OUR HEALTHIER SOUTH EAST LONDON

ELECTIVE ADULT INPATIENT ORTHOPAEDIC SERVICES

ANALYSIS OF FEEDBACK FROM PRE-CONSULTATION ENGAGEMENT

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Contents

1. Executive summary

The Our Healthier South East London (OHSEL) programme has been looking at how health and care services can be improved over the next five years. One of the areas that is likely to need major service change, and therefore warrant a full consultation, is adult inpatient elective orthopaedic care. A pre-consultation period has taken place, following substantial early engagement, explaining the case for change and asking a number of questions to inform the development of final options and consultation plans. This report describes the feedback from the pre-consultation process.

Who took part?

The pre-consultation took place in August and September 2016 across all six boroughs in South East London, targeting those people and communities most likely to be affected by the suggested changes. A wide cross-section of residents took part, including older people, carers, people with physical disabilities, learning disabilities, people living in areas of deprivation, refugees, black and minority ethnic groups and transgender people. People were invited to public meetings and focus groups or to respond online. In total, over 400 people took part, with most of these attending a face-to-face engagement activity and only fourteen replying online. The pre-consultation successfully engaged people in the targeted groups and geographical areas.

What information was provided?

Information on improving planned inpatient orthopaedic surgery was presented at the meetings and made available online. The case for change was to remove inconsistencies in the quality of service, to reduce cancellations and waiting time, to cope with sharply increasing demand and to remain within limited NHS funding. Based on expert opinion and research evidence, the proposed solution was to create two specialist facilities to carry out all elective orthopaedic surgery requiring an overnight stay. These centres would have more modern facilities and more skilled staff compared to the seven sites currently carrying out this work. Although performing most orthopaedic surgery from two specialist sites would mean some patients travelled further, the benefits were that the dedicated centres would deliver a consistently high level of care, leading to better outcomes for patients, shorter stays and fewer infections. At the pre-consultation meetings, it was also explained that the arrangements would make it easier for clinicians to share learning and expertise, and would make more efficient and sustainable use of NHS funds. People were told that patients would retain the same choice of consultants that local hospitals would continue to provide other aspects of care such as outpatient appointments; day case procedures, physiotherapy and follow-up appointments and that emergency orthopaedic care would be unaffected in South East London.

What were participants asked and what did they say?

During pre-consultation people were asked if, having read the proposals, they envisaged a positive or negative impact on them and what could be done to make things better. They were also asked about their preferred ways of being involved, being informed and giving feedback if the formal consultation proceeds. Regarding the impact of change, people acknowledged positive factors such as improvements in staff expertise, standards of care, better services and shorter waits for inpatient surgery, which is not always the case in public consultations. However, potential negative impacts

were also identified across many areas of the service, with responses often reflecting concern for the needs of the specific groups being represented. For example, with regard to the main concern which was transport, it was envisaged that longer journeys to hospital were going to be less comfortable and more difficult for people with physical and learning disabilities, and that it would make more demands on relatives and carers who provide transport and visit. People indicated where they felt that improvements could be made, such as asking for better patient and paid-for transport. They also suggested that the new facilities would need to be larger to cope with higher volumes, and that communications would need to improve as more hospitals, boroughs and organisations would need to work together.

There were some differences in response across target group, across boroughs and between group and individual responses, but none of these were major. For example, negative impacts were raised more at the engagement events focusing on older people, people with physical disabilities and people in Lewisham. In general, geographical variations were not apparent, which could be due to the fact that the two centres for orthopaedic care had not been chosen, so all participants could reasonably envisage they would experience negative impacts. At meetings, the pre-consultation questions were discussed in small groups and the feedback was usually a summary of that, whereas online replies were more spontaneously and individually expressed. While online replies were similar to responses from the meetings, with responses from organisations raising their members' concerns about change and individuals anticipating there would be more negative than positive impacts on them, the tone was more negative and critical.

In summary

The pre-consultation process engaged a diverse range of people and focused on those most affected by the changes. People taking part clearly took on board the argument for change and could see some of the positive benefits. However, they still had concerns about change which were mostly around the longer distances to travel and about how well discharge arrangements would work. There was a range of needs, from people wanting much more facts and figures, sometimes combined with a suspicion that there would be downsides to reducing sites that the public were not necessarily being told, to wanting information to be supplied that was clear and simple. This suggests that a number of levels of detail will be required, and possibly in a way that it can be accessed in a 'drill-down' way. Similarly, people put forward many formats they liked when being provided with information and approaches for being involved, but it is clear that these do not work for everyone. While meetings and group discussions were preferred, and most people engaged with the process by that means, other ideas and approaches were suggested and offers of help to organise future events.

As well as more people being attracted to take part in face-to-face meetings compared to online, it also appeared that such public events were a good way to put information across, allowing question and answer, discussion and thereby generating more considered views. People were not particularly aware of the OHSEL programme, but felt that the main areas regarding inpatient orthopaedic care had been covered and were keen to be involved in the next stages of the consultation.

2. Introduction

2.1 Our Healthier South East London

The Our Healthier South East London (OHSEL) programme brings together clinical commissioning groups, hospitals, community health services, mental health trusts, local authorities and members of the public in Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, to develop a sustainability and transformation plan (STP) for local people. Much of the STP builds on the original strategy developed through OHSEL to improve services across south east London. The OHSEL programme has been looking at how health and care services can be improved over the next 5 years.

The planned care orthopaedic work stream is the only area in which OHSEL is developing proposals which require public consultation. A pre-consultation period has taken place presenting the case for change to those most affected by it and asking a number of questions to inform the development of final options and consultation plans.

The aim of the pre-consultation was to take views of a wide range of south east London residents about the content and approach that they felt should be taken by a formal consultation. This report describes the feedback from the pre-consultation process.

