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AGENDA PAPERS FOR

JOINT HEALTH SCRUTINY COMMITTEE MEETING

Date: Monday, 14 January 2013

Time: 6.30 pm

Place: Committee Room 11, Manchester Town Hall, Albert Square, Manchester M60 2LA

	A G E N D A	**PART I**	**Pages**
1.	**ATTENDANCES**		
	To note attendances, including Officers, and any apologies for absence.		
2.	**MINUTES OF THE LAST MEETING**		1 - 6
	To receive and if so determined, to approve as a correct record, the minutes of the last meeting of the Joint Health Scrutiny Committee held on 29 October 2012.		
3.	**DECLARATIONS OF INTEREST**		
	To note any declarations of interest.		
4.	**MEMBERSHIP OF THE COMMITTEE 2012/13**		7 - 8
	To note the membership of the Committee.		
5.	**NEW HEALTH DEAL FOR TRAFFORD - POST CONSULTATION**		9 - 266

To receive information for the Committee to consider in relation to the New Health Deal for Trafford consultation which concluded on 31 October 2012;

- Covering Report of the Democratic Services Manager (A)
- Report of the Strategic Programme Board which met on 19 December 2012 and the minutes arising from this meeting (B - To Follow)
- Minutes of the Strategic Programme Board held on 29 November 2012 (C)

- Report of the Integrated Care Re-design Board (D)
- Provider Responses to the Consultation (E)
- Consultation and Engagement Report (2) (F1 and F2)
- Public Reference Group Report (G)
- Equality Analysis Report (To Follow) (H)
- Transport Report (2) (I1 and I2)
- Local Response: Manchester Health Scrutiny Committee (J- To Follow)
- Local Response: Trafford Health Scrutiny Committee (K - To Follow)
- Four Tests of Service Reconfiguration Presentation (L)

6. **URGENT BUSINESS (IF ANY)**

Any other item or items (not likely to disclose "exempt information") which, by reason of special circumstances (to be specified), the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

7. **EXCLUSION RESOLUTION (REMAINING ITEMS)**

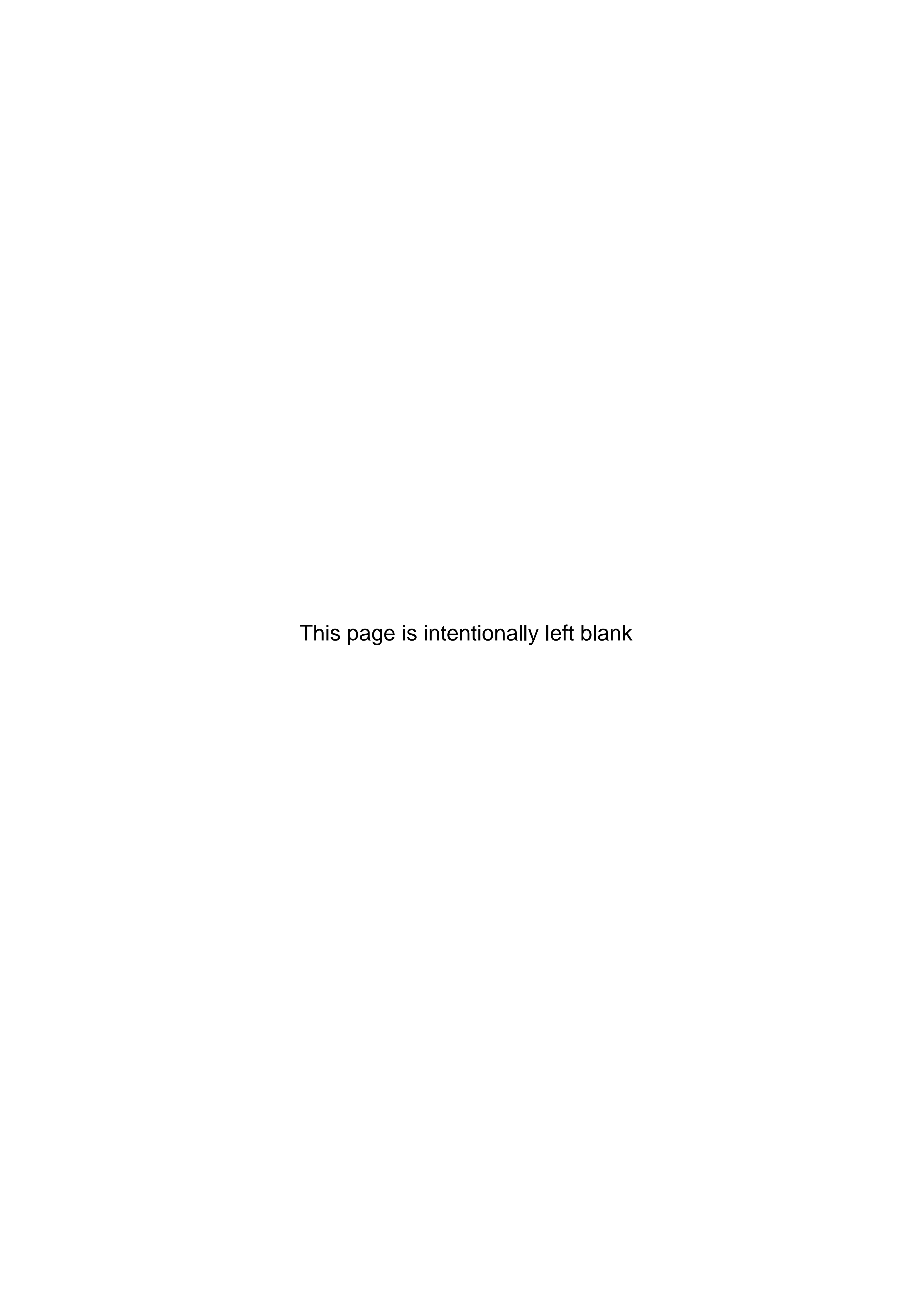
Motion (Which may be amended as Members think fit):

That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of “exempt information” which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

THERESA GRANT and SIR HOWARD BERNSTEIN
Chief Executive Chief Executive

Helen Mitchell, Democratic Services Officer
Tel: 0161 912 1229
Email: helen.mitchell@trafford.gov.uk

This agenda was issued on **20 December 2012** by the Legal and Democratic Services Section, Trafford Council, Quay West, Trafford Wharf Road, Trafford Park, Manchester, M17 1HH.



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Trafford Borough Council and Manchester City Council Joint Health Scrutiny Committee – A New Health Deal for Trafford

Minutes of the meeting held on 29 October 2012

Present:
Councillor E Newman –Chair
Councillor Lloyd – Vice Chair

Manchester City Council - Councillors Cooley, Ellison, and Watson
Trafford Borough Council – Councillors Procter, Holden, Bruer-Morris and Wilkinson

Councillor Taylor, Member of Health Scrutiny Committee, Trafford Borough Council
Councillor Hassan, Manchester City Council Assistant Executive Member for Adult Services
Darren Banks, Director of Strategic Development, Central Manchester University Hospitals NHS Foundation Trust
Dr Nigel Guest, Trafford GP and interim chief clinical officer, Trafford Clinical Commissioning Group
Robert Pearson, Medical Director, Central Manchester University Hospitals NHS Foundation Trust
Leila Williams, Director of Service Transformation, NHS Greater Manchester
Councillor Jo Harding, Representative of Save Trafford General Hospital Campaign Group
Members of the public were also present.

Apologies:
Councillor Fisher (Manchester City Council and Councillor Lamb (Trafford Borough Council)

JHSC/12/01 Appointment of Chair and Vice Chair

The Committee agreed to appoint Councillor Eddy Newman, Manchester City Council as Chair, and Councillor Judith Lloyd, Trafford Borough Council as Vice Chair.

Decision

To appoint Councillor Newman as Chair and Councillor Lloyd as Vice Chair of the Committee.

JHSC/12/02 Apologies

The Committee noted apologies from Councillor Fisher (Manchester City Council and Councillor Lamb (Trafford Borough Council)

JHSC/12/03 Membership of the Committee

Trafford Borough Council has appointed Councillors Lloyd, Procter, Lamb, Holden and Bruer-Morris. Councillor Wilkinson has also been appointed as a named substitute. Manchester City Council has appointed Councillors Cooley, Ellison, Fisher, Newman and Watson.

Decision

To note the membership of the Committee.

JHSC/12/04 Terms of Reference of the Joint Health Scrutiny Committee 2012/13

The draft terms of reference of the Joint Health Scrutiny Committee 2012/13 were submitted for consideration.

Decision

To agree the terms of reference of the Joint Health Scrutiny Committee.

JHSC/12/03 Declarations of Interest

The following personal interests were declared:

- Councillor Lloyd declared a personal interest as a member of the Stroke Association.
- Councillor Bruer-Morris declared a personal interest as a practice nurse at GP practices in both Manchester and Trafford.

JHSC/12/04 A New Health Deal for Trafford – Response to the Consultation

The Committee received a detailed presentation from NHS Greater Manchester on the New Health Deal for Trafford proposals and consultation. The presentation set out the clinical and financial reasons for the proposals, what the proposed changes were and the details of the consultation process. Included within the agenda papers were the consultation documents and the local responses from both Manchester City Council and Trafford Borough Council health scrutiny committees.

The Committee welcomed to the meeting:

- Darren Banks, Director of Strategic Development, Central Manchester University Hospitals NHS Foundation Trust (CMFT)
- Dr Nigel Guest, Trafford GP and Interim Chief Clinical Officer, Trafford Clinical Commissioning Group
- Robert Pearson, Medical Director, Central Manchester University Hospitals NHS Foundation Trust
- Leila Williams, Director of Service Transformation, NHS Greater Manchester

Dr Guest explained that Trafford General Hospital is one of the smallest hospitals in England with the second smallest accident and emergency (A&E) department. There were a comparable low number of service users for each of the key services that were provided at the hospital which made it difficult to recruit and retain staff to sustain the existing level of service. For this reason, significant changes were needed to make NHS services provided at the hospital sustainable. He also explained the financial imperatives for the proposals. The cost of providing these services was approximately £19m more than available funding. It was anticipated that these costs would increase by £3m per annum. He added that a delay in implementing the proposals would have a detrimental effect on the services provided across Trafford.

Mr Pearson explained the proposed changes. He informed members that the overall aim of the proposals is to change the way hospital services are delivered to shift care out of hospitals, into communities where possible by developing a co-ordinated integrated care system. The proposed changes included closing the A&E department between the hours of midnight and 8am, and redirecting patients to other hospitals. It was also proposed to expand outpatient services and day surgery. Inpatient surgery would be moved to Manchester. The NHS believed that this would have a limited impact on Manchester residents.

Ms Williams outlined the consultation process. The consultation had lasted 14 weeks and was due to close on 31 October 2012. To date, 330 people have attended public consultation events and just over 1500 responses have been received. The consultation responses would be independently assessed against the Department for Health's tests for substantial changes to health services. Final recommendations on the proposals will be made to NHS Greater Manchester in January 2013. The Committee was invited to comment on the consultation document and agree the formal response that will be submitted by the joint committee.

The Committee welcomed Councillor Jo Harding, representative of the Save Trafford General Hospital Campaign. She explained that she felt that the consultation process was inadequate on the basis that many Trafford households have not yet received the consultation document. She said that the figure of 330 people attending public meetings was particularly low proportion of residents. She was concerned about the lack of information about how integrated health and social care services would be provided in the context of wider reductions in funding to both health and social care budgets. She also expressed concerns about the lack of action to address transport issues, the impact on Manchester hospitals and that proposals should be considered in the context of Greater Manchester's Healthier Together Programme.

The Committee discussed the effects of plans to close Trafford General Hospital's A&E department. In response to a query about how the NHS could anticipate which alternative hospital patients would attend, the NHS confirmed that statistics on the number of patients using A&E, and their postcodes were gathered by each hospital. Data gathered was used to anticipate the individual's nearest hospital. Although it was difficult to anticipate which hospital patients would choose to go to, the NHS had carried out work with residents of Flixton and Urmston to corroborate these predictions. The results were largely consistent with original predictions but with slightly more residents than expected choosing to go to Salford Royal.

Members expressed concerns about the impact of the proposals on hospitals in Manchester and Salford. Members acknowledged that capacity may be increased at CMFT and Salford Royal hospital to accommodate extra patients, but members were concerned about the impact on the University Hospital of South Manchester (Wythenshawe hospital) as the majority of Trafford residents would go there instead. A member commented that Wythenshawe hospital was already treating more A&E patients than it had capacity for. Members were particularly concerned that additional patients would create even more pressure on capacity. The Director of Service Transformation, NHS Greater Manchester informed members that all three hospital trusts would respond to the consultation. The proposals would not go ahead until the NHS has received assurance from all three hospital trusts that they could cope with additional demand.

The Committee discussed the financial reasons for the proposals. NHS representatives said that the proposals were formulated on the basis of clinical benefit, as well as of financial imperatives. A member asked how reducing the services at Trafford General Hospital, with a relatively small number of service users would generate savings of £19m. The Director of Strategic Development, CMFT explained in detail the impact of reductions to NHS tariff funding and how other cost increases would be saved.

A member asked about the plans for Stretford Memorial Hospital and how they fit into the New Health Deal for Trafford proposals. The Director of Strategic Development CMFT said that the hospital required significant investment to make it fit for purpose. The NHS was currently in discussions with the Council and housing trusts to work in partnership to provide existing services from new premises. These discussions were still at an early stage so there was no set timescale for when these proposals would be implemented. He also clarified that the proposals did not have any effect on the funding to rebuild Altrincham Community Hospital as this was already secured.

Members discussed the proposals to develop an integrated care system which would bring together primary care, community based nursing teams, hospitals and social care teams to provide more care in the community. Members supported the principal of integrated care, but they were concerned that funding sources and integrated care proposals should be in place before the changes to hospital services were implemented, particularly given the context of wider reductions in health and social care funding. A member asked about the level of investment in integrated care to date. The Interim Chief Clinical Officer, Trafford Clinical Commissioning Group explained that there had been significant investment in community based care over the past year. Some of the activities that have already been implemented are better referrals from GPs, reablement services and stronger links between community nursing teams and hospital care. He added that integrated care was effectively better co-ordination of existing care provision to provide better outcomes for patients and avoid duplication in existing services.

In discussion of the consultation process, a member referred to the number of consultation responses that had been received in comparison to a petition with over 12,000 signatures opposing the proposals. Members felt that the reason for the large

number of signatures on the petition was because the signatures were gathered at busy times and in busy areas. The petition had been handed in to Downing Street. NHS representatives informed members that the petition would be considered as part of the consultation responses.

Members discussed the reasons for the low number of responses to the consultation. The Director of Service Transformation, NHS Greater Manchester explained that the number of responses was in line with expectations and these responses would be evaluated against the Department for Health tests for service reconfigurations. A member said that many Trafford households have not received the consultation documents so they had not had a chance to respond. Members also noted the need to explain the proposals clearly and in plain language so that people could understand the reasons given for the changes and how they will be affected. They also expressed the importance of being honest when explaining the reasons for change.

The Committee discussed the changes in NHS structures that would take place in April 2013. Following the abolishment of NHS Greater Manchester, Clinical Commissioning Groups (CCGs) would be responsible for the commissioning of services. The Director of Service Transformation explained that although NHS Greater Manchester would make the decisions about the Trafford proposals, the National Commissioning Board would have a Greater Manchester office to continue this work. All 12 CCGs across Greater Manchester would also work closely together.

The Committee acknowledged that the NHS had clearly set out their reasons for believing change was necessary. Members felt that the proposals should be considered in the context of the wider changes that would be considered as part of the Healthier Together programme. Members noted that changes to health services should only be proposed when they provided clinical benefit for patients and not primarily as a money saving measure. NHS representatives said that it was their role to ensure that services commissioned were both safe for patients and financially viable for the NHS. They reiterated their view that a delay to implementation of the proposals would have a negative effect on the services provided to patients. Members of the Committee reiterated their view that the current proposals would have a detrimental effect on patient services, and they were carrying out their democratic function of health scrutiny on behalf of the people of Manchester and Trafford.

Following the discussion, the Committee unanimously agreed to submit the individual responses from both Trafford and Manchester's health scrutiny committees as the formal response to the consultation from the joint committee.

Decision

1. To thank the NHS, Save Trafford General Hospital Group and the public for attending the meeting.

2. To agree to submit the Manchester City Council Health Scrutiny Committee and the Trafford Borough Council Health Scrutiny Committee responses as the Joint Committee's formal response to the New Health Deal for Trafford consultation.

JOINT HEALTH SCRUTINY COMMITTEE

MEMBERSHIP 2012/13

Notes on Membership:

COMMITTEE	NO. OF MEMBERS
JOINT HEALTH SCRUTINY COMMITTEE	10 Manchester: 4 Labour 1 Liberal Democrat Trafford: 3 Conservative 2 Labour

CONSERVATIVE GROUP	LABOUR GROUP	LIBERAL DEMOCRAT GROUP
Councillors:-	Councillors:-	Councillors:-
John Lamb (Trafford)	Eddy Newman (Manchester)	Bill Fisher (Manchester)
John Holden (Trafford)	Sue Cooley (Manchester)	
Angela Bruer - Morris (Trafford)	David Ellison (Manchester)	
	Mary Watson (Manchester)	
	Judith Lloyd (Trafford)	
	Kevin Procter (Trafford)	
TOTAL 3	**6**	**1**

Substitute Members:

Trafford BC have appointed Councillor Jackie Wilkinson (Conservative) as a substitute member.

Manchester CC have appointed Councillor Rabnawaz Akbar (Labour) as a substitute member.

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TRAFFORD COUNCIL

Report to: Joint Health Scrutiny Committee
Date: 14 January 2013
Report for: Consideration
Report of: Trafford Council's Democratic Services Manager

Report Title

NEW HEALTH DEAL FOR TRAFFORD – POST CONSULTATION

Summary

The Joint Health Scrutiny Committee was established to consider the proposals known locally as the New Health Deal for Trafford.

Following the conclusion of the consultation on 31 October, Members of the Committee have the opportunity to consider a suite of documents arising from the consultation process and to provide comments to NHS Greater Manchester to consider at next meeting of the Strategic Programme Board on 15 January 2013.

In providing NHS Greater Manchester with such comments, Members may wish to refer to other documentation which the Joint Committee has previously considered and is available through the following website - http://www.healthdeal.trafford.nhs.uk/

Recommendation(s)

1. **That Members note the information contained within this report and the supporting documentation;**
2. **That Members provide comments on the outcome of the consultation to NHS Greater Manchester by 15 January 2013.**

Contact person for access to background papers and further information:

Name: Helen Mitchell
Extension: 1229

Background Papers: All background papers are either enclosed or accessible at http://www.healthdeal.trafford.nhs.uk/

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PRIVATE & CONFIDENTIAL

Minutes of the Trafford Strategic Programme Board
Held on Thursday 29 November 2012
Flixton House, Flixton Road, Urmston

DRAFT

Present:

John Schultz	(JS)	Chair, Trafford Strategic Programme Board
Terry Atherton	(TA)	Vice-Chair, NHS Greater Manchester
Darren Banks	(DB)	Director of Strategic Development, Central Manchester University Hospitals NHS Foundation Trust
Jonathan Berry	(JB)	Chair, Trafford Primary Health Ltd.
Ann Day	(AD)	Chair, Trafford LINk
Stephen Gardner	(SG)	Director of Strategic Projects, Central Manchester University Hospitals NHS Foundation Trust
Nigel Guest	(NG)	Accountable Officer Designate, Trafford Pathfinder Clinical Commissioning Group
Anthony Hassall	(AH)	Associate Director, University Hospital of South Manchester NHS Foundation Trust
Claire Heneghan	(CH)	Chief Nurse, Trafford Provider Services
George Kissen	(GK)	Medical Director, NHS Trafford
David McNally	(DM)	Associate Director Delivery PMO & Service Reconfiguration, NHS North of England
Bill Tamkin	(BT)	Chair, South Manchester Clinical Commissioning Group
Jess Williams	(JW)	Associate Director, NHS Greater Manchester
Leila Williams	(LW)	Director of Service Transformation, NHS Greater Manchester
Michael Young	(MY)	Executive Member, Adult Social Services and Wellbeing, Trafford Council

In attendance:

Jill Boardman	(JB)	Business Support Officer, NHS Greater Manchester (Minutes)
Matthew Finnigan	(MF)	Save Trafford General Campaign Group
Councillor Jo Harding	(JHa)	Save Trafford General Campaign Group
Ruth Walkden	(RW)	Trafford LINk
Jayne Greenop	(JG)	RCN
Margaret Roberts	(MR)	UNISON
Pete Goodier	(PG)	Staff Side

Action

1. Welcome and Apologies

Apologies for absence were received from Tim Barlow, Mike Burrows, Matthew Colledge, Michael Eeckelaers, Kate Fallon, Theresa Grant, Gill Heaton, Andy Hickson, Anne Higgins, Karen James, Alison Starkie and Claire Yarwood.

John Schultz (JS) Chair, extended a warm welcome to members of the Board, members of the public, representatives of the Public Reference Group and to representatives of three major stakeholder groups – Save Trafford General Group, Trafford LINk and staff side. He expressed the hope that the Chair and Vice-Chair of the Joint Overview and Scrutiny Committee would be able to attend. He reiterated that the meeting is a meeting in public and it is opportunity for members of the public to witness the Board meeting but not take part in it.

2. Minutes of the last meeting held on 24 October 2012

The notes of the previous meeting held on 24 October 2012 were approved as a correct and accurate record. There were no matters arising.

3. Report from Save Trafford General Group

Matthew Finnigan and Councillor Jo Harding were invited to present the Save the Trafford campaign group response to the New Health Deal for Trafford public consultation.

Matthew Finnigan (MF), Chair, and Councillor Jo Harding (JHa), Campaign Co-ordinator Save Trafford General campaign group thanked the Board for the opportunity to present the paper to members.

MF presented the New Health Deal for Trafford – response to public consultation from Save Trafford General community campaign report which informed members of the background to the campaign and included their response to the consultation document. He outlined the support which the campaign group had received following its launch in June 2011 and the questions the campaign group had asked the commissioners during the consultation. MF informed members that the campaign group welcomed the plans to expand orthopaedic surgery, outpatient services and day case surgery, but expressed concern that no evidence had been provided to support these proposals.

MF informed members that everyone supports the vision of the integrated care service but questioned how the service would be delivered given the current economic circumstances. MF also condemned the consultation process commenting that it was inconsistent, biased, rigged and one sided.

Councillor Jo Harding (JHa) informed members of the strength of feeling for the future of Trafford General Hospital held by the members of the Save Trafford General community campaign group. JHa questioned the figures regarding the A&E attendances, downgrading of this service to an urgent care centre and where patients will be treated when the unit is closed overnight.

JHa raised the issue of transport, the time it will take patients accessing other A&E units and the cost involved for both patients and carers. She expressed concern for the whole of Trafford General Hospital in the future should the consultation proposals be implemented as hospital services are interdependent on each other.

MF made two final points in conclusion to the presentation:

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1. The review of health services in Greater Manchester and the Trafford health service consultation should be carried out together and for Trafford's future to be decided as part of a coherent and co-ordinated review of hospital services across Greater Manchester.
2. Over the last 18 months, MF stated on behalf of the campaign group, there is a huge public mistrust about what commissioners and clinicians are doing to the local health service. MF expressed the need for NHS Trafford to be open, accountable and engage with them transparently.

John Schultz informed everyone that all Board members had received a copy of the full response to the public consultation by the Save Trafford General community campaign group and asked if members of the Board had any questions. There were no questions.

The Board noted the contents of the response and presentation.

4. Report from Trafford and Manchester LINk

Ann Day (AD), Chair – Trafford LINk presented the Trafford LINk Committee response to the New Health Deal consultation paper and presentation.

AD thanked the Board for giving Trafford LINk the opportunity to present their consultation response and reiterated that the response is the view of the Trafford LINk committee and not that of individual LINk members.

AD informed members that throughout the public consultation Trafford LINk have had many discussions regarding the service redesign, attended clinical workshops, have members on the Public Patient Reference Group and the Transport Stakeholder Review Group and as Chair of Trafford LINk have membership of the Trafford Strategic Programme Board.

AD informed the Board that Trafford LINk have supported the long term vision for an integrated care system in Trafford since 2009 and commented that the LINk would expect the integrated care system to be fully established before the proposed urgent care centre becomes a nurse led minor illness and injuries unit.

AD reported that Trafford LINk supported the following proposals with the reservations contained in the paper: orthopaedics, intensive and emergency surgery, and accident and emergency; and they fully supported the proposals regarding outpatients and day case surgery.

AD informed members that Trafford LINk has concerns regarding transport, travel times and costs.

AD reported that Manchester LINk have not been made aware of any strong feeling from Manchester residents against the move of services to Trafford General Hospital from the MRI. The only concerning issue is that of transport to Trafford General Hospital for Manchester patients, carers, friends and relatives.

AD emphasised the importance of improving primary care services in Trafford and requested that the Board ensure the effective development of the proposed

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integrated care service.

John Schultz informed everyone that all Board members had received a copy of the full response to the public consultation by the Trafford and Manchester LINks and asked if members of the Board had any questions.

Leila Williams (LW) commented that the public are finding it difficult to understand integrated care and asked LINk for their view on how integrated care could be explained to the public. AD commented that the proposed integrated care system needs to be discussed in the public domain with appropriate meetings/workshops scheduled. AD stated that the reinstatement of the Trafford Public Reference Group would enable people to be kept informed regarding what is happening within NHS Trafford.

The Board noted the contents of the report and presentation.

5. Report from staff side representative

Peter Goodier (PG), Staff Side Secretary, CMFT, gave background information relating to the staff side within CMFT.

Jayne Greenop (JG), RCN representative, Trafford General Hospital, presented the RCN North West comments on the consultation. JG informed members that along with other trade unions at CMFT, RCN North West were keen to engage in the consultation and encouraged its members to participate. She stated that the joint trade unions have reached a consensus that Trafford should be sustainable in the future and in order to achieve this, there is little alternative to the proposals within the consultation.

Margaret Roberts (MR), UNISON Staff Side Lead, Trafford General Hospital informed members that UNISON members have been kept fully informed at each stage of the consultation process and actively encouraged to attend the arranged forums around the health economy with Trafford. MR stated she had been closely involved since the proposals were first discussed and stated that over the years, Trafford General had lost services but these proposals could allow the potential for staff development.

MR confirmed the process as open and transparent and that the Trade Unions were and remain committed to the proposals as it was the long term view that this would be the best way to safeguard jobs. MR commented that most staff in the hospital also live locally and so it is vital to have a hospital viable in the future. She has spoken to many of the A&E and ITU staff who are looking forward to the new challenges.

MR asked for assurances that there would not be any further cuts in the future.

John Schultz informed everyone that all Board members had received a copy of the full response to the public consultation by RCN North West and UNISON and asked if members of the Board had any questions. There were no questions.

The Board noted the contents of the paper.

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6. Update on Integrated Care

Dr George Kissen (GK) stated

1. Integrated Care System (ICS) is a realistic vision about the co-ordination of care around the individual patient
2. ICS is about meeting care deficits present in current primary/ community care provision and also about investment in community services
3. ICS is a move from reactive care to anticipatory care, identifying unwell patients and treating them in the community.

GK commented that he would be happy to take the ICS presentation made to Trafford LINk to other organisations to help engage with members of the public about the ICS.

GK informed members that the unscheduled care proposals which have predicted 17% deflection of activity have been looked at again and NHS Trafford believe this deflection of activity away from hospital services is correct.

Gina Lawrence (GL) presented the Implementation of the Integrated Care Service (ICS) in Trafford presentation which updated members on:

- Background of the ICS from 2010
- Proposed programme arrangements
- Outcomes of test of change
- ICS high level programme – whole system reform
- Update on unscheduled care – system reform
- Update on nursing/residential home schemes – joint system reform
- Update on mental health – service reform
- Focus on Primary Care – Productive Practices
- Focus on RBMS transformation – Co-ordinated Care Centre

John Schultz commented that the presentation was quite appropriately aimed at the members of the Trafford Strategic Programme Board and that organisations could request the generalised public ICS version to be presented at one of their meetings.

Dr George Kissen

A discussion took place regarding the objectives and output of each of the areas and how activities and success could be measured. GK informed the Board of a workshop for ICRB members which will focus on setting quality and service outputs and ensure objectives match the ICS vision.

Dr Bill Tamkin (BT) asked what action is being taken to ensure that integration means the same thing between South Manchester CCG and Trafford CCG. A discussion ensued and members were informed that there is cross fertilisation of members attending ICS meetings between the two organisations and work is ongoing with UHSM and CMFT supporting pathways of care, for example, in developing services across the Aspire COPD programme and supporting the IV therapy services.

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Councillor Michael Young (MY) informed Members that the Council are encouraged with the progress of ICS and confirmed the Council Executive has agreed the physical integration of social and health care services.

Ann Day (AD) requested the reinstatement of the Public Reference Group to keep the public informed and up to date with the ICS, a discussion ensued and GL assured members that this will be taken forward and incorporated in to the governance of the ICS and will be discussed at the ICRB workshop.

Jessica Williams (JW) expressed concern about the impact of ICS on Section 136 and requested confirmation that GL is liaising with the police services throughout the development of the ICS. GL confirmed that Ric Taylor is the link working with the police services.

John Schultz thanked GL and GK for the presentation and asked that the Board be kept up dated on the progress of the ICS model.

The Board noted the contents of the presentation.

7. Update on Estates Issues

Stephen Gardner (SG) presented the report 'CMFT Update for Trafford Strategic Programme Board on Estates issues' which updated members on the current position of the three estates related issued:

Altrincham Hospital redevelopment – CMFT has reached agreement with the developer on acquiring the additional accommodation. On this basis, contract sign off is expected by 7 December 2012.

Trafford General Hospital – Urmston Group Practice: all parties are happy with the proposal to utilise the vacant Greenway Building to accommodate the Urmston Group Practice. A high level business case will be developed for further consideration.

Stretford Memorial/Shrewsbury Street development: this development is still in the early concept stages and the proposal is for a multi use development on Shrewsbury Street, the proposal will be progressed with or without central funding.

The Board noted the contents of the paper.

8. Performance Report and Risk Register

Jessica Williams (JW) presented the performance report and risk register, the purpose of which is to show progress over the previous month on key milestones and identify what key tasks are for the following month.

The Board noted the contents of the paper.

9. Any other business

There was no other business.

10. Date and Time of Next Meeting

The next Trafford Strategic Programme Board meeting will take place on Wednesday 19 December 2012 at 9.30am – 5.00 pm, The Ball Room, Flixton House, Flixton Road, Urmston.

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Integrated Care Redesign Board: Report to Strategic Programme Board

Introduction

In December 2011 clinicians from a wide range of organisations including NHS Trafford, CMFT, UHSM, TPS, NWAS and representatives from adult social care came together to articulate why healthcare services in Trafford had to change and to devise alternative models of care. These models of care were developed in conjunction with patient representatives/members of the public and were the subject of scrutiny by the National Clinical Advisory Team. Clinicians were also involved in the process of deciding which models of care should be included in the public consultation process and played a key role in presenting both the case for change, and the clinical models of care, to the public via the consultation process.

The public consultation closed on the 31st October 2012 and senior clinicians from a range of stakeholder organisations agreed to meet, as the Integrated Care Redesign Board, to hear the available feedback from the public consultation process, and to determine whether they still wished to endorse the clinical case for change, and proposed models, in light of this feedback.

This meeting was held on the 27th November 2012, the outcomes from this meeting are detailed below.

Meeting attendance

The meeting was chaired by Dr George Kissen, NHS Trafford and was attended by:

- Dr N Guest, Trafford CCG
- Mr N Thwaite, Greater Manchester West
- Ms J Wilmot, Trafford MBC
- Ms G Lawrence, Trafford CCG
- Ms C Baker-Longshaw, Trafford MBC
- Dr J Simpson, CMFT
- Dr I Bennett, Manchester CCG
- Dr J Berry, Trafford Primary Health
- Dr S Musgrave, CMFT
- Ms C Heneghan , TPS
- Ms B Weston, CMFT
- Mr M Ismail, CMFT
- Dr B Stephens, CMFT
- Dr R Pearson, CMFT
- Mr J Bruce, CMFT
- Ms J Williams, NHS Greater Manchester
- Dr F McKenna, CMFT
- Dr D Ratcliffe, NWAS
- Dr B Ryan, UHSM

Information Received

The Integrated Care Redesign Board (ICRB) received a range of information from the public consultation process. This is described below

Feedback Received	Information presented
Summary of Case for Change and Clinical Model presented in public consultation	▪ The Board was shown the presentation used in the public meetings which outlined the clinical case for change and the proposed clinical model
Themes from public consultation	▪ The Board was presented with an independent analysis of the first 600 responses that were made during the public consultation process. The key themes from this analysis were

	presented to the Board. ▪ The Board was presented with the themes of the feedback obtained from the focus group engagement undertaken by the New Health Deal Team. ▪ The Board was presented with the themes from the formal consultation feedback received from Trafford LINk, the Joint Health Scrutiny Committee and the Save Trafford General campaign group.
Themes from public meetings	▪ The Board heard verbal feedback from clinicians who had been present at the public meetings. Clinicians presented themes from the discussions that had taken place there. ▪ The Board heard verbal feedback from clinicians who had been present at the health and joint health scrutiny meetings. They presented themes from the discussions that had taken place there.
Feedback from clinical groups/providers	▪ The Board heard the formal feedback, that had been submitted, via the consultation process from: o Trafford CCG o Central Manchester CCG o South Manchester CCG o The Consultant Body at Trafford Hospitals o Trafford Primary Health Ltd o Partington GPs o Trafford Local Medical Committee o CMFT o UHSM o SRFT o NWAS o GMW o Bridgewater

The Board recognised that the information presented outlined a large amount of the feedback that had been received through the public consultation process but that a further 1300 formal consultation responses were still the subject of independent analysis. The Board requested that any additional themes, which were identified through this process, be highlighted to them for consideration.

ICRB Response

The Board acknowledged that a number of members of the public, and other stakeholders, had raised the following clinical concerns/questions:

- What needs to be in place, clinically, before it's safe to move from Model 2 (the Urgent Care Centre at TGH) to Model 3 (the Minor Injuries Unit at TGH)?
- If a small number of patients currently use TGH and this is causing issues in maintaining skills of clinical staff/recruitment issues why can't teams rotate between TGH and MRI?
- Are we convinced that people from central Manchester will want to use the orthopaedic centre at TGH?

- Can elective orthopaedics and day case surgery be safely delivered at TGH if there is no Level 3 ICU?
- Can people who arrive at TGH be safely transferred to an alternative hospital if their condition warrants?
- Will increased ambulance times put patients at risk?
- Will the changes at TGH put patients at risk and worsen outcomes for Trafford residents?
- Will other hospitals/healthcare providers be able to cope with the changes in activity flow that will occur as a result of these proposals?
- Why was only one clinical model proposed?
- Transport issues need to be addressed to ensure patients can access healthcare services

However, on reflection, the Board decided that the clinical case for change outlined in the consultation process is still valid and that 'no change' was not an option for services at Trafford General Hospital. The Board reaffirmed the view that the Level 3 critical care unit, the acute surgical service and the current A&E service were not clinically sustainable and that, the removal of these services had an impact on the safe delivery of other services at Trafford General Hospital. The view that staff could be rotated between hospital sites to maintain these services at Trafford was felt to be problematic because of the issues involved in successful team working, the maintenance of skills using certain types of equipment and the issues experienced by Trafford General Hospital in recruiting and retaining A&E consultants (who have rotated between the MRI and TGH site for the past 5 years). The Board also endorsed the view of the consultant body at Trafford General Hospital that a delay in decision making might have an adverse effect on the services currently provided at Trafford.

The Board also indicated its continued support for the proposed clinical model. The Board reaffirmed the view that the proposed clinical model offered an opportunity to improve the quality of healthcare services offered to patients. The Board acknowledged the public concern regarding an increase in ambulance journey times for some patients but decided that this did not pose a significant risk to patient safety. The Board highlighted that service changes such as the introduction of Primary PCI, Acute Stroke and Major Trauma services, all of which meant increased journey times, actually improved patient outcomes by ensuring patients received specialist care in an appropriate setting. The Board also endorsed the view that a Level 2 HDU service was required at TGH to ensure elective orthopaedic and day case surgery could be safely provided on site. This service should have the capability to step up care for sufficient time to allow the safe transfer of patients from Trafford General Hospital, if their clinical condition required. The Board requested that a model of delivery for this service be shared at the earliest opportunity.

The Board recognised that it would be necessary to continue work with NWAS on the implementation and refinement of the Pathfinder system to ensure that patients of the appropriate acuity were taken to the appropriate site. This would affect the capacity requirements on the other hospital sites and on the volume of patients to be managed on the TGH site and thus ensure a viable and vibrant medical admissions unit.

The Board acknowledged concerns regarding the capacity that would be required by other healthcare providers, in order to manage the proposed changes, but were reassured by responses

provided by CMFT, UHSM, SRFT that the initial changes proposed (the move to model 2) could be managed within existing infrastructure. The Board highlighted that appropriate resource was required by NWAS in order to ensure ambulance response times were not adversely affected by a slight increase in journey times.

The Board also reaffirmed commitment to the development of an Orthopaedic Centre at Trafford General Hospital and recognised the benefits that this service would bring to patients. The Board recognised that non-emergency transport arrangements to this unit, for Manchester residents, and the wider transport implications for Trafford residents were a key issue that needed to have appropriate solutions put in place. The Board asked that the Strategic Programme Board address this issue.

The Board did not identify any alternative clinical models that should be considered by the Strategic Programme Board as part of the decision making process and did not recommend any changes to the existing clinical models presented in the public consultation process. The Board reaffirmed the view that the clinical model outlined in the public consultation offered the best viable opportunity to provide high quality healthcare services to the residents in Trafford. However, the Board did recognise that an important piece of work needs to be undertaken to set the clinical criteria/parameters for the move from model 2 (urgent care centre at TGH) to model 3 (Minor Injuries Unit at TGH) and recognised that this transfer is predicated on the implementation of Integrated Care pathways within Trafford. The Board recommended that a sub-group of the ICRB be asked to meet to agree these clinical criteria as a matter of urgency.

In summary the Board asked that the following recommendations be reported to the Strategic Programme Board:

- The Board believes the clinical case for change outlined in the public consultation process is still valid.
- The Board supports the clinical model proposed in public consultation and believes this offers the best viable opportunity to provide high quality healthcare services to the residents in Trafford.
- The Board would not like to recommend any changes to the proposed model or any alternative models to the Strategic Programme Board.

The Board also asked that the following issues be highlighted to the Strategic Programme Board:

- Capacity in local secondary care providers and NWAS, in order to manage the proposed changes, needs to be assured.
- Transport issues, especially non-emergency transport issues, need to be addressed
- A model of Level 2 HDU delivery at TGH should be articulated at the earliest opportunity
- The pathways for Mental Health patients, especially those who require the services offered within the 136 suite, should be addressed before any service changes are made.
- A set of clinical criteria/parameters which outlined the conditions for the safe move from model 2 to model 3 should be articulated, and met, before this change is made.

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Strategic Programme Board
Wednesday 19th December 2012

Provider Capacity

1. Introduction

The New Deal for Trafford proposes significant changes to Trafford General Hospital. Whilst the activity modelling data shows up to 75% of current patients attending A&E and associated services will still attend and receive the same treatment, should the recommendations for change be adopted, 25% of patients are likely to attend alternative providers.

It is essential to ensure local acute hospitals can appropriately manage any additional patient activity arising from any changes proposed or realised in Trafford General Hospital. As part of the consultation process, key alternative providers were requested to identify whether additional activity could be absorbed within current facilities. Provider responses are attached as part of this paper.

2. Provider responses to the New Deal for Trafford

The three local acute providers most likely to be affected by activity changes in Trafford are; University Hospital South Manchester NHS Foundation Trust, Central Manchester University NHS Foundation Trust and Salford Royal NHS Foundation Trust. All three of these providers responded as stakeholders to the consultation on New Deal for Trafford and these can be found at **Appendix 1 – 3** (UHSM – Appendix 1, CMFT – Appendix 2, SRFT – Appendix 3).

All three providers have confirmed in their responses that they could manage the likely increases in activity and case mix estimated to result of a recommendation to move to Model 2; the introduction of an Urgent Care Centre at Trafford General Hospital. University Hospital South Manchester NHS Foundation Trust outline that this is provided that the NHS Trafford deflection strategy is achieved in full. However, all three providers all state that a subsequent move to Model 3; the provision of a Minor Injuries Unit only at Trafford General Hospital can only be accommodated subject to the successful full implementation of Integrated Care servicesacross the borough of Trafford.

Additional provider responses were received from Greater Manchester West NHS Foundation Trust (GMW, the local mental health provider – **Appendix 4**), Trafford Provider Services (**Appendix 5**) and Bridgewater Community Healthcare NHS Trust. All of these confirmed they did not have any concerns over the move to Model 2 although GMW has raised the outstanding issue of the management of patients with acute mental health problems (who might require the use of a 136 suite). This issue has already been discussed by the Integrated Care Redesign Board (ICRB) and is subject to on going discussions with CCG Trafford and the Trust.

3. Conclusion

The New Deal for Trafford pre consultation and consultation process has produced considerable evidence surrounding the recommendation for Trafford General Hospital. This paper summarises the likely impact of moving to Model 2 locally through a summation of local provider responses as well as describing the assurance process for ongoing monitoring and reporting of performance both locally and by the SHA.

4. **Appendicies**

Appendix Number/Name	Document
1 – UHSM response to consultation	UHSM response 20121030123509060
2 – CMFT response	CMFT Letter to Leila Williams re Trafford c
3 – SRFT response to consultation	SRFT response New Deal for Trafford.doc
4 – GMW response to consultation	GMW williams 23.10.12[1].pdf
TPS/Bridgewater response to consultation	**Paper copy available on request**

Central Manchester University Hospitals NHS
NHS Foundation Trust

Chief Executive's Office
Trust Headquarters, Cobbett House
Central Manchester University Hospitals NHS Foundation Trust
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Manchester
M13 9WL
Tel: 0161 276 4755

31st October 2012

Leila Williams
Director of Service Transformation
NHS Greater Manchester
St James's House
Pendleton Way
Salford
M6 5FW

Dear Leila

CMFT response the New Health Deal for Trafford consultation

I am writing to provide you with a response from Central Manchester University Hospitals NHS Foundation Trust (CMFT) to the "New Health Deal" consultation on plans to redesign hospital services in Trafford. This response is structured around the questions defined in the consultation response form.

Question 1 – the vision for integrated care

I can confirm that CMFT fully supports the vision for integrated care as described in the consultation document.

Question 2 – the reasons for change

I can confirm that CMFT fully accepts the reasons for change as described in the consultation document. In particular, the Trust is convinced that "no change" is not an option if we are to ensure that hospital services in Trafford are high quality, efficient and affordable.

Question 3 – the proposals

a) Orthopaedics

CMFT fully supports the proposals in respect of Orthopaedic services. We are confident that, whilst maintaining patient choice, it will be possible to establish appropriate patient flows to establish a significant and sustainable Elective Orthopaedic Centre function on the Trafford General Hospital site.

b) Outpatients

CMFT fully supports the proposals in respect of Outpatient services. Our ambition is to extend the range of specialist outpatient services provided locally in Trafford. We plan to maintain access to specialist outpatient clinics either at Stretford Memorial Hospital or at an alternative location in the local area.

c) Day case surgery

CMFT fully supports the proposals in respect of day case surgery. Our ambition is to extend the range of day case services provided locally in Trafford.

d) Intensive care and emergency surgery

CMFT fully supports the proposals in respect of intensive care and emergency surgery. We believe the proposed changes are needed to ensure the quality and safety of these services in the medium to long term. We are confident that CMFT will have the service capacity to deliver the services models described in the consultation document.

e) Accident and emergency services

CMFT fully supports the proposals in respect of accident and emergency services. We believe the proposed changes are needed to ensure the quality and safety of these services in the medium to long term. We are confident that CMFT will have the capacity to deliver the service models described in the consultation document. However, we would like to emphasise that thorough and comprehensive development of the proposed Integrated Care system would need to be demonstrated before the Trust could support the implementation of Model 3.

Q4 – aspects that have not been considered

CMFT believes that there are no any material aspects of the proposed changes that have not been considered.

Q5 – any other comments

CMFT has no further comments.

Q6 – the consultation

CMFT is aware of the unfortunate difficulties that were encountered in the distribution of the consultation document summary to households in certain areas of Trafford. The Trust believes that NHS Greater Manchester has taken the necessary action to rectify this problem and that, overall, the residents of Trafford and Manchester have been given an appropriate opportunity to comment on the proposals.

CMFT recognises that there are good clinical and financial reasons why the proposed changes to hospital services in Trafford should not be unduly delayed. In this context, the Trust is convinced that the New Health Deal for Trafford consultation should be maintained as a completely separate activity to the "Healthier Together" strategic planning that has recently been initiated in Greater Manchester.

I hope these comments are helpful.

