Responses from the focus groups also suggested support for this proposal and highlighted the desire for NHS funds to be spent on staffing and equipment, instead of improvements to buildings.
- Survey responses highlighted strong support overall for the NHS to make effective use of all resources, with 85% agreeing and 4% disagreeing. Levels of support for this statement rose to 96% in the areas that would be least affected by the proposed changes.
- The reduction of sites generated some agreement and acknowledgement of the pressure to reconcile services; however, feelings expressed across all forums of feedback also highlighted concern about the proposed reduction. As part of the survey, 105 comments were made in response to this question – approximately half of

these comments felt the proposed changes would make services worse and expressed concern about the facilities being offered. In the consultation events and focus groups, increased difficulty with public transport and access were the two main reasons motivating these concerns.

- When asked about choosing the sixth site some responses did note the benefits of Estuary View as an appropriate site to host the expanded Outpatient clinics. Opposition to Estuary View as the sixth site was strongly expressed in Herne Bay and Faversham. The main reasons for the opposition were transport/access to Estuary View and a lack of consideration regarding demographics of the areas involved. As noted in the section above, the Trust has offered to re run the options appraisal taking in to consideration these two points. Comments made as part of the survey broadly replicated these concerns- some responses indicated agreement with Estuary View as the preferred site, while other responses noted increased travel distance as a drawback. Some respondents not directly affected were hesitant to comment.
- The utilisation of new technology (i.e., telehealth and telemedicine) was viewed in the consultation meetings and focus groups with positive, but cautious feelings about how these changes would be implemented. The majority of survey responses (73%) agreed with the notion that the Trust could make better use of technology to monitor people in their own home.
- Concerning implementation of the one-stop approach, again in the focus groups and consultation events responses broadly indicated a cautious but positive response to the proposal. Survey responses indicated the majority of people agreed (62%) compared to disagreed (25%) with the proposal. Breaking down responses by geographical area, 55% of responders living in Deal/Sandwich and 34 % in Faversham/Whitstable/Herne Bay disagreed with the proposed one-stop approach.

Overall summary of the consultation

- Following widespread publicity, and a large number of consultation documents being handed out, the response of 478 completed surveys was in line with expectations and

commensurate with other similar consultations. Twelve consultation events across east Kent were attended by approximately 1,330 people. Response rates and attendance levels indicate a considerable level of public interest and engagement with the consultation process.

- As evaluators, we consider the scope of the consultation to be wide spread, with efforts made by the Trust and KMCS to engage with numerous organisations to a) publicise the consultation and b) gather feedback from a diverse population; thereby meeting the benchmark of public and patient engagement as stipulated by ‘the four tests’.
- The Trust has also received formal support for the proposals from local commissioning groups; thereby meeting the benchmark of support as stipulated in by ‘the four tests’. Furthermore, the strategy for Outpatients has been a collaborative process between the Trust and clinicians in each speciality; hence, the Trust has also met the benchmark under the criteria for clarity of clinical evidence base.
- People were able to offer their feedback in various forms (i.e., consultation Q & A, table discussions, via surveys, letters, and focus groups). The variety of forums in which feedback could be made is viewed as a positive aspect of the consultation. Regarding analysis of the feedback generated via these forums, we cannot rule out the possibility of duplication. For example, in principle, someone may have attended the consultation event and voiced their view, completed the survey, and written a letter, but the evaluation team would not be able to establish this.
- Feedback from consultation events suggests there was a degree of criticism about how the options appraisal was presented (i.e., accuracy of the information) and the criteria used in the assessment. The Trust have responded to this feedback and offered to re run the options appraisal, confirming that demographic criteria and access via public transport will be included in the new options appraisal.
- The Trust also responded to a feedback from the public during the consultation period. This responsiveness was demonstrated in a number of examples. First, in

recognition of views expressed on public transport access to outpatient services, the Trust to offer a £500,000 investment in public transport provision. Second, the content of presentation provided at the consultation events changed to reflect public feedback (e.g., inclusion of slide to clarify NHS structure, travel provision in all areas). Finally, the Trust ran additional consultation meetings in Herne Bay and Faversham to accommodate members of the public who were not able to attend the first meeting. These examples illustrate the emphasis the Trust made in public engagement and reiterates the conclusion that the benchmark for patient and public engagement under the ‘four tests’ was met in the Outpatients consultation.

References

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