2.2 The case for improving adult inpatient orthopaedic care

A number of issues have been identified that need to be addressed to make sure that everyone in south east London has access to the best services, and in a way that is sustainable for the NHS in the future. These are that:

- demand for planned inpatient orthopaedic surgery is expected to increase by 25% by 2021 (from 6805 procedures to 8554 per year),
- existing services will not be able to cope with this increase without expanding and becoming more productive and efficient, especially as they are already operating at maximum capacity and struggling with patient numbers,
- not all orthopaedic hospital beds and theatres in south east London are ring-fenced (reserved just for planned surgery) so planned procedures are often disrupted by emergency cases from A&E departments. This often results in cancellations, which have an adverse impact on patients' experience as well as on their families and carers,
- there are opportunities to make orthopaedic services safer by reducing infection rates and minimising complications following surgery. Infection can be a significant problem in replacement joints because once it sets into the metal or plastic components it is very difficult to remove,
- some surgeons carry out a small number of particular procedures each year. National evidence and agreed best practice suggest that where surgeons carry out a larger number of procedures, in dedicated facilities, patient safety and the results from surgery are consistently better.

A key part of the solution is a proposal with local NHS hospitals to create two elective orthopaedic centres using existing sites, and having shared facilities that all NHS hospitals in south east London would use.

The two sites would be chosen so as to minimise travel times across south east London. Local surgeons would carry out both routine and complex surgery at these two sites. Specialist work would only be undertaken by surgeons with the skills and experience. All hospitals would send their surgeons and patients to these dedicated centres and stop providing most inpatient orthopaedic surgery at their “home” site.

3. Methodology

The pre-consultation activities targeted groups and individuals who were most likely to be impacted by any changes in south east London to planned orthopaedic surgery. These groups were identified through an independently conducted equalities analysis and included older people, carers, people with physical disabilities and, to widen participation, people with learning disabilities, those from areas of socioeconomic deprivation, refugees, BAME groups and transgender people. A small number of other stakeholders such as staff providing services to older people and Healthwatch were also included. Information was also circulated to key stakeholders via email bulletins and newsletters.

Clinical Commissioning Groups in south east London were asked to take run engagement activities with groups where there was likely to be local variation – these categories were carers, older people, BAME groups and people from areas of socio-economic deprivation. For groups where their experience was less likely to vary across boroughs, the engagement activities were led by the central OHSEL team. These included people with hearing impairments, people with visual impairments, people with learning disabilities and those who had undergone gender reassignment surgery.

All six CCGs engaged with the target groups individually, going to meetings where the proposed changes were described and discussed. Most of the meetings were specifically set up for the pre-consultation, and dedicated meetings were run by three of the CCG areas (Bexley, Lewisham and Lambeth). For these meetings the CCGs undertook a qualitative sampling strategy–targeting those groups identified as most impacted across south east London. All of these groups, including some people who were recent service users of planned care, were represented at the events.

The meetings run by OHSEL followed a similar format - a Powerpoint presentation describing the current situation, its challenges and the possible solutions, followed by small group discussions with facilitators/rapporteurs. Invitations were also sent out for individuals and organisations to respond online and via email. A number of open ended questions had been developed for the pre-consultation (see Appendix 1) and these were presented to all taking part.

After hearing about the proposal (or, for online responders, having been given access to web-based information), people were asked what impact they thought the proposals would have on them, and if there was anything that could be done to reduce negative impacts, or enhance positive impacts. They were also asked if they thought there were other solutions that should be considered. Further questions followed about the consultation approach (how people would like to be involved, their preferences for receiving information and giving feedback), and finally about their understanding of the wider context in which change was taking place. Feedback was collected in the form of responses to these questions, either by the event group leaders summarising discussions among those attending meetings, or by direct online replies. Equalities monitoring information was collected to gauge how successful the engagements were in involving all the groups targeted.

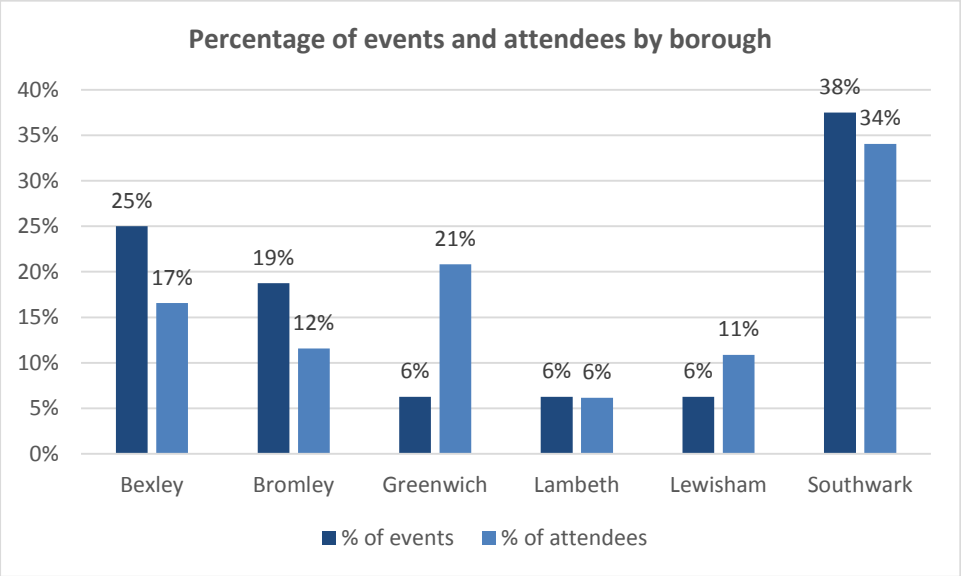
Feedback was analysed by reading the replies to each question, and identifying the themes that emerged from the data. Replies were then grouped under each theme to show the range of comments made and how often the same ones came from several groups. For questions where there were fewer replies, it has been possible to show which group the comment came from, in order to inform future consultation.

4. Results

Over 400 people took part in the pre-consultation by either attending public events or by replying online. Each event and each online response generated feedback, and the evaluation is based on group and individual feedback forms, plus equalities monitoring data as available.

Thirty two events were held across the six boroughs in south east London (see list in Appendix 2), with at least 423 people taking part. The spread of events and attendees is shown in Figure 1.

Figure 1



The number of events and numbers attending should not be seen in isolation, as the types of engagement varied. Some of the events had very broad attendance and gave good opportunities for full discussion and feedback (for example as held in Bexley, Lewisham and Lambeth), compared to those that were smaller in scale or provided less detailed feedback. One of the events in Lewisham (see picture on next page) involved four distinct groups and feedback was provided for each, so it is reported here as four separate events (M1-M4).