Yours sincerely

Mike Deegan

Mike Deegan
Chief Executive

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Our Ref: BH/ib/williams23.10.2012

23rd October 2012

Leila Williams
Director of Service Transformation
NHS Greater Manchester
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Old Trafford
Manchester M16 0PQ

Dear Leila

A New Health for Trafford: Response to Consultation on Plans to Redesign Hospital Services

Thank you for sending the consultation plans to redesign hospital services in Trafford. The proposals have been carefully considered by the Executive Management Team at Greater Manchester West Mental Health NHS Foundation Trust, along with the local clinical and managerial staff providing mental health services in Trafford. GMW is committed to providing high quality mental health services to the residents of Trafford and will continue to support the health and social services providers to provide integrated care. Whilst we note on page 13 of the consultation that the mental health services run by GMW on the Trafford General site do not form part of the consultation there are three key points to GMWs response to the consultation.

1. We fully accept that Trafford Acute Hospital services need to change to make sure services are high quality, efficient and affordable. In particular, we acknowledge the rationale to change the A&E services based in Trafford.

2. In relation to the long term vision for an Integrated Care System in Trafford we share the desire to ensure seamless integrated services from the perspective of the patient. We are aware that NHS Trafford over the last 2-3 years has been working on this vision and have engaged in a number of forums, but feel this work has lost some focus as to what it actually means on the ground. Page 6 of the consultation document says this "is not about merging health and social care services so they sit under one roof" and GMW supports this position. We would like to see less focus on organisational structures and who runs what parts of the services and instead focus more on patient pathways. In particular, we have worked closely with health and social care service providers to align our community services with the local area teams and have ensured a seamless pathway from A&E to the mental health in-patient wards.

The Trust is committed to safeguarding children, young people and vulnerable adults and requires all staff and volunteers to share this commitment

Greater Manchester West Mental Health NHS Foundation Trust, Trust HQ, Bury New Road, Prestwich, Manchester M25 3BL Tel 0161 773 9121

Chair: Alan Maden **Chief Executive: Bev Humphrey**

3. An important omission in the consultation document relates to the purpose built S136 Suite at Trafford A&E. Page 26 appraises the options in relation to the different clinical models, but makes no reference to what would happen to patients who require S136 outside the proposed opening hours of the urgent care centre. There have been some early stakeholder discussions some months back in relation to the S136 which appear to have ceased. GMW would like to be involved in the discussions regarding new models to address this issue and would want to ensure any changes have no additional costs to the Trust.

We hope the above comments are helpful and look forward to working with Central Manchester NHS FT and the new provider/s of community services once the recent tendering exercise is completed. The Trafford services provided by GMW are of utmost importance to the Trust and we look forward to working together to help improve the health of residents in Trafford.

Yours sincerely

Bev Humphrey

Bev Humphrey
Chief Executive

cc Gill Green, Director of Operations and Nursing
Neil Thwaite, Director of Service & Business Development

TRUST EXECUTIVE

Tel: 0161-206 5616
Email: simon.neville@srft.nhs.uk

Dear Engagement Team

A New Health Deal for Trafford
In response to the Consultation documents outlining the new health deal for Trafford, I enclose the response from Salford Royal NHS Foundation Trust (SRFT) The response is under the headings in the Consultation response form.

1. **Our vision for integrated care**
   SRFT fully support the long term vision for an integrated care system in Trafford.
2. **The reason for change**
   SRFT fully support the view that the Trafford hospitals need to change in order to make sure services are high quality, efficient and affordable.
3. **The proposal**

a. **Orthopaedics**
   SRFT fully support Trafford as an elective and daycase orthopaedic centre using the facilities on the Trafford site.

b. **Outpatients**
   SRFT fully support maintenance and expansion of outpatient facilities on the Trafford site

c. **Daycase Surgery**
   SRFT fully support the expansion of daycase surgery on the Trafford site

d. **Intensive Care and Emergency Surgery**
   SRFT support with some reservations the changes to intensive care and emergency surgery. Reservations relate to the potential demand for services at SRFT with changing patient flows.

e. **Accident & Emergency**
   SRFT support with some reservations the changing model of emergency services.
   Reservations relate to the potential demand for services at SRFT with changing patient flows.

4. **Are there any aspects you feel have not been considered**
   The activity figures shared in respect of the expected impact of the
   - Consultant led Urgent care centre in the short term
   - Nurse-led minor illness and injuries unit in two to three years, and
   - Closure of the paediatric observation and assessment unit

   are a concern as they are based on a series of assumptions which may not be accurate or materialise including
   - investment and success of, integrated care programmes and deflection schemes

- no underlying growth.
- additional activity funded at tariff with no capital/infrastructure investment

Activity associated with the short term plans will have some minor impacts at SRFT in respect of Accident and Emergency, Emergency assessment and bed capacity and are being linked to Trauma scale up plans within the Trust. Activity associated with the longer term plans will create demand for capacity not currently planned for and will require investment in capacity.

We look forward to working with you in developing these plans

Yours Sincerely

Simon Neville
Director of Strategy and Development

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30 October, 2012

Leila Williams
Director of Transformation

e-mail

Dear Leila

Re: UHSM response to 'A new health deal for Trafford – a consultation on plans to redesign hospital services in Trafford'

Thank you for the opportunity to respond to the consultation on proposed changes to services across hospitals in Trafford. UHSM has spent some time discussing the proposed changes with our clinicians, colleagues and Governors and the Board spent some time during their meeting in September discussing an initial response to the proposals.

Firstly, the Board of UHSM fully recognise and support the case for change in respect of all hospital services in Trafford. We understand and recognise the unsustainability of the clinical and financial configuration of services in Trafford and have been involved with you and your teams in the development of the proposals on which you are presently consulting. These proposals – for Trafford – do represent a deliverable solution which meets the key parameters of the case for change in providing a clinically sustainable and improved financial model for acute healthcare in Trafford.

The key concern for UHSM has always been in relation to the impact of the proposed changes on acute infrastructure in South Manchester, in relation to increases in emergency flows. Our teams have spent some time working together to understand the impact of changes in emergency flows from the proposed changes in Trafford. UHSM recognises and welcomes the impact of the proposed improvements to infrastructure of community care in Trafford which have been modelled to see a deflection in the number of patients needing to attend or to be readmitted to an acute hospital for treatment. In the first instance and under the implementation of the 2a or 2b plans, UHSM believes that if this deflection strategy is achieved in full (and includes eliminating any further growth), UHSM will be able to manage this activity through existing infrastructure.

However if the deflection activity is not delivered in full under models 2a or 2b and in any case in a move towards model 3, UHSM will need investment in its emergency care infrastructure to meet the additional demand expected from the proposed changes. These are points which we have made to you during the pre-consultation period and which we know you are currently working on with Commissioners.

1) Space is currently a limiting factor at peak times of demand. To cater for TGH patient flow an expansion of the A&E Department/additional assessment beds are required.

2) UHSM has no ability to borrow to fund this development. We would expect the additional non elective flow from TGH will be paid for at full tariff.

3) The need for the demand management impetus in primary care to commence immediately.

Yours sincerely

Karen James

Karen James
Acting Chief Executive

Chairman - Felicity Goodey, CBE, DL
Chief Executive - Julian Hartley, BA, MBA

PS6021

APPENDIX 1

University Hospital of South Manchester NHS Foundation Trust

Partnership Working – the UHSM response to 'A new health deal for Trafford – a consultation on plans to redesign hospital services in Trafford'

Question	Response	Free text
Do you support the long term vision for an integrated care system in Trafford?	Fully support this vision	UHSM has been involved in the development of the Integrated Care Strategy since 2009 and is fully supportive of the aspirations to deliver as much care as safely possible within the non acute setting. This is an aspiration we have been implementing in South Manchester.
Do you accept that Trafford hospitals need to change in order to make sure services are high quality, efficient and affordable?	Fully accept this view	No comment
Do you support the proposals for an elective orthopaedic centre on the TGH site?	Fully support this vision	UHSM wish to see continued availability of Choice at the point of GP referral for all patients needing orthopaedic procedures, including the choice for patients to have their surgery on the Wythenshawe site.
Do you support the proposals for outpatient services to remain on the TGH site (including expansion in some areas)?	Fully support this vision	UHSM wish to see continued availability of Choice at the point of GP referral for all patients needing any outpatient referral, including the choice for patients to have their outpatient consultation on the Wythenshawe site.
Do you support the proposals for daycase surgery to remain on the TGH site (including expansion in some areas)?	Fully support this vision	UHSM wish to see continued availability of Choice at the point of GP referral for all patients needing daycase procedures, including the choice for patients to have their daycase surgery on the Wythenshawe site.
Do you support the proposals for intensive care and emergency surgery?	Fully support this proposal	No comment
Do you support the proposals for A&E?	Support with reservations.	See attached letter with specfic comments.

Final Report

regarding

A New Health Deal for Trafford

provided by

DR JANELLE YORKE
Independent Analyst

on

28th November 2012

at the request of

NHS Trafford

2nd Floor Oakland House

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EXECUTIVE SUMMARY

- In July 2012, NHS Trafford commenced a public consultation regarding service changes in Trafford's hospitals. Local residents, patients, staff and stakeholders were encouraged to contribute their views on the proposed changes using a consultation response form. The consultation closed 31 October 2012. This report presents the results of the consultation.
- A total of 1905 consultation response forms were received, 21 letters/emails, and facilitator notes from 6 focus groups.
- Nearly all responders were a Trafford resident (90.5%) and identified as being white British (91.7%).
- The majority of responders reported that they did not have a disability (60.8%).
- Where available the postcode, gender and year of birth are provided for each free text comment.

Vision for an integrated care system:

- The long-term vision for an integrated care system in Trafford was supported by the majority of respondents either fully or with some reservations (67.7%).
- Residents who were supportive of the proposal felt that an integrated care system was a positive step forward and was in keeping with modern advances in medicine and health. Some residents also welcomed being treated in the community, rather than having to travel to hospitals for their care.
- Concern over the ability for General Practitioners (GP) to cope with increased demand was expressed, as residents felt access to GP services was already limited.

The reason for change

- Most people accepted the view (39.3% fully and 27.9% with some reservations) that Trafford hospitals need to change in order to make sure services are high quality, efficient and affordable
- Some people commented that it is merely a cost cutting exercise, whilst others felt it represented a financially viable option in order to improve quality of care at Trafford General Hospital.
- Many residents felt strongly about the heritage and sentimental value of the hospital as the birthplace of the NHS.
- Reservations generally surrounded disbelief over the claim that not enough patients are being treated in intensive care and emergency services at Trafford General Hospital.

Proposed changes to orthopaedic services

- A clear majority of people (60.2%) fully supported the vision for orthopaedic services.
- Logistical issues, such as transport to the hospital from residents outside of Trafford, an increase in current waiting times and the need for prompt rehabilitation services were common themes raised.
- It was felt that due to the nature of orthopaedic patients there could be incidences where ICU beds were required but not available.

Proposed changes to outpatients

- A clear majority of people fully supported (71.9%) the proposed expansion of outpatients.
- Generally residents were supportive of the expansion of outpatients and accepted that greater treatments would be available.
- The majority of other comments were in relation to parking, transport issues, waiting times and overall communication issues.

Proposed changes to day case surgery

- A clear majority of people (70.1%) fully supported the expansion of day case procedures, recognising the advances in medicine and technology.
- Several residents opposed the proposed changes to the detriment of other services, particularly accident and emergency, as concerns were raised regarding the implications in the event of surgical complications.

Proposed changes to Intensive care and emergency surgery

- 41% of responders stated that they do not agree with the proposed changes. More than half of the respondents (55.8%) stated that they supported the changes either fully (31.7%) or with some reservations (24.1%).
- Residents in support of the proposed changes recognised that safety and staff skills were paramount and patients could be served better by other hospitals.
- The majority of residents opposed to the proposal expressed concern over patients requiring transfers to other hospitals whilst critically ill and the risks associated with such transfers. Some residents raised concern over the emotional impact on family and friends when travelling further during critical illness and/or when visiting patients during what is an already stressful situation.

Proposed changes to accident and emergency

- Many responders stated that they did not support the proposed changes to accident and emergency services (45.6%). However, almost half of the responders (49.5%) stated that they either fully supported the proposed changes (26.4%) or supported with some reservations (23%).
- Several residents were opposed to the reduction in services to a minor injuries unit, particularly from a consultant led unit to a nurse led unit in 2-3 years' time. However, positive responses were received from people who had previously experienced nurse led accident and emergency care.
- It was suggested that reassurance that the integrated care system was optimal would be required before progressing to Model 3.
- Residents and NHS staff expressed concern over capacity issues for emergency services at other hospitals with the increased workload from the proposed reduction at Trafford General Hospital.
- Many residents expressed concern over the risk of loss of life due to travelling further afield to other hospitals in the event of an emergency, coupled with the poor public transport links to other hospitals which poses difficulties for people with no other means of transport.
- Concern was also raised over the financial burden of travelling to and parking at other hospitals.
- Partington and Carrington GPs expressed concern that closure of Trafford accident and emergency would lead to more pressure on their services.

Aspects that were stated as not being considered

- A number of responders raised concerns that the New Health Deal for Trafford was taking place in isolation to other initiatives in the Greater Manchester area, such as the Healthier Together initiative.
- Concern was voiced in relation to the provision of mental health services, particularly after-hours.
- The Alzheimer's Society Trafford and Salford expressed concern that dementia care did not appear to feature within the proposed changes.
- Partington and Carrington GP Group highlighted significant problems encountered by their patients when required to travel to SRFT and Central Manchester by public transport.

DEMOGRAPHIC SUMMARY

Demographic summary for the consultation response form

- Nearly all responders were a Trafford resident (90.5%) (Table 1).

Table 1: Responder location

	Frequency	Percentage (%) of responses received
Trafford resident	1700	90.5
Outside Trafford	47	2.5
Voluntary or community group	18	1.0
Councillor or MP	15	0.8
NHS or local authority staff	82	4.4
Other	16	0.9

- The majority of responders were female (1033; 60.9%). Eleven people were not assigned their identified gender at birth.
- The stated year of birth ranged from 1926 to 1992.
- Most responders were in fulltime work (42.3%), however, 39.3% did not respond to this item (Table 2). The majority of responders who did not respond or ticked 'unemployed, not looking for work' wrote "retired" on the form.

Table 2: Employment status

	Frequency	Percentage (%) of responses received
Full time employed	489	42.3
Part time employed	229	19.8
Unemployed, looking for work	29	2.5
Unemployed, not looking for work	410	35.4
Did not respond	784	39.3

- Most responders identified as White British (91.7). Table 3 summarises ethnic groups.

Table 3: Summary of ethnicity

	Frequency	Percentage (%) of responses received
White British	1553	91.7
White Irish	24	1.4
White East European	7	.4
White other (please specify)	23	1.4
Mixed race: White Asian	7	.4
Mixed race: White & Black African	5	.3
Mixed race: White & Black Caribbean	5	.3
Mixed race: other (please specify)	1	.1
Asian/Asian British: Indian	19	1.1
Asian/Asian British: Pakistani	16	.9
Asian/Asian British: other (please specify)	2	.1
Black/Black British: African	5	.3
Black/Black British: Caribbean	13	.8
Chinese	5	.3
Other (please specify)	9	.5
Did not respond	211	11.1

- Most responders identified as Christian (70.1%), followed by no religion (23.8). Other religions were represented by less than 4% (Table 4).

Table 4: Summary of Religion

	Frequency	Percentage (%) of responses received
No religion	315	23.8
Buddhist	3	0.2
Christian	929	70.1
Hindu	8	0.6
Jewish	13	1.0
Muslim	15	1.1
Other (please specify)	43	3.2
Did not respond	579	

- 68% of people did not indicate their sexual orientation. Of those who did respond to this item, most identified as heterosexual (1261; 97.9%), 14 as a gay man, 5 as a gay woman/lesbian, and 8 as bisexual.
- The majority of responders reported that they did not have a disability (60.8%). The most frequently reported category was 'Long-standing illness' (16%). Table 5 details the categories of disabilities and illness reported.

Table 5: Categories of disabilities and illness reported

	Physical impairment	Sensory impairment	Mental health condition	Learning difficulty / disability	Long-standing illness
Yes (%)	163 (8.6)	47 (2.5)	41 (2.2)	9 (0.5)	304 (16)
No (%)	1742 (91.4)	1858 (97.5)	1864 (97.8)	1896 (99.5)	1601 (84)

Demographic summary for the responses received through community focus groups and letters

Table 6a: Facilitation Notes for a focus group with 19-30yr old group

Age	23	21	28	25	28	26	28
Gender	Male	Male	Female	Male	Female	Male	Female
Postcode	M16	M32	M32	M33	M33	M33	WA15
Ethnicity	Asian	White	White	White	White	White	White

Table 6b: Facilitation Notes for a focus group with the BME group at Flixton House

Age	30	28	31	46	33	37	28
Gender	Female	Male	Female	Female	Male	Male	Female
Postcode	M32	M32	M32	M32	M32	M41	M32
Ethnicity	Mixed White& Asian	Other Black	Mixed White& Black	Mixed White & Asian	Caribbean	Chinese	African

Table 6c: Facilitation Notes for a focus group with 16-18yr old group at St. Matthew's Hall

Age	17	16	17	17	17	16	16	17
Gender	Male	Male	Male	Male	Female	Female	Female	Female
Postcode	M41	M41	M32	M33	M33	M33	M41	M33
Ethnicity	White	White	White	White	White	White	White	White

Facilitation notes and individual letters were also received by the following:

Central Manchester University Hospitals (CMUH) CEO, Salford Royal NHS Foundation Trust (SRFT) Trust Executive, Manchester Council Health Scrutiny Committee, Trafford Council Health Scrutiny Committee, Heathfield Hall 'Gentle Exercise' session group, Davyhulme Children's Centre Baby Club group, Stretford Children's Centre Stay and Play Group, Kate Green MP, North West Ambulance Service NHS Trust, GPs Partington and Carrington, Paul Goggins MP for Wythenshawe & Sale East, Greater Manchester West Mental Health, Save Trafford General Campaign, South Manchester Clinical Commissioning Group, The Alzheimer's Society Trafford and Salford, Leader of Trafford Labour Group, Youth Cabinet, and a Davyhulme resident.

RESPONSES TO EACH ITEM

Question 1: Our vision for integrated care

The long-term vision for an integrated care system in Trafford was supported by the majority of respondents either fully or with some reservations (67.7%). See Tables 7a and 7b for a summary of responses received from the consultation response form.

Table 7a: Summary of support for the long-term vision for an integrated care system in Trafford

	Frequency	Percentage (%) of responses received
Fully support vision	615	33.2
Support with some reservations	640	34.5
Serious reservations	572	30.9
No strong opinion	27	1.5
Did not answer	51	2.7

Table 7b: Summary of support for the long-term vision for an integrated care system in Trafford per respondent group

	Trafford resident (n=1700)	Outside Trafford (n=47)	Voluntary or community groups (n=18)	Councillor or MP (n=15)	NHS or local authority (n=82)
Fully support vision	528 (31.8)	17 (37)	10 (55.6)	4 (26.7)	42 (53.8)
Support with some reservations	570 (34.3)	19 (41.3)	5 (27.8)	5 (33.3)	28 (35.9)
Serious reservations	541 (32.6)	8 (17.4)	3 (16.7)	6 (40)	7 (9)
No strong opinion	23 (1.4)	2 (4.3)	-	-	1 (1.3)
Did not answer	38 (2.2)	1 (2.1)	-	-	4 (4.9)

Summary of free text responses

The proposal for an integrated care system was stated as being fully supported by the responding NHS organisations including SRFT and CMFT, and South Manchester Clinical Commissioning Group acknowledged *"the need for change and recognises that the development of an integrated care system is clearly a positive step forward."* Trafford Council Health Scrutiny Committee agreed that the proposal for integrated care is *"a positive solution to meet the needs of the growing population and the demands which this generates."* However, the Committee were concerned that there "*may not be enough time or resources to rebalance the provision of services from acute to community care at the present time*."

The majority of reservations about an integrated care system surrounded the ability of all teams to communicate effectively with each other as it was generally felt this was currently lacking in Trafford (Box 1a). In contrast, some residents felt integrated care would be beneficial for Trafford residents, providing continuity of care in a cost efficient manner (also Box 1a).

The Alzheimer's Society Trafford & Salford expressed general support for an integrated care system and particularly welcomed the proposed appointment of a specialist community geriatrician *"who would coordinate care for the frail elderly in the community"* (this view was echoed by local GPs, see below). In addition, service users informed the Alzheimer's Society that they *"welcome the notion of an integrated care system with multi-disciplinary teams led by community matrons working jointly in managing people's health and social needs in the home and community."*

Provision of care in the community currently provided to Trafford residents was criticised, which raised questions regarding the quality of care provision going forward (Box 1b). Residents who were supportive of the proposal felt that integrated care was a positive step forward and was in keeping with modern advances in medicine and health. Some residents also welcomed being treated in the community, rather than having to travel to hospitals for their care (also Box 1b).

Concerns over the ability for GPs to cope with increased demand (Box 1c) was expressed, as residents felt access to GP services was already limited. General Practitioners serving Partington and Carrington residents expressed concern about the impact on workload and quality of care the proposed reorganisations would have, especially on their Partington patients. The GPs suggested that having *"chronic disease and mental health support locally available, through increased availability of community specialist nurses, including extending already existing services provided by for example community heart failure nurses, community respiratory specialist nurses etc, but adding for example community epilepsy nurses (a service that is provided from Salford Royal Hospital, but which appears completely 'overloaded') and community diabetes nurses."* In addition, the GP group expressed positive experiences working with a recently appointed community geriatrician. It was suggested by the group that *"if the proposed reconfiguration is going to go ahead, this would lead to more work being passed from secondary to primary care, then we simply need far more support in the community. The ongoing presence of a community geriatrician would be - in our view - an absolute minimum, probably in association with a or several community matron."*

Box 1a - Communication

Negative responses	Supportive responses
"I hope that all services will work together, with no gaps in the system as we so often find now." (M41, female, 1927)	*"I feel that an integrated care system will provide better care for patients with increased continuity of care and better communication." (NHS, female, 1966)*
"Being a local resident all my life we have been promised so much for so long and people lose faith." (M31, female, 1958)	*"… provided the alternative sites are fully funded to meet the increase in numbers, and all promises outlined are kept, it should lead to a more efficient service." (M41, male, 1945)*
"An integrated care system sounds an ideal way of working, but having read this document I am not convinced that the structure for successful cooperation and working has been thought out." (M41, female, 1935)	*"I think this would work well provided the coordination between departments was good, as most people prefer to be treated at home." (M33, male)*
"There is not a good track record of info sharing now, services are not joined up, [and] different groups have different priorities." (M33, female, 1965)	*"Patients deserve a seamless service regardless of who provides it." (WA14, female, 1934)*
"The principal is fine but reality will see patients allotted a slot. Nurses will be time conscious, not patient focussed. There will never be enough nurses available." (M33, female, 1953)	*"I have been supported by [the] GP nursing matron and nurses for the last few years and find it works ok." (M21, male, 1951)*
"Whereas I can understand the new care system is better for profitability my experiences of the NHS's vision of care within the community has been a poor one previously." (M31, male, 1971)	*"I am very aware that changes need to be made. Care in the community is so important." (M41, female, 1977)*
"I understand the need for restructuring finance and trying to save however, the A & E service is vital to the residents of Trafford." (M32, female, 1978)	*"This approach is being adopted across NHS and social care in England and is the right way to enable patients to be managed in the community." (M32, female, 1964)*
"You are centralising services with no thought to the residents of Carrington and Partington who will now have to catch two buses to a hospital, possible three." (M31, male)	*"I welcome the proposed changes to the Trafford General Hospital services and the possibility of accessing specialist consultant led services outside of the hospital." (M41, female, 1961)*
"Your vision of integrated care relies on good communication between all relevant service providers and adequate resources, to ensure patients receive holistic health care when needed to promote quality of life." (M41, female, 1945)	*"Medicine is changing (improving, generally). We need to evolve health delivery effectively and cost effectively." (M33, male, 1962)*

"I am concerned that there is inadequate co-operation between GPs and the hospital to provide an integrated care system as they are separate organisations." (WA15, male, 1945)	*"We support this vision as this will create the opportunity/offer increased support in the community via GPs and integrated health services." (no details provided)*
"The interface between health and social care is becoming more and more blurred. Patients should receive care from the least number of people to ensure continuity and familiarity." (M41, female, 1956)	*"Integrated care provides higher standards of community care and is more financially viable." (M33, female, 1953)*
"Community based care will cost a fortune - converting doctors surgery etc." (no details provided)	*"Economics mean that the present scenario cannot continue." (M32, male, 1963)*

Box 1b – Current provision of care

Negative responses	Supportive responses
"Care often falls on relatives, who may not live anywhere near." (M33, female)	*"[I] support a change which means access to care closer to our home." (M33, female, 1984)*
"From past experience with home care, you cannot look after people remotely." (M33, female, 1965)	*"I am of the view that the current system is working well." (M33, female, 1967)*
"The present resources are stretched to the limit now, therefore how can you provide services that are high quality, especially in the community?" (M41, female)	*"As I look towards old age I want a joined up service that supports me in my own environment." (M41, female, 1953)*
"I can't see how having specialists wasting their time travelling around is more efficient that having them in one place and patients going to visit them." (M41, female, 1979)	*"I support this long term vision... because it will provide care for more long term illnesses to be treated at home where they can feel more comfortable, especially the old." (M16, female, 1930)*
"I just feel that care in the community hasn't really had a good track record throughout the country. Mental health and care of the elderly just aren't followed through." (M33, female, 1953)	*"I understand the reasons for the proposals and can see that doctors/nurses will not get the experience in their field if a low intake of patients." (female, 1957)*
"I am concerned that GPs and community nurses do not have the expertise that exists in the hospital services. GP referrals to hospital services are not always appropriate or correct." (no details provided)	*"The current system is old fashioned and does not meet the needs of patients." (M32, female)*
"Social care teams are not fit for purpose, they cannot be relied on from personal experience" (M41, female, 1941)	*"[The proposal] makes organisational sense and can be adjusted with experience." (WA15, male, 1953)*

"There is supposed to be care in the community now, that doesn't seem to work very well, I wonder how successful a new scheme would be, and how long it would be before the fund for this scheme would be reduced to save money." (M41, female, 1965)	*"I like the idea that it takes place in the community, without always having to go to the hospital." (M41, female, 1973)*
"I worry about the home care for elderly people as in my experience it is very poor and sometimes uncaring." (M33, male, 1942)	*"I understand that some of your current services are not used as much now so by doing this you will achieve more value for money and provide a better and safe service." (M33, female, 1969)*
"It is time for complete integration however dedication and care appears not to be as it should in some areas." (M41, male, 1929)	*"The closer to the patient that services can be delivered, the better. As technology improves (has improved) more and more can be done locally or without a hospital stay." (WA15, male, 1956)*
"It is difficult now to see GP or other health care professionals in GPs surgery at urgent times. For years we have been told of investment in the community services. Where is it? Difficult to access community services." (M41, male, 1950)	*"To have good quality care provided close to my home would reduce the financial and physical demands seeking care is placing upon me." (M41, female, 1975)*
"Community care is not necessarily as efficient or satisfactory as inpatient care due to poor communication and time constraints on nurses." (M33, female, 1954)	*"I fully believe you respond better and recover faster from treatment in your own surroundings and not in a strange hospital environment." (WA15, female, 1961)*
"All the above teams cannot cope with their workloads at present, it sounds like it will create chaos if this goes ahead." (M33, male, 1930)	*"We need to have services to meet the needs of people now and in the future. With medical advances, people do not need to be in hospital whereas in previous days they would." (M33, female, 1955)*

Box 1c – Impact on General Practitioner workloads

Negative responses
"Wherever there is change/reconfiguration of health services, it is us, the GPs and primary care that will have to 'bail it out' when things go wrong. For example, if there is a reconfiguration of surgical services, and a patient, following the reconfiguration the surgery is now carried out at a more distant hospital, say Salford Royal or Central Manchester, and this patient develops a complication, this patient is not going to travel to Central Manchester or Salford at first but will come to us, frequently demanding an emergency appointment! The same applies to every other service, whether medical, gynaecological, paediatric etc and last but not least to mental health services. It would be encouraging to have assurances that a considerable amount of the anticipated savings would be ploughed back into primary care, especially as the reconfiguration is likely to significantly increase our primary care workload." (GPs Partington and Carrington)

“Our GP centres are already overstretched.” (M41, female, 1961)
“I remain to be convinced that GPs, already busy people, will be able to also coordinate and organise patients care across the full spectrum of health.” (M41, male, 1946)
“If it can’t be made to work at GP level currently, it doesn’t bode well for the future where GPs are at the heart of the proposal.” (M41, male, 1945)
“How are you raising standards and improving access within GP practices?” (M32, female, 1964)
“It is virtually impossible to get an appointment with my GP, if they take on more work it will be worse.” (M41, female, 1949)
“GPs are trained to look after individuals, not manage integrated systems. Trained managers are necessary.” (M33, male, 1927)
“GP surgeries will be packed out.” (M41)
“Lack of faith in local GP based on recent current experience. I believe in the system and process however some people let the system down.” (WA15, female, 1962)

Question 2: The reason for change

Most people (39.3%) fully accepted the view that Trafford hospitals need to change in order to make sure services are high quality, efficient and affordable. See Tables 8a and 8b for a summary of responses received from the consultation response form.

Table 8a: Summary of acceptance of the view that Trafford hospitals need to change

	Frequency	Percentage (%) of responses received
Fully accept view	722	39.3
Accept with some reservations	512	27.9
Serious reservations	580	31.6
No strong opinion	21	1.1
Did not answer	70	3.7

Table 8b: Summary of acceptance of the view that Trafford hospitals need to change per respondent group

	Trafford resident (n=1700)	Outside Trafford (n=47)	Voluntary or community groups (n=18)	Councillor or MP (n=15)	NHS or local authority (n=82)
Fully accept view	618 (37.5)	24 (54.5)	11 (61.1)	1 (7.1)	48 (62.3)
Accept with some reservations	464 (28.1)	12 (25.5)	3 (16.7)	5 (35.7)	20 (26.0)
Serious reservations	549 (33.3)	5 (10.6)	4 (22.2)	8 (57.1)	9 (11.7)
No strong opinion	17 (1.0)	3 (6.4)	-	-	-
Did not answer	52 (3.1)	3 (6.4)	-	1 (6.7)	5 (6.1)

Summary of free text responses

The reasons for change were stated as being supported by SRFT and CMFT. In particular, the CMFT stated that *"no change is not an option."* Among participants of the Stretford Children's Centre Stay and Play Group there was a recognition from some that Trafford General was *"not the best"*, *"it's been struggling for years… it's a money pit!"* and that change to the service *"was not a bad idea."* For this group even the appearance of the buildings reflected the difficulties outlined.

The Save Trafford General Campaign stated that *"the public have responded to the campaign to the Save Trafford General Campaign and to the Save A&E Campaign with passion, commitment and unswerving loyalty to their local hospital and NHS services."* This group made reference to a number of local community

actions that have opposed the proposed changes including a rally that took place on 7th July 2012 with approximately 1,000 people taking part, the collection of more than 12,500 signatures on a petition which has been presented to the Prime Minister, and more than 900 signatures for an online petition at 38 degrees.

Reservations about the need for change generally surrounded disbelief over the claim that not enough patients are being treated in intensive care and emergency services at Trafford General Hospital (Box 2a) and a large proportion of residents focussed blame towards the ambulance service directing or being directed to take patients to other accident and emergency departments, rather than utilising Trafford General (Box 2b).

The proposal was considered to be merely a cost cutting exercise by some residents, whilst others felt it represented a financially viable option in order to improve quality of care at Trafford General Hospital. There was a general feeling amongst residents, however, that change should not be to the detriment of other services (Box 2c). Many residents felt the proposal had not considered the impact on the community and anger was directed towards management/administration (Box 2d).

Many residents felt strongly about the heritage and sentimental value of the hospital as the birthplace of the NHS, which is discussed further in Box 8a on page 44 in relation to 'aspects which have not been considered' as part of the proposal. Several local residents who were against the proposal favoured the small size of the hospital over larger ones with the suggestion that larger hospitals were impersonal, however, those in support of the proposal recognised that intensive care and emergency services could not continue safely in small units (Box 2e).

Some residents suggested that doctors should be rotated between Trafford and the larger hospitals to maintain training and skills, and thus keep Trafford General Hospital open and functioning (Box 2f).

Box 2a – Patient numbers accessing services

Negative responses
"You say not enough people use the service... when we have been it is always very busy." (M33, female, 1979)
"If your views are right why is it there is always a waiting time of a few hours to be seen?" (M41, female, 1938)
"Whenever I have visited friends the wards have always been full." (M41, female, 1933)
"Why is it that Trafford residents are sent to care vans for tests if the hospital is half empty?" (M32, female, 1952)

"I do not believe it will reduce demand for A&E/emergency care in the way described." (M33, female, 1971)
"I don't believe that most Trafford patients do not use the A&E Department at Trafford." (no details provided)
"From personal experience I do not agree that the patients treated are in low numbers." (M41, female, 1933)
"I do not agree that the number of patients are too low, and if this is the case, why is this?" (M16, male, 1960)
"I have never found the A&E to have low numbers, I definitely do not want it to close." (M32)
"I do not agree on the low numbers of patients - it is a fallacy." (M31, female, 1938)

Box 2b – Ambulance service directing patients to alternative hospitals

Negative responses
"If the doctors in the area were persuaded to use Trafford General more than Manchester Royal it would work."(M41, female, 1961)
"The patients are not visiting [Trafford] A&E because the ambulances won't take them there." (WA14, female, 1972)
"Number of patients low because they are taken elsewhere." (M41, female, 1954)
"Emergency cases have not reduced in the local community; it is that they are being taken to alternative hospitals via ambulance." (NHS member and resident)
"A major reason for the low number of patients attending A&E at Trafford General Hospital is because of the decision made some time ago to instruct ambulance crews to take patients to the three hospitals listed depending on their condition." (M41, male, 1945)
"Low usage claims are clearly being centrally influenced by ensuring that such cases are not taken to this hospital by ambulances." (M33, male, 1957)
"Trafford are not treating enough patients as the ambulance service are being told to take patients to other hospitals." (M41, male)
"You have deliberately diverted ambulances away to other hospitals so that you can mask the figures to try and show there is a low usage and need." (M31, male)
"If you direct ambulances to other hospitals, the numbers will remain low!" (female, 1946)
"I would like to know how the emergency admissions is organised. Are ambulances being diverted to other hospitals?" (M41, male, 1965)

Box 2c – Opinions in relation to cost cutting

Negative responses	Supportive/semi-supportive responses
“It is idealistic to think that this type of care can be achieved with cuts in funding and nowhere near enough resources in place to cope when it’s gone.” (M41, female, 1954)	*“Improvements are needed to keep up with population changes.” (no details provided)*
“The alleged 'vision' is wholly motivated by the deficit and consequent cost-cutting exercise. The best interests of patients have been shoe horned to fit this vision.” (M41, female, 1979)	*“The current situation is unsustainable, is not value for money and it means funding for other health services is held back.” (M41, male, 1993)*
“You should be clear about what the changes are - its cost cutting exercise for the huge financial deficit we find ourselves in and not about patient services.” (M41, male, 1977)	*“I think this sounds like a very sensible thing to do and makes the most of public money.” (M33, female, 1960)*
“This is really a cost cutting exercise because of government austerity policy.” (M41, male, 1953)	*“I agree that changes need to be made to improve standard of care for the people in the community.” (M16, female, 1960)*
“This is a cost cutting exercise - previous exercises have resulted in disastrous consequences.” (M33, female, 1946)	*“No service can be viable if spend is greater than income.” (M33, male, 1953)*
“I honestly believe that this is driven as a cost cutting exercise, and whilst I am apolitical (a plague on all your houses) I do not have a great deal of faith in the present government incumbents to protect the NHS as originally envisaged.” (M33, male, 1946)	*“I previously worked in the community NHS in both Trafford and Salford so support the idea, but not to the detriment to other services.” (M33, female, 1932)*
“It seems to be a cost cutting exercise which will worsen rather than improve services.” (M32, female, 1947)	*“I accept that certain changes have to be made but hope that these will not be detrimental to the services.” (M33, female, 1937)*
“Seems to be a cost cutting effort, saving money in exchange for good service.” (M41, female, 1957)	*“I realise costs have to be saved but not by putting some essential services at risk.” (M41, female, 1939)*
“Detailed planning and consideration hasn't been done so it is a cost cutting exercise.” (M32, female, 1936)	*“One service should not be a priority to the detriment of less attractive services where outcomes and targets are hard to measure.” (no details)*

Box 2d – Direction of blame in relation to cost cutting

Negative responses
"If the hospital spent money on frontline care instead of management and waste it this would not happen." (M41, female, 1967)
"Cut back on administration – then there will be more money to spend on patient care." (M41, female, 1937)
"Trafford General has always been the flagship hospital, only bad management years ago has put it in this position." (M41, male, 1960)
"There are too many managers. Doing this means more managers and not enough care." (M41, male, 1959)
"Less money should be spent on Managers and deputy managers who have no contact with patients whatsoever. They are useless when it comes to actually treating or diagnosing patients and therefore are superfluous." (M41, female, 1946)
"Managers have produced this plan to justify their futile over paid existence." (M41, female)
"For a small hospital it does seem to have an inordinate number of managers. I trust that as services are removed from the hospital a commensurate reduction in non-clinical managers and bureaucrats will take place. Not holding my breath!" (M33, male, 1947)
"If the hospital paid front line staff sufficient and reduced the number of managers it could save a lot of that £19m." (M33, male, 1972)
"Try employing Managers who are more patient focussed and not on ridiculous salaries and money will be saved without cutting such important services." (M32, female)
"Why should patients suffer for the financial incompetence of previous Trust managers?" (M41, female, 1971)

Box 2e – Preference regarding the small size of Trafford General Hospital

Negative responses	Supportive responses
"It doesn't matter if it's a small hospital, it's still a hospital" (M31, male, 1945)	*"Clinical expertise and patient safety cannot be maintained in small units." (WA14, female, 1931)*
"Trafford General gives excellent care, often lost in large hospitals." (M41, female, 1938)	*"I believe other local hospitals are better placed to provide intensive and emergency care." (WA15, female, 1984)*
"It may be a small hospital but it serves the local community." (M33, male)	*"Small hospitals are dangerous. I wouldn't want to be treated at Trafford." (M33, male, 1960)*
"Bigger is not better – nurses are too busy, thus rushed and uncaring." (M41, male, 1957)	*"The hospital is too small to support all services." (M31, female, 1932)*

"Small can be more efficient." (M41, male, 1947)	*"As outlined, small hospitals cannot offer a full range of services especially with so many bigger hospitals nearby." (M16, male, 1963)*
"I disagree that big is better. Like many other people I have experience of excellent treatment at a small hospital and appalling treatment at a large hospital." (M33, male, 1949)	*"Modern medicine cannot be undertaken by small isolated medical 'islands', however historical." (no details provided)*
"Wythenshawe has now got so big is it almost a small town with very long streets and inadequate parking facilities. Stop centralising everything!" (M41, female, 1946)	*"I would prefer to attend a hospital with a well-functioning A&E, even if this is further away, than a small, not so well run one." (M32, female, 1969)*
"It's a small hospital for a reason - to support the local people!!" (no details provided)	*"A small hospital cannot compete with the likes of Hope and Manchester Royal where scan equipment is available and intensive care is excellent." (WA15, male, 1953)*
"Trafford General maybe one of the smallest hospitals, but it has served the people of Trafford well for many years." (M32, male)	*"After spending time in Trafford General, I realised it is not possible to have 24 hour specialists available in such a small hospital particularly at weekends and became unsure of why people would want to use it at all. (M33, female, 1967)*
"We need to keep smaller hospitals open as back up if a major incident occurred, especially in this economic climate." (M32, female, 1947)	*"The small demand at Trafford means doctor cover is likely to be thin and provided potentially by not very experienced doctors. If seriously ill I think I would prefer to take my chances at the MRI or Hope." (M41, male, 1962)*

Box 2f –Rotation of doctors to maintain functioning of Trafford General Hospital

Overall responses
"Expertise can be maintained by rotation with Central." (resident outside Trafford, female)
"Rotation of doctors through Central A & E and ICU would resolve the expertise problem." (MP)
"Rotate A & E and ICU Clinicians to maintain skills." (Trafford resident, female)
"You need to keep A&E open and rotate staff through the unit so that they retain their expertise." (M41, male)
"I believe a full A&E should remain since patients needing intensive care could be transferred. A&E staff could rotate between Trafford & MRI to maintain skills." (M32, female, 1968)
"I understand this, but why can't staff that practise in these unsafe areas be rotated through surrounding hospitals thus gaining experience and practice and keep a functioning vital hospital open." (M41, female, 1985)

“Perhaps rotate A&E specialists between Salford, Wythenshawe Manchester Royal and Trafford - working across sites would increase skills and capacity.” (M32, female)
“I think the idea that services will become unsafe is untenable and the clinical leads responsible should ensure that the services remains safe through good team working practices and if necessary the rotation of staff around the wider Trust hospitals.” (M41, male, 1952)
“Why can't consultants have a system of rotating between busier hospitals to keep their skills up to date?” (M33, female, 1940)
“If A&E and ICU staff were on a rota between hospitals they would keep their skills up to speed.” (M33, female, 1944)

Question 3: The proposal

a) Orthopaedics

A clear majority of people (60.2%) fully supported the vision for orthopaedic services. See Tables 9a and 9b for a summary of responses.

Table 9a: Summary of support for vision for orthopaedics

	Frequency	Percentage (%) of responses received
Fully support	1093	60.2
Support with some reservations	475	26.2
I do not support	173	9.5
No strong opinion	74	3.9
Did not answer	90	4.7

Table 9b: Summary of support for vision for orthopaedics per respondent group

	Trafford resident (n=1700)	Outside Trafford (n=47)	Voluntary or community groups (n=18)	Councillor or MP (n=15)	NHS or local authority (n=82)
Fully support	969 (59.3)	26 (57.8)	11 (64.7)	3 (25.0)	58 (78.4)
Support with some reservations	434 (26.5)	13 (28.9)	5 (29.4)	7 (58.3)	11 (14.9)
I do not support	165 (10.1)	4 (8.9)	1 (5.9)	1 (6.7)	2 (2.7)
No strong opinion	67 (4.1)	2 (4.4)	-	1 (6.7)	3 (4.1)
Did not answer	65 (3.8)	2 (4.3)	1 (5.6)	3 (20)	8 (9.8)

Summary of fee text responses

CMFT and SRFT commented that they fully support the proposals in respect of orthopaedic services. CMFT stated that *"we are confident that, whilst maintaining patient choice, it will be possible to establish appropriate patient flows to establish a significant and sustainable Elective Orthopaedic Centre function on the Trafford General Hospital site"* and SRFT stated that they *"fully support Trafford as an elective and day case orthopaedic centre using the facilities on the Trafford site."* The Trafford Council Health Scrutiny Committee also recognised the potential benefits of the proposal to have a 'specialist centre' for orthopaedics at Trafford General and that this *"provides the hospital with a degree of financial and reputational security."* However, the Committee suggested that *"insufficient work has been carried out to*

provide assurance that a critical mass of patients would use the facility. Given the hospital's location and challenging public transport links, the Committee have indicated their concerns that this could be a threat to NHS Greater Manchester's future plans."

Generally residents were supportive of improvements to existing services and the proposal to implement a new orthopaedic centre (Box 3a). In contrast, however, concerns were raised over the lack of beds on existing wards and it was felt that due to the nature of orthopaedic patients (i.e. elderly) that there could be incidences where ICU beds were required but not available, and thus concerns were raised over the removal of emergency services at Trafford General Hospital (Box 3b).

Logistical issues, such as transport to the hospital from outside of Trafford, staffing levels, an increase in current waiting times and the need for prompt rehabilitation services were common themes raised by residents (Box 3c). These concerns were echoed by the Manchester Health Scrutiny Committee who "*requires assurance that the transport needs and travel requirements of Manchester residents and their families attending the proposed centralised Orthopaedic Elective Treatment Centre on the Trafford site will be quantified and considered."*

Residents from outside of Trafford had mixed opinions in relation to the proposal. Some people supported the proposal whilst others felt it represented a move towards privatisation (Box 3d).

Box 3a – Support for the improvement of services at Trafford General

Supportive responses
"Good to use existing facilities to develop 'centre of excellence'." (M33, female, 1947)
"Trafford General Hospital already has an excellent orthopaedic department so it is the right place for a specialist unit for the area." (M32, female, 1930)
"It will be a good way to utilise the perfectly adequate operating theatres and wards." (M41, female, 1954)
"This would be a good thing for Trafford, to have a centre of excellence." (WA15, female, 1960)
"Orthopaedic procedures are important to an ageing population and are well used." (M41, female)
"Centres of excellence ensure quality and expertise dedicated to one service." (WA15, female, 1954)
"Having a local Centre of Excellence makes the case for Trafford General to remain open long term more viable." (M41, female, 1978)

"A centre of excellence can only have positive outcomes for both the community and staff." (WA14, female, 1960)
"I think it's a good idea to have a new specialised centre with updated amenities." (no details provided)
"I believe centres of specialism provide the best service for patients." (M32, male, 1960)

Box 3b – Concern over the lack of beds and ICU support for orthopaedic surgery

Negative responses
There is always the possibility that the unexpected may happen, what steps will be taken to plan for this? (M33, female, 1934)
"How can you have orthopaedic surgery with no ICU beds!" (WA15, female, 1972)
"What will this do for appointments and admissions when patients will be coming from far afield – more patients, less beds." (M41, female, 1942)
"This sounds excellent but there will only be a certain number of beds." (M41, female, 1938)
"Where operations are carried out there is the possibility that ICU beds will be needed." (M33, female, 1952)
"Ensure all patients are pre- optimised for surgery and any high risk patients guaranteed access to critical care beds." (M41, male)
"There will be a need for more surgeons and more nursing staff as well as more beds." (M41, female)
"Would there be enough beds available to cater the increase in number of orthopaedics patients?" (M41, male, 1976)
"Need beds for overnight stays if patients are not ready to be discharged and take longer to recover." (M41, female)
"Need ICU for back up if doing surgery if cases go wrong." (M41, female, 1954)

Box 3c – Logical issues associated with a centre of excellence

Negative responses
"Trafford General Hospital [is] not easy to get to from other areas of Trafford." (WA14, female, 1964)
"A good idea to centralise orthopaedics in one hospital, but Davyhulme is not easily accessed by those without their own transport. MRI for example is served by a good public transport system." (M16, female, 1928)
"[You need to consider] transport infrastructure, primarily bus routes and accessibility for those without cars." (M33, female, 1978)

"[This] could only be supported within the context of a fully integrated system involving all the hospitals. (M33, male, 1948)
"Concerned that Trafford patients will have to wait longer if the facilities cover all of Manchester." (M41, female, 1944)
"Having been involved with Central Manchester children's merge, it is vital the managers ensure adequate safe standards of staffing in new areas or staff will leave." (NHS member)
"Essential that physiotherapy is available, where needed, immediately, not a six week wait!" (WA15, female, 1939)
"Ensuring appropriate level of post treatment care both in the community and hospital to ensure people are not discharged and then face a physio waiting list." (WA15, female, 1972)
"Physio care should be an integral part of recovery after surgery." (WA15, female, 1947)
"Diagnostics and early treatment need to improve. At the moment once warning signs appear it can take so long to wait for scans that the position can become serious." (M33, female, 1960)
"Being a centre of excellence in one discipline does not cater for local people who need treatment for other conditions." (WA15, female, 1952)

Box 3d – Comments from residents outside of Trafford

Overall responses
Members of the Heathfield Hall 'Gentle Exercise' group had experience of travelling to North Manchester and even Rochdale for a range of services. They would normally use either North or Central Manchester for orthopaedic inpatient services. They would not expect to travel to Trafford due to the distance and difficulty in travelling from East Manchester. North Manchester would be much easier to access by public transport for outpatients and visitors.
"Having a one stop orthopaedics department will give people more security knowing they are getting the very best treatment." (M16, 1944)
"A centre of excellence is good news for all." (M16, male, 1969)
"With a small presence, it's better to offer specialist planned services rather than deal with many different cases." (BL6, female, 1978)
"There should be no cuts to services and no privatisation." (M15, male, 1983)
"You will allow alliance private medical more grounding to start taking over the NHS." (M16, female, 1977)

b) Outpatients

A significant majority of people fully supported (71.9%) the proposed expansion of outpatients. See tables 10a and 10b for a summary of responses.

Table 10a: Summary of support for the outpatients element of the proposal

	Frequency	Percentage (%) of responses received
Fully support	1302	71.9
Support with some reservations	324	17.9
Do not support	112	6.2
No strong opinion	73	4.0
Did not answer	94	4.9

Table 10b: Summary of support for the outpatients element of the proposal per respondent group

	Trafford resident (n=1700)	Outside Trafford (n=47)	Voluntary or community groups (n=18)	Councillor or MP (n=15)	NHS or local authority (n=82)
Fully support	1167 (71.5)	31 (72.1)	15 (88.2)	6 (50)	57 (79.2)
Support with some reservations	300 (18.4)	4 (9.3)	1 (5.9)	4 (33.3)	6 (8.3)
Do not support	105 (6.4)	3 (7)	1 (5.9)	1 (8.3)	2 (2.8)
No strong opinion	60 (3.7)	5 (11.6)	-	1 (8.3)	7 (9.7)
Did not answer	68 (4)	4 (8.5)	1 (5.6)	3 (20)	10 (12.2)

Summary of free text responses

In contrast to other elements of the proposal there were not a vast number of free text responses to this element. SRFT noted that they fully support maintenance and expansion of outpatient facilities on the Trafford site. Generally residents were supportive of the expansion of outpatients and accepted that greater treatments would be available in outpatients, however, some residents opposed the proposed changes to the detriment of other services, particularly accident and emergency services (Box 4a).

Several residents had mixed opinions in relation to whether it was better or not to keep specialist services such as vascular and ophthalmic at specialist centres such as SRFT and Manchester Royal Infirmary (Box 4b). The majority of other comments were in relation to parking, transport issues, waiting times and overall communication issues (Box 4c).

Box 4a –Proposed changes to outpatients

Negative responses	Supportive responses
"I would rather travel for outpatients to allow A&E to save patients who would otherwise die." (no details provided)	*"The future of healthcare is for greater treatments in outpatient and day case settings." (WA15)*
"The emergency side of healthcare is more important to maintain than the routine side." (M32, female, 1979)	*"Most patients attend hospital on an outpatient basis, if numbers are high enough it makes sense to have these locally." (M32, female, 1964)*
"Obviously any improvement to services is to be welcomed but not at the cost of other parts of the hospital." (WA15, female, 1952)	*"Outpatient services [are] very important especially to the local residents." (WA15, male, 1935)*
"I think this would be dealt with better at Altrincham which is much nearer." (WA14, male)	*"I think it's great to have more nurse led clinics in outpatients, especially in paediatrics." (female, 1984)*
"I would prefer that the money for this expansion was spent on retaining a fully functional A&E department at Trafford General." (M41, male, 1945)	*"Local residents would be able to access outpatient appointments for this more easily and locally rather than having to travel to other centres for this." (M41, female, 1977)*
"Save your money - put it to Trafford General A&E Department." (M41)	*"Outpatient department seems to be grossly under-used" (M16, female, 1928)*
"Not at the cost of permanent consultant led urgent care." (M41, female, 1974)	*"I also think it would link well with the integrated care vision as there are a lot of vascular problems in the community (i.e. district nursing caseload) and more local access to specialist assessments etc. might be beneficial." (M41, female, 1978)*
"I would rather have the money spent on the A&E Department." (M32, female, 1969)	*"It is important that services such as these are maintained for people living locally." (M33, male, 1947)*
"Not at the expense of getting rid of A&E services." (M41, female, 1949)	*"A very good addition to local services." (M41, female, 1961)*
"… some of your proposals sound ok but not at the loss of Trafford General Hospital as a proper hospital." (M31, female, 1965)	*"As an ongoing patient Trafford is an excellent centre run by fantastic staff so outpatients must be retained and has only recently been updated." (female)*

Box 4b – Keeping specialist services in existing specialist centres

Negative responses	Supportive responses
"Manchester Royal Eye Hospital is excellent. I'd rather go there in every instance. It's long established and known in the community." (M16, male, 1963)	*"The expansion to include eye appointments etc. is a must." (M16, male, 1959)*
"There is a specialist eye hospital in Manchester so why is there now a need to introduce a department at Trafford." (M32, female, 1978)	*"I support this as present eye treatment is at MRI and it's not too accessible for elderly patients." (M32, female, 1943)*
"We have a fully operational eye hospital at Manchester. Spend the money where it's needed not creating extra departments unnecessarily." (M31, male)	*"It would save time going into Manchester city centre for eye appointments." (M31, male, 1966)*
"In the case of the outpatient services with regard to eyes, I believe that would be very short lived in the light of the MRI being the main hospital for eye treatment." (M41, male)	*"It is nice for people not to have to travel so far for eye appointments… If it saves you the cost and hassle of going to Manchester all the better." (M41, female, 1973)*
"With Manchester Eye Hospital on the doorstep, is there some danger of the Trafford eye facility becoming underused?" (WA15, male, 1956)	*"If this is an added services re eyes (MRI) then I fully support to reduce waiting list." (WA15, female, 1955)*
"Manchester Royal Eye Hospital specialises in eye treatments and Wythenshawe specialises in vascular treatments so there's no need to move these to Trafford General." (M33, female, 1962)	*"I don't know the reasons for the focus on ophthalmology or vascular outpatient assessments but if these are high volume referrals and people do not have to travel to MRI and deal with the traffic issues etc. then I would definitely support it." (M41, female, 1978)*
"We have very modern eye hospital in Manchester. Surely money could be more useful in other deptartments."M41, female, 1939)	*"Ophthalmic Department would be a great help to many." (M31, female)*
"At the moment my husband attends Wythenshawe Hospital for vascular treatment and both of us attend Manchester Eye Hospital for eye problems. Both are much easier to get to than Trafford General if you are reliant on public transport." (WA14, female)	*"Ophthalmic appointments are inconvenient in Manchester." (M31)*
"Expanding outpatient services which are available elsewhere is questionable. I would expect to use the MRI for ophthalmic needs." (M33, female, 1964)	*"I like the idea of ophthalmic care at Trafford General Hospital - travelling to MRI [is] very difficult at times." (M33, male, 1939)*
"Ophthalmic centre of excellence already exists at Manchester Eye Hospital." (M41, male)	*"It will be better when the proposed services are at Trafford General Hospital negating the journey to Manchester eye hospital." (M31, female)*

Box 4c – Logistics and communication

Overall comments
"There has to be excellent communication between staff at Trafford General and the hospital organising the appointments – this does not always happen." (WA14, female, 1940)
"Clear appointment system, patients need to know exactly where & when to attend, to alleviate stress." (WA15, 1938)
"My experience of hospital treatment suggests that administrative procedures need improvement, for example, ensuring that information is passed between staff better than at present." (M33, male, 1941)
"Some refurbishment of outpatients will be necessary and better signposting within the hospital if patient numbers increase." (Community group response).
"The hospital suites are a bit run down so some investment is needed." (M41, female, 1961)
"You will need bigger car parking facilities than are currently available." (WA14, female)
"I hope the car parking facilities will cope without the high prices." (M41, male, 1945)
"Reduce/remove car parking fees – the NHS is a service that we pay for via our very high taxes I do not expect to be charged for parking whilst I am receiving treatment." (M33, female, 1975)
"Waiting times and impact on parking" (WA15, female, 1947)
"Waiting times need to be considered, they are already long and if new services are introduced will it be worse." (M31)
"Some departments seem to run on time, therefore appointments should be time monitored to stop excessive waiting time!" (M41, female, 1956)
"Transport issues for patients who have no use of a car." (M31, female, 1959)
"My concern is that getting to Trafford General Hospital from South Trafford is a nightmare and almost completely impossible on public transport." (WA14, female, 1960)
"The physiotherapy aftercare will have to be able to cope with these increases, also pre-op technicians." (M41, male, 1938)
"I feel rehabilitation of outpatients needs to be addressed properly." (WA15, male, 1973)

c) *Day case surgery*

A clear majority of people (70.1%) fully supported the expansion of day case procedures. See Tables 11a and 11b for a summary of responses.

Table 11a: Summary of support for the expansion of day case surgery

	Frequency	Percentage (%) of responses received
Fully support	1264	70.1
Support with some reservations	383	21.2
Do not support	86	4.8
No strong opinion	70	3.9
Did not answer	102	5.4

Table 11b: Summary of support for the expansion of day case surgery per respondent group

	Trafford resident (n=1700)	Outside Trafford (n=47)	Voluntary or community groups (n=18)	Councillor or MP (n=15)	NHS or local authority (n=82)
Fully support	1127 (69.4)	30 (69.8)	15 (88.2)	6 (54.5)	57 (79.2)
Support with some reservations	358 (22)	6 (14)	1 (5.9)	3 (27.3)	9 (12.5)
Do not support	80 (4.9)	3 (7)	1 (5.9)	1 (9.1)	1 (1.4)
No strong opinion	59 (3.6)	4 (9.3)	-	1 (9.1)	5 (6.9)
Did not answer	76 (4.5)	4 (8.5)	1 (5.6)	4 (26.7)	10 (12.2)

Summary of free text responses

Similarly to the outpatients, residents were supportive of the expansion of day case procedures currently available at Trafford General Hospital, recognising the advances in medicine and technology. Davyhulme Children's Centre Baby Club members had experience of using Trafford for day case surgery and welcomed this development. Save Trafford General Campaign expressed concerns that *"an increase in capacity for day case surgery could be used as a means of reducing the current waiting lists at other CMFT sites. With an estimated 1,500 people on the waiting list at CMFT this could increase, rather than reduce waiting times for Trafford residents."* Several residents opposed the proposed changes to the detriment of other services, particularly accident and emergency, as concerns were raised regarding the implications in the event of surgical complications (Box 5a).

Box 5a – Proposed changes in day case procedures

Negative responses	Supportive responses
"This is not a proposal, it is just the obvious progression of modern medicine, especially keyhole surgery. All hospitals will increase day case surgery. " (M33, male, 1948)	*"Advances in technology mean more procedures can be carried out in day case." (WA15, female, 1984)*
"Again, a great service but not at the cost of pushing through your plans to abolish A&E." (no details provided)	*"My experience has been that hospital stays are becoming rarer, more is being done on a day-care basis – [it's] better to have this done locally." (WA15, male, 1956)*
"I would prefer money put into A&E to maintain a general service." (M41, female, 1955)	*"This gives better provision of services to local people for minor health problems, without the need to travel greater distances." (M16, female, 1960)*
"[I am] concerned patients will be discharged when they need extra in-house care." (M41, female, 1938)	*"Day-case procedures are now the vast majority of activity at Trafford General Hospital… this would improve patient access." (M41, male, 1950)*
"I would prefer this not to happen if it is to happen at the expense of A&E and POAU." (M42, female, 1975	*"Day case surgery for appropriate procedures and appropriate patients with good support in the community is excellent for individuals." (WA15, male, 1949)*
"This is not about increasing day case surgery, but sugar coating the closing of A&E and intensive care." (M33, male, 1964)	*"I think that increasing day surgery is great, especially in the paediatric unit." (female, 1984)*
"The day surgery unit does not have a strong foundation of professional skills and hygiene on which to build and expansion." (no details provided)	*"Day case surgery is the way forward and will increase quality and expertise."(WA15, female, 1954)*
"Patients should be kept in hospital as long as is needed to make a full recovery." (M41 female 1949)	*"I fully support the provision of local appropriate services and I think this is clearly an area which could be developed and sustained in Trafford." (M41, female, 1978)*
"I hope that this would not mean that people are denied hospital care or sent home too soon from hospital when they really need to be in hospital." (WA15, female, 1960)	*"Getting back home to normality [is] a great booster." (WA15, female, 1938)*

d) *Intensive care and emergency surgery*

Difference in responses to this item between people who supported the proposed changes to intensive care and those who did not were less distinct. Almost 41% of responders stated that they do not agree with the proposed changes and more than half of the respondents (55.8%) stated that they supported the changes either fully (31.7%) or with some reservations (24.1%). See Tables 12a and 12b for a summary of responses.

Table 12a: Summary of support for proposed changes to intensive care and emergency surgery

	Frequency	Percentage (%) of responses received
Fully support	567	31.7
Support with some reservations	430	24.1
I do not support	727	40.7
No strong opinion	62	3.5
Did not answer	119	6.2

Table 12b: Summary of support for proposed changes to intensive care & emergency surgery per respondent group

	Trafford resident (n=1700)	Outside Trafford (n=47)	Voluntary or community groups (n=18)	Councillor or MP (n=15)	NHS or local authority (n=82)
Fully support	494 (30.8)	16 (36.4)	6 (37.5)	1 (8.3)	35 (48.6)
Support with some reservations	383 (23.8)	9 (20.5)	3 (18.8)	1 (8.3)	21 (29.2)
Do not support	676 (42.1)	15 (34.1)	6 (37.5)	10 (83.3)	12 (16.7)
No strong opinion	53 (3.3)	4 (9.1)	1 (6.2)	-	4 (5.6)
Did not answer	96 (5.5)	3 (6.4)	2 (11.1)	3 (20)	10 (12.2)

Summary of free text responses

CMFT stated full support for the proposals in respect of intensive care and emergency surgery – *"We believe the proposed changes are needed to ensure the quality and safety of these services in the medium to long term. We are confident that CMFT will have the service capacity to deliver the services models described in the consultation document."* Whereas SRFT stated support with some reservations – *"reservations relate to the potential demand for services at SRFT with changing patient flows."*

The majority of residents were alarmed over the removal of intensive care and emergency surgery and disbelief was raised over the claim of low numbers (Box 6a). In contrast, some residents were supportive of the proposed changes to intensive care and emergency surgery services, recognising that safety and staff skills are paramount and thus patients could be served better by other hospitals (Box 6b).

The majority of residents opposed to the proposals expressed concerned over patients requiring transfers to other hospitals whilst critically ill and the risks associated with such transfers (Box 6c). Travel issues were raised amongst the vast proportion of the free text comments. Some residents also raised concern over the emotional impact on family and friends when travelling further during critical illness and/or when visiting patients during what is an already stressful situation (Box 6d).

Box 6a – Low numbers using intensive care and emergency services

Negative responses
"I do not accept or believe that patient numbers are too low for intensive care." (M41, male, 1961)
"I feel the downgrading of Trafford General Hospital will endanger the lives of Trafford residents." (M41, female, 1963)
"I don't believe such 'numbers' are low, you are just using this as an excuse." (M16, male)
"This would be a disaster and could cost lives if people have to travel further for urgent treatment. From personal experience I do not agree that the patients treated are in low numbers." (M41, female, 1933)
"How can the number of cases be not enough for ICU when all the staff are running round looking after patients and more often than not being short staffed and foregoing their entitlement to breaks." (female)
"How can a hospital not have ICU or A&E? It is vital to any hospital and whilst I believe hospitals can specialise in certain areas the need for emergency care and treatment, along with intensive care saves lives." (M33, female, 1978)
"How can it be right that intensive beds are reduced - this will put lives at risk and is not something that I am willing to support in my area." (M33, female, 1975)
"I cannot believe there is no need for intensive care in Trafford." (M41, female, 1961)
"Surgery can deteriorate rapidly. This is putting patients at risk unnecessarily." (M32, female, 1979)

Box 6b – Supportive comments with respect to intensive care and emergency services proposals

Supportive responses
"[I] recognise going forward it is not safe for all hospitals across Manchester to provide the most complex care." (M33, female, 1984)
"I would rather have a greater guarantee of high quality safe care than risk having an inexperienced clinician or team with potentially less than optimal supervision." (M41, female, 1978)
"If not enough people [are] using it and it becomes unsafe then it must be better to close it." (no details provided)
"Safety and skills of the staff are important to me." (M33, female, 1960)
"Some patients can be better cared for elsewhere." (M32, male, 1971)
"This decision is perfectly acceptable as long as alternative facilities are still within reasonable distance of Trafford residents." (female)
"I feel that it is in patients' best interests to be treated in a safe environment and particularly at times of emergency / intensive care." (M32, female, 1969)
"I do not believe staff can be experts in such a small unit." (no details provided)
"A critical quantity is necessary to retain skills and safety." (M33, male, 1971)
"I accept that if the number of patients is too low it is not safe." (M41, female, 1973)

Box 6c – Travel during critical illness

Negative responses
"What happens if inpatients become very poorly?" (no details provided)
"Patients requiring intensive care/emergency surgery may not survive longer journey to other hospitals." (M41, female, 1966)
"Travelling whilst in need of ICU is dangerous – what if someone is taken ill in A&E?" (no details provided)
"If myself or any member of my family required this I would not like them to be transferred any distance putting their life at risk." (M41, female, 1965)
"Serious emergencies need to be addressed urgently (the term 'the golden hour' is well known even to the layperson) to minimise the risk of death or complications. Taking away a local facility could put patients at an increased risk." (no details provided)
"I think this is short sighted to remove specialist emergency services, the time getting a patient to hospital is critical in severe cases." (M41, male, 1977)

“Specialist care is unplanned and what people need most. [It is] unacceptable that a person may have to travel out of area, when time could be of the essence.” (M32, female, 1974)
“Problems if intensive care is required - long way to travel to other hospitals.” (WA15, female, 1942)
“I worry that there will not be enough critical care provision for the surgery being carried out at the hospital as it is impossible to predict who will need high dependency care prior to surgery.” (no details provided)

Box 6d – Travel during critical illness (impact on relatives)

Negative responses
“I don’t think you appreciate how difficult it is when you are ill or have relatives who are ill. It is a very very stressful time and all you want is to get well or have your relative well again.” (M41, female, 1965)
“Time and distance, not just for the patient but also for visitors i.e. loved ones, relatives and friends. Let’s have the patients’ welfare come first!! It is imperative to the heeling process that not only can the patient be attended to at the earliest possible moment but relatives etc have quick and easy access.” (M32, male)
“It also costs a lot to get to other areas and would affect relatives not being able to get to loved ones.” (M41, female, 1972)
“Local people will have to be out of their area whilst in hospital with implications for relatives travelling to visit etc.” (M41, female, 1944)
“What about the relatives! Transport/parking/elderly going to MRI/SR not a good option.” (M33, male, 1947)
“Making these changes not only concerns possible patients but must also consider those who want to visit when relatives/friends are in hospital like MRI and Wythenshawe as they are not readily accessible to all areas of Trafford.” (WA15, female, 1954)
“Relatives and friends will be under greater stress due to having to travel further to visit very sick people.” (M31, female, 1950)
“Intensive care is time intensive for relatives and adding more stress by making a long journey at an already stressful time is unacceptable.” (M41, female, 1977)
“Anyone who has had family in intensive care knows how stressful this can be and travelling to and from after long hours with a 'patient' just adds to this.” (M41, female, 1985)
“You need to consider family and carers of vulnerable people. Not everyone can travel miles to see their loved ones in other hospitals.” (M41, female, 1963)

e) *Accident and emergency*

Many responders stated that they did not support the proposed changes to accident and emergency services (45.6%). However, almost half of the responders (49.5%) stated that they either fully supported the proposed changes (26.4%) or supported with some reservations (23%). See Tables 13a and 13b for a summary of responses.

Table 13a: Summary of support for proposed changes to accident and emergency

	Frequency	Percentage (%) of responses received
Fully support	472	26.4
Support with some reservations	411	23.0
Do not support	868	45.6
No strong opinion	34	1.9
Did not answer	120	6.3

Table 13b: Summary of support for proposed changes to accident and emergency per respondent group

	Trafford resident (n=1700) n(%)	Outside Trafford (n=47) n(%)	Voluntary or community groups (n=18) n(%)	Councillor or MP (n=15) n(%)	NHS or local authority (n=82) n(%)
Fully support	400 (25)	16 (37.2)	9 (56.2)	2 (15.4)	33 (45.2)
Support with some reservations	354 (22.1)	12 (27.9)	3 (18.8)	10 (76.9)	27 (37)
Do not support	820 (51.2)	11 (25.6)	4 (25)	1 (7.7)	12 (16.4)
No strong opinion	28 (1.7)	4 (9.3)	-	-	1 (1.4)
Did not answer	98 (5.8)	4 (8.5)	2 (11.1)	2 (13.3)	9 (11)

Summary of free text responses

CMFT claimed full support of the proposals in respect of accident and emergency services although reassurance that the integrated care system was optimal would be required before progressing to Model 3 – *"We believe the proposed changes are needed to ensure the quality and safety of these services in the medium to long term. We are confident that CMFT will have the capacity to deliver the service models described in the consultation document. However, we would like to emphasise that thorough and comprehensive development of the proposed Integrated Care System would need to be demonstrated before*

the Trust could support the implementation of Model 3." SRFT stated support with some reservations – *"Reservations relate to the potential demand for services at SRFT with changing patient flows."*

The South Manchester Clinical Commissioning Group stated that the proposal to replace accident and emergency services *"with an urgent care centre will have implications in terms of patient flow and choice to neighbouring Accident and Emergency Departments including patients with mental health needs. As the lead commissioner for University Hospitals South Manchester (UHSM) this issue of patient flow and choice will no doubt increase activity. The actual predicted increase in attendances is currently between 5% and 6% adding pressure for a unit already over capacity and in premises that are not suitable for this increasing activity."* The MP for Wythenshawe and Sale East also expressed concerns about the likely increased utilisation of UHSM accident and emergency and stated that *"over the course of a year Wythenshawe A&E is now treating 88,000 patients in a unit designed for 70,000" and that proposed changes to Trafford accident and emergency would "mean an extra 10,220" yet "there is no firm commitment to provide the £11.5 million required to extend A&E and other facilities at Wythenshawe in order to deal with the additional patients." The Leader of Trafford Labour Group reaffirmed its "opposition to withdrawal of optimum A&E services from Trafford General and its commitment to the maintenance of other services there."*

Parents attending the Stretford Children's Centre Stay and Play Group had the view that it was better to go to the specialist hospital for children or the accident and emergency with the highest level of expertise. In their view "*we would go to RMCH A&E – they are going to transfer any way and it's got everything you need and the specialists in children's health.*" Although many recognised that specialist care could be more remote they still valued obtaining a quick opinion and advice locally. Examples given were around breathing difficulties or allergic reactions when they believed speed was important for a successful outcome.

Many residents expressed disbelief over the claim of low numbers using the accident and emergency department at Trafford General and were concerned over capacity issues for emergency services at other hospitals with the increased workload from the proposed reduction at Trafford General Hospital (Boxes 7a and 7b).

There was a need for further information and clarification as to what services an urgent care centre would provide (Box 7c).

Several residents were opposed to the reduction in services to a minor injuries unit, particularly from a consultant led unit to a nurse led unit in 2-3 years' time (Box 7d). However, positive responses were

received from people who had previously experienced nurse led accident and emergency care and some residents compared the proposed changes to the positive ones already made at Altrincham General Hospital (also Box 7d).

Many residents expressed concern over the risk of loss of life due to travelling further afield to other hospitals in the event of an emergency (Box 7e), coupled with the poor public transport links to other hospitals which poses difficulties for people with no other means of transport (Box 7f). Concern was also raised over the financial burden of travelling to and parking at other hospitals, which has financial implications on both patients and their families (Box 7g).

Partington and Carrington GPs expressed concern that closure of Trafford accident and emergency would lead to more pressure on them. Suggestions were proposed by the group and these are presented in Box 10, page 53.

Box 7a – Claimed usage of A&E services

Negative responses
"I don't believe that in an area of increased demographics that this hospital is low on numbers." (no details)
"The A&E Department at Trafford General is essential due to other A&E Departments always overpopulated with casualties." (M33, female, 1948)
"I have used A&E recently and the figures you quote do not reflect the experience I have had. The waiting room was very full and waiting times were very long." (M41, female)
19 to 30yr olds focus group participants suggested that if "Trafford A&E isn't busy – why not let local businesses and offices know about what Trafford offers so it gets more patients."
Some focus group participants suggested *"doesn't an ambulance already take you to the most appropriate place?"* and some participants *"didn't even know there was an A&E in Trafford." (BME group Flixton)*

Box 7b – Potential impact on other accident and emergency departments

Negative responses
"Wythenshawe A&E already seems overburdened." (M33, female, 1978)
"If you reduce services at Trafford General the next nearest hospitals are not going to be able to cope with the influx of all the people of Trafford." (no details provided)

"No provision has been made or expressed for extra capacity to be built into and made available at other hospitals for Trafford residents." (M33, male, 1963)
"Will the other major hospitals be able to cope with the inevitable influx of people from this part of Trafford?" (male, 1960)
"It is reckless to even contemplate closing the accident and emergency department in the hope that other hospitals can cope with the overspill." (no details provided)
"The hospitals that will take Trafford patients have not been given extra staff or ICU beds to cope and A&E departments will be too busy." (M41, female, 19389)
"Can the remaining hospitals cope with the increase by receiving Trafford patients - A&E waiting times are currently unacceptable in any event (4 hours) this will only get worse." (M33, female, 1975)
"It is not clear what is going to happen [to] people suffering from a severe attack requiring immediate and high-level attention, such as heart attack or stroke." (Davyhulme resident)
Chair of the Health Scrutiny Committee – committee response: "C*alls for a thorough impact assessment of the proposals on the A & E Department at Manchester Royal Infirmary due to concerns that the resultant additional patients would worsen the services provided for the residents of Central Manchester."*
"Changes to A&E at Trafford cannot go ahead without securing the necessary alternative provision, including guarantees of adequate resources for other A&E centres. Particular concerns exist about capacity at Wythenshawe, which, as has been noted by Manchester's health scrutiny committee, must be addressed before services are withdrawn at Trafford General." (Local MP)

Box 7c – Service provision of the Urgent Care Centre

Responses indicating the need for further detail and clarification
"What's the difference between A&E and an UCC (Urgent Care Centre)?" and *"All the terms used are confusing." (BME group Flixton)*
Mothers attending the Davyhulme Children's Centre Baby Club group stated that they "*were somewhat reassured that there would be an Urgent Care Centre but wanted more clarity about the type of condition that could be treated." (Davyhulme Children's Centre Baby Club)*
People attending the Stretford Children's Centre Stay and Play Group expressed "*concerns about the confusion that could occur regarding the availability of the service. They asked about what they would do when it was early evening and highlighted that they would not be sure where to go if their child needed emergency treatment." (Stretford Children's Centre Stay and Play Group)*
"It makes more sense for the new urgent care centre to be open at night rather than during the day. During the day it's easier to get to the other centres. It would mean for example that young mums could be closer if they have an issue during the night." (Youth Cabinet)

Box 7d – The reduction to a nurse led unit

Negative responses	Supportive responses
"The proposals appear to be a reduction to a nurse-led service but obscured by an interim medical led [service]. The medical led service should be retained." (WA15, male, 1948)	*"I have close access to alternative acute services at Wythenshawe." (WA15, female, 1972)*
"Whilst I understand the need to close A&E, I don't understand [the] 2 stage reduction in service. Decide what is best, sell this model to the public and launch it properly." (M41, female, 1975)	*"If it is financially unsustainable then there is no choice." (no details provided)*
"[I do not support it] because in 2 or 3 years' time it will become a nurse led minor injury unit." (M33, female, 1939)	*"This works very well at Altrincham Hospital and is very successful." (M33, female, 1981)*
I agree with the concept of an urgent care centre with day only hours, however I disagree with the nurse led option. Nurses are not qualified doctors!" (M33, male, 1978)	*"Minor injury visits are great thing especially the one in Altrincham. The more the merrier." (M33, male, 1968)*
"A&E should stay at Trafford General and not become a nurse-led minor injuries unit. This is a bad idea for Trafford people." (M31, female, 1954)	*"This works very well at Altrincham Hospital and is very successful. Takes pressure off other major sites - Wythenshawe and Salford." (M33, female, 1981)*
"It must always be a consultant led team and not revert in 2 years to a nurse led team, as this would be very bad and dangerous for all patients." (M41, male, 1943)	*"I tend to use the Minor Injuries unit at Altrincham which is an excellent, efficient and nurse led service. Whenever we attend there, we have little wait and are seen assessed and treated very quickly." (M41, female, 1977)*
"There is already a minor injuries unit at Altrincham, we do not need another at Trafford." (WA15, female, 1983)	*"Altrincham minor injuries unit is excellent, no reason why Trafford could not have similar service." (WA15, female)*
"I fail to see how a nurse led minor injuries unit can take the place of A&E or even an urgent care centre." (M41, male, 1942)	*"Our trust runs three very effective nurse-led minor injuries/urgent care centres. The population will not be disadvantaged by losing its traditional A&E." (resident outside Trafford)*
"An eventual nurse led team is not an acceptable level of care for the Trafford area." (M33, male, 1968)	*"The Altrincham minor injuries unit works well - my guess is that in time Trafford General Hospital will have a similar function and many local people will attend other A and E's." (M33, female, 1955)*
"It should remain as a consultant led urgent care centre and not change to being nurse led with a downgrade in service." (M41, male)	*"The nurse led minor injuries unit is a good idea." (M41, female, 1973)*

"It will be a waste of time as in the end only led by nurses and they can't do much."	*"I had an experience where I was in and out of MRI A&E in 2 hours as I was seen by a nurse. Is that what the UCC will be like? If so, it could be a good idea." (BME group in Flixton)*
"The night-time closure is a disadvantage. Where would young people go at night?" (16 to 18 year old group at St Mathew's Hall)	*"What would the difference be between an UCC and an A&E? If it's replacing the A&E it could be good." (* 16 to 18 year old group at St Mathew's Hall)

Box 7e –Travelling in the event of an emergency (impact on patients)

Negative responses
"Members have taken the view that the consultation is based on an over-reliance on ambulance-based travel times. Clearly, not all patients access accident and emergency services in an ambulance. It is important to ensure that optimal access to accident and emergency services are preserved for Trafford resident." (Trafford Council Health Scrutiny Committee)
"My main concern is [the] ability to get to the other hospitals." (M41, male, 1941)
"Severe congestion on roads, poor public transport, poor parking facilities, make travel to hospitals outside of Trafford a nightmare." (M33, female, 1939)
"The increasing volume of traffic in rush hour will inevitably cost lives." (M41, female, 1941)
"There is nothing on the west side of Trafford if these proposals take place." (M41)
"This could mean the difference between life and death." (M33)
"I have serious concerns that the safety of patients may be compromised by the inaccessibility of emergency services." (WA15, female, 1950)
"Further distances to travel to for A&E services increases risk to patients." (M41, male, 1945)
"Wythenshawe and MRI are not easily accessible unless you have a car and also the time it takes to get to them could be the difference between life and death." (M41, female, 1951)
"The length of time it takes in rush hour particularly in rush hour to get to the alternative hospitals. This is potentially a life threatening distance and is not an appropriate local solution for the people of Trafford." (M41, female, 1977)
"For the residents of Flixton, Urmston and Davyhulme, having to travel to the MRI, Salford Royal or Wythenshawe for A & E treatment has massive implications. We are all able to access these services at Trafford General within 5 or 10 minutes. To reach the three alternative hospitals would take at least 25 minutes; often much longer at busy times of day, such as rush hour." (M41, female, 1960)

Box 7f – Travelling to other hospitals (impact on residents)

Negative responses
"Transport to other hospitals for patients and visitors – not everyone has transport!" (M41, female, 1944)
" Having to drive to another place is dangerous; Wythenshawe waiting times are long" (19 to 30 year old focus group)
"Committed to transport still means nothing may happen" (16-18yr old Group, St. Matthew's Hall)
"Some of my constituents face long and awkward journeys to hospital if the proposed changes go ahead. While discussions have taken place with TfGM, and I understand community transport solutions are under discussion, constituents told me of long waits for Ring and Ride, inflexible and inconvenient pickup and drop-off arrangements from community transport providers, hefty car parking charges, especially at Wythenshawe, which are not adequately covered by the parking vouchers provided to patients, and concerns about journey times in heavy traffic." (Local MP)
"Partington people cannot easily get to Manchester or indeed other mentioned locations." (M31, male, 1947)
"An ageing population is proportionately more likely to require A&E services and be less likely to be able to travel." (M41, female, 1948)
"There are many people who do not have their own transport and would find it very difficult to get to the alternative hospitals." (M33, female, 1937)
"I am worried about the distance that people needing urgent medical attention would have to travel to their nearest hospital, as well as the ability of people in Trafford - particularly in areas such as Partington - to access other hospitals using public transport." (WA15, male, 1985
"Older people or families with children without transport, getting to the nominated hospitals is not easy." (M41, female, 1953)
"Transport is the major problem. Wythenshawe and Salford rely on negotiating the Trafford Centre and M60, both of which are a problem. Also the route to Manchester Royal is hampered on match days."(M41, female, 1946)
"People living in the present catchment area of Park Hospital, having to visit friends or relatives who have been accommodated at MRI, Salford or Wythenshawe are faced with awkward journeys, particularly by public transport." (M33, male, 1947)
"Travel distance for older people who don't have cars or family to take them." (M31, female, 1947)

Box 7g – Financial impact on residents and their relatives

Negative responses
"These hospitals are too far away... return journey £30-£40 round trip. Pensioners and people on benefits can't afford this." (M41, female, 1952)

"The cost of car parking is far too expensive. Wythenshawe Hospital [is] £2.50!" (M41, female, 1955)
"Consideration should be given for people living in the vicinity of Trafford General as bus fares, taxi fares, or even petrol costs will be high for people visiting the other hospitals mentioned." (M33, female)
"[I am] not sure how the frail, elderly and low income families will cope with the extra travel expense." (M41, female, 1955)
"Travel time, public transport, high cost to patient and relative." (M33, female, 1936)
"Transport to and from Manchester and Wythenshawe and the cost and lack of parking are major issues especially for the elderly and carers on low incomes." (M41, female, 1968)
"Travelling time if not a car owner and parking for people accompanying a patient." (M41, female, 1926)
"The ability of genuine vulnerable relatives/friends to travel to the alternative A&E centres from Flixton/Davyhulme/Urmston area i.e. cost and availability of transport (public and private)." (M41, male, 1945)
"As a care home manager, it will be very difficult for our service users to be transferred greater distances in an emergency and we would be unable to send a member of staff that distance. There are also the practicalities of elderly relatives getting to one hospital." (M41, female, 1974)
"The reservations are transport difficulties for the relatives of many patients who need A&E initial assessment." (M31, female)

Question 4 and 5: Aspects which have not been considered and any other comments

Many residents of Trafford had sentimental and personal reasons for their strong unsupportive opinions in relation to the overall proposal (Box 8a). Residents were angered by the improvements to Altrincham General Hospital, and the downgrading of Trafford General Hospital, suggesting this reflected a socioeconomic divide in Trafford (Box 8b).

Other common trends in relation to aspects which residents of Trafford did not feel the proposal had considered included a strain on the ambulance service (Box 8c), travel implications (including cost of travel and parking) for both patients and relatives in relation to the proposed changes to intensive care and accident and emergency services, and the risk of death due to the proposed removal of intensive care and emergency surgery at Trafford General. A number of responders also raised concerns that the New Health Deal for Trafford was taking place in isolation to other health care initiatives in the Greater Manchester area (Box 8d).

Residents were offended by the lack of an entry for 'retired' under the employment status section of the form e.g. "*Retired, don't we count*?" Many residents did not consider 'unemployed, not looking for work' to encompass retired individuals. Residents were also offended by the question in relation to gender assignment, although many of them still answered this question. Sexual orientation was another question which angered residents who felt this was "*none of your business*", although again, the majority of residents still completed this question.

Box 8a – Heritage and sentimental value of Trafford General Hospital

Overall comments
"My father and grandfather painted the original main corridor." (M41, female, 1934)
"Trafford Hospital has been a great help to me in the past." (WA13, male, 1944)
"Trafford General is where our children were born. The A&E and paediatrics saved our daughter's life." (M41, female, 1970)
"Being close to the hospital has meant intensive care has saved my families lives." (M41, male, 1957)
"This hospital is a major part of our lives for over 60 years." (M33, male, 1935)
"It has been my second home for the past 10 years, not only [for] me but for the people of Trafford." (M32, male, 1951)
"Keep open a local hospital for local residents." (M33, female, 1937)

“This has been my local hospital since 1936.” (M41, female, 1922)
“It was the birthplace of the NHS.” (M41, female, 1944)
“This was the first National Health Hospital, surely this means something.” (M41, female, 1938)
“Trafford General Hospital, as the first NHS hospital, should be a flagship hospital and be promoted as such to attract the best medical staff.” (M41, female, 1941)
“As the flagship of original NHS, the hospital should be redeveloped and brought up to standards of excellence. Why do we have to roll over and agree to huge impersonal hospitals?” (M16, female, 1941)

Box 8b – Altrincham General Hospital

Overall comments
“Why spend money on Altrincham hospital when Trafford General is more central and has a good reputation for patient care.” (M41, male, 1934)
“Why not close Altrincham general and make Trafford the main hospital, its larger and has better parking facilities.” (M32, female, 1944)
“Why is Trafford spending a lot of money on a hospital in Altrincham rather than improving the services at Trafford General Hospital?” (no details provided)
“The new Altrincham site should never have been approved. This spend should have taken place on the Trafford General Hospital site. Redevelopment of Altrincham is indulgent to local politics and pressure groups.” (M33, male, 1971)
“Why is it necessary to build a new hospital in Altrincham when an existing hospital in Trafford could be adapted and meet patient needs.” (M33, female, 1939)
“Is this cut in services to fund the new Altrincham Hospital? The south of this area wins yet again!” (M32, male, 1954)
“This is the start of the demise of Trafford General Hospital… Why pay so much for the new Altrincham hospital which will have limited services?” (M32, female)
“Why is Altrincham getting a new hospital? Why can’t the money be spent on extending Trafford General to make it bigger and better.” (M41, female, 1943)
“So much money spent on Trafford General and you want to close half of it, yet there are plans for a hospital to be built in Altrincham, it makes no sense at all.” (M41, female, 1975)
“Why build a new hospital in Altrincham which is close to Wythenshawe and close our local facilities?” (M41, female)
“Why are the NHS spending so much money on Altrincham hospital when those residents in that part of Trafford are closer to Wythenshawe.” (no details provided)

Box 8c – Strain on the ambulance service

Overall comments
North West Ambulance Service (NWAS) NHS Trust stated that they *"support, in principle, the proposal set out in the New Health Deal because it ensures patients with critical illness and injury in the Trafford area will ultimately receive the most appropriate care in the right place and at the right time. Our previous experience with acute reconfigurations has demonstrated that services available in urgent care centres need to be clearly communicated, defined and in a format that is easy for the members of the public to understand to avoid seriously unwell patients or their families self-presenting there. This will also ensure that patients with minor injury or illness continue to be seen in their local Urgent Care Centre. The achievement of national ambulance standards for Category A8 and A19 is challenging and any reconfiguration which involves travelling further to an Emergency Department will have an impact on the ambulance provision and this will needs to be modelled and any additional resource(s) identified provided." (North West Ambulance Service NHS Trust)*
"Increased use of the ambulance service when people who would have been driven to Trafford A&E phone 999 because of the further distance." (M41, female, 1978)
"Not all emergencies go via ambulance but knowing that a greater distance will be travelled all will call ambulances." (M41, female, 1953)
"I can foresee extra pressure on the ambulance service transporting patients out of the district." (M41, female, 1948)
"We are isolated here in Trafford and would be entirely dependent on the ambulance service in [an] emergency." (M41, male, 1935)
"Trafford is a very large area and some people are not fortunate to live near a hospital for emergency care, they will phone for an ambulance, which might be quicker, than taking the patient themselves." (M33, female, 1947)
"I think extra pressures will be put on the ambulance service as people think the distances [are] too great to travel to and will dial 999 as an alternative." (M41, female, 1944)
"Do you have the ambulances to cope and the transport for visitors?" (M41, male, 1947)
"Could put more pressure on the ambulances at night when people do not have their own transport to get to A&E." (M33, male, 1936)
"Many Trafford residents, particularly those in Partington, find it hard to get to other hospitals and would have to call an ambulance to get there, then you may find them doing that for none serious things." (M31, female, 1975)
"There will be extra expense on the NHS ambulance service to take patients unable to use public transport who have no-one to take them to other hospitals when necessary." (M33, female, 1932)
"The extra workloads that may be generated for the ambulance service." (M33, female, 1932)
"Despite informal indications that additional resources will be provided to NWAS to manage additional ambulance journeys, there has been no indication of the level of resources and whether they will be sufficient, and no guarantee that they'll be sustained. The changes cannot proceed without such guarantees." (Local MP)

Several people who participated in the Stretford Children's Centre Stay and Play Group discussion "highlighted the increased demand on the ambulance service with a higher number of journeys and greater distances to travel. Implementation should address planning with the ambulance service and consider resources." (Stretford Children's Centre Stay and Play Group)

Box 8d – Wider Greater Manchester health service considerations

Overall comments
"Healthier Together, provides an opportunity to examine provision across the Greater Manchester conurbation. The Committee's view was that this piece of work may allow the identification of alternative models of provision. Members have expressed concern that progressing the New Health Deal consultation in isolation might not allow alternative options, which could be of particular relevance to Trafford General, to be taken into account." (Trafford Council Health Scrutiny Committee)
"CMFT recognises that there are good clinical and financial reasons why the proposed changes to hospital services in Trafford should not be unduly delayed. In this context, the Trust is convinced that the New Health Deal for Trafford consultation should be maintained as a completely separate activity to the "Healthier Together" strategic planning that has recently been initiated in Greater Manchester." (CMFT Executive)
Manchester Health Scrutiny Committee: 1. *Calls for the decision on the proposed changes to the Accident and Emergency (A & E) Department at Trafford General Hospital to be postponed until they can be considered in conjunction with Greater Manchester NHS' "Healthier Together" proposals that will be put forward next spring affecting hospital and other health provision throughout Greater Manchester.* 2. *Calls for the postponement of the proposed changes to the A & E Department at Trafford General Hospital until the necessary investment is provided by the NHS to expand University Hospital of South Manchester's (Wythenshawe Hospital, UHSM) A & E Department and its beds for patients admitted from A & E. Otherwise, the service provided to the residents of Wythenshawe and South Manchester by their hospital will be seriously damaged. If the NHS is not prepared to make the necessary and timely investment into Wythenshawe Hospital, then we call on the NHS to withdraw their proposals to downgrade Trafford General's A & E Department. (Chair, Health Scrutiny Committee)*
"During the consultation, proposals have been published which may lead to wider changes to the NHS across Greater Manchester. It is hard to see the rationale for making changes now in Trafford which are disconnected from this wider review. I suggested to the Secretary of State on 23 October (Hansard Col 830) that it would be best to defer decisions about Trafford and make them as part of the wider process for change that is now being considered. I strongly recommend this course of action." (MP for Wythenshawe & Sale East)
"The idea that the serious and permanent changes to TGH can be assessed in isolation from the wider changes currently being explored across Greater Manchester is also of great concern. It is reasonable to expect that broader regional changes may have significant domino effects on Trafford patients and the broader network of health services provision." (Save Trafford General Campaign)

"It is also worth noting that the Trafford reconfiguration is not occurring in isolation to other activities resulting in a change in patient flows, as we are seeing a steady increase in the flow of Stockport patients that are equally adding to the pressures at UHSM. It would be useful to have some clarity on how the Trafford reconfiguration fits with Healthier Together and the wider GM health economy and what the next stage of the plans look like so we can actively participate and contribute to the thinking, shaping the design and supporting the implementation and delivery of any change." (South Manchester CCG)
"Uncertainty about the future configuration of healthcare services across Greater Manchester has rightly been highlighted by Trafford Council's cross-party health scrutiny committee as a particular issue of concern. Changes at Trafford cannot take place in isolation from the rest of Greater Manchester, and should not proceed until the dependencies have been properly identified and planned for, yet this does not appear to have taken place. Equally, there are few signs of contingency planning, yet the scale of the changes makes such planning imperative." (Local MP)

TRAVEL RELATED THEMES AND COMPARISONS BETWEEN POSTCODES

Travel related themes from respondents in specific areas

Residents with an M41 postcode were concerned regarding the risk of life due to the distance required to travel to other neighbouring hospitals, particularly in rush hour traffic (Box 9a). Residents with an M31 or M33 postcode shared similar views to those people residing in the M41 catchment area (Box 9b). A summary of support for each element of the proposal between M41 and M31 or M33 residents is detailed in Tables 14a to 14g. There were very few comments in general from residents outside Trafford and only one person raised the issue of travel. There were no comments from residents living within the M35 or WA13 catchment area.