The pre-consultation was successful in engaging all the target groups as intended, i.e. older people, carers, people with physical disabilities, people with learning disabilities, people from areas of deprivation, BAME groups and transgender, as well as including patient groups and community groups. Appendix 3 shows the range of participation and number of attendees at each event in the pre-consultation.

There were fourteen online feedback forms, with ten of these coming from people in outer London, and three from people in inner London. Most were individual or personal responses (two from NHS staff and eleven from local residents), and one response was from someone representing a group affected by the changes. Online comments were generated under different circumstances to event responses, as people had links to web-based information, but did not see the presentation or have discussions with others. The feedback is described separately in order not to give undue weight to the small number involved (only 3% of the total taking part) and to highlight how online responses differed.

Further information on who took part in the pre-consultation process had been expected to be obtained from the Equalities Monitoring Forms, which were collected from online respondents and the engagement events. However, forms were not always returned or were incomplete and, for some groups, were only provided in summary form. In total, 161 equalities monitoring forms were returned, and when combined with the summarised information, they showed 25% (67) males and 75% (206) females took part (although we know from other records that more took part). Information on postcodes and occupation were less complete, for example the forms contained only 80 postcodes. This has limited the use of equalities monitoring data to assess how well target groups were represented in the pre-consultation.

Responses to each pre-consultation question have been examined to identify the range of concerns expressed and suggestions made, to draw out what appear to be the key concerns for residents, and to see whether the impact differs between different groups or people living in different parts of south east London. The following sections describe feedback from groups and discussions at the engagement events. The detail can be found in Appendix 4, which brings together the responses for each pre-consultation question, identifying the themes that emerged and how often similar responses were repeated.

4.1 Content of the proposals

1a. Do you think that the changes we are thinking of making will have an impact on you or the people you care for? If so, why? (this could be positive or negative)

Most of those attending the engagement events were able to identify impacts that they thought they might experience from the changes, and these ranged across many aspects of care. For example, impacts on patient choice, how long people would wait for an operation, how the new sites would cope in terms of both staff and facilities, having to go to a different hospital, having to travel further, how communications across more organisations would work, and how quality of care would be affected. People also expressed more general concerns, about sources of funding and if the rationale for change was soundly based.

In some of these areas there was a mixture of positive and negative impacts. Some believed they would *wait* less time for their operation and some were concerned it would take longer to coordinate appointments across several sites. Some felt that *standards of care* would improve, while others were doubtful especially if they had had bad experiences in the past from one of the proposed sites. There was also balance concerning the impact on *staff*, with some believing staff would become more expert, would not be so-over-stretched and depend less on agency staff, and others concerned that higher staffing levels would be hard to achieve, that over-specialising may be de-skilling and that staff may be less skilled at treating people according to their special needs or disabilities.

In other aspects of the proposed service, people taking part in the pre-consultation identified more negative than positive impacts. These were impacts on travel and transport, discharge arrangements, along with wider concerns about facilities, sources of funding and the rationale for change. See table 1 for the themes identified and how often these received positive or negative comments from the group feedback.

Table 1. Impacts identified in the pre-consultation engagement events

Theme	Number of times mentioned as negative feedback	Number of times mentioned as positive feedback
Transport and travel	46	3
Waiting time	9	3
Familiarity with location	2	1
Patient choice	6	5
Discharge arrangements	14	2
Facilities	11	2
Staff expertise and numbers	8	9
Communication and patient notes	3	1
Standards of care	4	3
Rationale for change	8	0
Other miscellaneous impacts	8	12 (5 of these were zero impact)

Most concern was expressed about ***travel and transport*****,** as people felt that longer journeys would be more difficult and uncomfortable for patients, especially those who were frail, those with disabilities and people who relied on public transport. Travelling to more distant sites was also expected to impact negatively on carers and visitors. People cited specific routes that were difficult, some were concerned about public transport and parking being within walking distance, and others about additional costs. The small number of positive comments about travel and transport were that people would still have some care locally, that fewer venues would be simpler, and that people were prepared to travel further for better care.

There was concern about ***discharge arrangements*** which were generally anticipated to be more problematic under the proposals for change. Discharging patients from fewer sites would require coordination across more health and social care organisations, which could make it more difficult to provide continuity and organise appropriate care at home. The arrangements for discharge would also need to cope with patients who were discharged quicker and might be sicker. To counter these fears there were two positive comments about shorter stays and fewer inappropriate discharges.

While there were a couple of comments about the benefits of the two designated sites having extra capacity and not being disrupted by dealing with emergencies, more people thought the proposals would have a negative impact on the ***facilities*** that would be offered. There remained concern that more surgery would mean other services might be cut back, and if the new service was protected how would that affect capacity to deal with emergencies and provide intensive care and high dependency facilities. There were also some individual comments about over-crowding and privacy.

Going beyond the question about impacts, some people in the pre-consultation expressed their lack of conviction that the plans would work and deliver the intended benefits. In particular, the rationale for change was questioned. People asked - how would two centres cope when the existing seven struggled? – where would the funding come from for new builds and equipment? – was it justified?

The online replies echoed concerns about travelling and transport, and were a great deal more cynical about the basis for change, although several thought that standards of care might improve.

To summarise, this question generated the biggest response, and although some positive impacts were envisaged, most of the anticipated impacts were negative (see list of comments in Appendix 4). Many people were concerned that transport and access to a smaller number of sites would be more problematic. Impacts on discharge arrangements, facilities, staffing, waiting times and patient choice were frequently mentioned. Other areas of concern were around standards of care, communications and questioning the rationale for change.

Many people said that if there were longer journeys to hospital they could be to be less comfortable and more difficult for people with physical and learning disabilities. It would make more demands on relatives and carers who provide transport and visit. Public transport and costs were also raised.

There were some concerns that reducing the number of sites would lead to greater pressures, for example on waiting times, physical space in waiting areas, communications before and after surgery, people wanted to know how it would affect aspects of the service such as staffing, facilities and standards of care, and whether there would be trade-offs if more money was spent in a few places.

1b. If you think the proposed changes would have a negative impact on you, is there anything we could do to reduce this or make it better?

Not surprisingly these comments very much centred around areas already identified as potential problems, namely travel and transport, discharge arrangements, and the need for improved communications.