Table 14a: Summary of support for the long term vision

	M41 n= 601	M31 or M33 n = 545
Fully support – n (%)	102 (17.4)	217 (40.8)
Support with some reservations – n (%)	211 (35.9)	180 (33.8)
Serious reservations – n (%)	268 (45.7)	127 (23.9)
No strong opinion – n (%)	1 (6)	8 (1.5)
Did not answer – n (%)	14 (2.3)	13 (2.4)

Table 14b: Summary of acceptance of the need for change

	M41 n = 601	M31 or M33 n = 545
Fully accept– n (%)	113 (19.2)	257 (48)
Accept with some reservations – n (%)	185 (31.4)	147 (27.5)
Serious reservations – n (%)	286 (48.6)	124 (23.2)
No strong opinion – n (%)	5 (0.8)	7 (1.3)
Did not answer – n (%)	12 (2)	

Table 14c: Summary of support for proposed changes to orthopaedics

	M41 n = 601	M31 or M33 n = 545
Fully support– n (%)	295 (50.1)	353 (66.7)
Support with some reservations – n (%)	177 (30.1)	120 (22.7)
Do not support – n (%)	89 (15.1)	34 (6.4)
No strong opinion – n (%)	28 (4.8)	22 (4.2)
Did not answer – n (%)	12 (2)	16 (2.9)

Table 14d: Summary of support for expanded outpatients

	M41 n = 601	M31 or M33 n = 545
Fully support– n (%)	384 (65.3)	417 (77.9)
Support with some reservations – n (%)	128 (21.8)	81 (15.1)
Do not support – n (%)	55 (9.4)	17 (3.2)
No strong opinion – n (%)	21 (3.6)	20 (3.7)
Did not answer – n (%)	13 (2.2)	10 (1.8)

Table 14e: Summary of support for expanded day case surgery

	M41 n = 601	M31 or M33 n = 545
Fully support– n (%)	373 (63.3)	404 (75.8)
Support with some reservations – n (%)	58 (26.8)	90 (16.9)
Do not support – n (%)	39 (6.6)	16 (3)
No strong opinion – n (%)	19 (3.2)	23 (4.3)
Did not answer – n (%)	12 (2)	12 (2.2)

Table 14f: Summary of support for proposed changes to intensive care and emergency surgery

	M41 n = 601	M31 or M33 n = 545
Fully support– n (%)	90 (15.4)	213 (40.2)
Support with some reservations – n (%)	122 (20.8)	143 (27)
Do not support – n (%)	356 (60.8)	153 (28.9)
No strong opinion – n (%)	18 (3.1)	21 (4)
Did not answer – n (%)	15 (2.5)	15 (2.8)

Table 14g: Summary of support for proposed changes to accident and emergency

	M41 n = 601	M31 or M33 n = 545
Fully support– n (%)	53 (8.8)	180 (33.8)
Support with some reservations – n (%)	99 (16.5)	139 (26.1)
Do not support – n (%)	427 (71)	204 (38.3)
No strong opinion – n (%)	7 (1.2)	9 (1.7)
Did not answer – n (%)	15 (2.5)	13 (2.4)

Box 9a – Travel related comments from M41 postcodes

Overall comments
"Travelling to Salford or Wythenshawe will take too long and put lives at risk."
"Fast travel to Salford Royal, MRI or Wythenshawe is not possible at certain times of the day."
"Trafford area covers many schools & colleges, many industrial areas, the Trafford centre, - travel to A&E in Salford or Wythenshawe will be problematic."
"Healthcare losses at this facility will have a greater impact on those who cannot travel."
"This would be a disaster and could cost lives if people have to travel further for urgent treatment."
"Access and travel to other hospitals for people from M41 area."
"Lives will be put at risk. Main roads are so much busier and a lot of people are unable to travel out of the area."
"Why should Trafford residents have to travel when the facilities are on our doorstep."
"Partington to Salford/Manchester/Wythenshawe is a long way and traffic makes it a time consuming journey."
"It takes too long to get to MRI, Wythenshawe and Hope hospital from this part of Trafford. A trip to the MRI can take up to an hour in rush hour traffic."

Box 9b – Travel related comments from M31 and M33 postcodes

Overall comments
"Travelling distance to any alternative hospitals especially by public transport." (M31)
"Travelling to other hospitals only adds to the stress of the situation." (M31)
"The distance between Trafford General Hospital and Wythenshawe Hospital is too far to travel with a sick baby." (M31)
"I am concerned about distances having to be travelled to other hospitals in an emergency." (M31)
"It will not be so easy for carers etc. to be close by or travel to visit and support." (M31)
"It is difficult for people to access these hospitals and will cause problems for parents who have other children to visit when their children are inpatients." (M31)
"Travel distance to other hospitals - I have no car." (M31)
"Travel distance for older people who don't have cars or family to take them." (M31)
"Travel to say MRI from South Manchester could be very difficult without private transport especially for the elderly." (M33)

"This will mean people having to travel from across Manchester to Trafford if this goes ahead." (M33)
"Ability of relatives to visit patients from greater distances who may not be able to drive or travel on public transport as non is available near their homes to the new centres for A&E." (M33)
"The distance and awkwardness of travel to central Manchester and Wythenshawe." (M33)
"The most vulnerable are going to find it difficult to travel to places." (M33)
"Severe congestion on roads, poor public transport, poor parking facilities, make travel to hospitals outside of Trafford a nightmare." (M33)
"Transport links to Trafford General are not good from Sale." (M33)
"I am public transport user and it takes me long enough already." (M33)

Specific travel issues raised by GPs in Partington and Carrington

The GP group acknowledged that many of their patients *"do not drive, do not have access to relatives or friends who drive and in general simply find it difficult to travel"* and many *"also appear to suffer with agoraphobia, and struggle to travel far or travel into unfamiliar territory."* Specific concerns were raised regarding the lengthy journey to the three hospitals mentioned in the consultation (Salford, Central Manchester and Wythenshawe) especially if patients have to rely on public transport. The GP group perceived that the implications of this is that, they would "*probably have to take on a fair share of secondary care work: Our patients present with problems that really need secondary care assessment and treatment, but - as they struggle to travel - may decide that they do not want to attend a hospital outpatient appointment.*" In addition, the group highlighted significant problems encountered by their patients when required to travel to SRFT and Central Manchester by public transport: *"Some patients tell us that they especially find early morning appointments virtually impossible to get to using public transport."*

Specific travel issues raised by The Alzheimer's Society Trafford & Salford

It was stated that service users *"expressed concern that for people with dementia living in areas such as Partington and Carrington, the changes will mean much longer journeys to A&E than at present. Once assessed, they may then have to be transferred back to Trafford General Hospital for continued care and treatment. Carers told us that the lack of transport facilities and the extra distances to travel could be particularly difficult for people with dementia, especially those living alone.*"

OTHER THEMES EMERGING FROM THE DATA

Suggestions made to improve current and proposed services

A selection of suggestions made by residents to help facilitate the proposed changes to Trafford General Hospital is detailed in Box 10 below.

Box 10 – Suggestions to facilitate change

Overall comments
"A warning system from Barton Bridge to the ambulance service so they know in advance to divert" in the case of an emergency.
Increase the time limit on disabled parking, particularly for the new orthopaedic centre as "the three hour time limit does not cover the time needed."
Heathfield Hall 'Gentle Exercise' session group suggested the following: Appointment times and access *Many members of the group reported difficulties with early appointment times and having to use public transport to travel long distances. Planners of health services need to recognise the difficulties experienced by many older people, those who don't have their own transport and may have lower incomes when arranging appointments. A major change to location of services would need to be offset by locally based appointments and 'consultants travelling to see you'. The Christie outpost model was mentioned.* Outpatients, discharge, aftercare and rehabilitation *A significant issue for people discharged from a remote specialist centre was voiced by this group. What happens at a local level when people are discharged? Will they need to return to the specialist centre for physiotherapy and where will the rehabilitation process happen. What about the links between the specialist centre and local services and support? All these issues need to be addressed by the implementation process for people travelling from outside Trafford.*
Health Scrutiny Committee: *"Calls for the future of community services provision in Trafford to be resolved, so as to reduce avoidable admissions of Trafford residents into Manchester hospitals and ensure timely discharge out. This is likely to impact on overall acute capacity and the ability of Manchester hospitals to discharge patients back to the Trafford locality."*
"Given that the changes proposed will take place against a developing context, and will inevitably be iterative, it is essential that community engagement and discussion, including in relation to community and preventative services, and particularly reaching out to those who have engaged least in the process so far, is ongoing and is significantly improved." (Local MP)
"We are also aware that 'our' Partington patients are (rightly or wrongly) frequent users of the Trafford A&E department. Any downgrade there would lead to again more pressure on us. If the proposed downgrade of the Trafford A&E goes ahead and the subsequent reorganisation shows that there is a 'Partington problem' - would you consider starting a minor injuries unit or an 'emergency centre' (exact details to de defined) in Partington? In this context we would like to point out that - until a few years ago - we had an emergency practitioner, provided to us by the ambulance service, who was based in Partington. We are convinced that this service needs to be brought back for a number of

reasons: due to travel times of ambulances to have an emergency practitioner already in Partington can save crucial minutes in rapid response. However, it would be worthwhile analysing A&E attendances during the time that David was present. We would not be surprised if a significant number of A&E attendances were prevented by his presence." (GPs Partington and Carrington)
"One possible suggestion to avoid some emergency admissions (and/or some 'urgent' outpatient clinic attendances) would include availability of consultants that would be accessible for advice over the phone. We could envisage this consisting of two components: to have a Consultant (or senior registrar) available during daytime hours for urgent advice, e.g. regarding a medical condition, in order to decide on the appropriate management. The other 'component' of this - perhaps more suited to chronic disease management - would be that, perhaps, a consultant (or senior registrar) in a certain specialty (say cardiology) were available say on a certain time during the week for an hour or two for GPs to be able to ring and discuss the management of a patient with cardiac problems. Following the mergers of Trafford Hospital with MRI, there are now far more consultants available for such a service to be rolled out and perhaps this could be considered? *Would you consider creating a regular (eg hourly) or 'as needed' transport service to the major hospitals and back to Partington, perhaps in conjunction with local transport agencies such as PACT community transport?" (GPs Partington and Carrington)*
"Better signage for day case surgery."
"More education is needed" with respect to infection control and the use of hand gels.
"A transport system that makes it easier for patients in all areas of Trafford to get to their appointments"
"Adequate patient education to reassure them that day case is safe."
"Informing the public of changes [to A&E] so they are fully aware of them."
"A reliable reminder service to cut non-attendance [at outpatients]. Volunteers would be ideal in providing such a facility."
"There are an estimated 2,675 people in Trafford living with some form of dementia, according to the Alzheimer's Society. This number is set to double as the population ages. People with dementia occupy on average around a quarter of hospital beds at any one time. This is why we believe people with dementia should be at the heart of any strategy for change in hospital services. *However, we are concerned that there is no mention of people with dementia and how the changes will affect them or their carers in the consultation document on redesigning health services in Trafford" (The Alzheimer's Society Trafford & Salford)*
"We believe that an alternative case for change can be made: to retain and develop the services at Trafford General as part of Central Manchester Hospital Foundation Trust. This approach would: • *increase the number of patients using Trafford General Hospital* • *maintain and improve the current safety record at Trafford General Hospital* • *reduce pressure on the accident and emergency service at other hospitals in the area* • *ensure a more balanced budget* • *ensure the recruitment of appropriate skilled and qualified clinicians* • *support the development and introduction of a fully integrated care service for Trafford." (Save Trafford General Campaign)*

> *"Changes to the POAU and uncertainty over paediatric care in Trafford highlighted the need to retain and develop communications and improve transfer of information (including notes) between specialists. Some had experience of loss of notes and having to repeat the child's history repeatedly at different locations. 'Wythenshawe does not communicate with RMCH and the GP doesn't know what treatment he has had'. This could be addressed by having one access point locally and provide coordination and an overview of care. At the moment the parent becomes the main communicator." (Stretford Children's Centre Stay and Play Group)*

Issues raised concerning mental health services

Of the responses received from the consultation form, 28 individuals raised concerns in relation to mental health services currently available at Trafford, three of whom identified themselves as having a mental health condition (Box 11).

The response from Manchester West Metal Health stated that "*this work has lost some focus as to what it actually means on the ground. We would like to see less focus on organisational structures and who runs what parts of the service and instead focus on patient pathways. In particular we have worked closely with health and social care providers to align our community services with the local area teams and have ensured a seamless pathway from A&E to the mental health in-patient wards*." It was felt that "*an important omission in the consultation document relates to the purpose built S136 suite at Trafford A&E. Page 26 appraises the options in relation to the different clinical models, but makes no reference to what would happen to patients who require S136 outside the proposed opening hours of the urgent care centre*."

Box 11: Mental health issues raised

Overall comments
"Proposals will have implications in terms of patient flow and choice to neighbouring A&E departments, including patients with mental health needs." (no details provided)
*"After 24 years as patient with mental health needs, community teams in Stretford and Trafford [are] inadequate." (M16, male, 1957, **mental health condition**)*
"There is no mention of mental health patients who access A+E out of hours." (M41, female, 1959, no disability)
"What about mental health? There is no mention of this growing problem… How will you increase diagnosis, treatment and ongoing support for mental health?" (M33, male, 1957, no disability)
"Effects of changes to mental health patients. Crisis team are based there with back up from Moorside. What will happen in the new plan?" (M51, female, 1925)
*"The mental health crisis team are currently based at TGH A&E. There is no information as to where this will be based or if it will exist at all!" (M33, female, 1964, **mental health condition**)*

"When mental hospitals were closed, lots of mentally ill people were out on the streets. What guarantee is there that the system won't collapse?" (M33, female, 1939, physical impairment)
*"[Not considered] mental health." (M31, female, 1959, **mental health condition**)*
"I am concerned too that there seems to have been very little research into the assimilation of mental health care into the integrated care pathway." (M32, male, 1958, no disability)
"Mental health and care of the elderly just aren't followed through." (M33, female, 1953, no disability)
"Concern re patients accessing Mental Health Services (MH); MH services are locality based and it is essential that planning ensures if patients are seen other than at TGH the appropriate agencies in secondary care Mental Health services (local CMHT) is aware and acts upon any attendances of known seriously mentally ill people presenting with symptoms and indeed new presentations also; the risk of someone "falling through the net" is potentially increased by the closure of TGH A&E OOH and this needs to be addressed as an important priority" (M41, no other details)
"Community care / mental help is very poor in my area (Hale Barns). I cared for my son for over 30 years - some bad experiences. I am now 82 but who cares here?" (WA15, male, 1930, physical impairment)
"As a child protection officer for a local school, it concerns me greatly that children in my care have to attend a non-Trafford hospital. Allegedly Trafford CAMHS are involved in assessments but my experience already shows this system as faulty & children with considerable social/emotional & mental health issues not only have to be transferred if admitted but are possibly assessed by a professional who may work for another authority." (M31, female, 1965, no disability)
"Patients currently have access to 24hr mental health (crisis) team via A&E - what provision will there be for Trafford clients requiring emergency assessment?" (M41, female, 1965, no disability)
"What about mental health care currently provided at TGH. Will access be available out of normal hours?" (WA15, female, 1959, no disability)
"There is currently a mental health crisis unit at Trafford, what will happen to this? Will it still be available, moved to another hospital or what?" (M33, male, 1947, no disability)
"I see no mention of mental health and geriatric heath in the documentation. Where is provision for these in Trafford?" (WA15, male, 1946, no disability)
"Mental health care is not mentioned. Our experience is that someone requiring mental heath assessment was sent to Little Hulton as Trafford Gen could not cope." (female, 1942, no disability)
"If cuts are having to be made how is this new system going to be funded. There is already a shortage with long waiting times for treatments. Even reducing the waiting time from 30 weeks to 18 weeks for mental health problems is too long. Most people require immediate intervention for serious mental problems." (M33, female, no disability)
"No questions on how the changes will affect vulnerable groups (elderly, mentally ill, learning disabled etc)" (M33, male, 1967, no disability)
"Mental health use of 136 units - what proposals are in place after 12 midnight for those MH patients in crisis." No details
"What will happen to out of hours mental health care?" (M41, male, 1953, mental health)

Comments in relation to sensory impairment

3 out of 1905 people made comments in relation to how the proposal could impact on residents with sensory impairment. One resident made reference to their child being deaf but the comments did not specifically relate to any aspect of the proposal. No residents made comments in relation to blindness.

Box 12: Sensory impairment issues raised

Overall comments
"Deafness and accessing services. Phone GPs are of no use unless I have a representative who can talk for me." (M16, female, 1960)
"More awareness for deaf patients if travelling alone they need someone i.e. member of staff to lip read or interpret." (M41, female, 1926)
"For me as a deaf person if unaccompanied would probably need interpreter… I prefer to be treated locally so that family can be involved in my care." (M42, female, 1952)

APPENDIX 1

Views and opinions regarding the consultation process

Overall, residents reported that they felt that the views of local people/community *"regarding their hospital"* had not been considered and that decisions had already been made on the outcome for Trafford General Hospital (Box 13).

Box 13 – The consultation process

Overall comments
"How can you possibly get the views of everyone concerned when the distribution is so poor or is it already cut and dried and our views are a waste of time." (M41, female, 1933)
"Consultation with Trafford population has been very poor. I live in Trafford and have had no information apart from that through work." (NHS member)
"I don't feel this is a consultation as decisions have already been made. This makes the whole thing dishonest and very costly." (M41, female, 1950)
"I fully believe this is not a proposal and is what is going to happen whether research proves otherwise." (M33, male, 1985)
"I feel this is a waste of time, it will happen anyway, despite much opposition." (M33, female, 1979)
"The whole process is not a consultation. Consultation implies that there is a choice for the people of Trafford." (M41, male, 1958)
"Regardless of what local people want the plans for the hospital and the services to be provided have already been made." (M1, female, 1965)
"This 'consultation' appears to be framed more as a programme to sell your vision than a questionnaire." (WA14, male)
"I feel that as everything else is a done deal, and the consultation is just to placate residents, as usual." (M41, female, 1954)
"This isn't much of a consultation because you have already decided what will happen at Trafford!" (M33, female, 1981)
Trafford Council Health Scrutiny Committee commented that "*Members have been very much engaged throughout the entire process, in particular at pre-consultation stage. The Committee's view at its meeting in July was that whilst some amendments have been made to the consultation, it was disappointed that no substantive options have been put forward for consultation. The Committee felt that the absence of alternative options, especially in relation to Accident and Emergency, is not conducive to a successful and meaningful consultation with the public, clinicians and other interested parties. In this respect, the Committee has highlighted that, in their view, the consultation process is inadequate." (Trafford Council Health Scrutiny Committee)*

APPENDIX 2

Responses for question six 'How did you find out about his consultation?' are summarised in Table 15 below.

Table 15 - Summary of responses

Options	n (%)
Local media	674 (35.4%)
New Health Deal website	55 (2.2%)
New Health Deal twitter/facebook	13 (0.7%)
Posters	265 (13.9%)
Word of mouth	306 (16.1%)
Door drop	1006 (52.8%)
Other (examples included local consultations, member of staff at Trafford general Hospital, local demonstrations, school s, friends	190 (10%)

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Report on the consultation process

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Page 59 **10. Appendices**

1. Introduction

1.1 This report outlines the consultation process that was carried out for the new health deal for Trafford project. The focus of this report is to outline, review and evaluate the consultation process. This review is carried out in line with the objectives set out in the new health deal communications and engagement strategy, and also the consultation strategy and plan (see appendices in section 10), in order to examine the effectiveness of the process, and its achievements.

1.2 The report provides a narrative of the process, while the appendices provide more detailed breakdowns of all activity undertaken and results achieved.

1.3 An overview of feedback and themes gathered throughout the pre-consultation engagement is given, however, it is important to note that the detailed feedback gathered from patients, the public, community groups and stakeholders to the proposals through the formal consultation process, (either by the response form, in writing, or through focused discussions or engagement), is provided as part of a separate, independent report.

2. Background and context

2.1 It is recognised that Trafford needs to develop a new system of healthcare. One that offers people accessible choice, high quality services, services that are personalised and integrated, and services that can be safely sustained in the future.

2.2 There are a number of reasons for this. Health outcomes in Trafford need to improve – 80% of deaths in the borough are caused by three types of disease: Cardiovascular disease (heart problems and stroke); chronic obstructive pulmonary disease (respiratory problems); and cancer. Those with mental health problems and learning disabilities have much poorer physical health than the rest of the population. And the growing, ageing population continues to put pressure on local health services.

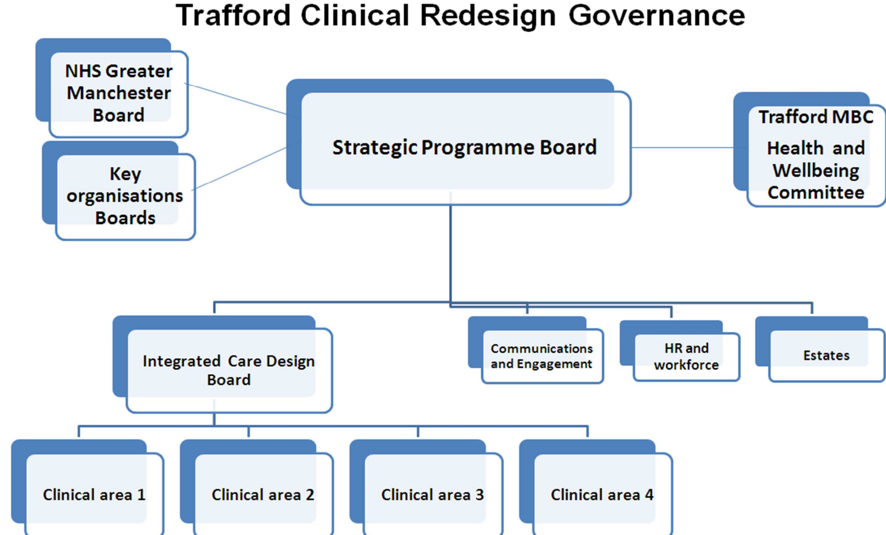
2.3 Work began in 2008 to bring together doctors, nurses, other healthcare professionals, patients, local residents and community groups to talk about what a more integrated and cohesive approach to healthcare might look like.

2.4 Developing this integrated care system that both patients and clinicians wanted and needed, was unable to progress, however, due to a financial deficit within Trafford Healthcare NHS Trust, which ran the three local hospitals. An acquisition of the hospitals by Central Manchester University Hospitals NHS Foundation Trust went some way to resolving this deficit.

2.5 As part of this acquisition process it was acknowledged that services would not be able to remain the same at the trust's main hospital, Trafford General. Some services would not be clinically sustainable in the future due to the low volume of patients using them, and the hospital would continue to cost the local and regional health economy (Trafford and Greater Manchester) £19 million more a year than was being generated by hospital activity, meaning it was not financially viable.

2.6 Building on the clinical planning and public consultation work that had already started, work was undertaken to look at how services at the hospital could change to secure them for the future, based on the premise that no change is not an option. This project was entitled **a new health deal for Trafford**, continuing the name of the original integrated care service planning work.

2.7 The project itself followed a robust governance structure, and is detailed below:



3. Setting up the process

3.1 The National Health Service Act 2006 requires local health organisations to ensure that users of services and wider stakeholders are involved in the planning, development, consultation and decision-making of service change. As stated in the new health deal consultation strategy and plan, "we will consult with local patients, public, partners and key stakeholders, and utilise the feedback to influence the final decision that will determine any preferred option for the configuration of local services".

3.2 Communications and engagement project group

3.2.1 With a project as complex as service reconfiguration at a local hospital, it was felt that it was important to set up a communications and engagement project group for the consultation process, to enable a wide variety of key stakeholder input to be incorporated into the planning work.

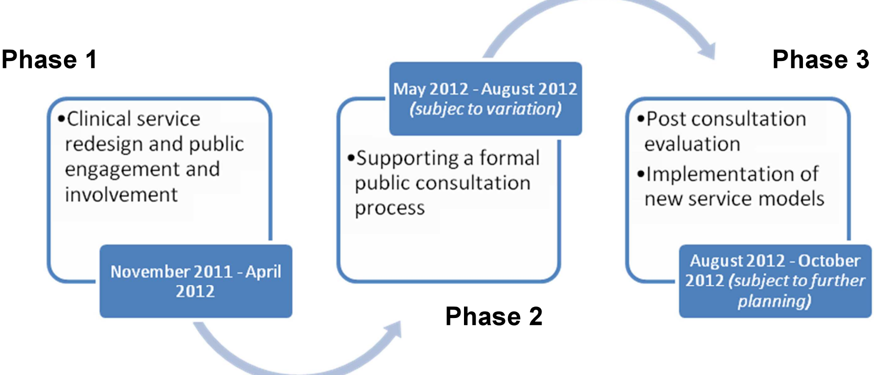
3.2.2 Communications and engagement leads from the following organisations were represented on the group:

- NHS Trafford / Trafford CCG
- NHS Greater Manchester
- NHS North / North West
- Central Manchester University Hospitals NHS Foundation Trust
- University Hospital South Manchester NHS Foundation Trust
- Trafford Provider Services / Bridgewater Community Healthcare NHS Trust
- Trafford Council
- Trafford Local Involvement Network (LINk)

3.2.3 Representatives provided key advice and expertise that fed into the planning of the new health deal consultation process, as well as vital support, implementation and delivery of activity during the pre-consultation engagement period and the consultation itself. The project group reported into the Strategic Programme Board (as outlined in the governance structure in 2.7).

3.2.4 Key planning documents were produced in conjunction with the project group, including the new health deal communications and engagement strategy and consultation strategy and plan. (See appendices in section 10.)

3.2.5 The following timeline for the consultation process (including pre-consultation engagement and the post-consultation analysis) was agreed as a series of phases, although the specific timescales themselves did change:



3.3 Branding and visual identity

3.3.1 It was felt that for a process that was likely to last around 18 months, it was important to create an identity that could become recognisable for the duration of the campaign. Draft visuals were presented to the project group, which approved a bright and eye-catching colour scheme that would then be used throughout all engagement activity and communications materials and channels.

3.3.2 As the reconfiguration work and consultation process was being led by NHS Greater Manchester, work was carried out in the context of the Healthier Together (formerly Safe and Sustainable) work beginning across the county. Therefore, it was decided that the new health deal identity would be accompanied by the Healthier Together strapline of 'high quality, safe, accessible, sustainable'.

4. Pre-consultation engagement

4.1 Pre-consultation option development phase

4.1.1 As previously detailed, conversations have been taking place since 2008 between clinicians, stakeholders and the public about the development of integrated care services in Trafford, as the vision for the future of healthcare in the borough. This period was the pre-consultation option development phase, which took place between June 2008 and November 2010. Further detail is provided in the pre-consultation engagement report (see appendices in section 10) but is summarised in the next section.

4.1.2

Date	Details
June to September 2008	- Major large scale conversation with the local population to help shape and determine health priorities for the next five years - Responses from the local population used to build the design process for a clinical conversation
October 2008	- Major clinical congress to understand the views of local people and start the process to design a new model of integrated care
November 2008 to February 2009	- A series of population-wide deliberative events to identify the appetite for integrated services and public's values that should inform any future development
February 2009	- Open public meeting between the board of NHS Trafford and local people - Views heard and debated to agree the policy for the framework for integrated care with the public - Pilot work was confirmed to test the concepts of integrated care with further public engagement
April 2009 to November 2010 (some activity is still ongoing)	- Community representatives (including members of Trafford LINk) formed a citizens' panel, which met five times with the integrated care project leads to inform future clinical developments - 31 conversations were held with representatives of seldom heard groups to identify trends relating to their experiences of health services - 15 patients were recruited and training to participate in clinical pathway design discussions with clinicians and health managers to inform proposed changes, and identify their

	perceptions of benefits - Stakeholder reference group established to include Trafford LINk in shaping the strategic discussions with board-level decision-makers - Regular briefings with OSC and senior councillors and MPs

4.1.3 This work resulted in the following 'people's priorities' being developed:

- A holistic, joined up service – Where appropriate providing health and social services in one location, but always ensuring continuity across the patient journey.

- Choice and flexibility – Including the location of treatment, time of treatment, treatment options and the consultant involved in a patient's care.

- Sufficient resources – Ensuring that there are sufficient resources to support choice and flexibility, including equipment and staff to ensure shorter waiting times, longer opening hours and choice of practitioner.

- Efficiency – Ensuring that patients can trust and feel reassured that they are receiving the best quality care at all points, which includes cleanliness of hospitals, provision of fully trained staff and efficient communication both between staff, and between staff and patients.

- Communication and information – Ensuring publicly and easily available information about the full range of care and options available and communicating effectively with the public through a variety of methods to suit different needs.

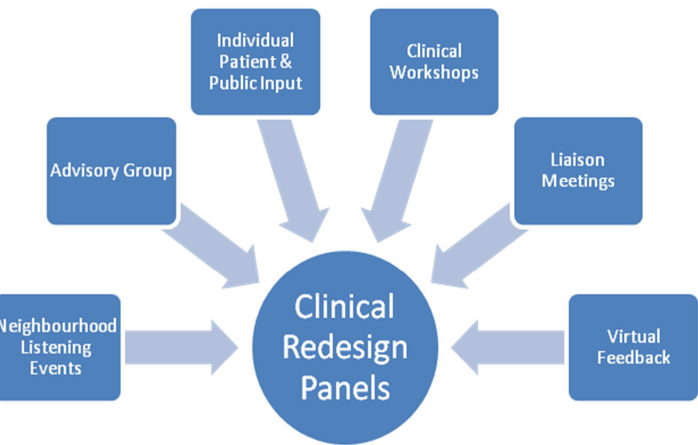
- Access and location – Ensuring that services are in as central and convenient locations as possible for the majority with sufficient transport access for all, but especially those with greater need of assistance e.g. elderly, lower income families.

- Patient focus – Designing services around the needs of patients; ensuring that patients feel valued and cared for at all points in their journey; from the receptionist to the consultant.

4.2 Pre-consultation engagement (phase 1)

4.2.1 In order to ensure that what people had already told us that they wanted from their health services was still relevant, and that the 'people's priorities' (section 4.1.3) still stood, it was considered important to undertaken a focused period of pre-consultation engagement.

4.2.2 The tactical approach to the pre-consultation engagement phrase, as a continuation of the pre-consultation option development phase, was agreed by Trafford's Overview and Scrutiny Committee (OSC) as outlined overleaf:



4.2.3 This took place between November 2011 and March 2012 and encompassed the following:

Type of engagement	Timeframe	Content
Five public listening events in locations across Trafford	December 2011	Background presentation on aims of new health deal and the case for change, and workshops to gather patient experiences and design the best vision for healthcare
Liaison meetings	November 2011 to March 2012	Ongoing discussions with a wide range of community groups, local area partnerships, neighbourhood groups

		and networks
Focus groups with seldom heard audiences: - Asian men - Families - Carers - People with mental health issues - Residents in deprived communities	January to February 2012	Discussions to outline the case for change and workshops to gather patient experiences and design the best vision for healthcare
Online survey	January to February 2012	Online version of the workshops undertaken during the listening events
Telephone survey	February 2012	Featured elements of the workshop questions from the listening events, but also featured more focused questions to establish how people use services, how they view transport to health services and quality of services
Targeted surveys for Manchester residents, Central Manchester University Hospitals NHS Foundation Trust members, Partington residents and those living in Partington	February 2012	A duplicate of the online survey, but with additional focused questions on transport and the potential changes for orthopaedic services
Five public listening events	February to March 2012	Presentation on new health deal project,

in locations across Trafford		incorporating feedback gathered from the public at the previous listening events, with workshops focusing on specific clinical areas and to gather feedback on how potential clinical models should be assessed

4.2.4 1,107 people over 16 years of age were interviewed for the telephone survey. People were targeted to ensure widespread demographics that represented the Trafford population, and respondents were contacted at different times of the day and at weekends to ensure a wide range of residents had an opportunity to take part. The interview was in-depth, and followed the structure of the listening events, asking people about their use and experiences of local health and social care services, how they feel about access, quality and travel times, their priorities, and also their suggestions for future improvements. The results had a confidence interval (margin of error) of 2.95%.

4.2.5 The telephone survey and the other engagement methods combined meant a total of 1,848 people were engaged with and contributed to the discussions during this period. Full details, including information on how the pre-consultation engagement and opportunities to be involved were promoted to residents and stakeholders, can be found in the pre-consultation engagement report. (See appendices in section 10.)

4.2.6 Collation and evaluation of the feedback gathered during this period was undertaken in March 2012. The full information is detailed in the pre-consultation engagement report (see appendices in section 10), but in summary people broadly agreed with the original 'people's priorities', and:

- People in Trafford consider 'every-day' services to be primary care services, such as GPs, dentists and pharmacies, and that it is important for people to be able to access these types of services in their local area.

- Only 5% of people surveyed during the extensive telephone poll believed having A&E services at Trafford General Hospital was important, although many felt it was good to have them near to home. This was particularly true of those living in Davyhulme,

Flixton, Urmston and Stretford, and these residents were very concerned about the future of A&E at Trafford General.

- When it came to location, people wanted facilities within short travel times, but many said they were happy to travel further for specialist services. In the telephone poll, 82% said quality was more important than travel times. Significantly, more Old Trafford residents (90%) answered this way.

- The ideal patient experience can be summarised as one where patients are respected, have continuity of care, and are given appropriate attention and time. Clinicians should have a good knowledge of a patient's history or medical records, and patients want to be able to find out information about services easily. Most importantly, people want services that are easy to get to.

4.2.7 Throughout the pre-consultation engagement period the feedback received was used extensively for the new health deal project in the following ways:

- To shape the vision for the future of healthcare services in Trafford
- To feed directly into the clinical redesign discussion, which in many cases also involved patients in those meetings providing further 'real time capture' of patient experiences and views
- To feed into the option appraisal process, which would be used to determine the appropriateness and suitability of clinical models put forward

4.2.8 The clinical planning work resulted in an option appraisal of a number of clinical 'models'. The option appraisal process led to one proposal being put forward for consultation. This proposal encompassed a 'two step' change to services at Trafford General Hospital, with one set of changes to be implemented 'immediately', and the next step to take place within two to three years (dependent on other appropriate healthcare arrangements being put in place). These changes focused on a reduction in emergency care, and an increase in planned care and rehabilitation services on the site.

4.2.9 No engagement activity took place between April and May 2012 due to 'purdah' guidelines because of elections taking place.

5. Consultation aims, principles and methodology

5.1 Key consultation guidance and best practice guides were referenced to help inform the new health deal's consultation principles and methods. Namely:

- Department of Health 'Changing for Better' guidance (2008)
- Equality Act (2010)
- The Cabinet Office 'Consultation Principles' 2012
- NHS Act (2006) sections 242 and 244 and 2008's guidance 'Real Involvement: Working with people to improve services'
- NHS Constitution 2012
- Trafford Compact
- The four service reconfiguration tests against which current and future NHS service reconfigurations (significant changes to services) have to be assessed, as set out in the revised NHS Operating Framework for 2010/11. These require existing and future reconfiguration proposals to demonstrate:-
    * Support from GP commissioners
    * Strengthened public and patient engagement
    * Clarity on the clinical evidence base
    * Consistency with current and prospective patient choice

5.2 Aims and objectives

5.2.1 The consultation objectives were established as follows (see consultation strategy and plan in the appendices in section 10):

- To consult on the proposals with a representative range of internal and external stakeholders
- To build public and staff support for the proposed changes
- To meet the trust's obligations to consult with staff and external stakeholders about potential changes
- To meet the four service reconfiguration tests set out by the Secretary of State for Health
- To provide a channel for staff and external stakeholder views to inform the decision-making process

5.2.2 The aims therefore were to:

- Explain the case for change and dispel any myths, to provide people with an understanding of the issues so people feel empowered and enabled to be involved
- Give the local population a voice so they can share their views, opinions and concerns

- Ensure the consultation is meaningful, equitable and inclusive, and essentially, accessible for all
- Build relationships with key stakeholders to foster support for the proposals

5.3 Principles

5.3.1 The usual duration for a public consultation is 12 weeks. Because of the previously outlined 'purdah' election period when engagement is not allowed to take place, as some of the consultation period would fall over the summer holidays, it was decided to undertake 14-week consultation. This was scheduled to take place between Thursday 26 July and Wednesday 31 October.

5.3.2 The key audiences set for the consultation were as being the following statutory consultees:

- NHS commissioning staff
- NHS provider staff
- NHS staff representative organisations
- MPs
- Councillors
- Trafford and Manchester Health Scrutiny Committees
- Clinicians
- Patient groups
- Statutory NHS organisations, such as NHS North
- Provider NHS organisations, such as Central Manchester University Hospitals NHS Foundation Trust, South Manchester University Hospital NHS Foundation Trust and Salford Royal NHS Foundation Trust
- Community groups and organisations
- Voluntary groups and organisations
- Campaign and specialist interest groups and individuals
- The media
- Trafford LINk
- Trafford Health and Wellbeing Board
- Trafford Council officers
- Clinical Commissioning Groups in Trafford, South Manchester, Central Manchester, North Manchester and Salford.
- Independent healthcare contractors, including GPs, pharmacists, dentists and optometrists
- Local health representative committees, including LMC, LDC, LPC and LOC
- Relevant area-based organsiations

5.3.3 In addition, work would be carried out specifically with diverse communities and groups according the following protected characteristics that are traditionally under-represented, as defined by the Equality Act 2010:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex (previously known as gender)
- Sexual orientation

5.3.4 Marriage and civil partnership is also a protected characteristic, but not one it was felt was relevant to this consultation.

5.3.5 The audience groups were subject to a stakeholder mapping exercise to help inform activity, and is detailed in the consultation strategy and plan. (See appendices in section 10.)

5.4 Methodology overview

5.4.1 In order to achieve the outlined aims and objectives for the consultation, it was felt that it was important to ensure there were a mix of methods for raising awareness and engaging the Trafford population and stakeholders in this process. Detail on this is set out in section 6.

5.4.2 In terms of providing responses to the consultation itself, a set response form was produced. The content of the response form was produced using the advice of the new health deal project team, and also statistical and analytical experts, to provide respondents with opportunities to provide quantitative and qualitative feedback. Although responses to the consultation made in other ways would also be accepted, for example, by letter, it was felt important to encourage as many individuals and organisations as possible to respond using this set template to enable the feedback to be analysed in a uniform and accurate way, providing robust statistical data.

5.4.3 As well as gathering views on the outlined vision for integrated care and the case for change, the form gave respondents the opportunity to make comments about all specific elements of the proposal, as detailed below:

- Orthopaedics
- Outpatients
- Day case surgery
- Intensive care and emergency surgery
- Accident and emergency

5.4.4 While providing a framework and activity plan for the consultation, the consultation would need to remain fluid, so throughout the process it could be continually examined where any gaps in engagement were in order to react, make changes, and set-up additional activity to ensure that everyone had a chance to have their say.

5.5 Methodology: Public Reference Group

5.5.1 It is recognised that the views of stakeholders and the public are paramount when planning health services and as a result, a Public Reference Group for the consultation process was established.

5.5.2 The group was set-up to scrutinise the communication and public engagement processes relating to new health deal to ensure that the public consultation process was fair, objective, accessible and transparent.

5.5.3 They would be asked to provide their comments on the process, and be given opportunities to make recommendations to ensure the consultation ran smoothly and effectively. They would also be asked to observe public information meetings, as well as other engagement activity, and provide feedback on consultation and promotional materials.

5.5.4 Minutes from the group's meetings would be presented to the new health deal Strategic Programme Board. They would also be asked to produce and present a report to the Strategic Programme Board, to enable their views to be incorporated into the decision-making process.

5.5.5 An independent chair with consultation and engagement experience, Helen Bidwell from Pinpoint Consultancy, was appointed to lead the group, and the group's membership was made up of individuals who live in various localities throughout Trafford. Membership was initially sought from those who had been members of the Trafford Healthcare NHS Trust Acquisition Patient Reference Group. An invitation for representation was also sent to the following partnerships: Broadheath, Broomwood, Lostock, Old Trafford, Partington, Sale Moor, Sale West & Ashton,

Woodsend; to Trafford Carer's Centre and also to Manchester Local Involvement Network.

5.5.6 Following the completion of the consultation period, the group would be asked to oversee the handling and analysis of responses to the consultation in relation to matters of fairness and accuracy in the assessment, and to report on whether the results and feedback of the engagement process have been taken into account by the Strategic Programme Board as it developed its recommendations for NHS Greater Manchester.

5.6 Methodology: Independent equality impact assessment

5.6.1 Independent equality and diversity expertise was sought in relation to the consultation process for protected characteristic groups. Specifically, an independent equality analyst was required to support the consultation by providing ongoing feedback on how the process could be more inclusive, compile and assess evidence of the steps that have been taken to capture the views of all equality groups, and produce an equality analysis of the consultation process in terms of access, experience and outcome.

5. 6.2 Imogen Blood was appointed to undertake this work. She has extensive experience of conducting equality impact assessments in NHS and other settings. She began her career as a social worker and then moved into research and evaluation, is a consultant partner for Equality Works and an associate of the Equality & Diversity Network.

5.7 Methodology: Independent analysis of consultation responses and feedback

5.7.1 In order to ensure that responses to the new health deal consultation received high quality, impartial analysis, it was considered important to enlist independent and professional expertise to carry out this work.

5.7.2 An independent analyst or organisation was sought to provide analysis of quantitative and qualitative data to identify common themes from responses, issues raised by particular demographics and levels of support for the individual elements of the proposal as well as the proposal as a whole. Furthermore, the appointed analyst or organisation was required to be responsible for data entry of any hard copy consultation responses received.

5.7.3 Quotations were invited from four suppliers, made up of two independent analysts, a university research department and a national research agency. This range of supplier type enabled the different benefits that each would offer to be considered. On receiving quotations, it was determined that independent analyst Dr Janelle Yorke would be the most suitable supplier.

5.7.4 Dr Yorke is an experienced health services researcher with particular expertise in mixed methods and the integration of quantitative and qualitative data. She is a senior lecturer at Manchester University's School of Nursing, Midwifery and Social Work, and has previously worked with NHS Trafford on data analysis of a public consultation for improving breast care services (2008).

5.8 As context it is useful to note that there were a number of issues that came up during the pre-consultation engagement period that were likely to impact on the consultation. These are outlined below:

- Proposing changes to emergency care is often contentious and likely to be subject to negative media attention
- Trafford General Hospital's status as the 'birthplace of the NHS' makes any proposed changes to services on the site emotive and potentially controversial
- The case for change and the subsequent proposal to redesign services at Trafford General Hospital would be a relatively complex set of messages to communicate
- The political landscape locally meant that there was opposition beginning to show to any changes being made at Trafford General Hospital
- A local campaign group had set-up in opposition to any changes being made at Trafford General Hospital
- Residents in the north of the borough, and in particular, the areas closest to Trafford General Hospital (such as Davyhulme, Urmston, Flixton and Streford), were likely to have stronger feelings to any proposed changes at Trafford General Hospital
- There were particular issues in relation to transport for residents in Partington and Carrington
- There were some feelings that the decisions regarding the proposed changes has already been made, and therefore the consultation wasn't necessary – exacerbated by the fact that clinicians had made it clear that no change was not an option, and also because only one proposal was being consulted on

6. The consultation (phase 2)

6.1 The 14-week consultation commenced on Thursday 26 July. What follows is a description of the consultation structure under broad activity headings, as a mix of 'information giving' methods were used in order to inform people about the case for change, the proposal under consultation, and also explain how they could get involved to encourage them to make formal consultation responses. More detail is provided in the full activity spreadsheet. (See appendices in section 10.)

6.2 Consultation document

6.2.1 A full consultation document was produced to explain in as clear and as concise way as possible the vision for the future, the case for change, the proposed changes at Trafford General Hospital that were subject to consultation, and how people could get involved. The document was based on NHS Greater Manchester's pre-consultation business case and was tested with key stakeholders, as they were the target audience for the document.

6.2.2 This document utilised the new health deal visual branding throughout, incorporating charts and tables wherever possible to help explain the complex issues, as well as patient stories to explain the potential changes.

6.2.3 500 documents were printed and sent out to the statutory consultees and key stakeholders. This included MPs, councillors, Trafford Council adult social services, overview and scrutiny committees, Trafford Children and Young People's Service, chairs and chief executives at Greater Manchester healthcare providers, clinical networks and GPs. Reminders were also sent to the stakeholders about the consultation throughout the process.

6.2.4 Hard copies of the full consultation documents were also made available to anyone who wanted one on request.

6.2.5 A summary version of the full consultation document was also produced. As the target audience for this was patients and the general public, and independent copywriter was commissioned to draft the summary, using plain English, easy to understand terms and to help present the information. Visuals were incorporated wherever possible.

6.2.6 The summary consultation document was tested with the Public Reference Group, which was asked to provide feedback on how

clearly presented and easy to understand the information was, and subsequently changes were made according to feedback given. The concepts within the document were also explained to a learning disability group at the Centre for Independent Living in Trafford to check on clarity of messaging. The group also worked with the new health deal team to develop an 'easy read' consultation response form.

6.2.7 Both the full and summary consultation documents incorporated an easy to use 'tear off' response form that could be completed, folded, sealed and posted using a pre-printed Freepost address label. Accessible and translated versions of both documents were provided on request.

6.2.8 It was outlined in the consultation strategy and plan (see appendices in section 6) that a summary document would be made available to all households in Trafford, which is not a statutory requirement but would make the consultation as accessible as possible. There are approximately 90,000 households in Trafford. The documents were not made available to all 231,000 residents, as it would have been impossible to tell how many individuals were living in each household. Instead, it was made clear on all the documents and through PR and communications activity (more in section 7) that interested parties could contact the new health team to request further copies.

6.2.9 114,000 summary documents were printed. 113,000 were posted out to households in Trafford. Of the 113,000 posted out to Trafford households, 78,000 were distributed via the Advertiser newspaper to all the areas in Trafford where they issue the paper. 35,000 were distributed via Royal Mail, to ensure areas not covered by the newspaper would still receive documents (namely Old Trafford, Sale West and Partington). Royal Mail's distribution also went over the Trafford borough boundaries to cover those areas of Manchester that sometimes access Trafford services, such as Whalley Range, Chorlton and Hulme. It should be noted that the consultation was also relevant to Manchester residents due to the planned orthopaedic surgery element of the proposal.

6.2.10 This distribution took place week commencing 13 August to allow for print lead times following completion of the document.

6.2.11 The remaining 1,000 documents were sent to the new health team so that further copies of the documents could be sent out at request, be taken to public information events, distributed to key

public areas such as libraries, and also to partner organisations. (More is detailed in section 7.)

6.2.12 Versions with and without the response form, and a PDF of the response form on its own were also made available on the new health deal website. (More detail features in the website outline in section 6.3.) The documents went online on Thursday 26 July to statutorily open the consultation.

6.2.13 The delivery methods for the summary consultation document were tried and tested, having been used for previous NHS and council publications and guide. However, it came to light the week commencing 20 August that there were issues with the household distribution of the summary document in some of the Urmston and Stretford areas of Trafford. This related to the part of the distribution where the document was distributed via the Advertiser newspaper.

6.2.14 The new health deal team started issuing documents to people that got in contact who had not received one, and also recorded all postcodes where the requests had come from. Messages were put out via the local media, new health deal website, Twitter, Facebook and at events for people to get in touch with the team if they had not received the document through the door. Anyone who requested a document was sent one directly in the post.

6.2.15 By the week commencing 3 September, the new health deal team had been able to collect a range of postcodes to help provide a robust overview of where the distribution problems had been, with the analysis showing that the postcodes mainly affected by the were:

- M32 0
- M32 8
- M32 9
- M41 0
- M41 5
- M41 6
- M41 7
- M41 8
- M41 9

6.2.16 It was decided that a contact card would be sent to these households to ask them to get in touch with the new health deal team to request delivery of a summary document. A number of alternative distribution methods were examined, and it was decided

that ‘households team’ distribution, where teams hand deliver the material, would be used.

6.2.17 Following sign-off of the contact card by the public reference group, 28,000 A5 contact postcards were printed and delivered to the distribution company on Friday 14 September, and were delivered to affected households the week commencing 24 September (the earliest date possible allowing for the lead times on print and distribution).

6.2.18 An extra 5,000 summary documents were also printed and delivered to the new health deal team on Thursday 13 September to ensure that stock could be sent out to residents as requested. This stock was also used to continue replenishing summary documents at libraries and to make available at events. Distribution of the document was also widened to make them available in GP surgeries, in key hospital waiting areas and other health centres, and in other public areas. (More is detailed in the full activity spreadsheet in the appendices in section 10.) This was all carried out while there was still plenty of time for people to respond to the consultation before the deadline of Thursday 31 October.

6.3 New health deal website

6.3.1 During the pre-consultation engagement phase (phase 1) a website was developed for the new health deal project, which became a ‘hub’ for the consultation itself (phase 2).

6.3.2 The site was made fully accessible, and hosted a wide range of information on the case for change, and an outline of the proposals under consultation. A document store provided an easy place to download key documents in relation to the entire new health deal process, including the full and summary consultation documents, and the pre-consultation business case.

6.3.3 During the consultation process the new health deal film (more in section 7.8) featured on the homepage of the website, and the site was integrated with the campaign’s social media channels, with the Twitter posts feeding live through the site.

6.3.4 Interactive features enabled users to sign up for new health deal news via the site or ask questions using a special contact form, and partner website links were included, as were news stories and promotion for the public information events. People could also use the site to register online for the public information events.

6.3.5 E-consultation software was incorporated into the website, so that people could read all the documentation, and respond formally to the consultation online.

6.4 Public information events

6.4.1 Because the subject matter of the consultation was complex, it was decided that a number of public information events would be set up to provide a platform to explain the case for change and the proposals.

6.4.2 The events (which took place between 14 August and 23 October) were set up in a range of locations and at a variety of times of day. They were promoted through paid-for adverts in the local media, as well as through PR, social media, through the new health deal website and using a variety of other promotional methods. (More is detailed in section 7.)

6.4.3 Key clinical and managerial spokespeople from the organisations involved in new health deal (specifically NHS Greater Manchester, NHS Trafford / Trafford CCG and Central Manchester University Hospitals NHS Foundation Trust) were identified to lead the events. Each spokesperson attended a comprehensive session of media and public consultation training, led by a former BBC health correspondent. They were also provided with regularly updated briefing materials, including key messages, key facts, and questions and answers, and spokesperson 'dos and don'ts' were produced to ensure that they presented and dealt with questions in a way that made it as easy as possible for the attendees to follow.

6.4.4 The events were structured so that a presentation was given to provide an overview, and then the floor was opened to questions. Those unable to attend events were given opportunities to submit questions beforehand. An independent chair was used for each event, to ensure that everyone had a fair chance to have their say.

6.4.5 People were asked to register for the events so that appropriate room accommodation and catering could be established, although no one was turned away if they came to the events without registering. Registration for the events could be done by calling or emailing the new health deal team, or by using the online booking form on the website.

6.4.6 To ensure the events were fully accessible, speaker equipment was used and print outs of the presentation were provided to attendees. A glossary of terms from the presentation was provided, in case

any acronyms were used by the spokespeople. Additional support, for any special requirements were also offered to all those attending.

6.4.7 Elements of the way the events were managed and structured evolved throughout the consultation, according to ongoing feedback given by observers from the Public Reference Group and Trafford LINk, as well as from the event feedback forms that attendees completed.

6.5 Focus groups and targeted engagement activity

6.5.1 Varied engagement activities were undertaken throughout the consultation process to ensure that views were captured from a wide variety of the public and stakeholders. Initially the role of the engagement team was to promote the consultation itself and the public meetings.

6.5.2 After receiving interim feedback analysis of the first 650 completed consultation responses, which included a demographic breakdown of the responders, NHS Greater Manchester endeavoured to undertake a more targeted approach of engagement. This was to ensure that we sought the views from those within the protected characteristics categories (Equality Act 2010) as being not as well represented in the consultation responses to date.

6.5.3 An engagement plan was developed from the information and shared with the independent equality impact assessor and also the Public Reference Group for its comments.

6.5.4 Different methods of engagement were undertaken (and are further detailed in the following sections):

- Bespoke discussion groups
- Engagement with existing groups
- Community toolkits
- Promotional work with groups

6.5.5 Bespoke discussion groups

A series of bespoke focus groups were commissioned, whereby participants were recruited by on-street canvassers:

Group	Number of participants	Gender	Where participants live
19-30 year olds	7	Male 4 Female - 3	M16, M32, M33, WA15
Under 18 year olds	8	Male – 4 Female - 4	M32, M41
BME community from M41 and M32 postcode areas	7	Male – 3 Female - 4	M32, M41

6.5.6 Engagement with existing groups

Further engagement activity was commissioned to obtain the views of:

- East Manchester residents who may have experience of or need orthopaedic services in the future
- Pregnant women and/or those with recent experience of maternity services living in the Stretford, Urmston and Flixton areas

Rather than arranging specific focus groups for these sessions, established groups were targeted to undertake the engagement with:

Group	Location	Number of participants	Where do participants live?
Gentle exercise session	Heathfield Hall, Newton Heath	13	Mainly east Manchester
Stay and Play group	Stretford childrens centre	8	Mainly north Trafford area
Baby club session	Davyhulme childrens centre	6	Mainly north Trafford area

For all of the sessions (including those outlined in section 6.5.5), facilitators were asked to:

- Explain the consultation and proposal (using materials provided, which included the consultation DVD, Q&A cards and ideas for group discussions)
- Support participants to think through the issues involved
- Suggest each participant completes a consultation response form to record their personal response to the consultation
- Complete one consultation response form on behalf of each group, to ensure any discussion themes or qualitative responses are recorded and fed into the consultation analysis

Further focused engagement sessions were held with:

Group	Number of participants	Where do participants live?
Butterflies young parents group, Davyhulme Youth Centre	6	Davyhulme, Flixton and Urmston
Urmston Manor nursing home	1	N/A
Longsight and Moss Side Community Care Link	12	Old Trafford
G-Force safety event	15	Broomwood / Timperley
Trafford Centre for Independent Living	7	All Trafford
Blue SCI – Old Trafford	7	All Trafford
Ear 4 You café, Partington	9	Partington and Carrington

6.5.7 Community toolkits

In recognition that some groups or individuals may prefer to consider the consultation without the presence of staff associated with new health deal, a consultation toolkit of resources was developed to support groups and community workers in facilitating their own discussion events.

The toolkit contained a range of materials and ideas for activities to help people to learn about the new health deal proposal, consider the likely impact of any changes, and make an informed response using the consultation response form.

The overall aim of the toolkit was to empower community groups to have an active role in the consultation process and to encourage

responses from those who might not feel comfortable voicing their opinions direct to staff involved in administrating the consultation. However, support was offered should any group require a new health deal team member to attend their meeting or event.

The toolkit was promoted by directly contacting community and voluntary groups, via local media, using social media channels, the new health deal website, as well as the websites of partner organisations, including Voluntary and Community Action Trafford (VCAT).

6.5.8 Discussions and promotional work with groups

As well as the focused engagement approach, engagement with statutory, voluntary and community groups was undertaken to promote the consultation, discuss the consultation proposal, and advise people how to have their say. Several methods were used to achieve this, including attending existing group meetings, providing consultation updates to key contacts within the community about the consultation and distributing flyers for groups to share and display. This included groups such as Trafford's Cancer Patient User Partnership and the Lesbian and Gay Foundation (Manchester-based but covers Trafford.)

On some occasions community groups and stakeholders from certain localities were approached to help promote the consultation further. This was especially so when take up for public events was low or where the interim feedback analysis highlighted les responses within that area.

Where invited, community group meetings were attended to provide an outline of the consultation and to take questions from the audience. These included Partington Parish Council, Old Trafford Community Group and Trafford Local Involvement Network. The exception to this was one particular request from the Save Trafford Campaign group. The reason for this was that the group had already had a number of private meetings with managers and clinicians, had organised previous events that the new health deal spokespeople had attended, and had been strongly represented at a number of public information events.

Colleagues from Central Manchester University Hospitals NHS Foundation Trust and other fellow service providers helped to promote the consultation via their distribution channels and extensive network of voluntary and community groups, many of which were based in Manchester.

Emails were sent to an extensive network of fellow service providers, voluntary and community groups encouraging them to publicise the new health deal consultation through their networks.

6.5.9 It has also been documented where the new health deal team tried to organise particular engagement work, but for various reasons was not completed. (More detail features in the full activity spreadsheet in the appendices in section 10.)

6.6 Political stakeholder engagement

6.6.1 A wide range of political and stakeholder engagement was carried out (also taking place during the pre-consultation phase 1 period), and what follows is an outline of this.

6.6.2 Health scrutiny committees

The Trafford and Manchester Health Scrutiny committees were engaged early in the new health deal process. In October 2012 the individual committees agreed to form a joint health scrutiny committee, and ongoing engagement will take place with this group going forward.

Both health scrutiny committees approved the consultation strategy that was developed prior to public consultation. In addition, both committees received a copy of the pre-consultation business case and a draft version of the public consultation document, prior to the start of consultation, and were invited to provide comments. A timeline of engagement undertaken with the health scrutiny committees is provided below:

Date	OSC	Details
14 Dec 2011	Trafford	A presentation was made setting out key elements of pre-consultation engagement undertaken so far, lessons learned and a brief summary of future plans. An opportunity was provided for members to raise questions and any points of concern.
9 Feb 2012	Manchester	The committee received a short written briefing on the new health deal for Trafford (under item 9).

8 March 2012	Manchester	The committee received a report on the formal consultation process required to progress the new health deal for Trafford. The committee approved the approach.
13 March 2012	Trafford	The committee received a report from NHS Trafford's director of corporate affairs and partnerships on the formal consultation process required to progress the new health deal for Trafford. The committee approved the approach.
24 May 2012	Manchester	The committee received a written briefing on the new health deal for Trafford (under Item 9).
6 June 2012	Trafford	The committee received a presentation on the new health deal proposals and also received a draft version of the pre-consultation business case for comment.
21 June 2012	Manchester	The committee received a report regarding the clinical redesign of hospital based services in Trafford, an overview of the proposed new model of hospital based healthcare for Trafford, and the first draft of the full public consultation document developed for distribution to statutory stakeholders.
19 July 2012	Trafford	The committee received the final version of the pre-consultation business case and a final draft of the public consultation documents
28 Aug 2012	Manchester	NHS Greater Manchester provided written response to Manchester committee queries raised at June

		meeting.
11 Oct 2012	Joint	NHS Greater Manchester was informed a Joint Health Scrutiny Committee would be established.
17 Oct 2012	Trafford	Attended Trafford Health Scrutiny Committee, provided written report and presentation on consultation activities.
18 Oct 2012	Manchester	Attended Manchester Health Scrutiny Committee, provided report on consultation activities
29 Oct 2012	Joint	Attended Joint Health Scrutiny Committee and provided presentation

6.6.3 MPs and councillors

The leader, chief executive and corporate director for communities and wellbeing of Trafford Council, and the chair of Trafford Health and Wellbeing Board all sit on the Strategic Programme Board and have done since its formation. The corporate director for communities and wellbeing also attends the project steering group. These representatives have therefore been fully involved in the project from the outset and will continue to play a key role throughout the decision-making process.

Three briefing sessions (party specific) were held with Trafford councillors just before the start of the public consultation (phase 2). All elected members were invited to attend one of these sessions.

Local MPs were kept informed of the plans to commence public consultation and the likely content of this consultation.

6.7 General stakeholder engagement

6.7.1 Although extensive engagement took place with overview and scrutiny committees, MPs and councillors, it was felt that it was important to give wider stakeholders an opportunity to be briefed just before the start of the formal consultation process. Therefore, a specific stakeholder event was set up, which also provided an opportunity to test the presentation and event structure that could be used during the public information events.

6.8 Staff engagement

6.8.1 Central Manchester University Hospitals NHS Trust ran engagement sessions with its Trafford Hospital-based staff.

6.8.2 The sessions were well publicised in its fortnightly staff newsletter In Touch and in its weekly staff newsletter Wednesday Weekly News. The content of the briefings was consistent throughout, in line with the core presentation and the public information events.

6.8.3 Trafford's divisional director also held additional meetings with several staff groups throughout Trafford Hospitals including consultant sessions and meetings with A&E staff.

6.8.4 Trafford Provider Services / Bridgewater Community Healthcare ran a workshop style session for staff as part of its regular staff event, using the new health deal consultation toolkit materials to prompt discussions. Response forms were available and staff were able to complete these within the session.

6.8.5 NHS Trafford ran a drop-in information session for staff, to raise awareness about the consultation, explain the proposals and give staff the opportunity to ask questions. The session was promoted in advance through regular staff e-bulletins, which also included links to new health deal information online and the electronic response form.

6.8.10 Salford Royal, University Hospital South Manchester and North West Ambulance Service included regular information on staff intranets and in staff bulletins.

6.9 Clinical engagement

6.9.1 A key part of the consultation process has to be to ensure appropriate, sufficient and adequate engagement and communication with the clinical community, not just in Trafford, but in the footprint areas covered by neighbouring clinical commissioning groups. Clinicians were engaged to bring them in to a space for designing the new system to ensure clinical backing and to enable a clinically-driven case for change. A number of tactics were adopted to help achieve this, which are outlined in the following sections.

6.9.2 Kick start event

An evening meeting was held with all GPs from Trafford to provide a detailed briefing on the scale of the challenge facing the Trafford health economy, an update on the continuing strategy for integrated care and the likely next steps that would be involved in taking the programme forward. This took place before any formal launch to the clinical community. Formal presentations were made by lead GPs including Dr Nigel Guest and Dr George Kissen, and the meeting was well attended by the majority of Trafford's GP practices.

This event served to bring GPs in Trafford fully up-to-date with the financial situation regarding hospital provision in Trafford, as well as the consequences of the acquisition by Central Manchester University Hospitals NHS Foundation Trust, and initial thinking about how to take the strategic ambition for healthcare in Trafford forward.

6.9.3 Clinical design workshops

A range of clinical stakeholders have been involved in the development of proposed changes. Representatives from a range of clinical and professional backgrounds have attended workshops, meetings and public events to discuss and develop models of care. In addition, many have provided written and verbal input to the information contained within the pre-consultation business case and full and summary consultation documents.

Clinicians were fundamental to the development of the proposed changes. Original proposals for service change were developed by secondary care clinicians and over 40 representatives attended a clinical workshop in December 2011 where these initial proposals for service delivery were discussed. A summary of representatives is included in the pre-consultation business case, and the majority of these individuals have been involved in work that has taken place subsequently. The chief clinical officer of Trafford CCG also championed the process of clinical engagement by chairing the Integrated Care Redesign Board (ICRB), ensuring sufficient clinical representation at key meetings, events and during the option appraisal process. (See more in 6.9.5.)

All these organisations and individuals understand that it is important to inform and involve people in the process of developing new models for healthcare provision so that changes are made in

ways that take account of the views and experience of those affected.

6.9.4 Formal participation in governing structures

The programme was governed at a high level by the creation of a Strategic Programme Board. This board oversees the work of the project, acting as a committee of the NHS Greater Manchester board with delegated authority to undertake public involvement and consultations, and to make recommendations relating to the programme for redesign of clinical services in Trafford.

It is also a partner board to the Acquisition Programme board, and its primary function is to support the delivery of a safe, sustainable and financially viable model of healthcare services in Trafford. It has an independent chair and meets monthly and at exceptional times as determined by the chair. There are terms of reference, which outline the key functions of the Strategic Programme Board, and all meetings are minuted featuring details of key decisions and actions.

Membership of this board is at a senior level and includes representatives from a range of organisations, as shown below:

- NHS North
- NHS Greater Manchester
- NHS Trafford
- Trafford CCG
- Central Manchester CCG
- South CCG
- Trafford Council
- Central Manchester University Hospitals NHS Foundation Trust
- University Hospital of South Manchester NHS Foundation Trust
- Trafford Primary Health Ltd
- Bridgewater Community Healthcare Trust
- North West Ambulance Service
- Trafford Local Involvement Network (LINk)

6.9.5 Integrated Clinical Redesign Board (ICRB)

In addition, clinical engagement took place through the Integrated Clinical Redesign Board (ICRB), which is chaired by the chief clinical officer of Trafford CCG. The remit of this board in its initial phase (until the end of April 2012) is to review and test the clinical models of care that are developed under the project and to make

recommendations regarding models of care to the Strategic Partnership Board.

Thereafter, the remit of the board is to lead the integrated clinical redesign of services across the health and social care system within Trafford. Its membership comprises mainly Trafford clinicians, health and social care professionals from a variety of key stakeholders including Trafford Council, community services providers and acute providers. It is ultimately commissioning-led and clinically-led.

6.9.6 Face-to-face interaction and meetings

Throughout the past 12 months, leading clinicians have attended a range of other formal new health deal meetings. Specifically, the lead commissioning clinicians have attended Trafford Local Medical Committee (LMC). The purpose has been to provide briefing updates on the programme's processes and progress. More fundamentally, however, the attendance has focused on discussing the key aspects of the proposed design models as they have emerged and developed, to seek input from these influential committees.

In addition, a series of smaller briefing sessions have taken place between CCG lead clinicians and the senior executive membership of the LMC to discuss in the impact of the proposals for redesign and sense check and gather the views of the LMC in further detail.

A range of presentations have also been made to large and small groups of clinicians within Trafford. The purpose of these events has been to inform on progress and gather views on the emerging and developing models so that adjustments could be made after discussion with broader, generic groups of clinicians. Specifically the following has taken place:

- Briefing to all community service clinicians on the proposed models under design outputs
- Briefings to care professionals within associated areas including social care on the emerging models of care
- Large scale briefings to all GPs associated with Trafford Primary Health Ltd, which represents a significant majority of the Trafford GP interests
- Briefings on new health deal to Trafford GPs at the regular 'quarterly forums'

6.9.7 Briefing packs

A series of topic-based briefings were created and distributed to all Trafford GP practices, which also signposted to further information on the new health deal website, and were supplemented by e-newsletters. These briefings contained more detailed information about the key components of the proposals and provided further information about how to obtain more details or provide their formal consultation responses.

6.10 Transport

6.10.1 A transport project group was set up to look at transport issues in more depth, which would also have an extensive patient and public engagement element.

6.10.2 The consultation's public information events were used to gauge people's interest in getting involved in engagement around transport, and the information was collated and used by the transport project group to invite people to transport focus groups.

6.10.3 A plan was developed for dedicated transport focus groups and facilitated sessions, and a transport survey was developed and used in Trafford General Hospital's A&E department to examine current and future transport usage to A&E departments.

6.10.4 This work is ongoing.

7. Promotion and raising awareness

7.1 The aims when promoting the consultation were to:

- Make the case for change
- Improve the understanding amongst audiences of the core health issues
- Ensure active open participation and dialogue

7.2 The key messages for the campaign were, therefore:

- Right care, right time, right place
- Highest standards of care
- Cost effective services

7.3 The household distribution of the summary consultation document, and the public information events were only one element of the consultation. People were able to access the consultation response in many ways, and work was carried out prior to, and throughout the consultation period to raise awareness of how people could get involved.

7.4 The consultation was promoted extensively using a range of PR and promotional techniques. This began during the pre-consultation engagement phase, with patients, the public and stakeholders being told that the public consultation would begin in the summer of 2012, and continued until the week the consultation ended. (Next steps and updates on the decision-making process will continue to be communicated.)

7.5 The overall aim of the promotion of the consultation was to ensure active, open participation and dialogue, and ultimately encourage as many people as possible to make an official response to the proposals.

7.6 The new health deal branding was used on all posters, flyers and adverts, and the messaging in media releases reiterated the key aims and messages.

7.5 Advertising

7.5.1 Paid-for advertising was placed in local newspapers to raise awareness of the public information events.

7.5.2 The table below shows the dates of the adverts and where they appeared:

Date	Publication	Subject
Wednesday 25 July	Stretford and Urmston Advertiser	Advert announcing the start of the consultation and that events will be held
Wednesday 25 July	Sale and Altrincham Advertiser	Advert announcing the start of the consultation and that events will be held
August issue	Hale, Sale and Altrincham Independent	August and September event dates in Sale and Altrincham
Wednesday 8 August	Stretford and Urmston Advertiser	August and September event dates in Stretford, Urmston, Flixton and Old Trafford
Wednesday 8 August	Sale and Altrincham Advertiser	August and September event dates in Sale and Altrincham
Thursday 16 August	Stretford and Urmston Messenger	August and September event dates in Stretford, Urmston, Flixton and Old Trafford
Thursday 16 August	Sale and Altrincham Messenger	August and September event dates in Sale and Altrincham
Thursday 6 September	Stretford and Urmston Messenger	Still a chance to attend a public information event
Thursday 6 September	Sale and Altrincham Messenger	Still a chance to attend a public information event
Wednesday 10 October	Stretford and Urmston Advertiser	Additional events in Old Trafford and Stretford
Wednesday 10 October	Sale and Altrincham Advertiser	Additional events in Old Trafford and Stretford
Thursday 11 October	Stretford and Urmston Messenger	Additional events in Old Trafford and Stretford
Thursday 11 October	Sale and Altrincham Messenger	Additional events in Old Trafford and Stretford

7.6 Media relations

7.6.1 Journalists at local and regional media were already aware that the consultation would be taking place as media releases had been issued throughout the pre-consultation engagement (phase 1) period.

7.6.2 However, as it was important that the media were fully engaged throughout the process, a media launch was held in July 2012. Key journalists at local and regional titles were invited to a meeting with the clinicians and managers leading the consultation, where they were briefed on why change is needed and were given information about the consultation process itself.

7.6.3 Following this, news releases were regularly written and distributed, which resulted in the following **highlight** media coverage:

Date	Publication	Headline	Story
Weds 25 July	Advertiser	Future of hospital to be unveiled	Launch of the consultation
Thurs 26 July	Messenger	Health bosses want your views on Trafford General	Launch of the consultation
Thurs 26 July	BBC Online	Trafford General A&E closure plans put to public	Launch of the consultation
Fri 27 July	Manchester Evening News	Shake-up unveiled at historic hospital	Launch of the consultation
Tues 31 July	Health service journal	Consultation launched on Trafford A&E downgrade	Launch of the consultation
Tues 14 August	BBC Online	Trafford General A&E night closure plan meeting held	Details of meetings and how to book a place
Thurs 16 August	Stretford and Urmston Messenger	National backing for Trafford A&E plans	Front page splash about NCAT supporting proposals

Weds 29 August	Advertiser	Health team backs changes to hospital	NCAT supports the proposals
Thurs 30 August	Messenger	Have your say over hospital shake up	Reminder to get involved and of proposals, details of events, how to request a consultation doc
Tues 25 September	MEN	'Tools' to understand health plan	Community toolkit
Weds 26 September	BBC News	The changing NHS	Interview with Dr Nigel Guest about why change is needed
Thurs 27 September	Messenger	Have you had your say yet?	Reminder to get involved, community toolkit
October	Hale, Sale and Altrincham Independent	Have your say – the future of local hospital services are in your hands	Full page feature about why change is needed, ICS, what the proposals mean and how to get involved.
Fri 12 October	MEN	'New health deal for Trafford' consultation dates added	New consultation events, how to book a place
Thurs 25 October	MEN	One week left for residents to have their say on healthcare in Trafford	Reminder to respond before consultation closes

Please note: Scans of the coverage cannot be included due to Newspaper Licensing Authority regulations.

7.6.4 The team also received regular enquiries from journalists who wanted a comment about releases that the Save Trafford General campaign group had issued. These were treated as a further opportunity to promote the consultation, and responses were provided from the most appropriate spokesperson.

7.7 Social media, websites and broadcast

7.7.1 Social media channels were developed to cater for a wider, online audience. Facebook and Twitter accounts were set up, and these were regularly updated with details of the events and reminders as the dates drew closer.

7.7.2 These channels were also used to link to news stories on the new health deal website, and to the promotional film (see section 7.8).

7.7.3 To date the @newhealthdeal Twitter feed has 194 followers, but more importantly, the followers are what is considered 'high quality' for social media channels, in that they either live in the area and/or have an interest in local health services. This helped generate a number of active conversations about the consultation, as well as many recommendations in the form of 'retweets'.

7.7.4 The Facebook page only has 26 'likes' to date, but the page was left open so that users would not have to like the page to see information on it. The page was mainly used as a tool to signpost links to the new health deal website.

7.7.4 Partner organisations, such as Central Manchester, Trafford Council, VCAT, NHS Manchester, Salford Royal, North West Ambulance Service and University Hospital South Manchester also used its website and social media channels to help promote the consultation.

7.7.5 University Hospital of South Manchester NHS Foundation Trust included the consultation on its weekly radio show (which airs every Thursday at 2pm-3pm) via Wythenshawe FM, and Central Manchester used its in-house promotional screens to advertise it.

7.7.6 On a number of occasions, the new health deal team also commented on the Save Trafford General website with details of how people could have their say in the consultation, in response to posts by the campaign group.

7.7.7 QR codes were displayed on the full and summary consultation documents, as well as promotional flyers and posters, so that people using smart phones could link directly to information and booking for public information events, or complete a consultation response through their mobile.

7.8 Promotional film

7.8.1 A promotional film was commissioned, featuring clinicians leading the new health deal programme explaining why change is needed. It also featured a section explaining what the changes involved.

7.8.2 The film was made available on the new health deal website and was also made available on a DVD, which was distributed as part of the community group toolkit.

7.8.3 Several versions of the film were produced to cater for those with accessibility issues. There was a version with a BSL interpreter, one with subtitles and one with a BSL interpreter and subtitles. These versions were also included in the community toolkit.

7.8.4 In addition, a 'vox pop' film was also released, outlining some of the views gathered during the pre-consultation engagement period. All the films produced during the pre and during consultation period were also hosted on a new health deal YouTube channel.

7.9 Stakeholder and community group relations

7.9.1 Nine stakeholder briefings were sent to the same distribution list as the full consultation document between July and October. These briefings provided detailed updates of the consultation, and also explanations of the case for change and the proposals.

7.9.2 Specific articles were produced for a number of community publications and newsletters, including Partington Transmitter, Genie Networks and the Lesbian and Gay Foundation, and articles were produced and syndicated for partners and stakeholders to use.

7.9.3 All stakeholders and community groups were asked to regularly promote the consultation using their own contacts and communications channels.

7.9.4 As well as regularly carrying features on new health deal in its GP and consultant newsletters, Central Manchester University Hospitals NHS Foundation Trust also carried a range of briefing materials in its staff newsletter, 'In Touch', as outlined below:

- 10 August, information and overview on the proposals
- 24 August, FAQs from the initial staff briefing sessions
- 7 September, implications for children's services

- 21 September, which services would change under the proposal, and which services would stay the same
- 5 October, last chance for staff to have their say

7.9.5 Information on new health deal was also regularly sent out to Trafford Provider Services staff and to NHS Trafford / Trafford CCG staff, and to Trafford GPs and practice staff via a commissioning-led ‘primary care briefing’.

7.10 Directly targeted promotional activity

7.10.1 GP practices, pharmacies, dentists and opticians were all sent materials to help promote the consultation, which included a pack of flyers and posters.

7.10.2 After receiving feedback that not all GP practices were displaying promotional materials, the Public Reference Group undertook a ‘mystery shopping’ exercise to establish how many practices were actively taking part. The full results feature in the group’s independent report on the consultation process, but this exercise enabled further contact to be made to all practice managers by email to remind them of the consultation, asking them to display promotional materials within their practice.

7.10.3 Following the reprint of extra summary consultation documents, GP practices were also asked to display copies of these in their waiting areas.

7.10.4 Posters promoting the consultation and the dates of the public meetings were displayed throughout Trafford General in main corridors and main waiting areas.

7.10.5 The summary consultation document was distributed via the following places in Trafford hospitals:

- Children’s resource centre waiting area
- Trafford main information desk
- The restaurant
- Orthopaedics outpatients and plaster room waiting area
- Diabetes centre
- Phlebotomy waiting area
- Outpatient waiting areas
- Antenatal/Colposcopy waiting area
- Endoscopy waiting area
- A&E waiting area
- Radiology waiting area
- Pharmacy waiting area

7.10.6 It was also distributed in the main reception and atrium areas of:

- Manchester Royal Infirmary
- Saint Mary's Hospital
- Manchester Royal Eye Hospital
- Royal Manchester Children's Hospital

7.10.7 Regular e-flyers providing key information about the consultation were sent to a specific database of people that had signed up for new health deal news, either through the website or when completing contact forms at events. This database featured around 250 actively engaged people.

7.10.8 Promotional materials and stock of the summary consultation document were also regularly provided to all Trafford libraries and sure start centres, in conjunction with Trafford Council.

7.10.9 The consultation was promoted through Trafford Talks Health, the public-facing magazine that is produced by NHS Trafford (previously in conjunction with Trafford Healthcare NHS Trust). The magazine has a print run of 6,000 and is distributed to waiting areas in Trafford's hospitals, GP surgeries, dental surgeries and health centres, and is posted directly to people who are part of the Trafford Talks Health Network (664 people).

7.10.10 The new health deal first featured in the winter 2011/12 issue of the magazine, which was distributed in January 2012. The spring 2012 issue included a review of the pre-consultation engagement phase (phase 1), and details of how the information about the public consultation would be shared, and the summer 2012 issue had an in-depth, three-page feature that covered integrated care, why change is needed, information about the proposal, and details on how people could have their say.

7.10.11 When the magazine was posted directly to members of the Trafford Talks Health network, flyers promoting the consultation and public events were also sent with them.

7.10.12 The magazine will continue to be used to share information on the outcome of the consultation.

7.10.13 Local supermarkets, schools, colleges and nursing and residential homes were contacted and encouraged to promote the consultation. It should also be noted that new health deal PR and advertising featured in a number of issues of the local Independent

free newspaper, which has extensive distribution in supermarkets, garden centres, shops, restaurants, cafes and leisure centres across Trafford.

8. Outcomes and achievements (phase 3)

8.1 This section of the report provides an overview of the outcomes and achievements of the new health deal consultation. Further detail will be included in the appendices to this report, as well as in a range of other independently produced reports already outlined, such as the Public Reference Group observations and equality impact assessment.

8.2 Consultation response rates

8.2.1 The main aim of the activity undertaken during the 14-week consultation period was to generate as many quality responses to the consultation as possible.

8.2.2 During the consultation, a total of 1,927 responses were received. 1,505 were received in hard copy and 422 were received online (six of the online responses were completed using a smart phone).

8.2.3 28 of these were written responses (not using the response form) received by letter or email. This included seven letters from members of the public a written response from the Save Trafford General campaign group (see more in section 8.3), and written responses from Trafford Council and the Joint Overview and Scrutiny Committee. The remainder were received from organisations and key stakeholders.

8.2.4 It is important to note that the independent report would need to take into account any potential duplicates or incomplete responses when finalising the total number of responses used for analysis.

8.2.5 To put this into context, the following responses have been received for recent national NHS consultations:

- Liberating the NHS: Legislative framework and next steps – 6,000 responses
- Liberating the NHS: Greater choice and control – 617 responses
- Healthy Lives, Healthy People – 2,000 responses

8.2.6 More locally, the recent Healthy Futures consultation on the reconfiguration of planned cardiology and stroke rehabilitation services, which focused on the North East Greater Manchester sector covered by NHS Heywood, Middleton and Rochdale, NHS Bury, NHS Oldham, NHS Manchester and parts of the NHS in the East of Lancashire, received 1,461 responses.

8.2.7 It is acknowledged that the quality and demographic spread of responses is as important as the quantity of responses received, so the above figures are only outlined to provide some general comparative context to this consultation process. It is also acknowledged that each consultation has individually planned aims, objectives and strategies, so this is not intended to be used for benchmarking.

8.3 Save Trafford General campaign group petition

8.3.1 An active campaign group undertook a range of its own promotional activity before, during and after the consultation period.

8.3.2 In addition to providing its formal written response to the new health deal consultation, the Save Trafford General campaign group advised it had run two petitions as follows:

- Hard copy petition of over 12,500 signatures, titled: "We, the undersigned, demand that Trafford General Hospital's Accident & Emergency dept, including the hospital's intensive care unit, remain open 24 hours a day, 365 days a year, providing a full range of emergency services to the people of Trafford."
- Electronic petition of 984 signatures, titled: "Save A&E at Trafford General. Dear Dr Musgrave, Please don't close down our A&E department, the Intensive Care Unit, children's services and emergency surgery at Trafford General, birthplace of our NHS. We need these vital services."

8.3.3 Whilst it is acknowledged that these may present an indication of opposition to the new health deal consultation proposal, there are other factors to take into account when considering the Save Trafford General petitions as part of the final decision making process, as follows:

- A copy of the hard copy petition of 12,500 signatures submitted to the Prime Minister's office has not been received (either from the Prime Minister's office or from the campaign group directly), and only the title statement was provided – therefore the petition statement, the number and validity of signatures cannot be verified
- Examination of the electronic petition shows that almost a third of signatures originate from well outside Greater Manchester and in some cases, outside the UK
- For either petition, the time periods during which signatures were sought and in particular, whether signatures were gathered before publication of the consultation document, is not known, which

would limit signatories' ability to give informed consideration to the full detail of the new health deal consultation proposal

8.3.4 Processes for incorporating petitions into NHS consultations undertaken elsewhere, state:

- A consultation is not a referendum, i.e. a public vote. Attention should be given to appropriate ideas and arguments, rather than the largest number of signatures.
- People may be misled by petitions, which may not provide full information on the subject of the consultation and may focus on a single issue or the wrong issue, for example, saving a hospital when the hospital is not threatened with closure.

8.3.5 Furthermore, the structure of a petition makes it difficult to form direct comparison with responses received using either the new health deal response form or by letter, since a petition can only pose one closed question: "do you agree with the title statement?". For these reasons it is only possible to note the Save Trafford General campaign group petitions as an indication that there is some level of opposition to the emergency care elements of the new health deal consultation proposal. (The petition information and formal response made by the Save Trafford General campaign group was submitted to the independent analyst along with all other public and stakeholder responses.)

8.3.6 Section 8.3 of this report was sent to the Save Trafford General campaign group, with the offer that it could submit a response and/or comment on the information. No response has been received.

8.4 Consultation response details and demographics

8.4.1 All individual, organisational and stakeholder responses, as well as information gathered from focus groups and targeted engagement activity (see section 8.7), were submitted to Dr Janelle Yorke for independent analysis. 1,905 of the 1,927 total responses were analysed, after the removal of 22 responses that were either duplicates, spoilt or incomplete responses.

8.4.2 The analysis found the following:

- 67.7% of respondents supported (either fully or with some reservations) the vision for an integrated care system
- 67.2% of respondents supported (either fully or with some reservations) the reason for change

- 60.2% of respondents fully supported the proposed changes to orthopaedic services
- 71.9% of respondents fully supported proposed changes to outpatients
- 70.1% of respondents fully supported proposed changes to day case surgery
- 55.8% of respondents supported (either fully or with some reservations) proposed changes to intensive care and emergency surgery, while 41% did not support it
- 49.5% of respondents supported (either fully or with some reservations) proposed changes to accident and emergency, while 45.6 % did not support it

8.4.3 Where respondents completed the demographic information on the response form, the analysis also showed that:

- 90.5% of respondents were Trafford residents
- The highest number of respondents were from the M41 postcode area (Urmston, Flixton, Davyhulme), closely followed by the M33 postcode (Sale).
- 60.9% of respondents were female and eleven people were not assigned their identified gender at birth
- The stated year of birth ranged from 1926 to 1992
- 8.3% were non-white British.
- 60.8% of respondents stated that they 'did not have a disability', with 16% stating they have a long-standing illness, and 8.6% a physical impairment
- 42.3% of respondents were in full time work, although a high percentage (39.3%) did not respond to this question – many that didn't respond or ticked that they were 'unemployed, not looking for work' (35.4%) wrote in 'retired'

8.4.5 A full breakdown of response rates and demographics, including full analysis of the consultation feedback itself, features in Dr Yorke's independent report. The confidence interval (margin of error) for any of the percentages is +/-2.2%.

8.5 Public information events

8.5.1 There were a total of 375 attendees across all 18 public information events, broken down as follows:

Date	Location	Attendees
14 August	Altrincham	20
16 August	Urmston	80
22 August	Sale	19

24 August	Stretford	20
31 August	Old Trafford	13
7 September	Partington	25
10 September	Davyhulme	33
12 September	Altrincham	24
14 September	Old Trafford	7
17 September	Stretford	31
20 September	Sale	18
24 September	Partington	15
27 September	Flixton	42
1 October	Cheetham Hill	3
4 October	Wythenshawe	3
8 October	Hulme	3
22 October	Old Trafford	11
23 October	Stretford	8

8.5.2 These figures are taken from the sheets that attendees were asked to sign on arrival at each event, and do not include any staff or spokespeople involved in running the event. They do include observers from the public reference group and Trafford LINk.

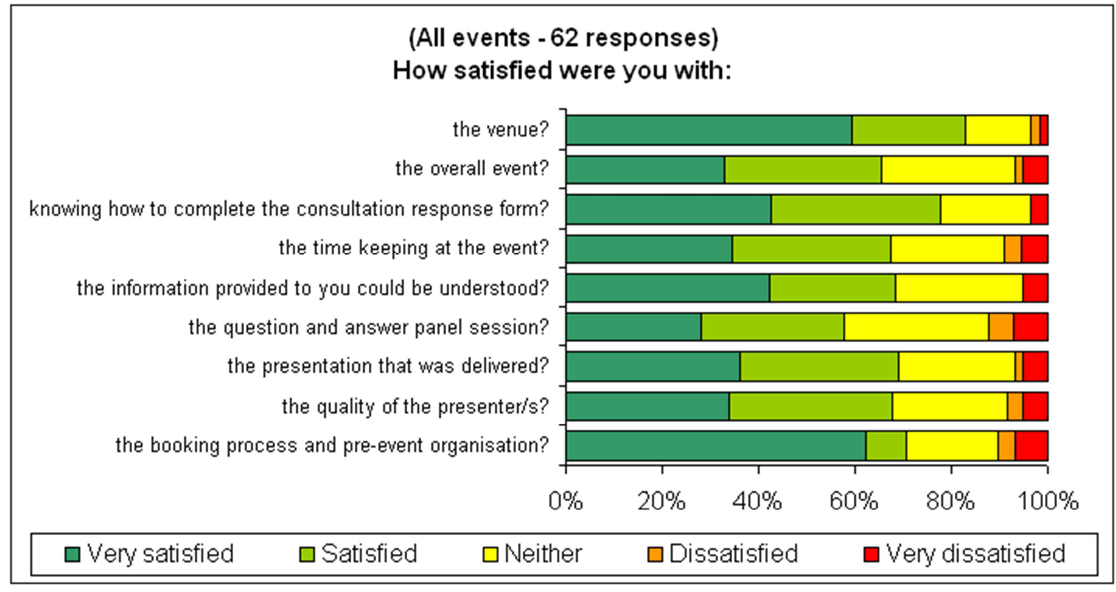
8.5.3 It should be noted that there may be some additional attendees who did not provide their signature, and some people may have attended more than one event. Therefore, these figures are intended as an indicative representation of the levels of attendance.

8.5.4 As well as setting up and running public information events in a variety of areas, locations and venues across Trafford, three events were set up in Manchester to provide residents that may be impacted by the orthopaedic proposals to be given a chance to have their say. These Manchester events also featured a specially tailored presentation. All events were also set up at a variety of times (morning, afternoon and evening) to give as many people as possible the option to attend an event.

8.5.5 The two final events (Old Trafford and Stretford) were set-up following analysis of the interim demographic consultation response report. It was acknowledged that the scheduling and timings for the previous Old Trafford events may have meant that people from certain religions were unable to attend. Therefore, a more appropriate day of the week and time was set-up for the penultimate event. It was also felt that the proportion of Stretford residents that had responded was relatively low in comparison to

other areas close to Trafford General Hospital, which is why a further event was set up there.

8.5.6 At each event, attendees were asked to complete an event feedback form. 62 completed forms were received (16.5% response rate), which showed general satisfaction across a range of criteria. In particular, 83.0% said they were either satisfied or very satisfied with the choice of venue, and 77.8% reported they were satisfied or very satisfied that they knew how to complete the consultation response form.



8.5.7 Almost a third (30.6%) of event feedback responses were received in relation to the Urmston event on 16 August. This event was one of the first events held and attracted the largest number of attendees, including a strong presence from the Save Trafford General campaign group. Satisfaction levels for this event in particular were significantly lower than for other events, and comments received show attendees of this event also generally had low levels of support for the consultation proposal.

8.5.8 Feedback from the events was reviewed throughout the consultation and where changes could be made to improve future events, they were. For example, the presentation was refined in response to feedback about technical terms and using real-life examples to illustrate what the proposal would mean for patients; an additional microphone was used to ensure more swift exchanges between speakers; and the event chair was re-briefed to ensure the structure of the meeting was clear to attendees and that opportunities to ask questions were fair.

8.5.9 When asked what worked well, attendees highlighted the quality of the presentation, the openness of the spokespeople and the opportunities for attendees to ask questions.