Regarding travel and transport, people wanted it to be realised that this was a major issue and that transport solutions needed to be built into the plans. There were requests to improve patient transport and introduce the paid-for taxi services set up in South West London. They suggested that these services should be from their home or from the local hospital and be available for patients and their carers. They made several other suggestions as can be seen in Appendix 4, including providing easily accessible local care. The online replies also asked for patient transport to be improved and transport to be part of the planning, and several said that local services should remain unless there was a good and well-explained argument for reducing to only two sites.

Feedback from groups said that there would have to be better communications between all involved, making it clear when different appointments were happening at different hospitals. It was suggested that GPs should inform the hospital of specific needs, that current information methods, such as dementia patients' 'green folders', were used. The feedback also said that there would have to be better systems in place to coordinate discharge and support in advance of leaving hospital, and that this might need more staff. People also asked that patients be informed about what they might expect on discharge as this might vary according to the borough in which they lived.

Regarding the facilities at the two dedicated sites, feedback highlighted the need for sufficient capacity for higher volumes of work, and for waiting areas to meet specific needs of patients with particular needs, such as hearing and sight impairments.

Other comments also reflected the negatives identified above, for example, asking for services to remain local, and there were some concerns about staff having to repeat the same operation, but such comments were not expressed by many.

In summary, there was a good response to this question, again mainly concerning travel such as making improvements to patient transport, having paid taxis and wanting to be reassured that transport was built into the plans. The comments also focused on communications and arrangements for discharge that would need to be improved in order to work across wider geographical areas and to coordinate across more organisations. See the full list of comments in Appendix 4.

1c. If you think the proposed changes would have a positive impact on you, is there anything we could do to make it even better?

Although this question asked about positive impacts, the replies seemed to cover much of the same ground as in the previous question about negative impacts. Areas in which people felt it could be better were similar to those already mentioned, but the emphasis shifted more towards support and communication, and around staff training. People were again concerned that, with the new arrangements, there would be greater anxiety and that they would need more support in the form of communications and information pre- and post-surgery. They asked for information in more

accessible formats for older people, and better staff training to deal with patients with various disabilities, such as visual impairments and learning disabilities. Again some said they would be happy to travel further for better care.

The interests of these groups were also raised in terms of needing more support with transport, including during the journey, as regular carers and family were less likely to be able to accompany patients. They wanted more information on how long they would need to wait,

There was feedback on this question from about half of the engagement events, with the voluntary sector care providers providing most comments. There were only a few comments from the online replies and these did not add anything to those already described. See the comments listed in Appendix 4.

2. Do you think there are other solutions that we haven't considered that could improve planned adult inpatient orthopaedic surgery?

This question elicited the least response at group events, with several of the event convenors saying that participants were unsure how to respond. Several groups fed back that they wanted more local specialist treatment, and there were single groups saying the following: make more use of the private sector, establish local convalescent homes, will surgeons want to move, should staff move more flexibly (instead of the patients having to), would a single site be a better solution, and will all this be over-taken by changes in government policy?

Online replies were more numerous and varied, with online feedback ranging from there being no need to change, through making more use of the private sector, putting specialists in local centres, setting up an Orthopaedic network, looking at performance of other models, remote consultations, and looking for long-term solutions for local care.

4.2 Approach to formal consultation

3. If we need to consult formally on the final options, how would you like to be involved?

This question received a lot of positive feedback with numerous suggestions as to how it should be done. There were offers of help for organise future consultation events and providing contact names of more organisations and individuals to include.

Face-to-face meetings were popular and people were in favour of joining up with existing groups and networks. It seemed clear that the pre-consultation process of going to visit and involve people had been a popular format. As well as holding these types of event, the feedback also suggested ways of making the process more inclusive.

Several groups said there should be more effort made to reach people most affected, understand their issues and what it is like to be the patient. Also to get involvement from as many and as wide a range of people as possible, for example using easy materials, offering to provide material in different languages, and greater involvement of BAME groups. Two groups said don't use online or social media, and another two groups said do use online. The following means of being involved

were mentioned, but by no more than one group: informal sessions to encourage honest participation, with a clear overall plan, with less focus on money and politics, through focus groups, through their GP, texting, various platforms such as Skype. See the suggestions listed in Appendix 4.

Perhaps not surprisingly, some of the online respondents said they preferred to be consulted by email or in writing such as in a survey, but in equal numbers in the online feedback said they would like to be involved through public meetings across the borough.

4. Do you, or someone you care for, need any additional information in order to make an informed response to the proposals?

The general view was that a lot more detail was required. People asked for 'facts and figures', they wanted to know more detail on costs and savings, by how much waiting times would be reduced. They wanted to know how the plans were developed and the decision-processes and if there were other options. They wanted to know how the changes would affect them, in other words about the benefits they would experience. Some suggested that different levels of information would be required, and some flagged up the need to be given more time to digest information. They were interested in the South West London model and wanted to know how effective that had been in terms of reducing waiting times and infection rates and what the patient experience had been. Some were interested in how the options were scored and where the funding would come from. Others wanted to know what support there was for the plans from staff, and how staffing for both elective and emergency care would be adequately supplied. One or two groups wanted more information on the new arrangements in place for travel and discharge, and if they could choose which site to have their operation.

Feedback to this question was received from about half of the engagement events and from only two online replies which added nothing new. See the comments from group events listed in Appendix 4.

5. During formal public consultation, what information would you find most useful and what formats should we produce this in (e.g. leaflet, video, diagrams)?

There were many preferences expressed regarding *format*s for information, and these included formats for the visually impaired, easy read/simple formats, posters/leaflets/newspaper/radio articles that were seen as more accessible to older people, placing information in public places, and so on. The feedback also suggested mailshots, maps, using graphics and visuals, online (for example accessed in a GP surgery), in different languages. Also through participation groups and existing networks which could be at meetings or via websites like Age UK.

Many suggested making a short video to show people how it would be under the new arrangements, and that this could be shown in waiting areas or distributed on memory sticks. A lot of people wanted clear summary information in a relatively simple document and some felt that this was all that they needed.

With regard to the actual *information* needed, the list somewhat repeated what had been said in the previous question – that people wanted detail on costs, they wanted to see some of the benefits that they could expect to experience stated more clearly, and they wanted to get balanced and honest information (not spin).