8.6 Staff events

8.6.1 Twelve events were held for NHS staff during the consultation period, which attracted 163 attendees made up as follows:

Date	Staff group	Attendees
6 August	Trafford General Hospital staff	50
9 August	Trafford General Hospital staff	20
15 August	NHS Trafford staff	6
6 September	Central Manchester staff	15
13 September	Trafford General Hospital staff	4
19 September	Central Manchester staff	15
20 September	Trafford General Hospital staff	3
21 September	Central Manchester staff	5
26 September	Trafford Provider Services / Bridgewater staff	40
5 October	Altrincham General Hospital staff	5
10 October	Trafford General Hospital staff	0

8.7 Focus groups and targeted engagement activity

8.7.1 A wide variety of groups were engaged with, meaning that the consultation could be taken face-to-face to lots of different types of people living in different parts of the borough. These ranged from parent and toddler groups to a community group for older people. Full details of all the engagement undertaken is detailed in the activity spreadsheet. (See appendices in section 10.)

8.7.2 A range of thorough and fruitful discussions took place, and all of this focused engagement activity was undertaken in a bespoke way, tailored specifically for each group to suit their needs. For

example, some groups had visits to explain about the consultation and how they could get involved or help us to spread the word to their contacts, whereas other groups were part of focus groups as well as producing their own individual and organisational consultation responses. Special support was also brought in when needed, such as the use of translators or interpreters.

8.7.3 A number of groups requested the community toolkit that was put together, either to be delivered by a member of the new health deal team, or to use to run their own engagement activity. The details are below:

- Trafford Youth Cabinet
- Big Life Families (at Old Trafford Community Centre)
- Seymour Park School
- Lostock Partnership
- Stroke Association
- National Osteoporosis Group (Salford)
- Heart and Stroke Group
- Cllr A Lone, Manchester City Council
- Age UK Trafford

8.7.4 Ongoing engagement activity, including targeting of specific groups and audiences, evolved over time to ensure that the resources of the new health deal team was being used to best improve the quality of the consultation responses generated. The intelligence to make these decisions were informed by an interim report (dated 21 September 2012) of the demographic data in relation to the first 650 consultation responses received (462 hard copies and 188 online).

8.8 Stakeholder engagement

8.8.1 The briefing sessions with the various political groups, members of Trafford Council and the MPs were very well attended.

8.8.2 14 people attended the stakeholder event at on 8 August, and covered representation was from Mastercall, Trafford Local Involvement Network, Voluntary Community Action Trafford, Diverse Communities Board, new health deal Public Reference Group, Trafford Youth Cabinet and two elected members of Trafford Council.

8.8.3 Invitations for this stakeholder event were sent to all Trafford Council's community partnerships (Sale West and Ashton Partnership, Broadheath, Broomwood, Lostock, Old Trafford, Sale

Moor, Partington and Woodsend); Trafford MPs; elected members of Trafford Council; and voluntary and community groups.

8.9 Summary

8.9.1 Overall, it is felt that the consultation process was a successful one, in that it met the original objectives:

- To consult on the proposals with a representative range of internal and external stakeholders
- To meet obligations to consult with staff and external stakeholders about potential changes
- To provide a channel for staff and external stakeholder views to inform the decision-making process

8.9.2 This can be shown by the evidence of the breadth and scope of activity that was carried out, as well as by the demographic breakdown of responses detailed in this report, and also in the independent analysis report and the equality impact assessment.

8.9.3 Engagement with the relevant audiences to enable the four service reconfiguration tests to be examined was carried out, although completion and acceptance of this will take place at the new health deal Strategic Programme Board.

8.9.4 In terms of the objective 'to build public and staff support for the proposed changes', and the aim to 'build relationships with key stakeholders to foster support for the proposals', this can be seen to have been achieved to some extent when looking at the results of the majority support for the proposal. It should be noted that Trafford Council, local political parties, the Joint Health Scrutiny Committee, and a number of special interest groups did not support the proposal.

8.9.5 It needs to be acknowledged that this consultation provided a framework and a process for people to learn about the case for change and the proposals for redesigning services at Trafford General Hospital. The process and the format of the response form enabled people to make up their own mind and give their own opinions and feedback on the proposals.

8.9.6 The following aims were achieved:

- Explain the case for change and dispel any myths, to provide people with an understanding of the issues so people feel empowered and enabled to be involved

- Give the local population a voice so they can share their views, opinions and concerns
- Ensure the consultation is meaningful, equitable and inclusive, and essentially, accessible for all

8.9.7 The evidence for this is the variety of ways in which the case for change and proposals were communicated to the public, and the range of methods in which people were able to get involved, find out more, and ultimately, have their say by making a formal consultation response. It should be noted that ‘word-of-mouth’ is a valid form of communication, and this campaign attracted a lot of discussion and recommendation, and the work of the Save Trafford General campaign group certainly contributed to this by helping to ‘spread the word’.

8.9.8 People completing a response form were asked to provide information as to how they found out about the consultation. Of those that responded to this question:

- 52.8% found out through the various door drops
- 35.4% found out through the local media
- 16.1% found out through word-of-mouth
- 13.9% found out through posters
- 10% found out through other means, such as via local schools, from staff at Trafford General Hospital or local demonstrations
- 2.9% found out through the website and social media channels

8.9.9 Statistics on the usage of the new health deal website show that during the consultation period, that:

- There were 3,723 visits, and 2,554 of those visits were ‘unique’
- 399 of the total visits came from mobile devises
- New visitors to the site accounted for 64.33% of users
- There were 10,556 page views, with an average of 2.84 pages per visit
- The highest number of visits took place on the day the consultation launched (Thursday 26 July), with high number of visits also following key promotional activity

8.9.10 Throughout the process, materials, presentations and explanations evolved according to ongoing feedback to ensure that the information was communicated as clearly as possible.

8.9.11 At all times, the consultation was made accessible to all, with information available in a wide range of places and in a wide range of formats. Translations, large print versions and special support

measures were provided on request, such as an easy read consultation response form and large print formats of the consultation document. People were also provided with lots of options for how to get in touch with the new health deal team.

8.9.12 The final stages of engagement activity with targeted groups, focusing on those with 'protected characteristics' was strategically planned based on an interim demographic response report received on 21 September 2012 to ensure that no areas, either geographic or thematic, were relatively under-represented as providing responses.

8.9.13 If any issues occurred, such as the problems in a small number of areas with the delivery of the summary consultation document, the team reacted to provide solutions to ensure as many people as possible could get involved if they wanted to.

8.9.14 Gathering almost 2,000 formal consultation responses can also be seen as a good achievement, due to the fact that it is quite a complex proposal to explain and people had a fairly extensive response form to complete, which encouraged not just quantitative responses, but qualitative comments as well.

8.10 Lessons learnt about the consultation process and its effectiveness will be gathered during the decision-making stage (phase 3), and will take into account feedback from the various independent reports, as well as using input from the new health deal strategic partnership board.

9. Cost analysis

9.1 What follows is a thematic breakdown of the costs of the consultation process for the pre, during and post-consultation activity.

(Please note: Some costs are estimations and/or subject to change. Costs for incidentals such as printing, postage, travel and expenses can not be provided or itemised.)

9.2 Pre-consultation (phase 1)

Item	Cost
- Campaign identity creative	£1,260
- Website production and development	£750
- Media and public consultation training	£3,560
- Listening events	£1,164.62
- Advertising and promotion	£1,991
- Photography	£240
- Film production	£1,679
- Telephone survey and focus groups	£15,019
- Translations and interpreting (including BSL)	£286.20

9.3 Consultation (phase 2)

Item	Cost
- Online software and website development	£7,800
- Full consultation document production	£7,272
- Full consultation document printing	£3,390
- Summary consultation document copywriting	£1,400
- Summary consultation document production	£2,835
- Summary consultation document printing	£43,745
- Summary consultation document delivery	£6,582
- Contact postcard production and printing	£572
- Contact postcard delivery	£1,301
- Freepost returns of consultation document	£2,000
- Film and community toolkit production (including subtitles and BSL)	£5,761
- Translations and interpreting	£889
- Public information events	£1,484
- Presentation production	£1,050
- Advertising and promotion	£2,698
- Independent chairing of public information events	£7,500
- Independent chairing of public reference group	£5,500
- Focus groups	£8,500
- Pay costs	£20,023

9.4 Post-consultation (phase 3)

- Independent equality impact assessment	£4,000
- Independent analysis of feedback	£11,500
- Transport project engagement (ongoing)	£4,620

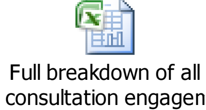
10. Appendices

Communications and engagement strategy

Consultation strategy and plan

Pre-consultation engagement report

Full breakdown of all consultation engagement activity



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Communication & Engagement Process – A Review by the Public Reference Group

A working document: December 2012

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1. Executive Summary

1.1 Background

- In July 2012, NHS Greater Manchester launched 'New Health Deal for Trafford (NHDfT), a 14 week consultation proposing a change in the way that services are delivered at Trafford General Hospital, to ensure they remain safe, high quality and sustainable for the future. It is within this context that NHS Greater Manchester established a Public Reference Group (PRG).

1.2 The Public Reference Group

- Reporting to the New Health Deal for Trafford Strategic Programme Board (SPB), PRG was set up to scrutinise the communication and public engagement processes relating to the consultation to ensure that they are fair, objective, accessible and transparent.
- Bringing together representatives from the different localities within Trafford and community / voluntary organisations, PRG met regularly to receive information, comment and advise on the forward process.
- PRG also reviewed particular elements of the consultation on an ongoing basis, to include the consultation document, public meetings and associated publicity.

1.3 The key questions

- Through the scrutiny process, PRG reviewed the consultation process against a series of key questions, taking into account issues of fairness, equality, representativeness, accessibility, awareness, accountability, and timescales.

1.4 The evidence base

- PRG considered evidence in a variety of forms, to include presentations, minutes of meetings, the engagement plan, the decision-making process, consultation documentation, publicity materials and a document outlining the views of the Save Trafford General Campaign Group.
- Members of the group attended engagement events and SPB meetings acting as 'observers' and undertook mystery shopping activities.

1.5 Observations – our conclusions

1.5.1 Approach to consultation and communications

<u>Existing policy and best practice</u>

- PRG are confident that NHS Greater Manchester took relevant policy and best practice into account in the design and delivery of the

communication and engagement process, producing an engagement plan that was flexible and able to react to change.

- In line with requirements set out in the NHS Operating Framework for 2010-11, PRG are confident that, as far as possible, strengthened public and patient engagement has been undertaken.

Joint working

- PRG agree that, following the initial planning stage, the consultation has been implemented jointly with partnering and neighbouring organisations. PRG have had opportunity to inform the process on an ongoing basis.
- PRG note that a longer lead-in time to plan the consultation would have been useful and feel that they could have added value to the process at this earlier stage, had the opportunity been available.

Timescales

- PRG consider 14 weeks to be a sensible timescale for the consultation period, proportionate to the level of change involved.
- On review of consultation responses received by 3rd October 2012, it was obvious that information had reached a very wide base of residents, even in areas where distribution difficulties had been experienced.

Fairness

- Based on their observations, PRG are satisfied that the communications and public engagement processes relating to the consultation have been fair, objective, accessible and transparent.
- PRG understand why the consultation process focused on the presentation of one option and agree that it would be misleading to present the public with options that were not viable. However, they feel more could have been done initially to explain this to the public, via consultation materials and public events.

Equality

- Notwithstanding issues relating to the non distribution of consultation documents, PRG felt that, on consideration of feedback from Imogen Blood, independent equality impact specialist, the public, patients and stakeholders had a fair opportunity to give their comments to the consultation proposals.
- Those from protected characteristics can be included in the above, following responses received from additional focus groups and specific groups requesting to use the consultation toolkit.

Representativeness

- PRG are satisfied that the 1,400 responses reported at the meeting on the 10th October 2012 present a response from a representative number of the population and that additional work has been conducted with specific target groups.

Accessibility

- Whilst they are happy that the mix of engagement and communication methods used by NHS Greater Manchester enabled those that want to be involved, to get involved via a method relevant and appropriate to them, initial concern was raised that consultation documents were not distributed to all residents across the borough.
- PRG are now satisfied with the steps NHS Greater Manchester took to ensure anyone interested would be able to access a consultation document and put their views forward.
- PRG note that the user-friendly style of the final consultation document and response form gave respondents some freedom to voice their views, positive or negative.
- The title of the consultation: 'a new health del for Trafford' could be interpreted by some as 'involving all services aimed at all Trafford people' This could have benefitted from additional user testing, however PRG are pleased NHS Greater Manchester altered presentation material with this in mind.

Awareness

- NHS Greater Manchester worked hard, utilising various methods to raise awareness of the consultation and engagement process. This has worked, ensuring that the process was both fair and transparent.
- Whilst the Save Trafford General Campaign Group helped raise awareness of the consultation, PRG felt that on occasion, language used, particularly at the public presentations, may have caused confusion for some members of the public.

Handling and analysis

- Following discussions with the independent analyst Dr Janelle Yorke, PRG are confident that the handling and analysis of engagement and consultation process responses will be fair and accurate.

Accountability

- Feeding into the decision-making process, the group are confident that meetings of the SPB are chaired independently and without any bias to a particular decision.
- On review of the forward process, the group are satisfied that the results of the consultation will be made accessible to the public and that the decision-making process will be held in public, presenting a fair and transparent process that will stand up to independent questioning.

1.5.2 Specific consultation activites

Consultation document

- On review of the draft consultation document PRG advised that the colour yellow was very difficult to see and raised some concern that information regarding changes to A&E was unclear.
- Concern was raised regarding distribution difficulties. Considering additional publicity taken forward by NHS Greater Manchester, together

with that carried out by the Save Trafford General Campaign Group, PRG are satisfied that those members of the public who wanted to respond, have been able to do so.

<u>Publicity</u>

- PRG are satisfied that the level of ongoing publicity and variety of methods used (TV, newspaper coverage, social media, stakeholder briefings, flyers) worked to raise awareness of the consultation and opportunity to get involved.

<u>Public consultation events</u>

- PRG members attended one stakeholder event and 17, out of 18 public meetings. On a small number of occasions it was felt that members of the public were struggling to understand what was being outlined and that the chair should ask panel members for clarification. This improved after the first couple of meetings.
- The complexity of some questions raised by the Save Trafford General Campaign Group caused confusion amongst members of the public. Whilst on occasion the chairs could have been stronger, they struck a good balance between members of the public who wanted to listen and learn, but could not understand some of these questions.
- Additional consultation activity aimed at discussing transport issues in more depth will ensure the affect proposals could have on the community will be taken into account as part of the decision-making process.

1.6 Recommendations

- Provide a longer lead-in period to a consultation, allowing for adequate planning.
- Establish a public reference group as part of the pre-consultation phase, providing an avenue by which the draft communications and engagement plan can benefit earlier from independent scrutiny.
- When seeking to distribute materials, where possible use one delivery body, building adequate timescales into the approach.
- Aim to receive the highest number of public responses via the least cost.
- Ensure health and social care staff and others working to deliver public services (libraries / leisure centres / community centres) are aware of the consultation and able to raise awareness and signpost those interested to consultation documentation.
- Consider the submission of ‘written’ questions as part of a public meeting.
- Ensure a set of ‘meeting rules’ are made clear and understood by all those in attendance.
- Where possible use one ‘chair’ to ensure continuity and provide an appropriate briefing.

2. Introduction

2.1 Background

The 14 week 'New Health Deal for Trafford' (NHDfT) public consultation was launched in July 2012.

The consultation, developed by NHS Greater Manchester, along with local clinicians, patients, residents and community groups, proposes a change in the way that services are delivered at Trafford General Hospital, to ensure the hospital remains a safe and viable setting in which to provide excellent standards of care and that services are delivered to ensure that they remain safe, high quality and sustainable for the future. It will also enable valuable funds to be released and better used to develop an 'integrated care' system in Trafford[1].

The consultation sought to gain the public's, patients' and stakeholder views on the proposal. Listening to the views and opinions of local residents' and other stakeholders, and putting them at the heart of the planning and decision-making processes, is critical to the success of the consultation. It is within this context that NHS Greater Manchester established a Public Reference Group (PRG). This report serves as a record of the Public Reference Group's public consultation findings.

2.2 The Public Reference Group

The Public Reference Group was set up to scrutinise the communication and public engagement processes relating to the consultation, to ensure that they are fair, objective, accessible and transparent.

The PRB reports to the New Health Deal for Trafford Strategic Programme Board (SPB) (via the Communications and Engagement Project Group). Minutes of the PRB meetings are published and circulated to the New Health Deal for Trafford SPB, and will be circulated to Trafford and Manchester Local Authority Overview and Scrutiny Committees and Trafford and Manchester Local Involvement Networks. Their final report will be circulated to the above organisations and to NHS Greater Manchester Board.

Representatives from different localities within Trafford and community/voluntary organisation were invited to take a place on the PRG[2]. For a list of organisations invited, alongside those who attended see appendix one.

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1 The vision for future NHS services in Trafford is that of an 'integrated care system'; essentially building a local NHS that is developed around the specific health needs of it's residents. One that provides patient-centred, affordable and effective healthcare in local communities, as close to people's homes as possible, for example, in clinics, in GP surgeries and in homes, rather than just in hospitals.

2 Please note, Manchester LINk were also invited to attend Public Reference Group meetings.

PRG met monthly and on occasion fortnightly (September/October), to receive information about the communication and engagement processes relating to the NHDfT consultation.

Throughout the process PRG monitored and where appropriate challenged the actions and processes of NHS Greater Manchester to ensure the consultation was fair, objective, transparent and accessible. They were also invited to observe public and stakeholder meetings to check that information provided to the public is understood, and that all those attending know how to respond to the consultation. Information gathered has been used to collect evidence for this report. See appendix two for more detail on the groups' Terms of Reference.

2.3 The key questions

When scrutinising the engagement and communication processes and composing their report, key questions considered by PRG can be summarised as follows:

- Has the process been planned jointly with partner or neighbouring organisations?
- Did the public, patients and stakeholders have a fair opportunity to give their comments to the consultation proposals, including those from protected characteristics[3]?
- Has strengthened public and patient engagement been undertaken?
- Has the handling and analysis of responses to the engagement and consultation processes been fair and accurate?

When conducting their deliberations, the group also took into account existing policy and best practice, together with issues of equality, representativeness, accessibility, awareness, accountability and timescales.

The group reviewed particular elements of the consultation on an ongoing basis, to include the consultation document, public meetings and associated publicity.

2.4 The evidence base

To ensure their deliberations, observations and resulting recommendations were informed, PRG considered evidence in a variety of forms, to include presentations, minutes of meetings, the engagement plan, the decision-making process, consultation documentation, publicity materials and a document outlining the views of the Save Trafford General Campaign Group. Members of the group attended engagement events and SPB meetings acting as 'observers' and undertook mystery shopping

[3] *Protected characteristics as noted in the Equality Act 2010 include: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity (including breastfeeding mothers); race, religion and belief; sex and sexual orientation.*

activities, for example, visiting GP surgeries to check that consultation documentation was available and that staff were adequately informed. See appendix three for more information on the engagement plan.

2.5 This report

Compiled by Pinpoint, the Independent Chair of the group, this report sets out the approach taken and details the outcomes of the scrutiny process from the point of view of PRG, outlining the key themes and issues arising, making a number of recommendations for the future. Finally, NHS Greater Manchester feed back to PRG and provide advice on the role of the group as they move forward to implement the proposed changes.

2.6 About Pinpoint

Established by Helen Bidwell, Pinpoint is an independent organisation, delivering consultation, engagement and research solutions to its clients, producing high quality, realistic and actionable results.

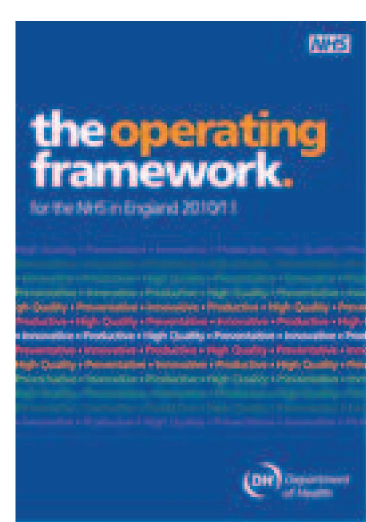
3. Our Observations

3.1 Approach to consultation and communications

3.1.1 Existing policy and best practice

In addition to their own experience and evaluation of what constitutes a successful consultation process, NHS Greater Manchester sought to take the following policies and best practice into account through the design and delivery of the communication and engagement process:

- The Cabinet Office 'Consultation Principles' 2012.
- Sections 242(1B) of the Health and Social Care Act 2006 and 2008's guidance 'Real Involvement: working with people to improve services'.
- Trafford Compact code of practice
- Trafford Borough Council's Statement of Community Involvement Review, February 2010.
- The four tests against which current and future NHS service reconfigurations (significant changes to services) have to be assessed, as set out in the revised NHS Operating Framework for 2010-11, requiring existing and future reconfiguration proposals to demonstrate:
    - Support from GP commissioners
    - Strengthened public and patient engagement
    - Clarity on the clinical evidence base; and
    - Consistency with current and prospective patient choice.



Observations:

PRG are confident that NHS Greater Manchester took the above guidance into account in the design and delivery of the communication and engagement process.

They are satisfied that the engagement plan was flexible in it's nature, allowing changes to be made to ensure those interested, were provided with an opportunity to put their views forward.

In particular, actions taken and recommendations made to NHS Greater Manchester by PRG have worked to 'strengthen public and patient engagement' throughout the process and ensure that the seven consultation criteria have been achieved.

PRG understand a number of responses have been submitted by GP Commissioners[4] and how they will be taken into account through the decision-making process.

3.1.2 Joint working

PRG were asked if they felt that the consultation process had been planned and implemented jointly with partner or neighbouring organisations.

Observations:

PRG were not aware that the consultation process had been 'planned' jointly with partner or neighbouring organisations and were unsure how realistically this could be achieved.

Members of PRG felt that they could have added more value to the process if they had been brought together earlier, as part of the pre-consultation planning phase.

PRG have evidenced joint implementation of the consultation process with partner and neighbouring organisations, to include statutory, community and voluntary organisations. NHS Greater Manchester has engaged with various stakeholders to share and discuss their vision for the future. These include Trafford and Manchester Health Overview and Scrutiny Committees, Central Manchester University Hospitals NHS Foundation Trust, Trafford Clinical Commissioning Group, Trafford Council, Trafford Provider Services, North West Ambulance Service, local Trade Unions, Local Medical Committee, Trafford GP Forum, Trafford Local Involvement Network, Manchester Local Involvement Network.

PRG would like to acknowledge that, as a stakeholder, Trafford Council appeared to be negative about the consultation process initially and the proposals for change.

3.1.3 Timescales

Consultees were given 14 weeks to respond to proposals contained within a NHDfT. This time period is two weeks more than the minimum expected period of consultation. On the 3rd of October, PRG were asked, if, taking the distribution problems into account, they felt 14 weeks was a sufficient time period for a consultation of this nature or whether this should be extended by a further two weeks.

Observations:

PRG consider 14 weeks to be a sensible timescale as the consultation period covered holiday months and note that a consultation of this nature could actually be held over a shorter time period, if held at a different time of year. The group feel that the timescale was proportionate to the level of change

4 *Responses were submitted from Trafford Clinical Commissioning Group (CCG), Central Manchester CCG, South Manchester CCG, Trafford Primary Health Ltd and Oldham CCG. A response was also received from Partington GPs.*

involved and financial implications. It also enabled the process to remain more focussed.

The request for an extension was seriously considered, but with the reported level of consultation responses received by the 3rd October, it was obvious that the information had definitely reached a very wide base of residents, even in the areas where distribution difficulties had been experienced.

3.1.4 Fairness

The group were asked to consider if the public, patients and stakeholders have had fair opportunity to give their comments to the consultation proposals, including those from protected characteristics. When considering this question, PRG also took into account issues of equality, representativeness, accessibility, awareness and accountability.

Observations:

PRG consider that the approach taken by NHS Greater Manchester has been fair and objective, and that every effort has been made not to afford any weight to a particular group or interest. NHS Greater Manchester have been responsive to arising 'needs', organising additional public meetings where required, visiting particular groups/organisations, conducting focused discussions with particular target groups.

PRG raised concern that not ALL residents received a copy of the consultation document. The group note that NHS Greater Manchester took adequate steps to ensure issues with distribution were overcome.

PRG understand why the consultation process focused on the presentation of one option and agree that it would be misleading to present the public with options that were not viable. However, they feel more could have been done initially to explain this to the public, via consultation materials and public events.

The group acknowledge that the presentation of one option could have put some off responding as they could presume 'it was a done deal'. Linked to this, they are pleased that the consultation response form included opportunity to provide free comment.

PRG believe that if an alternative option had been presented that was both clinically and financially viable, it would have been considered as part of the decision-making process.

The group were satisfied that consultation methods have been creative and engaging, and have been used to inform those interested about the proposed changes, drawing out their knowledge of the issues through a two-way dialogue.

It is evident NHS Greater Manchester sought to involve a wide range of clinical professionals throughout the engagement process, enabling their vision and enthusiasm for the proposals to have real meaning for their audience.

PRG acknowledge the submission of a document from the Save Trafford General Campaign Group outlining their views. On consideration of questions raised at public meetings by the group, and the detailed content of the document, PRG felt they did not need to meet at this juncture. They felt that, if they allowed one interest group to meet with them, then they would need to open the invitation to other interest groups and that this was not appropriate at this stage.

3.1.5 Equality

PRG received a presentation from Imogen Blood of Imogen Blood & Associates, an independent consultant commissioned to conduct an equality impact assessment of the consultation process. The aim of the assessment is to check that the consultation process does not discriminate against any disadvantaged or vulnerable people.

Observations:

On consideration of Imogen's presentation[5], PRG agreed that the consultation process and responses received to date omitted those from some of the 'protected characteristic' groups outlined in the Equality Act 2010.

PRG agreed with the recommendation to hold additional focus groups with the following target groups, prior to the consultation deadline of the 31st October 2012:

- *Potential users of orthopaedic services from East Manchester.*
- *Users of maternity services from Trafford (to include pregnant and breastfeeding women).*
- *BME residents from outside Old Trafford.*
- *Young people in Trafford.*

Based on Imogen's presentation, the group are satisfied this action will ensure the consultation process meets requirements of the Equality Act 2010.

Use of the 'consultation toolkit'[6] to structure the content of the focus groups was seen as a fair and inclusive approach.

3.1.6 Representativeness

PRG were asked if the consultation exercise reached a representative sample of the population, or where appropriate, all the target groups.

Observations:

PRG are satisfied that the 1,400 responses reported at the meeting on the 10th October 2012 present a response from a representative number of the

[5] *Heard on the 3rd October 2012*

[6] *The 'consultation toolkit' provides those interested with background material and a series of questions and case studies they can use to structure their own focus group/ discussion event.*

population. Indeed, any additional responses received will be a positive and deliver what will be a reliable set of results.

It was noted that the response received to date already exceeds the industry standard expected for a consultation of this nature. It is understood Ipsos MORI state that anything over 1,000 would be deemed to be effective.

PRG are pleased to note that NHS Greater Manchester managed to achieve engagement with the additional target groups, in particular, those of protected characteristics.

3.1.7 Accessibility

When considering whether the public, patients and stakeholders have had fair opportunity to comment on the consultation proposals PRG took into account the ability to access relevant and informative information.

Observations:

PRG are happy that the approach taken by NHS Greater Manchester, notably, the mix of engagement and communication methods used, has enabled those that want to be involved in the consultation, to get involved via a method that is relevant and appropriate to them.

They agree that those interested have been able to access the information they require to provide an informed opinion, be that via the consultation document, TV, adverts, Twitter, Facebook, the consultation website, presentations, consultation toolkit, DVD, group talks, telephone etc.

PRG note that the user-friendly style of the final consultation document and response form gave respondents some freedom to voice their views; positive or negative.

There has, however been concerns regarding the distribution of consultation documents, namely that documents were not distributed to ALL residents across the borough. PRG are now satisfied that NHS Greater Manchester have taken steps to ensure anyone interested has been able to access a document and put their views forward.

PRG would like to note that the title of the consultation: 'A New Health Deal for Trafford' could be interpreted by some as involving 'all services aimed at all Trafford people' and this could have benefited from additional user testing. When raised by the group they are pleased that NHS Greater Manchester altered consultation materials, for example presentations used at public events, to ensure the focus of the consultation was understood.

3.1.8 Awareness

PRG considered issues of awareness in order to ensure there had been '… fair opportunity to give their comments …' throughout the consultation process.

Observations:

The group would like to acknowledge that, as with any consultation, you cannot expect everyone to want to get involved.

NHS Greater Manchester worked hard, utilising the various methods to raise awareness of the consultation and opportunity for involvement, and to ensure the process was both fair and transparent.

Importantly, they are happy that where possible, publicity has worked, highlighting to potential respondents how they can put their views forward.

Out of 25 practices reviewed through the mystery shop, 11 had summary documents available, 7 had promotional materials (e.g. posters) on display and 15 receptionists said they were aware of the consultation[7]. Some reception staff felt unable to accept/display consultation documents from the mystery shoppers until they had checked with their practice manager (several of who were not on site). Five practices advised they had received documents but had run out.

Whilst accepting that the Save Trafford General Campaign Group also helped to raise awareness of the consultation, PRG felt that on occasion, the language used, particularly when voicing opinions during 'questions' at the public presentations, may have caused confusion with some members of the public.

3.1.9 Handling and analysis

PRG received a presentation from Dr Janelle Yorke, an independent consultant commissioned to take forward analysis of the consultation document responses. They where then asked if they are satisfied that the handling and analysis of responses has been fair and accurate.

Observations:

PRG are happy with the process being used to both handle and analyse the consultation responses. They are satisfied that the individual conducting the process is 'independent and professional', residing outside the area served by the NHDfT consultation. When the results are presented they will be both fair and robust.

The PRG noted that respondents' additional comments in the free text responses will be analysed and felt that this will provide NHS Greater Manchester with a deeper understanding of people's views. They consider this to be very important information, which should be taken into account by the SPB when making their final recommendations.

The group asked how the feedback from the other consultation mechanisms will be considered, for example those from the public meetings and focus groups. They are confident that this will happen and urge NHS Greater Manchester to make their decision based on the 'whole' picture.

7 Please contact newhealthdeal@trafford.nhs.uk for a copy of the mystery shop findings.

3.1.10 Accountability

When considering issues of accountability, PRG questioned whether they had fulfilled their role. They also considered accountability of the Strategic Programme Board and NHS Greater Manchester.

Observations:

PRG are accountable to the Public of Trafford by assuring that the consultation process is fair, objective, accessible and transparent. At first the group where sceptical about the review process and were unsure how much of their advice would be taken on board by SPB. In fulfilling their role, PRG have:

- *Reviewed the design of the consultation document and engagement plan.*
- *Asked for consultation information to be made available to four additional special interest groups.*
- *Attended the stakeholder meeting and 17[8] public meetings to observe fairness, coverage of the consultation information and the questions asked by the public, ensuring information was relevant for purpose.*
- *Heard the expert advice/guidance from Imogen Blood Associates and Janelle Yorke, who produced the results from the Public Consultation and the Chair of the Strategic Programme Board, Mr. John Schultz.*
- *Produced this final report for the Strategic Programme Board on the transparency of the whole engagement/consultation process.*

To date, the group are satisfied that SPB and NHS Greater Manchester have listened to advice provided by PRG, for example advice submitted regarding 'do's and don'ts' for public meetings (see appendix four).

PRG are also pleased that, based on the evidence presented, NHS Greater Manchester have reviewed the consultation process on an ongoing basis, taking a flexible approach, making alterations when required.

Following a presentation from John Shultz, chair of the SPB, the group are confident that SPB meetings are chaired independently and without any bias to a particular decision.

On review of the forward process, the group are satisfied that the results of the consultation will be made accessible to the public and that the decision-making process will be held in public. They agree that this will help the process to be fair, transparent and stand up to independent questioning.

[8] *Please note the meeting held at the Zion Arts Centre, Hulme was not observed.*

3.2 Specific consultation activities

As part of the scrutiny process, PRG conducted an ongoing review of specific consultation activities, to ensure the methods used were fair, objective, transparent and accessible. Specific activities include the consultation document, public consultation events and publicity mechanisms.

3.2.1 Consultation Document

PRG reviewed the initial draft summary consultation document.

Observations:

Content: *PRG expressed some concern that information regarding proposed changes to A&E was unclear in the draft summary document.*

PRG advised NHS Greater Manchester that the colour yellow was very difficult to see, particularly if sight impaired.

Distribution: *Concerns were raised regarding the distribution of consultation documents. PRG were kept informed of distribution issues relating to the summary document's non-arrival in some areas. Postcards advertising the consultation were subsequently posted out to specific postcodes, which were highlighted as not receiving the original consultation document advising householders to contact NHS Greater Manchester directly if they wanted to respond. The group acknowledge that some areas did not receive the postcard.*

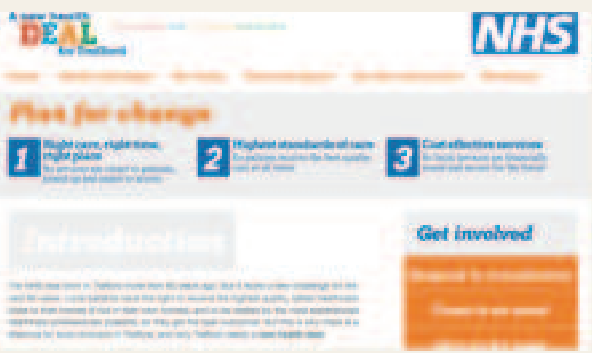
PRG also note that there has been a concern that the consultation has not been promoted well enough in Sale Moor. Further promotion was undertaken, including distribution of flyers and summary documents in public places, and a paid for advertisement in the Hale, Altrincham & Sale Independent (a free newspaper) with front-page coverage. Additional press releases were sent to all local media advising of the final few weeks to have say in the consultation. PRG noted that the issue of non-receipt of information caused some problems in the areas affected. PRG subsequently were of the opinion that 100% delivery rates could not be achieved via newspaper circulation and advised NHS Greater Manchester to seek alternative methods of distribution in future.

Nonetheless, taking into account additional publicity taken forward by NHS Greater Manchester, together with that carried out by the Save Trafford General Campaign Group, PRG are satisfied that those members of the public who wanted to respond to the consultation have been able to do so.

3.2.2 Publicity

PRG were kept informed of publicity throughout the consultation process and provided with an opportunity to comment on, for example venues, flyers / posters used to advertise public events.

Observations:



Website: *The NHDfT website is considered to be accessible and easy to use. PRG note that when a link on the website was not working NHS Greater Manchester took action to ensure it was promptly repaired.*

Social media: *PRG consider the social media activity (Twitter / Facebook) to have worked well as a tool used to raise awareness and keep people informed.*

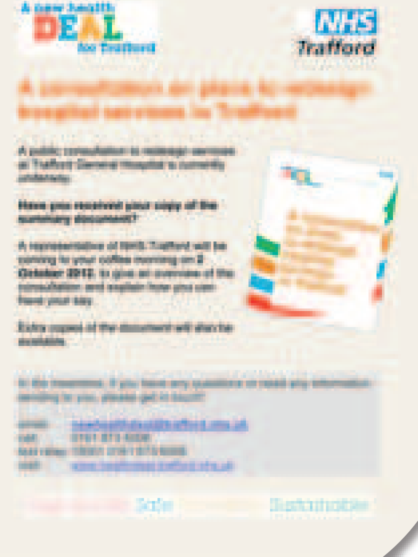
Media coverage: *TV coverage was viewed as minimal. PRG noted some activity at the start of the consultation process and a mention on the 26th September via the BBC's NHS day. The group acknowledged that the level of TV coverage is very dependent on what the top stories are that day and that any mention, however small is good.*

NHS Greater Manchester provided a Media Briefing session, just before the commencement of the consultation, to ensure that all key media staff were aware of the consultation.

PRG are satisfied with the amount of newspaper coverage regarding the consultation.

The media (press and TV) were kept up to date on developments during the consultation by receiving media releases on a regular basis.

Members noted that some media coverage (via both TV and newspapers) took place as a result of work carried out by the Campaign group Save Trafford General. They agreed all media coverage that raises awareness of the opportunity for involvement is a good thing.



Stakeholder briefing: *PRG felt that the stakeholder briefing was poorly attended. The group were informed that NHS Greater Manchester met with all three political parties prior to the stakeholder briefing resulting in their non attendance at the planned event.*

Flyers*: Single-page leaflets have been used to advertise public events. The PRG accepts these have worked well in raising awareness of the consultation, explaining how the public can access information and put their views forward.*

Consultation toolkit: *Development of material that could be used by individual groups not able to attend public presentations has been viewed as positive by the PRG. The Group is pleased that the 'consultation toolkit' has been requested by 9 groups (see appendix five), a number of which can be listed as those of 'protected characteristics', thus allowing them access to presentational material and the opportunity to put forward their individual views on the consultation.*

3.2.3 Public consultation events

PRG members attended one stakeholder event and 17 out of 18 public meetings in order to review the process and ensure meetings were fair, transparent and that information presented was relevant & understandable.

Observations:

In general meetings were held in accessible venues with good access to public transport links and parking.

Rooms were laid out well with plenty of seating available and good visual access to presentations.

On a small number of occasions it was felt that members of the public were struggling to understand what was being outlined and that the chair should ask panel members for more clarification. This improved after the first couple of meetings with much less jargon being used and discussions generally being much more understandable.

Save Trafford General Campaign group appeared to dominate some of the meetings, particularly during the question and answer sessions. The group noticed a pattern emerging in terms of the questions being asked with a number being repeated at different meetings.

PRG felt that on occasion, the various chairs could have been stronger in their direction, however they also understand the need to provide the campaign group with a fair hearing. They felt the chairs struck a good balance between the ordinary members of the public who wanted to 'listen and learn' but who could not understand some of the more complex questions being put forward by the Save Trafford General campaign group. The chairs worked to ensure the group got a fair hearing whilst allowing others an opportunity to ask questions. They did not allow anyone present to 'hog' the floor.

Panel members did not duck questions.

The above feedback was reported back to NHS Greater Manchester on an ongoing basis.

Following the initial meetings it became clear that 'transport' was an ongoing issue for some members of the community. Following discussions with PRG, NHS Greater Manchester conducted additional consultation activity aimed at discussing the issue in more depth. Such activity included the establishment of a transport sub-group, a stakeholder event, a survey of A&E users, and two focus groups (held in Partington and Urmston). Subsequently, PRG are satisfied that proposals to address transport and the affect this could have on the community will be taken into account as part of the decision-making process.

4. Our conclusions

- In line with requirements set out in the NHS Operating Framework for 2010-11, PRG are confident that, as far as possible, strengthened public and patient engagement has been undertaken.
- PRG agree that, following the initial planning stage, the consultation has been implemented jointly with partnering and neighbouring organisations. PRG have had opportunity to inform the process on an ongoing basis.
- PRG note that a longer lead-in time to plan the consultation would have been useful and feel that they could have added value to the process at this earlier stage, had the opportunity been available.
- PRG consider 14 weeks to be a sensible timescale for the consultation period, proportionate to the level of change involved.
- PRG understand why the consultation process focused on the presentation of one option and agree that it would be misleading to present the public with options that were not viable. However, they feel more could have been done initially to explain this to the public, via consultation materials and public events.
- Notwithstanding issues relating to the non distribution of consultation documents, PRG felt that, on consideration of feedback from Imogen Blood, independent equality impact specialist, the public, patients and stakeholders had a fair opportunity to give their comments to the consultation proposals. Those from protected characteristics can be included in the above, following additional focus groups and specific groups requesting to use the consultation toolkit.
- PRG are satisfied that the 1,400 responses reported at the meeting on the 10th October present a response from a representative number of the population.
- Following discussions with the independent analyst Dr Janelle Yorke, PRG are confident that the handling and analysis of engagement and consultation process responses will be fair and accurate.
- Based on their observations, PRG are satisfied that the communications and public engagement processes relating to the consultation have been fair, objective, accessible and transparent.
- Feeding into the decision-making process, the group are confident that meetings of the SPB are chaired independently and without any bias to a particular decision.
- On review of the forward process, the group are satisfied that the results of the consultation will be made accessible to the public and that the decision-making process will be held in public, presenting a fair and transparent process that will stand up to independent questioning.

5. Our recommendations

As a result of their observations, PRG make the following recommendations, to be taken into account when implementing future communication and engagement processes.

- A number of the issues faced by a new health deal for Trafford consultation relate to timescales. Provide a longer lead-in period to allow for adequate planning.
- Establish a public reference group as part of the pre-consultation phase, providing an avenue by which the draft communications and engagement plan can benefit earlier from independent scrutiny.
- When seeking to distribute materials, where possible, use one delivery body, building adequate timescales into the approach.
- Aim to receive the highest number of public responses via the least cost.
- Ensure health and social care staff[9] and others working to deliver public services (libraries / leisure centres / community centres) are aware of the consultation and able to raise awareness and signpost those interested to consultation documentation.
- Consider the submission of 'written' questions as part of a public meeting. Providing an opportunity for participants to write and submit questions before a break will provide the chair with an opportunity to ensure a fair distribution of question content and panel members with an opportunity to deliver a more considered response. Questions / points of clarification can then be included or emphasised at future presentations to avoid repetition.
- Ensure a set of 'meeting rules' are made clear and understood by all those in attendance.
- Where possible use one 'chair' to ensure continuity and provide an appropriate briefing.

[9] *For example those working at GP surgeries, to include practice managers and reception staff.*

6. Moving Forward

6.1 The decision-making process

Insert comments from PRG after December 19th 2012.

6.2 Response from the Strategic Programme Board

To be included after December 19th 2012.

6.3 Role of PRG

- The Public Reference Group has undertaken an important task in overseeing the process of public consultation and in scrutinising the consultation, and decision-making processes, to ensure that they were fair, objective, accessible and transparent.
- The public reference group will therefore continue to meet until a final decision is made, regarding the New Health Deal for Trafford, by the Board of NHS Greater Manchester on the 24th January 2013. Thereafter the group will meet to receive feedback from the Board of NHS Greater Manchester, which should allow the group to produce a final version of their report.
- In the event of a referral to the Secretary of State for Health, and a subsequent review by the Independent Reconfiguration Panel (IRP), the Public Reference Group may well be asked to contribute to the review process. This is likely to be at the discretion of the IRP and on an ad-hoc basis.
- When a final conclusion to the proposals outlined in the New Health Deal has been reached the implementation of any changes will commence. Public scrutiny is likely to occur via existing mechanisms.

Appendix One

PRG Group Membership

Name	Representative of
Mark Bailey	Mark Bailey representing Trafford Youth Cabinet
Colin Barson	Voluntary Community Action Trafford (VCAT) (resigned 28/07/12)
Helen Bidwell	Independent chair (joined 30/08/12)
Suzie Burke	Flixton resident (resigned 06/09/12)
Judie Collins	Altrincham League of Friends and Timperley resident (joined 26/09/12)
Ann Day	Trafford LINk and Lostock resident
Sandra Griesbach	Flixton resident
Doug Gurr	Childrens Rights Apprentice (Trafford Council) (joined 26/09/12)
Jean Johnson	Engage group and Partington resident (joined 30/08/12)
Pat Lees	Altrincham resident
Don McGeachin	Resident
Linda Mrozinski	Altrincham League of Friends (resigned 26/07/12)
Marilyn Murray	Trafford LINk
Ralph Rudden	Trafford Diverse Communities Board & Sale resident
Jennifer Yates	Urmston resident
Alison Starkie	NHS Greater Manchester (joined 26/07/12)
Tracy Clarke	NHS Greater Manchester (Minutes)

Others invited to join the PRG but declined

- Mark Nesbitt, P3 Training and Consultancy

Others invited to join the PRG but either did not attend meetings or respond back to invitation to join

- Manchester LINk
- Trafford Carers Centre
- Trafford General Hospital League of Friends
- G Force, Sale
- St Johns church, Old Trafford
- Broadheath partnership
- Broomwood partnership
- Old Trafford partnership
- Old Trafford Liaison Group
- Sale Moor stakeholder group
- Positive Partington
- Genie Networks
- Davyhulme Childrens' Centre

Appendix Two

PRG Terms of Reference & duties

New health deal for Trafford

Public reference group

Terms of reference

Introduction

The **new health deal for Trafford** is the project set up to bring together clinicians, patients, local residents and community groups to help shape the future health and social care services in the borough.

This consultation has been launched to gather people's views on proposals to implement the necessary redesign of Trafford's local hospital services, and more specifically, services at Trafford General Hospital, which are not currently financially viable or clinically sustainable, meaning they are not fit for the future. If this is not tackled now it would threaten the quality and safety of the services, but would also threaten any future opportunity to create the type of care that people have told the health service in Trafford that they want and expect into the future.

The consultation therefore seeks people's views on proposals to change local hospital services as part of a journey over several years to develop integrated care in Trafford. It specifically seeks views on proposed changes to the way unplanned (urgent care) and planned care, including orthopaedic services, are provided to those who currently receive these services at Trafford Hospitals/Central Manchester University Hospital NHS Foundation Trust.

The external reference group

NHS Greater Manchester recognises that the views of stakeholders and the public are paramount when planning health services and as a result, we are establishing a public reference group. This new group will scrutinise the communication and public engagement processes relating to a **new health deal for Trafford** to ensure that the public consultation process is fair, objective, accessible and transparent. This will include publishing a final report to state whether this has been achieved.