This question generated a lot of replies, although many came from three events (group W: Lambeth public event, M4: Lewisham area of deprivation, and M3: Lewisham people with physical disabilities). The replies were more about the formats people would like presented to them rather than about information which had largely been answered in the previous question. See the comments listed in Appendix 4.

Online replies from individuals in the pre-consultation were very similar to those generated from group discussions.

6. During formal public consultation, how would you like to share your feedback with us?

Face-to-face and in person at meetings were the preferred ways of providing feedback. Some groups were quite specific about the kind of feedback that worked or didn't work for them, while other groups suggested that many ways were good. One idea was to set up a dedicated phone line for giving feedback, and several suggested online or by surveys or mailshots with freepost replies. One group said it was different for different members of that group. See Appendix 4 for the detailed list.

Those who responded online gave similar answers, although they were more likely to want to feedback online or by email.

7. Are there are any other questions we should be seeking views on?

This question elicited a small number of diverse comments. For example, getting more views from patients with experience of elective orthopaedic surgery in south east London about how it went and the information and services they would like to see. One group suggested asking how trainee surgeons would be affected when services move. Some felt that there needed to be further consideration about maintaining meaningful patient choice with fewer site. See appendix 4 for the list of replies.

There were three online responses to this question, suggesting the consultation should seek views on car parking, how new builds are financed, and whether patients (who know a lot about their condition) prefer to see a specialist from the outset.

4.3 The wider health and care context

Proposals for planned adult inpatient orthopaedic surgery are part of a bigger piece of work to improve the quality of services across south east London.

8. Do you understand how the proposed changes fit into the wider work of Our Healthier South East London?

Many groups did not answer this question, and about half of those that replied did not know or were unclear about the wider work of OHSEL. The other half that gave a reply had at least a broad understanding of the aims, such as working together across boroughs, encouraging people to live more healthily, and providing information networks. More responding online replied to this question and there was a similar split between those who felt they broadly knew how the changes fitted into the wider work of OHSEL and those who did not.

9. Any other comments?

These comments often reiterated responses that had been made to earlier questions asking that the specific interests of the groups people represented were addressed, that they continue to be involved and that they would like more information. Two groups doubted there was a need for a full consultation. One group asked why the proposals had not been done nationally if they worked, one suggested using existing 'Black Books' to disseminate information, and another asked to be visited again. See Appendix 4 for the detailed replies.

Some of the online respondents replied to this question, raising somewhat different points. These were: criticism of the scale of consultation, saying that data should not be withheld due to commercial confidentiality, staff should be paid more, and bemoaning the loss of local services.

5. Discussion

The pre-consultation exercise covered the six boroughs and engaged several hundred residents from diverse backgrounds and people representing the interests of those most likely to be affected by the proposals. The levels of engagement varied according to the type of event and whether it was in person or online. Dedicated meetings with a wide range of participants produced more reflective comments that were more focused on the plans for change, compared to those where there were limited opportunities for discussion or for the rationale for change to be presented.

The materials and approach seemed to be broadly acceptable to people in the pre-consultation, and there were no major topics that people felt should have been asked about. People's understanding of the wider context and OHSEL's role were rather limited, however the presentation appeared to be helpful in enabling people to take on board the current situation and the proposals for elective orthopaedic surgery.

People acknowledged that there would be some positives, and in some areas there was a balance of good and bad comments, but the majority of the feedback reflected concerns about negative impacts. These impacts were envisaged particularly in the engagement events focusing on older people, people with physical disabilities and people in Lewisham.

Transport and discharge planning were the chief concerns, as these aspects were seen as becoming more difficult in a situation with fewer and therefore more distant sites and posing greater challenges in coordinating support when returning home.

There was some scepticism about the proposals for change and the basis of the argument, and many wanted more details. While many were asking for more details on which to base their response to a consultation, there were others saying they needed clear, simple and easy to read information, which suggests that a range of detail will be required or that it can be accessed in a 'drill-down' way.

Similarly many formats for providing information and approaching people were put forward, but not all would work for everyone. While meetings and groups discussions were preferred, and most people engaged with the process by this means, many other approaches were suggested and offers of help were made to organise future events.

APPENDIX 1. PRE-CONSULTATION QUESTIONS

Questions on the content of the proposals

1a. Do you think that the changes we are thinking of making will have an impact on you or the people you care for? If so, why? (this could be positive or negative)

1b. If you think the proposed changes would have a negative impact on you, is there anything we could do to reduce this or make it better?

1c. If you think the proposed changes would have a positive impact on you, is there anything we could do to make it even better?

2. Do you think there are other solutions that we haven't considered that could improve planned adult inpatient orthopaedic surgery?

Questions – approach to formal consultation

3. If we need to consult formally on the final options, how would you like to be involved?

4. Do you, or someone you care for, need any additional information in order to make an informed response to the proposals?

5. During formal public consultation, what information would you find most useful and what formats should we produce this in (e.g. leaflet, video, diagrams)?

6. During formal public consultation, how would you like to share your feedback with us?

7. Are there are any other questions we should be seeking views on?

Questions about the wider health and care context

Our proposals for planned adult inpatient orthopaedic surgery are part of a bigger piece of work to improve the quality of services across south east London.

8. Do you understand how the proposed changes fit into the wider work of Our Healthier South East London?

9. Any other comments?

APPENDIX 2. SCHEDULE OF ENGAGEMENT EVENTS

Code	Meeting	Type of group	Date	Borough	Inner/Lewisham/Outer
A	COPSINS	Voluntary sector providers	30.08.16	Southwark	Inner
B	South Locality PPG	Patient group	06.09.16	Southwark	Inner
C	North Locality PPG	Patient group	07.09.16	Southwark	Inner
D	Southwark Disablement Association	Disablement	09.09.16	Southwark	Inner
E	Bexley Mencap	Learning disabilities	09.09.16	Bexley	Outer
F	Bexley Mencap	Learning disabilities	14.09.16	Bexley	Outer
G	Golden Oldies	Older people	15.09.16	Southwark	Inner
H	SELVIS Lambeth	Physical disabilities	15.09.16	Lambeth	Inner
I	Gender reassignment telephone interview	Transgender	19.09.16	Southwark	Inner
J	Bromley Patient Advisory Group meeting	Patient group	21.09.19	Bromley	Outer
K	Speak up Southwark	Learning disabilities	21.09.16	Southwark	Inner
L	Sceaux Gardens Tenants and Residents Association	Community	21.09.16	Southwark	Inner
M1	Planned Care: Improving Elective Orthopaedics meeting - carers	Carers	21.09.16	Lewisham	Lewisham
M2	Planned Care: Improving Elective Orthopaedics meeting - older people	Older people	21.09.16	Lewisham	Lewisham
M3	Planned Care: Improving Elective Orthopaedics meeting - physical disabilities	Physical disabilities	21.09.16	Lewisham	Lewisham
M4	Planned Care: Improving Elective Orthopaedics meeting - areas of deprivation	Area of deprivation	21.09.16	Lewisham	Lewisham
N	Southwark Age UK	Older people	23.09.16	Southwark	Inner