Reporting

The public reference group will report to the **new health deal for Trafford** strategic programme board (via the communications and engagement project group) and its minutes of meetings shall be published and circulated to the **new health deal for Trafford** strategic programme board, Trafford and Manchester Local Authority Overview and Scrutiny Committees and Trafford and Manchester Local Involvement Networks. Their final report will also be circulated to the above organisations and to NHS Greater Manchester Board.

The agenda and minutes of meetings will be agreed by the chair and circulated to all members for approval and ratification.

Membership

Invitations to join membership will include:

- Independent chair or representative from public reference group (first meeting may be led by NHS Trafford representative)
- Representatives from Trafford Healthcare NHS Trust reconfiguration patient reference group
- Trafford LINk representative
- Manchester LINk representative
- Carer representative
- Those who expressed an interest at pre-consultation engagement events
- Diverse Communities Forum/Board representative
- Trafford General Hospital League of Friends representative
- Altrincham General Hospital League of Friends representative
- Young people's representative
- Community and voluntary organisation representatives
- Residents

Attendance at meetings

Persons who are not members of the public reference group may attend at the invitation of the chair.

Servicing of meetings

NHS Trafford will provide an individual to take minutes and arrange meetings as appropriate.

Duties

(a) Pre-consultation and throughout the consultation process

To have oversight of the manner in which NHS Greater Manchester engages and communicates with local people regarding the proposal to develop a new model of hospital care in Trafford.

To attend the **new health deal for Trafford** public consultation events as observers (on a rotational basis) to check that information provided to the public is understood and that all those attending know how to respond on the consultation.

To read the draft consultation summary document and provide feedback and suggestions to ensure the document is clear and easy to understand and meets accessibility guidelines.

To provide feedback on draft publicity materials, as required, which may be used to publicise the consultation and public meetings.

To monitor the engagement/communication processes undertaken by NHS Greater Manchester and assess whether these have been fair, objective, accessible and transparent.

(b) Post consultation

To oversee the handling and analysis of responses to the engagement and consultation process and report back any anomalies to NHS Greater

Manchester Board (via the **new health deal for Trafford** Strategic Programme Board) relating to matters of fairness and accuracy in their assessment.

To produce a report advising whether the engagement/communication processes have been fair, objective, accessible and transparent, and present this to the Strategic Programme Board.

To advise on whether the results and feedback of the engagement process have been taken into account by the Strategic Programme Board as it develops the preferred option.

Version 3

10 Sept 2012

AS/TC

New health deal for Trafford

Public reference group - duties

Background

The public reference group has been set up to scrutinise the communication and engagement processes relating to a new health deal for Trafford to ensure that the public consultation process is fair, objective and accessible.

Over a period of around six months, the group will meet monthly to receive information about the communication and engagement processes relating to a new health deal for Trafford consultation. They will also be invited to observe public meetings and a stakeholder meeting to check that information provided to the public is understood and that all those attending know how to respond to the consultation.

This information will be used by the group to collect evidence for their report which will be produced by the end of November and presented to the new health deal for Trafford strategic programme board on 19 December 2012.

Process and outputs

The group should consider the following questions when scrutinising the engagement and communication processes and composing their report on whether the engagement and communication process has been fair, objective and accessible:

- Has the process been planned jointly with partner or neighbouring organisations?
- Did the public, patients and stakeholders have a fair opportunity to give their comments to the consultation proposals, including those from protected characteristics?
- Has the handling and analysis of responses to the engagement and consultation process been fair and accurate?

The public reference group is not expected to:

- Scrutinise processes other than communications and engagement relating to the new health deal for Trafford consultation
- Scrutinise the planning of the consultation (except for communications and engagement processes)
- Comment on the content of the main consultation document
- Receive copies of Strategic Programme Board (SPB) minutes of meetings or communications and engagement project group minutes - but they will receive regular updates from these meetings either verbally or via briefing notes

Pre-consultation and throughout the consultation process	
Duty	**How**
To have oversight of the manner in which NHS Greater Manchester engages and communicates with local people regarding the proposals to develop a new model of hospital care in Trafford	• Receive regular updates regarding communication and engagement plans and activities • Receive stakeholder briefings • Receive media releases • Receive promotional material • Public reference group to note all documents received.
To read the draft consultation summary document and provide feedback and suggestions to ensure the document is clear and easy to understand and meets accessibility guidelines	• Draft copy of summary will be circulated at one of the meetings with attendees being able to provide comments
To attend the new health deal for Trafford public consultation events as observers (on a rotational basis) to check that information provided to the public is understood and that all those attending know how to respond to the consultation.	• Rota for observers will be developed – all group members to advise Tracy Clarke of their availability • Pro-forma will be available for all observers to complete to ensure consistency of recording • Public reference group to use the evidence to advise public meeting facilitator of any major problems and also use as evidence for the public reference group final report
Where able, attend the stakeholder event on 8 August at Sale Waterside.	• Attendance at the event to learn more about the New health deal for Trafford • Act as observers (or take part as participants if individuals wish) • Pro-forma will be available for all observers to complete, to ensure consistency of recording
To provide feedback on draft publicity materials, as required, which may be used to publicise the consultation and public meetings.	• Flyers, adverts and other promotional material, may be circulated to group members (where time permits) for comments. There are times when publicity material is produced quickly to respond to need. A copy of the publicity material used will be forwarded to group members to take note.
To monitor the engagement processes undertaken and assess whether these have been fair, objective and accessible.	• To receive evidence regarding the engagement processes

Post consultation	
Duty	**How**
To oversee the handling and analysis of responses to the engagement and consultation process and report back any anomalies to new health deal for Trafford Strategic Programme Board relating to matters of fairness and accuracy in their assessment	• Group members will receive a copy of the engagement report to scrutinise and report back on whether there are any anomalies relating to matters of fairness and accuracy
To produce a report advising whether the engagement and communication processes have been fair, objective, accessible and transparent	• Produce short report • Representative/s of the public reference group to present their findings to the new health deal Strategic Programme Board on 19 December
To advise on whether the results and feedback of the engagement process have been taken into account by the new health deal for Trafford Strategic Programme Board as it develops the preferred option	• Feedback by those public reference group members who attended the Strategic Programme Board meeting on 19 December regarding the response by Strategic Programme Board • Minutes of Strategic Programme Board minutes of meeting

8 Aug 2012

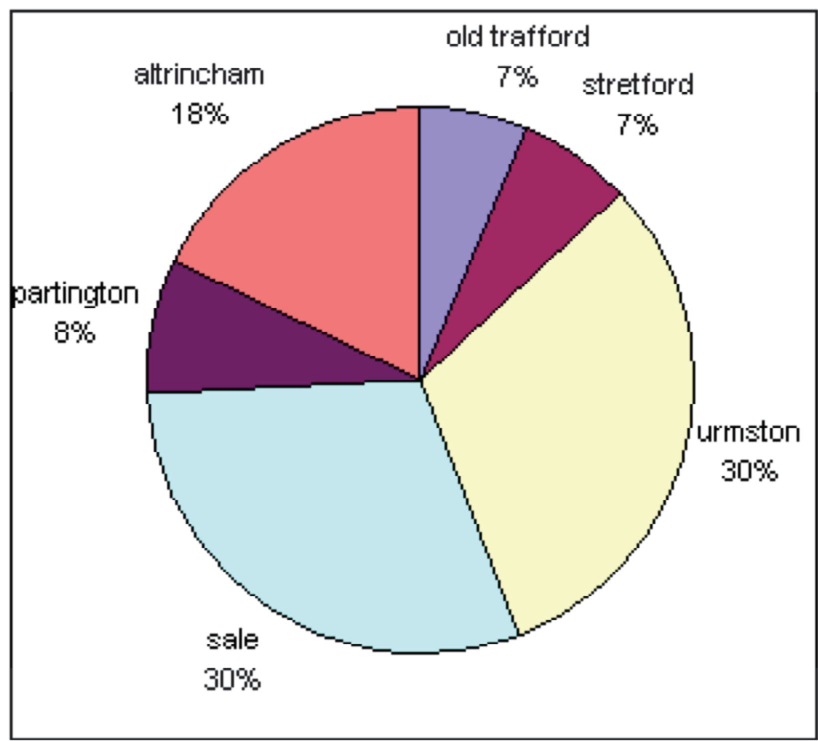
TC/AS

Appendix Three

Engagement plan

Consultation engagement work

Interim demographic report of consultation responses
The chart below shows the current breakdown of where those who are responding to the consultation live (please note: 10% did not provide their postcode information):



When matching this to the size of these different areas in relation to household numbers (which is only being used to show proportional responses, and will not be used for the formal analysis work), this shows that in terms of responses received:

- There is proportionally over-representation in Partington, Urmston and Sale.
- There is slight under-representation from Stretford and Old Trafford.
- There is significant under-representation from Altrincham (and in particular the WA14 postcode).

We would expect there to be a higher response rate from the areas in closest proximity to Trafford General Hospital, therefore feel that there is a need to increase responses from the Stretford area.

We would expect to see less responses from areas close to the large majoring hospitals, for example, Old Trafford and Altrincham, but as Old Trafford has high levels of deprivation and BME communities, we need to ensure that every step has been taken to gather feedback and remove any potential barriers to responding.

Although the number of Partington responses are positive, due to the issues this area has around social deprivation and transport we also need to ensure that people here are given as many opportunities to respond as possible.

Other demographics related to responses received show that:

- Less than 2% of responses are from ethnic minorities
- A very small number of responses are from younger people
- 1% of responses are from non-Trafford residents

This demographic analysis combined, and feedback and issues raised during the consultation so far, highlights a need to increase response rates from the following communities:

- Residents in Stretford
- Residents in Partington
- BME communities, in particular within Urmston, Davyhulme, Flixton areas and Pakistani community (the Pakistani community are relatively high users of A&E services)
- Younger people (under age 18)
- Young adults (age 19-30)
- Manchester residents (in particular East Manchester and those most likely to use orthopaedic services, e.g. older people, sportspeople)
- People with mental health issues

Response rates are already reasonable in terms of sexuality, but as this is one of the 'protected characteristics' as defined by the Equality Act 2012, work will be carried out with a local LGBT group.

In addition, we recognise the importance of actively engaging groups relating to the following communities, which are not captured by the response form:

- Pregnancy and maternity
- Carers

Community group work already carried out

We have already carried out the following work with community groups to encourage people to take part in the consultation as detailed below.

<u>Promotional visits to groups:</u>

- Partington Parish Council
- Sale Moor Community Partnership
- Old Trafford Partnership
- Older peoples' coffee morning with residents of Chapel Road, Sale

Engagement meetings:

- Trafford LINk
- Trafford Youth cabinet
- Trafford Centre for Independent Living

Further engagement in the next four weeks

In order to improve response rates in the required communities, our plan for the remainder of the consultation is below.

Residents in Stretford

- Engage through housing association residents groups
- Additional public event in Stretford area

Residents in Partington

- Ear 4 U Community Cafe

BME communities

- Engage through community groups to reach people within Old Trafford:
    - LMCP care link (Asian older people)
    - Pulling Together (Asian women)
- Additional public event in the Old Trafford area
- Bespoke discussion group to reach BME within Urmston, Davyhulme, Flixton areas

Younger people (under age 18)

- Bespoke discussion group to reach people under age 18

Young adults (age 19-30)

- Bespoke discussion group to reach people age 19-30

Manchester residents

- Bespoke discussion group to reach East Manchester residents who are most likely to use orthopaedic services, e.g. older people, sportspeople

Mental health

- BluSci Wellbeing centre (Partington, and focus on drug and alcohol)

LGBT

- Liaison with Lesbian and Gay Foundation to ensure organisational response, representing the interests of LGBT community

Pregnancy and maternity

- Bespoke discussion group to reach currently and recently pregnant women (including groups / people based in Partington)

Carers

- Engage through Trafford Carers Centre

We recognise that some people / groups may have barriers to completing the consultation response form, so support will be provided, and where appropriate themes will be collected from the group-based discussions carried out in order to feed them into the consultation analysis.

General

- Engagement through community groups toolkit – requests so far include:
    - Seymour Park Primary School parents group
    - Big Life Families at Old Trafford Community Centre
    - Lostock Partnership
    - The Stroke Network
    - Stretford BME community (full details TBC)

- Engagement through other community groups of interest:
    - Genie Networks (Deaf people)
    - Delamere toy library (Parents, social deprivation)
    - A group in Broadheath (liaising with Broadheath partnership to identify, as people in this area could be users of TGH)
    - Residential and nursing homes

Appendix Four

Public meeting ‘do’s and don’ts’

Dos and don'ts for independent chair

The following 'dos and don'ts' have been put together using feedback from the public reference group, and feedback from observers that have been at previous briefings and events.

Don't feel scared to ask the panel to do something which they have been previously been advised to do. It is your role to ensure that all those at the event have a fair opportunity to see, hear and understand what is being said. All panel members have been briefed of what is expected of them.

Do ensure that the panel and audience use the microphone equipment – use of the PA systems are **mandatory** for every event. If the sound is not being amplified clearly, ask those using mics to move it closer to their mouth.

Do test that the audience can hear ok and **watch the audience** throughout the event to check if any seem displeased. Some audience members may feel embarrassed to say they did not hear what was being said, so it is useful for you to 'read' their body language also.

Do ask panel members to **stand up** when responding to a question during the Q&A session. It's much easier to get a message over clearly if a person can be **seen and heard.**

Do pick up on use of any acronyms or technical language used – and ask the panel to fully explain what they are talking about. Some commons ones include: **CMFT, ICU, MAU, POAU, CCG**. Some people have also told us that they don't understand what terms like **model of care** or **community, primary, secondary** and **social care** mean. If this happens during the presentations, ask the panel member to explain after they have finished their part of the presentation.

Dos and don'ts for spokespeople

The following 'dos and don'ts' have been put together using feedback from the public reference group, and feedback from observers that have been at previous briefings and events.

Do use the microphone equipment – use of the PA systems are **mandatory** for every event.

DO stand up when responding to a question during the Q&A session.

Don't use any acronyms or technical language – some commons ones include: **CMFT, ICU, MAU, POAU**. Some people have also told us that they don't understand what terms like **model of care** or **community, primary, secondary** and **social care** mean, so please ensure you fully explain what you are talking about.

Do be passionate as this will help show you believe in what is being proposed.

Don't stare at the slide when presenting. It's ok to take short glances at the slides, but you need to make sure you talk directly to the audience. (Keep hold of a printed version you can reference if that's easier.)

Do provide situational / patient examples wherever possible, as audiences so far have found these very persuasive and also helpful for their understanding of the issues.

Don't huddle together with colleagues during the break or at the end of the event as this creates a 'them and us' environment.

The independent event chair will be fully briefed on these guidelines, and will make sure that they are being adhered to.

Appendix Five

Consultation Toolkit – group contact/requests

Groups / organisations contacted to promote toolkit:

- Trafford Carers Centre
- Arthritis Care, Altrincham & District
- Age UK Trafford
- Alzheimers Society (Trafford)
- Trafford LINk
- Genie Networks
- The Counselling and Family Centre
- ACE Women's Group
- VCAT
- Henshaws Society for Blind People
- New Way Forward
- Lions Club of Urmston
- Disability Advisory Group
- Altrincham & Bowden Civic Society
- Trafford Care & Repair
- Blue SCI
- Voluntary Transport Group
- Cancer Aid & Listening Line (CALL)
- Henshaws Society for the Blind
- G Force
- Citizens Advice Trafford
- Altrincham & Bowden Civic Society
- St Francis Church
    - Trafford Tenants and Residents Federation
    - The Stroke Association
    - Sale Moor Community Partnership
    - Family and Support Network (FASNET) Trafford
    - Stockdales of Sale and Altrincham
    - Special Education Needs Family Support Group (SENFSG)
    - Trafford Care & Repair
    - Trafford Mental Health Advocacy Service
    - Woodsend Community Group

Requests for community toolkit:

Organisation	No of consultation documents required
Childrens Rights service Trafford Council	20
Big Life Families based at Old Trafford Community Centre	30
Extended Services Seymour Park School	25
Lostock Partnership	30
Stroke Association (Salford)	30
National Osteoporosis Group (Salford)	14 *Having reviewed the information, the secretary did not feel they would have time on their agenda to use the toolkit.*
Heart and Stroke Group, Flixton	25
Cllr Amina Lone, Deputy executive member for Finance and HR, Manchester City Council, Members services room 108, Town hall, Manchester, M60 2LA Cllr.a.lone@manchester.gov.uk	30

Are we there yet?

The social needs transport implications of proposed changes to hospital services

Report of consultation with local transport providers, commissioners & interested stakeholders

Stephen & Anthony Travis
November 2012

Community Transport

Working on behalf of NHS Greater Manchester

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Key findings & recommendations

Consultation was undertaken with a range of stakeholders with an interest in transport to health facilities in Trafford.

Stakeholders identified five possible transport-rated options, which could redress difficulties in transport to health for Trafford residents, following reorganisation of NHS services in the borough.

Wider consultation enabled local representatives and stakeholders to rank possible options.

The preferred course is to establish a Health Transport Bureau, along the lines of that described in detail in **"Health Transport Bureau"** on page 21 of the appendices of this report.

It would make sense also to incorporate a **Travel Training & Planning** function, allied with a Health Transport Information gathering, collation and dissemination, with the above.

These latter could be incorporated on the basis of flexible resource allocation, with the relative balance between functions being adjusted according to demand.

An indicative "ballpark" cost for the above would be in the region of £105,000 for the first year, with a 30% reduction in subsequent years to reflect the one-off feasibility, development and set-up cost of the first year.

Some benefit might accrue to residents of Partington if a **subsidy** were to be applied to enable them to use the Local Link service to travel to relocated health facilities at no increased cost.

Such a subsidy could be paid directly by the appropriate NHS (or other) organisation to TfGM, who could administer eligibility.

Any options selected will require further work to confirm exact cost, determine the commissioning/procurement process & to select providers.

1 Executive summary

Consultation about the NHS in Trafford

The NHS carried out a consultation exercise designed to give members of staff, and the wider Trafford population, an opportunity to have their say about the proposed changes to healthcare services across Trafford.

It was recognised that physical reorganisation and/or relocation of services may impact on people's ability to get to health facilities, due to availability of transport to new sites.

Consultation about meeting changed transport need

It was therefore decided that the consultation should include engagement with key stakeholders with an interest in socially needed transport, to explore the transport implications of proposed changes, and consider what provision might need to be made.

Freelance transport specialists, Transport for Communities (TfC), who had carried out similar transport engagement work in the North East Manchester NHS Sector, were commissioned to undertake the work.

TfC worked with stakeholders to develop transport service options to meet identified needs –within the context of encouraging closer working and collaboration to develop a local health and social needs transport network.

Potential transport-related services

Consultations have produced five potential proposals for transport-related services:

a) Health transport bureau

A "one stop shop" or transport control centre, providing a single point of access for passengers and/or health service providers to book transport (and transport related services)

b) Travel Planning, training & support

This service would provide advice, support, and journey planning information for people wishing to use public transport to get to health facilities, as a visitor or a patient.

c) Evening hospital visitor transport service

An accessible, pre-bookable, door to door evening hospital visitor transport pilot project service.

Fares, payable by the passenger, would be set in line with Local Link

d) Health transport information delivery strategy

A directory of all available services, criteria, cost and booking procedures, along with eligibility criteria.

e) Support with costs of using Local Link service

A "trip subsidy fund" to help meet the increased cost of using Local Link to access hospital services that have moved in the re-configuration.

At the final consultation meeting, stakeholders were introduced to the five options, and then given the opportunity to discuss these in small working groups.

Groups were formed by mixing attendees, to avoid conglomeration of delegates from the same or similar backgrounds or organisations.

Attendees had approximately 40 minutes for discussion.

To enable structured feedback and recording (and to allow for those who found group discussion daunting or uncomfortable), each participant was provided with a feedback form designed to elicit a rating for each option, and providing space for comments, suggestions, and the opportunity for further participation.

The form is reproduced in the appendices to the main report.

How viable or beneficial are the options?

The form asked respondents to rate how well, in their view, each of the five options seemed to match with the following two statements.

- The service seems a viable proposal
- The service could make a significant contribution to improving transport to health services

Respondents were asked to rate their response on a scale of 1 to 5, where: 1 = not at all and 5 = completely

Space was provided for comments and suggestions.

Developing the options

The form then asked respondents to answer yes or no to the following two statements.

- We would consider being involved in development of the services below
- We would consider being involved in delivery of the services below

The favoured option would seem to be the idea of a Transport Bureau.

Preferences

On a scale of 1 to 5, [where: 1 = not at all and 5 = completely], the average agreement rating for the Health Transport Bureau, both with the proposition that it seemed a viable proposal and with the contention that it could make a significant contribution to improving transport to health services, was 4.4.

A considerable volume of comments and suggestions were made by attendees. These are reproduced in the appendix. The vast majority of comments addressed themselves to whether or not each option was considered a viable proposal.

The second favoured option would appear to be for Travel Planning, training & support.

This rated 4.0 for viability and 3.9 for making a significant contribution to improving transport to health services.

The above two options also attracted the highest count of attendees willing to be involved in development (ten responding yes) and delivery (seven responding yes).

Of the other options:

- The Health Transport Delivery Strategy received 3.6 for viability and 3.7 for making a significant contribution to improving transport to health services.
- Support with costs of using the Local Link service was judged next lowest.
- The Evening hospital visitor transport service was rated lowest on both the proposition that it seemed a viable proposal and the contention that it could make a significant contribution to improving transport to health services.

The best course, it would seem, would be to seek to establish some sort of **Health Transport Bureau**, along the lines of that described.

It would make sense also to incorporate a **Travel Training & Planning** function, allied with a Health Transport Information gathering, collation and dissemination, with the above.

These latter could be incorporated on the basis of flexible resource allocation, with the relative balance between functions being adjusted according to demand.

An indicative “ballpark” cost for the above would be in the region of £105,000 for the first year, with a 30% reduction in subsequent years to reflect the one-off feasibility, development and set-up cost of the first year.

Some benefit might accrue to residents of Partington if a **subsidy** were to be applied to enable them to use the Local Link service to travel to relocated health facilities at no increased cost.

Such a subsidy could be paid directly by the appropriate NHS (or other) organisation to TfGM, who could administer eligibility.

In order for the above arrangements to be implemented, urgent discussions & further work (depending on the decisions that will be made on the future of hospital services) will be required between key stakeholders. Agreement should be reached about: components & overall operational approach, cost, funding streams, implementation arrangements and the provider commissioning/procurement/selection process.

Model for Health Transport Bureau

The diagram below represents a model for the interrelationships between delivery agents, an outward facing organisational structure for booking (The Health Transport Bureau), scheduling and despatch and potential customers. This will produce an integrated service which, while presenting a single point of contact to end-user customers, meets their needs for transport using the most appropriate transport provider available at the time.

2 Introduction

Context

2.1 According to the New Health Deal web site "The NHS in Trafford needs to change to ensure that we continue to provide the best quality, most effective and safest care for local residents, and secure the future of Trafford General Hospital."[1]

2.2 The NHS carried out a consultation exercise designed to give members of staff, and the wider Trafford population, an opportunity to have their say about the proposed changes to healthcare services across Trafford.

2.3 The consultation proposal suggested the need for changes to be made to some of the services that are currently delivered out of the Trafford General Hospital and Manchester Royal Infirmary sites. This would ensure that people receive the right care, at the right time, in the right place, and that investment can be made in developing an integrated care system.

2.4 The 14 week consultation ran until 31st October 2012.

2.5 It was recognised that physical reorganisation and/or relocation of services may impact on people's ability to get to health facilities, due to availability of transport to new sites.

2.6 The particular concern was for the most economically and socially vulnerable members of the community, whose travel options might already be limited due to mobility impairment, geographical isolation, or poverty.

2.7 It was therefore decided that the consultation should include engagement with key stakeholders with an interest in socially needed transport, to explore the transport implications of proposed changes, and consider what provision might need to be made.

Brief & objectives of the work

2.8 Freelance transport specialists, Transport for Communities, who had carried out similar transport engagement work in the North East Manchester NHS Sector, were commissioned by NHS Greater Manchester'.

2.9 Key tasks would be:

- to bring together stakeholders in forums/engagement meetings similar to those held in North East Manchester
- to obtain from stakeholders a clear understanding of the potential transport needs coming from the likely service revisions
- to use the group as a means to establish possible solutions to the identified needs using existing resources/services

[1] http://www.healthdeal.trafford.nhs.uk/ 27/11/12

<u>About Transport for Communities</u>

2.10 Transport for Communities (TfC) is a partnership of two individuals who, between them, have over fifty years of experience in developing, supporting and managing projects in the private, statutory and voluntary sectors.

2.11 TfC specialises in providing development support for Socially Needed Transport.

2.12 The TfC project team comprises Anthony & Stephen Travis. Both have wide experience within the voluntary, statutory and private sector; operationally, managerially and as voluntary management committee members. For the last twelve years, much of their work has focused on research, development and consultation in Third Sector & Socially Needed Transport.

3 Acronyms & abbreviations used in the report

Acronym or abbreviation	Meaning
LPHO	Licensed Private Hire Operator
LSTF	Local Strategic Transport Fund
NWAS	North West Ambulance Service
TfGM	Transport for Greater Manchester
TfC	Transport for Communities
TMBC	Trafford Metropolitan Borough Council

4 Methodology

Approach

4.1 TfC would use an "Action Research" approach, which would use the following elements to achieve objectives:

- Desktop research
  - identifying stakeholders
  - delineating parameters for the work
  - identifying previous relevant practice
- Face to face interviews with key stakeholders
- Telephone interviews
- Targeted email to gather both quantitative & qualitative data
- Consultation/engagement meetings

Programme of work

Stakeholders

4.2 Identify key transport stakeholders

4.3 Establish a time-limited Trafford Health & Social Needs Transport Group with the following remit:

- to improve networking
- obtain a better understanding of the range of available services
- to provide a forum for development of collaborative transport solutions to the needs identified from public consultations about reconfiguration of hospital services in the Trafford area.

4.4 Set out the likely changes to hospital services in Trafford and the questions & issues to be raised within an overall "information pack" for group members

Meetings

4.5 Plan, hold and service four meetings. Meetings would be held at local community venues in the most transport disadvantaged areas of the locality.

4.6 Focus for the meetings would be

- **September** – initial information exchange meeting, update on consultation process – Transport Group only
- **October** – to discuss potential issues, confirmation of available services and identify/discuss possible transport solutions – Transport Group and wider audience of transport stakeholders
- **November** - consult on proposals for transport solutions – wider audience
- **December** – to deliver findings to public meeting
- **December** – to deliver findings to Board meeting

Research & development

4.7 Map current social needs transport provision.

4.8 Work with providers to develop transport service options to meet identified needs – within the context of encouraging closer working and collaboration to develop a local health and social needs transport network.

4.9 Set up an “e-group” to enable on-going communication between stakeholders

Key points emerging from meetings

Full reports of each meeting are contained within the appendices

5 Meeting 1 - Thursday 6th September 2012

Partington Community Centre, Central Rd, Partington, M31 4FL

Summary

5.1 Steve Travis introduced and explained the aim of this & subsequent meetings.

5.2 Gemma Watts from NHS Greater Manchester set out the proposed changes to hospital services in Trafford, identifying the key issues and the consultation process. This was supported by printed information, and a short film.

5.3 A round table discussion then followed. Key points included:

- Transport providers present expressed considerable interest in developing new individual or collaborative services.
- There was also interest in developing/changing existing services/criteria to meet any transport needs arising from the proposed changes to hospital services.
- It was suggested that there was a wider potential market of passenger who access other health services, local authority services and other social needs transport.
- General consensus was that the changes were likely to most affect patients, visitors and staff living in the Partington, Urmston, Stretford & Daveyhulme areas. These areas were already poorly served by transport with lower than average car ownership, income and employment levels.
- The "early" consideration within the consultation process of the transport implications of any changes to hospital services was welcomed by the group
- No other transport operators, that should be included in this process, were identified at the meeting

Actions agreed

5.4 Circulate meeting notes, action points & contact list.

5.5 Distribute PowerPoint presentation & video link

5.6 Develop a template to be completed by transport providers to enable them to outline their services, skills, experiences and resources that might be deployed to provide health and social needs transport in the Trafford/Manchester area

5.7 As NWAS was unable to attend the meeting, it was judged vital to Make contact to obtain their assessment of the proposed changes and establish their views on

- their current and future operations in the area
- their interest in collaborative working with other social needs transport providers
- Obtain detail of the community car scheme (VIPS) operating out of Wythenshawe

5.8 Set up an "egroup" to enable stakeholders to communicate directly

5.9 Circulate dates, times and venues for future meetings

5.10 Specific actions were also agreed for attendees. See full notes for details.

6 Meeting 2 - Wednesday 3rd October 2012

St Matthews Hall, Chester Road, Stretford, Manchester, M32 8HF

6.1 Steve Travis introduced the event & welcomed those present

Reports and updates

6.2 Alison Starkie provided a detailed update about:

- progress with the wider consultation
- emerging issues
- a further breakdown on the overall need identified by NHS GM at the previous meeting

6.3 Kristi Fuller (TfGM) reported back on potential support that could be offered regarding work on publicity, promotion and communications, gave details of the local bus network & provided detailed information on TfGM funded Local Link network information for the area and its environs.

6.4 Sonia Cubrillo (TMBC) gave a verbal update on the transport issues identified by the seven Neighbourhood Partnerships in Trafford.

6.5 Richard Morris (NWAS) reported that he was unable to provide feedback on the outcome of the PTS tender or the implications for NWAS, because of an extended embargo to 8.10.12 on the notification of the tender award.

6.6 Ann Day (Trafford LINk) provided extracts from the “mystery shopper” exercise that had been recently completed. It was agreed to circulate the full report via email when completed. Stretford Mall had been identified as a potential local interchange.

6.7 Steve Travis provided a brief report back on the information and willingness of all operators to work together to identify and deliver transport solutions to meet identified needs.

Potential transport solutions

6.8 A discussion took place about agreeing “in principle” joint working service proposals/options, designed to meet identified needs.

6.9 Steve Travis reported that five potential service ideas had emerged so far

Transport Bureau
A pilot “one stop shop” or transport control centre to provide a single point of access for a range of service commissioners/operators/service providers & passengers to book transport (and transport related services).

Travel Planning, training & support
Travel training provides the skills and confidence to people who need additional help or support to make or plan journeys using public transport. This service would focus primarily on health related journeys to build the confidence, independence, skills and experience of local residents with mobility difficulties

Hospital Visitor transport service
Pilot - an accessible, pre bookable, door to door evening hospital visitor transport service provided by community transport operators (similar to that currently operated by HMR NHS serving Fairfield and Royal Oldham Hospitals)

Directory & Information/Communications Strategy
Review current transport information available to users of local health services and to develop a single directory of available services, criteria, cost and booking procedures

Support with costs of using Local Link service
Creation of a "trip subsidy fund" to help reduce the Zone 4 cost to residents (affected by the reconfiguration of hospital services in Trafford) using Local Link services from £9.00 to £4.00 per return journey for treatment or visiting hospital sites.

Theme & focus for next meeting

6.10 It was agreed that the next meeting would discuss the proposed options and invite those attending to consider their suitability and identify preferred options to be taken forwards.

6.11 It was also agreed to invite a representative from NHS Heywood, Middleton & Rochdale to highlight some of the work in HMR NHS and the longer term Healthier Together programme

7 Meeting 3 - Wednesday 7th November 2012

St Matthews Hall, Chester Road, Stretford, Manchester, M32 8HF

Objective for meeting

7.1 This would be the final consultation meeting.

7.2 The meeting was convened to

- enable attendees to hear about and discuss the results of previous consultations with local transport providers and NHS commissioners
- discuss, and make informed decisions about the suitability and viability of the transport-related service options designed to address the transport need that may arise from NHS reconfiguration in Trafford.

7.3 Attendees' views on suitability and viability would inform recommendations for adoption or otherwise of each option

Transport-related service options

7.4 These consultations had produced five potential proposals for transport-related services:

a) Health transport bureau

A "one stop shop" or transport control centre, providing a single point of access for passengers and/or health service providers to book transport (and transport related services)

b) Travel Planning, training & support

This service would provide advice, support, and journey planning information for people wishing to use public transport to get to health facilities, as a visitor or a patient.

c) Evening hospital visitor transport service

An accessible, pre-bookable, door to door evening hospital visitor transport pilot project service.

Fares, payable by the passenger, would be set in line with Local Link

d) Health transport information delivery strategy

A directory of all available services, criteria, cost and booking procedures, along with eligibility criteria.

e) Support with costs of using Local Link service

A "trip subsidy fund" to help meet the increased cost off using Local Link to access hospital services that have moved in the re-configuration.

7.5 A report of the discussion and findings follows on page on page 13.

Final Consultation meeting - methodology & findings

8 Methodology for consultation & discussion

8.1 Invitees had previously identified the five potential options at the consultation meeting held on 3rd October 2012. They all subsequently received details of each option in the notes of that meeting.

8.2 A brochure, describing each option in detail, had been produced for the 7th November meeting.

8.3 Invitees were introduced to the five options, and then given the opportunity to discuss these in small working groups.

8.4 Groups were formed by mixing attendees, to avoid conglomeration of delegates from the same or similar backgrounds or organisations.

8.5 Attendees had approximately 40 minutes for discussion.

Data gathering

8.6 To enable structured feedback and recording *(and to allow for those who found group discussion daunting or uncomfortable)*, each participant was provided with a feedback form designed to elicit a rating for each option, and providing space for comments, suggestions, and the opportunity for further participation.

8.7 The form is reproduced in the appendices to the main report.

How viable or beneficial are the options?

8.8 The form asked respondents to rate how well, in their view, each of the five options seemed to match with the following two statements.

- The service seems a viable proposal
- The service could make a significant contribution to improving transport to health services

8.9 Respondents were asked to rate their response on a scale of 1 to 5, where: 1 = not at all and 5 = completely

8.10 Space was provided for comments and suggestions.

Developing the options

8.11 The form then asked respondents to answer yes or no to the following two statements.

- We would consider being involved in development of the services below
- We would consider being involved in delivery of the services below

8.12 Two further questions were asked:

- How could you contribute – what specific services, skills or experience could you bring
- Is there anybody else we should be talking to about this?

9 Returns & Findings from final consultation

9.1 Seventeen completed forms were returned.

9.2 The form was also distributed to invitees who could not attend. Two returns were subsequently received.

The data

9.3 A summary of attendees' responses is presented below, under the heading of each statement:

a) The service seems a viable proposal

Option (a) Health transport bureau seems most viable.

1. The service seems a viable proposal	
Option	Score (average)
a) Health transport bureau	**4.4**
b) Travel Planning, training & support	**4.0**
c) Evening hospital visitor transport service	**2.2**
d) Health transport information delivery strategy	**3.6**
e) Support with costs of using Local Link service	**3.4**

b) The service could make a significant contribution to improving transport to health services

Option (a) Health transport bureau was judged as having the potential to make the most contribution

2. The service could make a significant contribution to improving transport to health services	
Option	Score (average)
a) Health transport bureau	**4.4**
b) Travel Planning, training & support	**3.9**
c) Evening hospital visitor transport service	**2.4**
d) Health transport information delivery strategy	**3.7**
e) Support with costs of using Local Link service	**3.1**

c) We would consider being involved in development of the services below

3. We would consider being involved in development of the services below					
	Option				
Answer	a) Health transport bureau	b) Travel Planning, training & support	c) Evening hospital visitor transport service (name TBA)	d) Health transport information delivery strategy	e) Support with costs of using Local Link service
Yes	**10**	**10**	**8**	**9**	**5**
No	3	3	5	4	6
No answer	6	6	6	6	8
total	19	19	19	19	19

d) We would consider being involved in delivery of the services below

4. We would consider being involved in delivery of the services below					
	Option				
Answer	a) Health transport bureau	b) Travel Planning, training & support	c) Evening hospital visitor transport service (name TBA)	d) Health transport information delivery strategy	e) Support with costs of using Local Link service
Yes	**7**	**7**	**5**	**6**	**3**
No	4	3	5	4	6
No answer	8	9	9	9	10
total	19	19	19	19	19

10 Attendees' preference

10.1 The favoured option would seem to be the idea of a Health Transport Bureau.

10.2 On a scale of 1 to 5, [where: 1 = not at all and 5 = completely], the average agreement rating, both with the proposition that it seemed a viable proposal and with the contention that it could make a significant contribution to improving transport to health services, was 4.4.

10.3 A considerable volume of comments and suggestions was made by attendees. These are reproduced in the table in the appendix. The vast majority of comments addressed themselves to whether or not each option was considered a viable proposal.

10.4 The second favoured option would appear to be for Travel Planning, training & support.

10.5 This rated 4.0 for viability and 3.9 for making a significant contribution to improving transport to health services.

10.6 The above two options also attracted the highest count of attendees willing to be involved in development (ten responding yes) and delivery (seven responding yes).

10.7 Of the other options:

- The Health Transport Delivery Strategy received 3.6 for viability and 3.7 for making a significant contribution to improving transport to health services.
- Support with costs of using the Local Link service was judged next lowest.
- The Evening hospital visitor transport service was rated lowest on both the proposition that it seemed a viable proposal and the contention that it could make a significant contribution to improving transport to health services.

10.8 A representative of NHS Trafford, who attended the meeting, informed facilitators about the Referral Booking Management Service (RBMS). All bookings for PTS in Trafford are made through the RBMS.

10.9 The representative suggested a potential role for the RBMS within a Health Transport Bureau, but has been unable, to date, to supply any further information.

Options appraisal

1 Health Transport Bureau

1.1 This would seem to be the preferred option, in terms of viability and making a contribution to improving transport to health services.

1.2 There is an existing example of co-operative coordinated working in the North Manchester DRT service & there are at least two existing delivery options available.

1.3 It is an attractive option in that it would not require capital investment in new vehicles or drivers; the model rests on the use of spare capacity within existing providers.

1.4 Further feasibility work may be required for reliable cost estimates. However, a "ballpark" estimate would be in the region of £65,000 in the first year.

1.5 It is likely that a similar degree of support may be required in subsequent years would be

1.6 Salient points to consider include:

- The project would require support to meet the set up and central co-ordination costs.
- Standing cost - operators may initially need to meet the cost of keeping a vehicle and driver on the road. However, if a vehicle and driver where already "on the road", the fixed costs are already met.
- The standing cost would need to be agreed amongst participants as a base common cost in calculating payment to operators for trips undertaken.
- It is likely that some potential providers (e.g. LPHOs) would have substantially lower standing costs.
- The more business coming through the bureau, the less of a subsidy would be required.
- Fares to users could be set along the Local Link cost model/fare structure

2 Travel Planning, training & support

2.1 Travel training helps those who need extra help or support to make journeys safely using public transport.

2.2 This option was rated second by attendees.

2.3 Travel training is a proven way of getting people back on to public transport

2.4 This could be an element of the bureau. A "ballpark" estimate would be in the region of £40,000 for a one-year pilot, with slightly reduced cost for subsequent years.

2.5 Alternatively, bids could be invited to provide a service specification from existing organisations with the following attributes

- Links to & networks with local people
- a focus on customer service and quality
- able to act as an advocate for the people who use the services

3 Evening hospital visitor transport service

3.1 There was the least support for this option; mainly, it seemed, due to doubts about demand.

3.2 The only way of judging such demand would be to run it as a pilot service.

3.3 A service similar to this is currently operated by HMR NHS serving Fairfield and Royal Oldham Hospitals, and patronage has not matched the levels predicted by demand expressed during consultation.

3.4 This could be incorporated as a component of a Health Transport Bureau at a later stage. As it is a self-funding “pay as you” go model, if there are no trips, there is no addition to the cost.

3.5 This would enable demand testing at no cost.

4 Health transport information delivery strategy

4.1 This option ranked third in the preferences of attendees.

4.2 The wider consultation identified that people do not know about:

- the range of transport services that are available
- how & if they can use them
- how to book
- how much they cost
- wider ranging support available (e.g. with travel costs)

4.3 It is undoubtedly true that information provided by NHS staff about transport to health options and availability is extremely variable.

4.4 This could prove a large undertaking, and further work would be required for cost estimates.

4.5 However, there are a number of steps that could be taken with little investment, to help improve information about transport issues, for example:

- briefing/training medical appointments administrators
- providing maps/directions with appointment letters, including travel options
- provide leaflets in GP surgeries/libraries with information about how to get to local hospitals, including travel options
- ensuring that hospital websites have accurate and complete travel information

4.6 Even though this would not be a primary function, a Health Transport Bureau would become, de facto, an information resource of sorts as well.

4.7 An element of this could be incorporated formally as a component of a Health Transport Bureau at a later stage.

4.8 However, this may require additional funding; perhaps £20,000 per annum to cover the work of an Information Researcher & Coordinator.

5 Support with costs of using Local Link service

5.1 This option was judged fourth out of five in order of preference.

5.2 There may be practical difficulties in making such a scheme work – if it were provided in a subsidy for residents of affected areas, there would need to be destination checking and eligibility criteria.

5.3 A more practical approach might be to alter zones to include specific health destinations.

5.4 Further engagement between NHS & TfGM is required to assess the viability of this option, and the possible for subsidy.

6 Conclusions & next steps

Conclusions

6.1 It is recognised that previous work has been done to address transport issues in Trafford (c.f. RBMS service). However, the local perception would seem to be that nothing has been implemented.

6.2 The best course, it would seem, would be to seek to establish a **Health Transport Bureau**, along the lines of that described in this report.

6.3 It would make sense also to incorporate a **Travel Training & Planning** function, allied with **Health Transport Information gathering, collation and dissemination**, with the above.

6.4 These latter could be incorporated on the basis of flexible resource allocation, with the relative balance between functions being adjusted according to demand.

6.5 Some benefit might accrue to residents of Partington if a **subsidy** were to be applied to enable them to use the Local Link service to travel to relocated health facilities at no increased cost.

Next steps

6.6 In order for the above conclusions to be implemented, urgent discussions & further work (depending on the decisions that will be made on the future of hospital services) will be required between the following key stakeholders:

- local commissioners
- healthcare providers
- TfGM
- potential delivery agents

6.7 These discussions should be aimed at reaching agreement about:

- Components and overall operational approach
- Confirmation of cost of selected options
- Funding streams
- Implementation arrangements
- Provider commissioning/procurement/selection process

6.8 An indicative “ballpark” cost for the items in 6.1 to 6.4 above would be in the region of £105,000 for the first year, with a 30% reduction in subsequent years to reflect the one-off feasibility, development and set-up cost of the first year.

6.9 A subsidy (6.5 above) could be paid directly by the appropriate NHS (or other) organisation to TfGM, who could administer eligibility.

6.10 Discussions about subsidy (6.5 above) need to take place as soon as possible, due to the tight budgetary deadlines faced by TfGM in allocating LSTF resources.

Health Transport Bureau implementation

6.11 The establishment of arrangements described in 6.1 to 6.4 above would require a lead in time of a minimum of three months, depending on the decisions that will be made on the future of hospital services, and the outcome of discussions between key stakeholders.

6.12 Two services that could potentially deliver the "bureau" model have been identified:

- Greater Manchester Accessible Transport Limited which runs the GM wide Ring & Ride service and operates an existing Call Centre taking bookings for the TfGM funded Local Link network
- Referral Booking Management Service (RBMS) who manage all Patient Transport service bookings for NHS Trafford at present.

6.13 It would probably be considered wise for any arrangements for a Health Transport Bureau to:

a) Be initially a pilot.

b) Have a clear and focused implementation plan.

c) Have a simple but accountable management/governance structure.

d) Include key local stakeholders in development and on-going management.

e) Be subject to six monthly reviews in terms of clear success indicators established before inception.

Appendix 1 - The options in full

1 Health Transport Bureau

1.1 What it would do

A "one stop shop" or transport control centre, providing a single point of access for passengers and/or health service providers to book transport (and transport related services)

Bookings and despatch would be coordinated by the bureau and delivered by a range of transport providers.

The service would be operated to common service and quality standards with an agreed common pricing structure for operators. The "bureau" could also manage budgets of passengers with personalised budget allocations/ invoice organisations/charge customers (debit their centrally controlled accounts)/reimburse operators, subject to engagement with Trafford MBC.

<u>For the passenger</u>
If you need:

- to get to a medical appointment and PTS is not available to you
- to visit someone in hospital
- go shopping
- to get to work

You can call this number, register as a member and the bureau will

- book your transport
- tell you how much it will cost
- agree a ten minute pick-up window

Your trip will then be provided by an accredited operator.

1.2 Who might use it

People who currently use council transport, Ring & Ride, Local Link, taxis who live in Trafford

Health/social care providers that that need to book transport on behalf of others, or to get people to their services

- GP surgeries & health centres
- Social workers
- Day Care providers
- Community Groups

1.3 Who would be the transport providers

- Community Transport operators
- Ring & Ride
- Licensed Private Hire Operators (LPHOs)
- Community car schemes
- PTS providers

- Local authority fleets

1.4 **How much would it cost**

Further feasibility work would be required for cost estimates, however salient points include:

- The project would require support to meet the set up and central co-ordination costs.
- A 12 month pilot would require an initial research and development period to design & set up the service with partners
- An hourly standing cost (of dedicating a vehicle and driver to this service minus fare income) would need to be agreed. However, if a vehicle and driver where already "on the road", the fixed costs are already met.
- The standing cost would need to be agreed amongst participants as a base common cost in calculating payment to operators for trips undertaken.
- It is likely that some potential providers (e.g. LPHOs) would have substantially lower standing costs.
- The more business coming through the bureau, the less of a subsidy would be required.
- Fares to users could be set along the Local Link cost model/fare structure

1.5 **Rationale & benefits**

There are many minibus or multi-passenger vehicles either driving round half full or not used at certain times of the day.