O	Socialeyes	Physical disabilities	26.09.16	Lewisham	Lewisham
P	Hard of Hearing Club	Physical disabilities	26.09.16	Bromley	Outer
Q	Time and Talents	Community	26.09.16	Southwark	Inner
R	Bexley Patient Council	All targeted groups	28.09.16	Bexley	Outer
S	Blackfriars settlement - visual impairment group	Physical disabilities	30.09.16	Southwark	Inner
T	Anerley Outreach	Area of deprivation	29.09.16	Bromley	Outer
U	Bromley Young Advisors Physical Disabilities	Physical disabilities	19.09.16	Bromley	Outer
V	Dementia Hub - Carers	Carers	20.09.16	Bromley	Outer
W	Lambeth public event	All targeted groups	30.09.16	Lambeth	Inner
X	Southwark - Latin American Women's Rights	BAME/faith group	30.09.16	Southwark	Inner
Y	Greenwich BME group	BAME/faith group	26 & 27.09.16	Greenwich	Outer
Z	Greenwich pensioners forum	Older people	30.09.16	Greenwich	Outer
AA	Young Carers Focus Group	Carers	04.10.16	Bromley	Outer
BB*	Musculoskeletal services, Libraries	Physical disabilities, Older people	6, 7, 9, 12 & 22.09.16	Bexley	Outer

* *combined feedback was supplied from 5 separate events*

APPENDIX 3. NUMBERS AND GROUPS PARTICIPATING IN ENGAGEMENT EVENTS

Event	Borough	Total attending	Older people	Carers	P/w physical disabilities	P/w learning disabilities	From areas of deprivation	BAME groups	Religion/belief	Transgender	Refugee/migrant	Community groups	Patient group	Voluntary sector/care providers	Other (NHS providers, Healthwatch)
A	Southwark	5												5	
B*	Southwark	6											6		
C	Southwark	6											6		
D*	Southwark	26			13	13									
E	Bexley	11				11									
F	Bexley	10				10									
G	Southwark	18	18												
H	Lambeth	12			12										
I	Southwark	1								1					
J	Bromley	6											6		
K	Southwark	6				6									
L	Southwark	13										13			
M*	Lewisham	23	3		3			7			3		3		4
N	Southwark	6	6												
O	Lewisham	23			23										
P	Bromley	12			12										
Q	Southwark	21										21			
R*	Bexley	20	11	8	3	1	1	5	1		1			1	1
S	Southwark	15			15										
T	Bromley	4					4								
U	Bromley	2			2										
V	Bromley	17		17											
W	Lambeth	14	6	4	5	1		2					7	1	2
X	Southwark	21						21							
Y*	Greenwich	34						17	17						
Z	Greenwich	54	54												
AA	Bromley	8		8											
BB*	Bexley	29			12							17			

* *best estimate of exact numbers in each group*

APPENDIX 4. RESPONSES TO THE PRE-CONSULTATION QUESTIONS

Responses on feedback forms for each pre-consultation question, showing themes that emerged and how often comments were repeated

1a. Do you think that the changes we are thinking of making will have an impact on you or the people you care for? If so, why? (this could be positive or negative)

		Negative		**Positive**
Transport/accessibility	10	Patients - greater needs, discomfort with longer journey, anxiety		simpler with fewer venues
	8	Carers etc. more difficult to visit and accompany		can have some appointments locally/minimise travel
	8	Specific transport needs (e.g. frail, with visual impairments, etc.)		willing to travel further for better care
	6	public transport problems, e.g. proximity and frequency of transport		
	4	problems with parking and walking		
	4	specific routes seen as difficult, e.g. to Lewisham, to Orpington, London Bridge station		
	4	cost of travel, concessions		
		peak time travel		
		Guy's too far (from Greenwich)		
Waiting		no access to consultant to discuss surgery	3	shorter wait
	3	experience of long waits for procedure/appt at Q Mary's/Orpington/Lew, e.g. after surgery at King's		
	5	concerns about waiting longer		
Familiarity with location/service	2	concerns about the unknown		will get to know staff
Patient choice	6	Don't want patient choice restricted, can you choose to go somewhere else?		prefer Guy's or Orpington (from Southwark)
			2	prefer Lewisham (from Lewisham and Greenwich)
			2	prefer Guy's (from Lambeth)
Discharge arrangements	6	concerns about discharge, social care and continuity of care, home environment checked		shorter stays
	2	harder to co-ordinate support across boroughs, e.g. post-op physio		fewer inappropriate discharges
	6	concern about earlier discharge/post surgical complications fitness to travel		
		lack of knowledge about local support on discharge		

Facilities		can carers stay?		ring-fenced so not postponed for emergencies
	2	privacy on ward, gender-neutral toilets		extra capacity
	3	what will have to give way for more surgery and more facilities, e.g. fewer beds?		
	2	concerns about coping with RTAs/emergencies		
	2	need more ICU/high dependency facilities		
		already overcrowded outpatient areas		
Staff expertise and numbers	4	concern about adequate staffing/cover, needing more staff	6	staff (become) more expert so better care
				better staffing levels, not over-stretched, lower agency
	2	concern about dignity and respect, dealing with people with MH problems	3	costs
	2	concern about over-specialising/de-skilling		
Communications/notes		specific needs for letters, e.g. if visually impaired		notes stay in one place
	2	already poor communications		
Standards of care	2	negative reputation/experience at specific site (King's, Lew/Orp)		positive at Guy's
		concern about seamless care pre and post surgery	2	might be improved
		fear of rationing/limits on treatments		
Rationale for change	3	concerns about how 2 centres will cope if 7 struggle, will it work		
	4	where will the funding come from for expansion/new builds and equipment purchases		
		is it justified?		
Other/miscellaneous		currently can't get nail care if live another borough	2	fewer infections
		bigger impact on local hosp/services	3	better service generally
	2	quantity at cost of quality?		quality of service more important than journey time
		poor experience (for other person/other hosp)		good experience (for other person/other hosp)
		requires more help from relatives, etc to access care	5	no concerns/impact
		concerns about further specialisation impacting on travel		
		strong concerns among pensioners group (Greenwich)		

1b. If you think the proposed changes would have a negative impact on you, is there anything we could do to reduce this or make it better?

Transport/accessibility	5	Should improve patient transport, e.g. from home or from local hospital
	5	paid for transport for patients and carers, e.g. paid taxi services like SWL Elective Orthopaedic Centre does
	3	want easily accessible and local treatment
	5	improve communication and support to access new locations
	6	build transport solutions into the plans, as it is a major issue e.g. for groups less likely to have a car
		expand space for parking and flow of patient/visitors
		co-ordinate batches of operations from same area for transport purposes
		provide visitor parking permits
		shorten stay to reduce family visiting problems
Waiting		improve current experience of long/uncertain waiting time
Familiarity with a location/service		improve info on new sites for carers
Patient choice		
Discharge arrangements	5	improve systems to co-ordinate discharge and support, fix appointments before leaving hosp, etc
		expand staffing and organisation of discharge to cope with greater capacity
	3	clarify what patients/carers can expect, e.g. change in meds or local Age UK service? need to do more after-care themselves?
Facilities	2	waiting areas need to accommodate people with phys dis (e.g. hearing)
		consultation presentation should acknowledge individuals can be both + and - impacted
	3	ensure sufficient capacity for higher volumes and still maintaining patient choice
		build up local hospitals to provide expert care locally
		have outpatient and inpatient care in the same place to avoid confusion
		have follow-up appointments locally
		learn from private sector
Staff expertise		ensure same quality of surgeons remain in other sites for emergencies
		address potential over-specialism/boredom for surgeons
Communications/notes		GP should inform hosp of specific needs
	7	better communications between all involved, e.g. access to notes, letters making it clear when attending 2 different hospitals
		short patient films or tours to aid familiarity with new site
		make use of current info/communications, e.g. dementia patients 'green folder'
Rationale for change		needs to be explained clearly
	3	prefer local services unless there is clear evidence of receiving better care
Other/miscellaneous		no negative impact (on younger people) therefore nothing you could do to improve
		cutting expenditure is intrinsically negative so hard to reduce impact
		two sites seem too few for demand

1c. If you think the proposed changes would have a positive impact on you, is there anything we could do to make it even better?

Presentation		Be more explicit about benefits, i.e. give detail/numbers on shorter waits, fewer cancellations
		Will there still be cancellations?
Transport/accessibility	3	Provide support on the journey, e.g. to people with LD, when less easy for family to accompany on longer journeys
	2	Provide free transport, also for relatives to visit
		Improve access to service for people from areas of deprivation
Wait		Provide more information on likely wait for appointment
	2	Improve waiting times, e.g. offer another/outer London site if wait is quicker
Familiarity with location/service	2	Allay anxiety about new arrangements, help with new journeys/routes
Patient choice	2	Continue to offer choice
		Prefer Guy's and St Thomas (from Southwark)
Discharge arrangements		Provide everyone with a named contact for discharge arrangements
	2	Good discharge procedures
	2	Better communications to set up post-op care and support, e.g. neighbourhood care networks
Facilities		Provide reassurance that the centres would have all latest equipment
Staff	4	Better staff training to support people with visual impairments, learning disabilities, etc
	2	Improve opportunities for staff to learn from each other, advance their careers
		Have physios in the team
		Train staff in local hospitals so don't need to travel
Communications/notes	3	Need support from GPs and others to people having to go to different places for care
	3	Need extra support for people with LD, e.g. easy to understand letters and easy to make contact by phone
		Maintain paper notification for older people
		Need good note-sharing
		Provide second language translators in chosen sites
		Better plain English communications
Standards of care	3	Happy to travel for better care/quality of care is most important
Miscellaneous comments		Did not anticipate positive impacts
		Have longer occupational therapy sessions
		Will this process be rolled out to other areas, e.g. paediatrics and urgent care?
		Review performance and publish statistics on waiting times and infections, etc
	2	Quicker and more efficient is good
		Please improve our local hospital

2. Do you think there are other solutions that we haven't considered that could improve planned adult inpatient orthopaedic surgery?

D	Will surgeons want to travel between hospitals?
G	Poor experience at King's with inappropriate discharge
I	Wouldn't one site be more manageable?
J	Establish convalescent homes in the community for recovery
K	Plans might be over-taken by government or policy changes and not all achieved
M2	Make more use of private sector capacity
M3	Move staff more flexibly (rather than patients)
Y, Z	Train up local staff/train more specialists to provide local specialist after-care

Quite a few groups were unsure how to respond to this question

3. If we need to consult formally on the final options, how would you like to be involved?

Offers of help	A	To go out and speak to groups
	O	Hold a wider event
Suggestions	A, I, M3, O	Provided contact names and more groups who should be engaged
	A	Public venues suggested
	E, U	Easy read
	E, F, H, M4, U, V, Y, Z	Come to visit us, face-to-face is 'best', 'most popular'
	I, M1, M2, V, W	Make more efforts to target affected people and understand their issues, e.g. what is the experience of having a procedure
	I, R, BB	Not online, social media
	J	Needs clear overall plan/summary
	J, M1, M3, T, W	Hold public meetings across the borough
	M1, M2, M3, M4, P	Make use of existing meetings/church/community events
	M1, M4	Materials in different languages
	M2	Informal sessions to encourage honest participation
	M2	Focus less on money and politics
	M2, Y	Take on board views from as many and as wide a range of people as possible
	M3, T	Online, e.g. survey
	O	Run focus groups, e.g. Pensioner' Forum, Blind Aid
	T	Through GP
	U	Via a variety of platforms, including Skype
	W	Consider having day and evening meetings
	Y	Need more engagement from BME communities
	AA	Texting is best for young carers

Responses say a lot about the approach people would like the consultation to take

4. Do you, or someone you care for, need any additional information in order to make an informed response to the proposals?

Transport	2	Need more info to alleviate concerns, e.g. if required to arrive at 7.30am
Patient choice		Will we have a choice between the two sites?
Discharge arrangements		Want to know more about discharge teams
Staff/Workforce	2	Do staff support the plans?
		If surgeons are to be taken away from emergency care, how will emergency work be covered?
		Will there be extra surgeons?
Funding		Where will the funding come from?
	3	More detail on scoring the options
Communications		Reassurance that records will follow patients
Standards of care		How will providers comply with standards of care?
Information generally	9	More detail with facts and figures wanted, e.g. scale of financial problem, effect on waiting times for different procedures
	3	How plan was arrived at, and are these the only options?
	3	Explain benefits/outcomes that patients and carers will notice
		Explain how decision will be reached and by whom
		Offer optional levels of info, so people who want it can access more detail Supply details relating to each option, e.g. showing how transport arrangements differ for each option
		How the Committee in Common works
		How vulnerable adults will be catered for More about effectiveness of SW London model, e.g. provide waiting time, infection control and patient experience info
	2	Supply information in advance to can understand more fully
		More about how GPs and hospitals will liaise
		More about the procurement process
		Safeguards around the proposals

5. During formal public consultation, what information would you find most useful and what formats should we produce this in (e.g. leaflet, video, diagrams)?

Information/Format	8	Short film/video/presentation to portray what it will be like, distribute to meetings/on memory sticks, in waiting rooms
Information		Want to see finances/costs and be convinced by the arguments
Information		Older people understand about avoiding waste and making economies
Format		Street fairs
Information/Format		Focus on benefits/positives
Format	5	Easy read formats/options
Format	5	Braille, audio CDs (one said audiotape was the preferred option), large black print
Format		Cannot access written material
Format	2	Provide in different languages
Format	2	Maps
Information		Extra detail in letters when new service in place (where to go, what to bring, etc)
Information/Format	6	Clear summary document, some thought little more than this was needed
Format	2	Loads of graphics, visuals, few words, no jargon
Format	6	For older people consider posters, leaflets, newspaper articles, radio (and avoid internet, mobile phone)
Format	4	Online, one suggested in GP surgeries
Format	2	Mailshot with freepost reply form
Information/Format	2	Materials supplied/presentations were seen as good, i.e. readable, not too much jargon, concise, step by step explanation, good size font
Information	3	Balanced, honest and not spun arguments
Format	4	Placed in public places, GP surgeries, supermarkets, etc
Format		Choose different modes to suit different preferences, e.g. newspaper, video
Format	3	Use many formats, e.g. graphs, booklets, info in pharmacies, etc, social media, post/leaflets, email, video, radio, councillors
Format		Radio/TV ads
Information		Making various points clearer, e.g. patient pathway, will see same consultant, demonstrable improvements, financial gains,
Format		Give people more time to assimilate materials and respond
Information		Information on proposed community support post-discharge
Format		Use patient participation groups and other groups (osteoporosis, etc) to run discussions and gather responses via questionnaires
Information		Give examples of where this has worked before, e.g. stroke and cancer
Format		Circulate via Age UK website, GP websites, GP texting,

It was not unusual for one group to feedback many varied replies, such as wanting simple jargon-free material, picture or videos, and also wanting clarity and detail

6. During formal public consultation, how would you like to share your feedback with us?

J	Meetings
M1, M2	Mailshot, surveys (can be online) easy to reply to, free text preferred to tick box
M2	Dedicated phone line
M1	Open house and ballot
M1, M2, M3	Community/estate/ward meetings
M2	Social media suitable for some
M3	Phone
M3	Online
M3	Not in writing (unless supported)
M4	Should be simple
O, V, Y, Z	In person
T	Different for different members of the group (social media, freepost)
U	In person and online
W	Many ways (as suggested in q5 response) plus coordinated responses from voluntary organisations, meetings, online questionnaire
Y, Z	Use a shorter feedback form, and freepost
AA	Texting

7. Are there are any other questions we should be seeking views on?

M1, Z	Maintaining meaningful patient choice when seven sites are reduced to two
M1	How trainee surgeons will be affected by services being moved
M2	Asking people what information they need about a service
M3	Asking people about the care services they needed
M3	Are we being consulted on everything, or will there be extra things tacked on we've not been told about?
M4	Don't overwhelm by asking too many questions
M4	How decisions are made
M4	Use questions 1a, 1b, 1c, 2
T	Ask those with experience of existing service

8. Do you understand how the proposed changes fit into the wider work of Our Healthier South East London?

J	For most participants broadly yes
M1, M3	Various ideas about working together, people keeping themselves more healthy, providing information/networks
M2, Y	Consultation should make this clearer, would like more explained face-to-face
M4, T, U, V	Not really
O	Broad understanding that services are under pressure and there's a need to improve quality of care and support the workforce
W	To some extent as participants involved in various CCG and PPG groups
Z	Working together for population, but some will benefit more than others depending on where they live

9. Any other comments?

B, M3	If the committee is deciding a short list why does it need a public consultation/The scoring makes it look like the choice is already made
E	Members of the groups tell each other when they have had good service
F	People with Learning Disabilities in Bexley, Greenwich and Bromley have Black Books with key contact information, which can be used to publicise new arrangements
G	Long wait at Lewisham for prostate surgery
H	Make sure information is in large print
H	Why hasn't this been done nationally if it's been found to work?
H	Would like feedback shared widely (who said what) and how decisions were made in relation to feedback
K	Would like another visit before 3 months
M1	Health care professionals need to understand patients on the human level
M1	Participants willing to help with the consultation and spread the word
M1, M3	Would like to know more about the SW London Elective Orthopaedic Centre
M2, O	Repeats/summarises responses to earlier questions
M4	Timescale won't help people currently waiting
P	Various suggestions for communicating with people with hearing impairments
R	Have wider impacts (on staff, quality of emergency care, etc) been considered?
W	Many comments (community provision, transport, dealing with complications, need for Lambeth patients to be represented)
Y	Comment on currently having to travel further due to lack of specialists in outer London hospitals compared to Inner