There may also be spare capacity in the LPHO sector at many times.

Could these valuable vehicle and driver resources be better used? Breaking down the current service boundaries and operating to agreed quality standards, with common fares could get more out of what we already have.

The end user does not have any intrinsic interest in who provides the service; what is important is that it is timely, safe, accessible and affordable.

The technology exists, the resources are there and people are committed to setting up a pilot to trial a service.

1.6 **Precedents**

There is an existing example of co-operative coordinated working in the North Manchester DRT service.

TfC helped establish a Transport Control Centre to supplement TaxiCard services in East London, using Licensed Private Hire Operators who "bid" for available trips.

Two organisations that could potentially deliver the "bureau" model have been identified:

- Greater Manchester Accessible Transport Limited which runs the GM wide Ring & Ride service and operates an existing Call Centre taking bookings for the TfGM funded Local Link network
- Referral Booking Management Service (RBMS) who manage all Patient Transport service bookings for NHS Trafford at present

2 Travel Planning, training & support

2.1 What it would do

This service would provide advice, support, and journey planning information for people wishing to use public transport to get to health facilities, as a visitor or a patient.

It could also provide trained, vetted volunteers to escort people to act as "travel buddies" on journeys, showing them how public transport works in their area and giving them the confidence to use it

2.2 Who might use it

- People with mobility impairments.
- People who lack the confidence or knowledge to use public transport to access hospital, clinic, GP, rehab, dental and other community services.
- People that want to use their car less or find they can no longer afford to use council transport, Ring & Ride, Local Link or taxis.
- Health/social care providers that that need to book transport on behalf of others, or to get people to their services
    - GP surgeries & health centres
    - Social workers
    - Day Care providers
    - Community Groups

2.3 Who would be the transport providers

An existing organisation that has links with local people, has a focus on customer service and quality and is able to act as an advocate for the people who use the services.

This could be an element of the bureau or bids could be invited to provide a service specification

2.4 How much it would cost

1 year pilot estimated cost £40,000

Free to users

2.5 Rationale & benefits

Travel training helps those who need extra help or support to make journeys safely using public transport.

Some people have said they are unable to use public transport, because of a lack of knowledge or fear

This is a proven way of getting people back on to public transport

2.6 Precedents

There are a number of examples of this type of project working elsewhere

3 Evening hospital visitor transport service

3.1 What it would do

Pilot project. An accessible, pre-bookable, door to door evening hospital visitor transport service.

Fares, payable by the passenger, would be set in line with Local Link

3.2 Who might use it

- People wanting to make the journey to visit a person in hospital
- People with mobility difficulties who need a wheelchair accessible vehicle to travel
- People that want to use their car less
- People who cannot afford to use taxis
- People that have to book socially-needed transport on behalf of others, eg social workers

3.3 Who would be the transport providers

Community transport operators initially. If the bureau were developed the service could be channelled via that provided by a range of operators

3.4 How much would it cost

Further work required for cost estimates

An existing model operating elsewhere in GM has an allocated budget of approximately £30,000. However, ***this funding is only spent if journeys are booked and trips completed*** – there are no standing costs.

Users would pay equivalent of Local Link fares

3.5 Rationale & benefits

Consultation has identified concerns that people will be unable to visit people in hospital if services are moved to other sites.

It is a low cost – pay as you go model – no trips/no cost to budget.

It is way to provide a safety net service and test if demand is real or perceived.

3.6 Precedents

A service similar to this is currently operated by HMR NHS serving Fairfield and Royal Oldham Hospitals.

4 Health transport information delivery strategy

4.1 What it would do

A directory of all available services, criteria, cost and booking procedures, along with eligibility criteria & an NHS staff awareness publicity training programme.

4.2 Who might use it

- People wanting to make the journeys to visit health facilities in Trafford
- Health/social care providers that that need to book transport on behalf of others, or to get people to their services
  - GP surgeries & health centres
  - Social workers
  - Day Care providers
  - Community Groups

4.3 Who could provide it

NHS GM supported by TfGM

4.4 How much would it cost

Further work required for cost estimates

"In kind" basis using existing staff teams and expertise?

Print costs to come from existing communications budgets?

4.5 Rationale & benefits

The consultation has identified that people do not know about:

- the range of transport services that are available
- how & if they can use them
- how to book
- how much they cost
- wider ranging support available (e.g. with travel costs)

Such information is not readily available in one place.

The consultation has also identified that:

Information provided by staff on transport options and availability is variable and is often based on personal knowledge rather than training and available info resources

5 Support with costs of using Local Link service

5.1 What it would do

A "trip subsidy fund" to help meet the increased cost off using Local Link to access hospital services that have moved in the re-configuration.

5.2 Who might use it

- People wanting to make the journey to visit a hospital
- People that want to use their car less
- People who find they cannot afford to use taxis
- Health/social care providers that that need to book transport on behalf of others, or to get people to their services
    - GP surgeries & health centres
    - Social workers
    - Day Care providers
    - Community Groups

5.3 Who could provide it

Existing TfGM Local Link service providers/ GMATL Control Centre

5.4 How much it would cost

Further work required for cost estimates but using the existing NHS data on potential demand it is likely that a budget of £5,000 would meet the "subsidy fund" costs for one year, with any remaining funding reverting to NHS GM at the end of the pilot period.

5.5 Rationale & benefits

The proposed relocation of certain services will require some people to make longer journeys.

If Local Link is used, the cost for a zone 4 trip is significantly higher.

This subsidy would offset the additional cost.

Appendix 2 – Transcript of comments from attendees

1. The service seems a viable proposal		
Option	Comment	Overall score
a) Health transport bureau	PTS provide this information on transport does not include public transport option consider incorporating travel planning with bureau	4.4
	How would this work in terms of booking systems? Different providers use different software	
	Viability dependent on the operator knowledge & training of the Trafford area.	
	Freephone/local call rates required Improved signposting Needs vision for future to meet changing configuration of services	
	health bureau - only if it's planned to ensure that the expertise is in the call *[illegible]* (bureau staff) know the area - when taking the bookings and the length of time it takes to travel between drop-off points	
	If successful, proposals b-e could fit in under the "Bureau" umbrella. What about eligibility?	
	In the health transport system staff will need to be very well trained	
	Duplication of existing services e.g. Trafford PTS signposting Do GPs signpost. PCT says yes Essential commercial operators get involved	
	booking systems critical	
	Health bureau should have one number for all services	
	There is a need to ensure this dovetails with / incorporates existing info provision (e.g. Caroline - ? from Trafford PCT?) noted their GPs are kept up to date with transport resources to share with patients as necessary. Could this / should this be linked to 'Chose and Book' and future patient choice systems? In future, patients will increasingly book their own appointments, shifting away from taking the appointment they're given via letter.	
b) Travel Planning, training & support	PTS provide this information on transport consider incorporating travel planning with bureau	4.0
	Would have knock-on benefits when people lose confidence (70-90)	
	If successful, proposals b-e could fit in under the "Bureau" umbrella. What about eligibility?	
	Travel planning has a lasting legacy	
	Travel Planning [already]in place via Travel Line and via TfGM website - Travel Planning	
	Deliverable. Additionality of multiple benefits e.g. general confidence building and independence, which should also support better access to range of other services. Need to develop coherent GM offer that builds on good practice previously / currently delivered in various areas. Broad support from the table on this.	
c) Evening hospital visitor	requires further investigation of demand	2.2
	If successful, proposals b-e could fit in under the "Bureau" umbrella.	
	Evening hospital - look at reducing the cost of taxi services	

1. The service seems a viable proposal		
Option	Comment	Overall score
transport service	Is evening visiting a real issue?	
	On face value seems like a good idea but experience in NE GM trial indicates there may be a difference between perceived need and actual need. Trafford General may become a centre for services often used by older people (orthopaedics etc.), so there may be value in a trial to see if there is an actual need and the model is valid in a different locale.	
d) Health transport information delivery strategy	alternative is better information at bus stops	3.6
	Would this be delivered by NHS receptionists/where would patients go to access this information?	
	If successful, proposals b-e could fit in under the "Bureau" umbrella.	
	scores a 5 if provided by appointment staff	
	Is (d) the same as (b)? Or provided through hospitals themselves	
	should be done by medical staff	
	Health transport information should go through Healthwatch; with cooperation with/from appointment booking service	
	Services, criteria, booking procedures will change over time, possibly quickly. If this is a printed resource it will be 'static' for periods, and may quickly and often be out of date? If the model is useful this must be an online resource, and preferably built into a. and if possible, online journey planning resources	
e) Support with costs of using Local Link service	If successful, proposals b-e could fit in under the "Bureau" umbrella.	3.4
	tickets should be provided rather than cash	
	Especially relevant to Partington. Who would provide subsidy?	
	Subsidise in Partington area for health travel - patients and workers	
	should support hospital/clinical services only	
	subsidised only if for health appointments	
	I'm not convinced this is a practical proposal. Would the service then have to be targeted or 'rationed' in some way? What would access criteria be? Who would develop those? Would demand massively outstrip supply? Would it be based on a geographical area ('line on a map) and / or means tested? Would / could people appeal / complain if denied access to the service? Who would manage that process? I think even if such a scheme were to be implemented, the administration costs could be many times the value of the £5,000 subsidy fund.	
	As a non-Local Link provider I am not too sure about the "Support with costs of using Local Link service"	

2. The service could make a significant contribution to improving transport to health services		
Option	Comment	Overall score
a) Health transport bureau	Duplicates other services	4.4
	Do the NHS provide Traveline number when sending out an appointment letter? If not, I think this would be helpful to patients in the interim period, before any of these proposals are put into place.	

2. The service could make a significant contribution to improving transport to health services		
Option	Comment	Overall score
b) Travel Planning, training & support	No comments	**3.9**
c) Evening hospital visitor transport service	not sure how many people would use this	**2.4**
d) Health transport information delivery strategy	Some might question whether it is the NHS' responsibility to fund / facilitate transport for hospital visitors (who aren't the actual patient). Others suggest patients are unable to receive / regularly receive visitors, can lead to poorer outcomes, longer hospital stays etc. due to worry, anxiety, lack of support & encouragement etc. While in itself this is not desirable, it also has a cost / efficiency implication for the hospital, 'bed blocking' etc. Possible to identify / draw together evidence in this area to help make case for hospital visiting services? Stretford Arndale needs signs saying which buses do direct routes to TGH	**3.7**
e) Support with costs of using Local Link service	Not sure about demand for LocalLink	**3.1**

Appendix 3 – returns analysis

1 Rating of options

1.1 A summary of attendees' responses is presented below, under the heading of each statement:

The service seems a viable proposal

1.2 Option (a) Health transport bureau seems most viable.

1. The service seems a viable proposal	
Option	Score (average)
a) Health transport bureau	**4.4**
b) Travel Planning, training & support	**4.0**
c) Evening hospital visitor transport service (name TBA)	**2.2**
d) Health transport information delivery strategy	**3.6**
e) Support with costs of using Local Link service	**3.4**

The service could make a significant contribution to improving transport to health services

1.3 Option (a) Health transport bureau was judged as having the potential to make the most contribution

2. The service could make a significant contribution to improving transport to health services	
Option	Score (average)
a) Health transport bureau	**4.4**
b) Travel Planning, training & support	**3.9**
c) Evening hospital visitor transport service (name TBA)	**2.4**
d) Health transport information delivery strategy	**3.7**
e) Support with costs of using Local Link service	**3.1**

We would consider being involved in development of the services below

3. We would consider being involved in development of the services below					
	Option				
Answer	a) Health transport bureau	b) Travel Planning, training & support	c) Evening hospital visitor transport service (name TBA)	d) Health transport information delivery strategy	e) Support with costs of using Local Link service
Yes	**10**	**10**	**8**	**9**	**5**
No	3	3	5	4	6
No answer	6	6	6	6	8
total	19	19	19	19	19

We would consider being involved in delivery of the services below

3. We would consider being involved in delivery of the services below					
	Option				
Answer	a) Health transport bureau	b) Travel Planning, training & support	c) Evening hospital visitor transport service (name TBA)	d) Health transport information delivery strategy	e) Support with costs of using Local Link service
Yes	**7**	**7**	**5**	**6**	**3**
No	4	3	5	4	6
No answer	8	9	9	9	10
total	19	19	19	19	19

Appendix 4 – Schematic diagram of Health Transport Bureau

Model for Health Transport Bureau

The diagram below represents a model for the interrelationships between delivery agents, an outward facing organisational structure for booking (The Health Transport Bureau), scheduling and despatch and potential customers. This will produce an integrated service which, while presenting a single point of contact to end-user customers, meets their needs for transport using the most appropriate transport provider available at the time.

Customers

- Individuals
- Health
- PTS
- GP surgeries
- DRT
- TfGM
- LA Depts

Referred or eligible individuals can register and book journeys →

Trafford Health Transport Bureau

Functions & Responsibilities
- Customer account registration
- Provider registration, vetting & quality control
- Monitoring & evaluation
- Monitor & allocate spare capacity pool (vehicles & drivers)
- Receive & cost out trip requests
- Regular bookings
- Customer liaison
- Billing & payments
- Publicity & Promotion
- Network development
- Signposting/referral to other services

Journeys offered / Prices agreed / Trip details supplied →

← Offers accepted / Trips undertaken / Post trip data submitted

Providers

- Licensed Private Hire
- Local Authority fleets
- Ring & Ride
- Community Car Schemes

Stakeholders

NHS, TfGM, ICMA, Local Authority, LINk, Community organistaions

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New Health Deal for Trafford: Report regarding Transport Implications

12th December 2012

Executive Summary

Following concerns raised by members of the public, and others, in the pre-consultation and consultation engagement process work has been undertaken to answer the following questions:

- Which hospital would Trafford residents, who currently use TGH attend if full A&E services were not available at Trafford General Hospital
- How many patients are likely to experience longer journeys to hospital as a result of New Health Deal proposals and how long will these journeys be?
- How many visitors are likely to experience longer journeys to hospital as a result of New Health Deal proposals and how long will these journeys be?
- Of those affected how many would need a public/community transport solution?
- What are the key transport issues that need to be addressed?

The work to answer these questions has been overseen by the Transport project group and the results are presented in this paper. Work to outline solutions to the transport issues raised is presented in the associated document 'Are we there yet? The social needs transport implications of proposed changes to hospital services'.

This paper identifies that around 6,700 patients per year will experience a longer journey to hospital that will not be made by emergency transport (ie ambulance), as a result of these changes and that the additional journey length will vary from between 2-10km. The associated number of visitors is expected to be in the region of 23,000 per year. It is anticipated that the majority of these journeys will be undertaken by private transport.

Concerns exist around residents who live in the M31 postcode (Partington/Carrington). This population may currently experience difficulties accessing hospital services and may have to travel up to 16km to access certain emergency hospital services under New Health Deal proposals.

It is thought that around 7,500 patients/visitors per year will require community/public transport solutions to help them access alternative hospital services. These include patients and visitors travelling from Trafford to central Manchester, south Manchester and Salford and patients/visitors travelling from central Manchester to Trafford.

Key issues that need to be addressed include car parking capacity and cost, improved communications regarding community/public transport services currently available and a 'sign-posting' service to help those who need to access public/community transport. The latter of these two issues are discussed in the associated paper 'Are we there yet?'. Assurance regarding additional car park capacity has been provided by local hospital trusts. In addition, work undertaken in focus groups highlighted that many local people are not aware of the car park cost concession schemes that are available at local hospital Trusts. It is recommended that more is done to communicate these arrangements.

1.0 Introduction

The New Health Deal for Trafford proposes changes to the way that hospital services are provided in Trafford and the way that planned orthopaedic services are provided at Manchester Royal Infirmary. Pre-consultation engagement highlighted public concerns regarding the travel implications for patients and visitors who may need to travel to alternative hospital sites as a result of these proposed changes.

Public concerns were voiced regarding two main areas:

- The impact of longer ambulance journeys and the impact this might have on patient safety/outcomes
- The impact on patients and visitors who have to travel, by means other than transport, to access hospital services that may no longer by available at Trafford General Hospital and Manchester Royal Infirmary. This impact includes: the number of people affected, the availability of public/community transport, associated cost of longer journeys and availability/cost of car parking (car parking at Trafford General Hospital is currently free).

To respond to these concerns a transport sub-group of the Strategic Programme Board was established. It was agreed that clinical issues relating to ambulance journeys would not be considered by this group but that other transport issues would be addressed. The results of the work, overseen by the transport group, are outlined in this report. A supplementary report entitled 'Are we there yet? The social needs transport implications of proposed changes to hospital services' makes suggestions for how transport services might be changed, to respond to the changes outlined in the New Health Deal proposals.

2.0 Workstreams

Work, regarding transport issues, has focussed around three main areas: data collection; data analysis and proposed solutions. Further detail regarding each of these work areas is provided below in Table 1.

Table 1: Further detail regarding transport work areas

Data collection	• Data, produced by Transport for Greater Manchester (TfGM) regarding private and public transport travel times for Trafford residents to hospitals other than TGH. • Data, produced by Transport for Greater Manchester (TfGM) regarding public transport travel times for Manchester residents to Trafford General Hospital. • Data, produced by NWAS, regarding ambulance travel times, for Trafford residents, to TGH and other local A&E departments. • Data, produced by MottMacDonald, regarding road distance travelled by those who used TGH A&E in 11/12 and road distance travelled if they went to 'next nearest' A&E

	• Data, produced by NHS Greater Manchester, regarding road distance travelled by those who used planned orthopaedic services at MRI in 11/12 and road distance travelled if they went to TGH instead. • Validation of travel distance/times by 'mystery shoppers' • Survey of patients attending TGH A&E regarding transport use and preference for alternative hospital • Feedback from focus groups/other engagement regarding transport use and issues.
Data analysis	• Which hospital would Trafford residents, who currently use TGH, attend if full A&E services were not available at Trafford General Hospital? • How many patients are likely to experience longer journeys to hospital as a result of New Health Deal proposals and how long would these journeys be? • How many visitors are likely to experience longer journeys as a result of New Health Deal proposals and how long will these journeys be? • Of those affected how many would need a public/community transport solution? • What are the key transport issues that need to be addressed?
Proposed solutions	• Stakeholder events with public/community transport providers to devise solutions to address need and respond to issues raised in focus groups

The outcomes of the work to collect and analyse data, and the engagement work undertaken will be described in this report. The proposed solutions are the outlined in a supplementary report entitled 'Are we there yet? The social needs transport implications of proposed changes to hospital services'.

3.0 Data collection

3.1 Transport for Greater Manchester data (March 2012)

Travel times data was commissioned from Transport for Greater Manchester (TfGM) to support the development of the pre-consultation business case and the appraisal of different options for the New Health Deal for Trafford work. This analysis was undertaken to obtain a high level understanding of the travel implications.

The data included, for all Trafford residents (postcodes covered by NHS Trafford) travel times by private and public transport to local hospitals including:

- Trafford General Hospital (CMFT) – for comparison purposes
- Salford Royal Infirmary (SRFT)
- Manchester Royal Infirmary (CMFT)
- Wythenshawe Hospital (UHSM)

In addition, similar data was completed for all residents who live in postcodes covered by NHS Greater Manchester regarding their travel times to Trafford General Hospital.

For private transport, travel bands/isochrones of the following intervals were applied for travel between 08.00-09.00, 10.00-16.00 and 17.00-18.00, covering busy morning and evening rush hours and quieter day time hours:

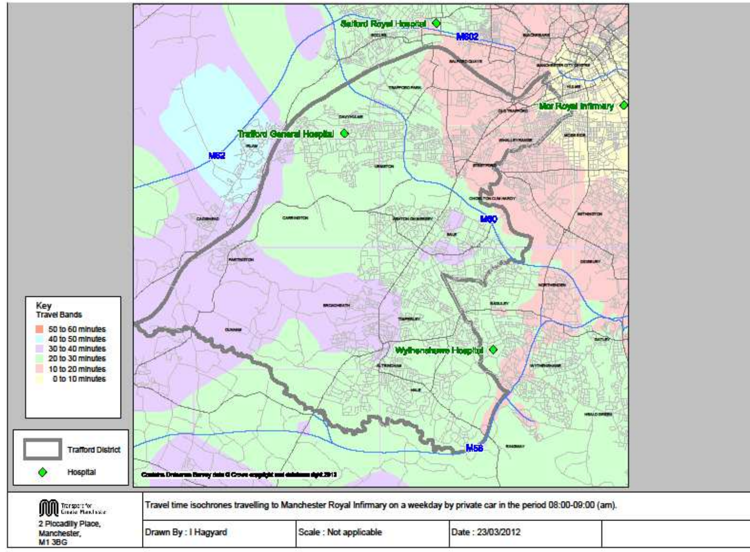
- 50-60 mins
- 40-50 mins
- 30-40 mins
- 20-30 mins
- 10-20 mins
- 0-10 mins

Similarly, for public transport travel bands/isochrones of the following intervals were applied for travel between 07.00-09.00, 14.00-16.00, 18.0-20.00 and 20.00-22.00, covering busy morning and evening rush hours, quieter day time hours and visiting times:

- 60-75 mins
- 45-60 mins
- 30-45 mins
- 20-30 mins
- 15-20 mins
- 10-15 mins

This data, provided a series of isochrone maps. All maps are provided in Appendix I, however, an example, below in Figure One, shown the results for private transport for Trafford residents to Manchester Royal Infirmary between 8.00-9.00.

Figure One: Isochrone map: private transport forTrafford residents to Manchester Royal Infirmary 8-9am



Based on these maps a summary of the results from the private transport analysis is provided below:

Travel to Manchester Royal Infirmary (MRI)/CMFT (all Trafford residents: private car)

- ***For peak times of the day*** including 08:00-09:00 and 17:00-18:00 the majority of Trafford residents would be able to access MRI within 30 minutes, with the exception of residents in Broadheath, Partington , Dunham and parts of Sale, for which the journey would take up to 40 minutes; and
- ***For off-peak times of day*** 10:00-16:00 all Trafford residents would be able to access MRI within 30 minutes, many within 10-20 minutes.

Travel to Wythenshawe/ UHSM (all Trafford residents: private car)

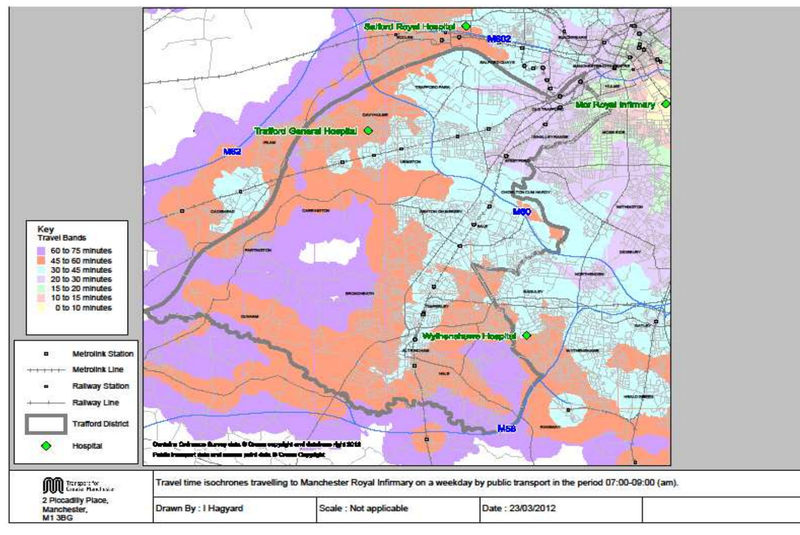
- ***For peak times of the day including*** 08:00-09:00 and 17:00-18:00, the majority of Trafford residents would be able to access Wythenshawe within 20 minutes, with the exception of a small number of residents in the West and North of the borough for which the journey would take 30 minutes; and
- ***For off-peak times of day*** 10:00-16:00, all Trafford residents would be able to access Wythenshawe within 20 minutes.

Travel to Salford Royal/ SRFT (all Trafford residents: private car)

- ***For peak times of the day*** including 08:00-09:00 and 17:00-18:00, the majority of Trafford residents would be able to access Salford Royal within 30 minutes, many within 20 minutes; and
- ***For off-peak times of day*** 10:00-16:00, the majority of Trafford residents would be able to access Salford Royal within 20 minutes, or 30 minutes for some residents in the south of the borough.

A further example, Figure Two, shows the results for public transport for Trafford residents to Manchester Royal Infirmary between 07.00-09.00.

Figure Two: Isochrone map public transport forTrafford residents to Manchester Royal Infirmary 7-9am



This analysis indicates that the majority of Trafford residents can access a hospital, other than Trafford General Hospital, by public transport within 45 minutes of their residence. However, some residents in the M31 postcode may experience a journey that take up to 75 minutes.

For Manchester residents, who may have to travel to Trafford General Hospital, many will be able to travel, by public transport, and will experience a journey of up to 45 minutes. A number will also experience a journey of around 75 minutes. Patients who travel to Trafford General Hospital as part of their orthopaedic treatment will only need to do so to receive their surgical procedure; their outpatient/diagnostic tests will continue to be delivered at Manchester Royal Infirmary.

The number of patients who are likely to use public transport to access hospital services will be discussed further in section 4.0.

3.2 Analysis undertaken by North West Ambulance Service (March and July 2012)

Although this report does not consider the clinical implications of increased journey length for those patients who are taken to hospital by ambulance it is necessary to understand where patients might be taken and to have an indication of the journey times involved.

North West Ambulance service undertook, in March 2012, a piece of data analysis in order to determine where patients may be conveyed, by ambulance, if they were not taken to Trafford General Hospital Accident and Emergency Department. This work was originally used to aid in the activity and financial planning work undertaken within the pre-consultation business case. NWAS used a 10/11 data set of all patients who were conveyed to Trafford General Hospital, by ambulance, and considered the 3 digit postcode of ambulance 'pick-up'. Using travel time data, and the local knowledge of ambulance crews NWAS were able to estimate the % of patients that would be transferred to Salford Royal Infirmary, Manchester Royal Infirmary and University Hospital South Manchester. Estimates regarding the additional travel times of these journeys were also provided.

NWAS replicated this work in July 2012 but used the more up to date, 11/12, data set . This analysis allowed the % of patients that would be transferred to Salford Royal, Manchester Royal Infirmary and University Hospital South Manchester to be re-estimated and additional travel times for these journeys to be calculated.

The outcome of this work is shown below in Table Two. It is important to note that the travel times provided by NWAS reflect 'standard' travel times rather than 'blue light' travel times which are likely to be substantially shorter.

Table Two: NWAS analysis

NWAS Analysis 11/12					
Trafford Postcode	NWAS activity from post code (taken to TGH)	Average travel time to TGH (mins)	Next nearest A&E	Average travel time to next nearest (mins)	Difference (mins)
M17	236	9.22	SRFT	8	-1.22
M16	473	16.25	CMFT	7	-9.25
M32	2048	10	UHSM	12	2
M41	3396	4.59	SRFT	13	8.41
M31	754	11.5	UHSM	20	8.5
M33	1544	12.32	UHSM	13	0.68
WA13	9	14.32	UHSM	17	2.68
WA14	129	22.46	UHSM	12	-10.46
WA15	65	23.24	UHSM	5	-18.24
Total	**8654**				

3.3 Analysis undertaken by Mott Macdonald (July 2012)

In order to obtain a greater understanding of where patients, and their visitors, might go to access hospital services, if they were not able to use Trafford General Hospital, and the impact this would have on journey length, Mott MacDonald were commissioned to undertake a separate piece of data analysis.

This work considered the full 6 digit postcode of patient residency for all those who used Trafford General Hospital Accident and Emergency Department in 2011/2012 and calculated the distance, in road km, travelled by each patient to use this service. The same cohort of patients was then used to determine the travelling distance, for each patient, from their postcode to residence of University Hospital South Manchester, Salford Royal Infirmary and Manchester Royal Infirmary. Doing this analysis allowed the 'next nearest' hospital to be calculated, based on road distance. The outcome of this work is shown below in Table Three.

Table Three: Mott Macdonald Analysis

Mott Mac Analysis 11/12								
Trafford Postcode	TGH A&E Activity from post code	Average road km from TGH	Next nearest A&E	Average road km to next nearest	Difference (km)	Number of patients over 10km from TGH	Number of patients over 10km from next nearest A&E	Max km Distance from A&E
M17	2	6.5	SRFT	5.5	-1	0	0	6
M16	2120	8.76	CMFT	5.03	-3.73	7	0	6
M32	8401	5.45	SRFT/CMFT	7.01	1.56	0	0	8
M41	13570	2.78	SRFT	7.77	4.99	0	62	12
M31	3163	7.91	SRFT/UHSM	13.1	5.19	0	3058	16
M33	5001	7.98	UHSM	7.26	-0.72	51	0	10
WA13	113	13.14	UHSM	15.65	2.51	106	113	14
WA14	619	11.29	UHSM	7.09	-4.2	599	13	13
WA15	465	12.21	UHSM	4.8	-7.41	1	1	11
Total	**33454**					**764**	**3247**	

3.4 Analysis undertaken by NHS Greater Manchester (August 2012)

In order to obtain an understanding of the current distance travelled by patients who use planned orthopaedic services at Manchester Royal Infirmary, and how this might change under New Health Deal proposals, a piece of analysis was undertaken by NHS Greater Manchester.

This work considered the full 6 digit postcode of patient residency for all those who used planned inpatient orthopaedic surgical services at Manchester Royal Infirmary in 2011/2012 and calculated the distance, in road km, travelled by each patient to use this service. The same cohort of patients was then used to determine the travelling distance, for each patient, from their postcode to residence of Trafford General Hospital. The outcome of this work is shown below in Table Four.

Table Four: Orthopaedic surgery data

Distances for orthopaedic IP surgery				
Mncr Postcode	Activity from post code	Average road km from MRI	Average road km to TGH	Difference (km)
M1	22	2.34	12.36	10.02
M11	113	5.98	15.96	9.98
M12	82	2.75	10.28	7.53
M13	90	1.42	9.01	7.59
M14	212	2.35	9.32	6.97
M15	80	2.36	8.57	6.21
M16	81	3.42	9.38	5.96
M18	200	4.9	14.79	9.89
M19	199	3.66	7.15	3.49
M20	124	4.43	9.5	5.07
M21	94	6.52	8.82	2.3
M22	27	7.63	9.43	1.8
M23	20	12	12.6	0.6
M3	9	2.85	8.15	5.3
M33	1	13.8	9.2	-4.6
M4	28	2.96	11.76	8.8
M40	30	7.06	14.58	7.52
M8	12	6	14.15	8.15
M9	17	11.1	18.67	7.57
Total	**1441**			

3.5 Validation of travel times/distances

The travel times/distances outlined above provide a good indication of the alternative journey length/times that patients may have to make if New Health Deal proposals are accepted. However, they are based on a paper based exercise and may not reflect the private/public transport situation that could be faced by patients/visitors who make these journeys. In order to test whether the data above was reasonable a number of validation exercises were undertaken.

A number of private transport and public transport journeys between various locations in Trafford and one of the 'alternative' local hospitals were undertaken by either NHS staff or members of the public. For each journey details regarding the time of day that the journey was undertaken, the amount of time the journey took and any associated cost were recorded. This work largely validated the analysis outlined above.

3.6 A&E survey

The data collected goes some way to help understand where patients, who currently use Trafford General Hospital, might choose to go if certain services were not available on this site. However, given that this data is based on road distance/travel time it does not necessarily reflect public perception and therefore behaviour. To try and understand where patients would choose to take themselves, and to understand how they currently access services at Trafford, a transport survey was undertaken at Trafford General Hospital Accident and Emergency Department. This survey took place for two weeks in September 2012. All patients attending A&E, who did not arrive via emergency ambulance, were given a short paper survey and were asked to complete and post into a box located on the reception desk. Completion of the survey was therefore voluntary.

Two hundred and eighty one responses were received. The questions asked, and corresponding results, are shown below.

How did you get to A&E today?		
Answer Options	Response Percent	Response Count
Public transport (please state below):	5.9%	16
Car	81.2%	220
Taxi	4.1%	11
Ambulance	2.2%	6
Other (please specify)	6.6%	18
	answered question	271
	skipped question	10

If the proposal to change Trafford General Hospital's A&E department to an urgent care centre is agreed, which hospital would you travel to if you had a medical emergency between midnight and 8am?		
Answer Options	Response Percent	Response Count
A Central Manchester Hospital (Manchester Royal Infirmary, Royal Manchester Childrens Hospital, St Marys Hospital)	25.5%	70
Salford Royal Hospital (Hope Hospital)	25.5%	70
Wythenshawe Hospital	42.2%	116
Other (please specify)	6.9%	19
	answered question	275
	skipped question	5

Can you explain why you would make this choice?

Answer provided (free text)	Response Percentage	Response Count
Local hospital/Closest to home	60%	151
Easiest to get to/quickest to get to	10%	25
Know how to get there	7%	18
Good hospital reputation/previous experience	10%	25
Would not like to go to other hospital	8%	21
Other	4%	11
	answered question	251
	skipped question	29

3.7 Focused Engagement work

To further understand the concerns regarding transport that were raised within the pre-consultation engagement and consultation process focussed engagement work, regarding transport, took place. This took the form of two focus groups that took place in Urmston and Partington. These locations were selected because it was recognised that residents in Urmston and Partington were likely to be among those most disadvantaged, in terms of travel implications. Residents in Urmston currently live closest to Trafford General Hospital and so will have the longest additional journey to an alternative hospital; residents in Partington currently live furthest from any hospital and so will have the longest overall journey.

A further focus group in Manchester to understand the issues for residents who may need to travel to TGH to receive planned orthopaedic surgery is planned for the 12th December 2012.

Full results of the focus groups are available in Appendix 2. A summary of the themes provided in each is shown below in Table Five.

Table Five: Themes from Focus groups

	Partington	Urmston
Current transport use	Travel by car to hospital but have family members who use public transport. Public transport is unreliable and journeys to hospital involve 1 or more changes The 1 local taxi driver is no longer in operation and so getting taxis might be a problem. Community transport used to be really good but there seem to be issues with the new provider.	Most people travel to hospital by car but know others who use public transport. Getting home from hospital via public transport is often problematic Lots of people walk to TGH Travel times are affected by whether football/cricket matches are on and busy times at the Trafford Centre. Some people currently use other hospitals and after they found their way there the 1st

		time the journey became easier. Community transport is generally good, PTS is more unreliable and often arrives late.
Car Parking	Free parking at TGH is great and costs at other sites might be an issue for some Weren't aware of parking concession schemes and feel they could be better promoted	Parking at TGH is really good and free It can take lots of time to find a parking space at an alternative hospital Weren't aware of parking concession schemes and feel they could be better promoted.
Concerns	Public transport not reliable Increased cost of travelling/parking People might not know how to get to alternative hospital	UHSM is difficult to get to, SRFT and CMFT are easier People might not know how to get to alternative hosptial
Suggestions	Could people from Partington have later appointments to allow them to travel to hospital for reduced cost (after 10am) Would consider using Warrington General – might be nearer Could maps/travel directions/travel instructions be more available ie in appointment letters, health centres, libraries etc Improved signage to hospitals	Improve signage to other hospitals Fixed price taxi fares for trips to hospital Need quality communications regarding how to get to alternative hospitals including maps/travel instructions etc Provide shuttle buses on large hospital sites so people are easily able to find their way from parking space to place of appointment

4.0 Data Analysis

The data outlined in section 3.0 was collected to attempt to answer the following questions

- Which hospital would Trafford residents, who currently use TGH, attend if full A&E services were not available at Trafford General Hospital?
- How many patients are likely to experience longer journeys to hospital as a result of New Health Deal proposals and how long will these journeys be?
- How many visitors are likely to experience longer journeys as a result of New Health Deal proposals and how long will these journeys be?
- Of those affected how many would need a public/community transport solutions?
- What are the key transport issues that need to be addressed?

To answer some of the questions above further information was needed and a certain degree of assumption had to be made. The details of this are provided below.

4.1 Which hospital would Trafford residents, who currently use TGH, attend if full A&E services were not available at Trafford General Hospital and how long will these journeys be?

New Health Deal proposals outline that the current A&E at TGH would change to become and Urgent Care Centre that would be open 8am-midnight. It is thought that 75%[1] of patients who currently use TGH A&E can continue to use the Urgent Care Centre. However, ambulance crews will take certain categories of patients directly to an alternative A&E and a certain number of patients will decide to take themselves to an alternative A&E. To determine where patients will travel to the Strategic Programme Board considered a range of scenarios and agreed that the most sensible one to use, for planning purposes, incorporated both the NWAS analysis outlined in section 3.2 and the A&E survey outlined in section 3.6. A full list of all scenarios is provided in Appendix 3. The agreed scenario shows the following percentage split

Trust receiving TGH Deflected activity	% deflection
UHSM	50% ambulance, 42% self presenters
CMFT	8% ambulance, 26% self presenters
SRFT	42% ambulance, 26% self presenters

Using 10/11 TGH A&E activity data[2] and assuming 75% will continue to be seen at Trafford, this corresponds to the following, daily, A&E activity deflection

Trust receiving TGH Deflected activity	Daily A&E deflection
UHSM	12
CMFT	5
SRFT	8

[1] New Health Deal for Trafford Pre-consultation business case
[2] TGH A&E attendances 10/11

4.2 How many patients are likely to experience longer journeys to hospital as a result of New Health Deal proposals?

In order to answer this question each of the New Health Deal proposals will be considered separately and the totality addressed at the end of this section.

4.2.1 Accident and Emergency, Acute Medicine, Acute Surgery, Critical Care Level 3

Previous work indicates that around 25%[3] of 10/11 TGH A&E attendances will transfer to an alternative hospital site. Around 44%[4] of these will be conveyed by ambulance. The majority of non-elective admissions at TGH are as a result of an A&E attendance (there were relatively few direct admissions) and so admission to an acute surgical, acute medical or critical care level 3 service is likely to be incorporated within these numbers.

Using the postcode analysis outlined in section 3.3, and the assumptions outlined above, the transport implications for users of these services are shown below in Table Six.

Table Six: Implications for A&E service users

Postcode	% use of TGH A&E service	Approx. No attendances that will transfer to alternative hospital*	Approx. No attendances that will travel to alternative hospital by non-emergency transport**	Additional average travel distance to next nearest A&E (km)
M17	0.01	1	0	-1
M16	5.50	530	297	-3.73
M32	**21.81**	**2100**	**1176**	**1.56**
M41	**35.24**	**3393**	**1900**	**4.99**
M31	**8.21**	**791**	**443**	**5.19**
M33	12.99	1250	700	-0.72
WA13	**0.29**	**28**	**16**	**2.51**
WA14	1.61	155	87	-4.2
WA15	1.21	116	65	-7.41
Total		**8364**	**4684**	

* based on assumption that TGH will retain 75% current attendances

** based on current assumption that 44% TGH A&E attendances are conveyed by ambulance

This data shows that only residents in postcode areas M32, M41, M31 and WA13 will experience longer journey distances by having to attend a hospital other than Trafford General Hospital. These postcode areas are highlighted in the table above. The total number of patients from these areas is 6284 although only 3535 will make this journey 'themselves' (ie will not be taken by emergency

[3] New Health Deal for Trafford,pre-consultation business case
[4] NWAS activity analysis 11/12

ambulance). The additional journey distance that might be travelled varies from an average of an additional 1.56km for those living in M32 to around 5km for those living in M41 and M31. However, residents living in M31 will have the longest overall journey to travel to an alternative hospital with the maximum being around 16km[5]. Travel time information indicates that the longest travel time, by means other than public transport/foot, to a hospital other than TGH is likely to be around 20 minutes[6], based on 'standard' travelling conditions . This relates to patients living in the M31 postcode area. Those living in other parts of the borough can access alternative hospitals in shorter times with the average journey taking around 12 minutes. It is important to note that these travel times do not reflect an ambulance travelling under 'blue light' conditions which is likely to encounter a shorter journey time. The 'mystery shopper' information largely supports this data although any significant traffic issue such as an accident on the M60 motorway may cause private transport journeys to be longer. Rush hour travel times may also be longer.

The analysis of public transport travel times indicates that the longest journey for people in Trafford to access emergency hospital care, by public transport, is likely to be 60-75 minutes with much of the population able to make the journey within 45 minutes. This is reflected in the 'mystery shopper' experience although issues relating to the number of changes that have to be made, and the reliability of public transport should not be discounted. However, results of the A&E survey indicate that the number of people who use public transport to access emergency hospital services is relatively low (around 6%), this view is shared by local clinicians.

It is interesting to note the range of factors that influence where members of the public would choose to go in the event that services changes at TGH . The majority (60%) of responders indicated that the location of the hospital, in terms of the one nearest to them, would be the biggest contributing factor in deciding where they would choose to present. However, 10% reported that the reputation of a local hospital and/or having a previous positive experience at that hospital would be the biggest factor in their decision making process.

4.2.2 Planned Inpatient Surgery

Under New Health Deal proposals all planned inpatient surgery (except orthopaedics) that currently takes place at Trafford General Hospital is proposed to transfer to Manchester Royal Infirmary. Currently there are around 800 Trafford patients who receive these services at Trafford General Hospital. Outpatient services will remain at TGH and so any patient who continues to be referred to TGH will have their surgery performed at MRI. Therefore patients may choose to do one of two things:

- Continue to be referred to TGH in the knowledge that their outpatient appointment will be undertaken at TGH but their *surgery* will be undertaken at MRI.
- Choose to be referred to their next nearest hospital that performs a range of IP surgical procedures (UHSM/MRI/SRFT/NMGH/Stepping Hill Hospital) for an outpatient appointment knowing their surgery is likely to take place at the same hospital.

[5] See table Three
[6] See table Two

The transport implications for the latter of these two options is likely to be broadly similar to those outlined in section 4.1.1 in that those living in postcode areas M32, M41 and M31 are likely to experience longer travelling distances. The total number of patients from these areas is likely to be in the region of 400 patients and it is assumed the vast majority of these will make their own arrangements for this journey (ie none will be the result of emergency ambulance transfer). The former of these will have travel implications as outlined below in Table Seven.

Table Seven: Implications for Planned IP services

Postcode	% use of TGH planned IP surgical service	Approx. Number of attendances that will transfer to an alternative hospital*	Additional average travel distance to MRI
M17	0.00	0	-0.5
M16	5.24	48	-3.71
M32	13.43	123	2.84
M41	29.91	274	9.34
M31	5.35	49	10.71
M33	24.78	227	3.82
WA13	0.55	5	10.46
WA14	3.82	35	3.71
WA15	4.59	42	1.79
Total		**803**	

* based on assumption all activity except Orthopaedics will transfer

For residents who choose to receive an outpatient appointment at TGH, and therefore have surgery at MRI, nearly all will experience an increased travel distance. The biggest additional journey will be in the region of 10km. It is estimated that these patients will have a total journey of around 27km.

Patients who make this journey by public transport will experience a journey time within 60 minutes except for those living in Partington/Carrington and Broadheath who may experience a journey that takes over 75 minutes. Residents in these areas may be especially keen to exercise their right to choose to attend a closer hospital in which case the public transport travel times are likely to be the same as those outlined in section 4.2.1.

4.2.3 Planned Orthopaedic Surgery

Under New Health Deal proposals the majority of all planned orthopaedic surgery that currently takes place at Manchester Royal Infirmary will transfer to Trafford General Hospital. Currently there are around 2500 patients who receive these services at Manchester Royal Infirmary. Outpatient services will remain at MRI and so any patient who continues to be referred to MRI will have their surgery performed at TGH. Therefore patients may choose to do one of two things:

- Continue to be referred to MRI in the knowledge that their outpatient/diagnostic tests will be undertaken at MRI but their *surgery* will be undertaken at TGH.
- Choose to be referred to their next nearest hospital that performs orthopaedic surgery (UHSM/PAHT/SRFT) for an outpatient appointment knowing their surgery is likely to take place at the same hospital.

The former of these will have transport implications, for Manchester residents, as outlined below in Table Eight.

Table Eight: Implications for patients who use planned orthopaedic surgical services

Postcode	% use of MRI Orthopaedic service	Approx. Number of attendances that will transfer to an alternative hospital*	Additional average travel distance to TGH
M1	1.48	37	10.02
M11	7.62	190	9.98
M12	5.53	138	7.53
M13	6.07	152	7.59
M14	14.30	357	6.97
M15	5.39	135	6.21
M16	5.46	137	5.96
M18	13.49	337	9.89
M19	13.42	335	3.49
M20	8.36	209	5.07
M21	6.34	158	2.3
M22	1.82	46	1.8
M23	1.35	34	0.6
M3	0.61	15	5.3
M33	0.07	2	-4.6
M4	1.89	47	8.8
M40	2.02	51	7.52
M8	0.81	20	8.15
M9	1.15	29	7.57
Total		**2429**	

* based on assumption total activity (IP &DC) 2,500 and all will transfer

For residents who live in central Manchester, and choose to receive an outpatient appointment at MRI, and therefore planned orthopaedic surgery at TGH, all will experience an increased travel distance. The biggest additional journeys will be in the region of 10km with the longest journeys being around 19km for those patients who live in the M9 postcode.

Many of these residents will be able to complete this journey, by public transport, within 45 minutes. However, for some, the journey may take up to 75 minutes.

4.2.4 Total number of patients who will experience longer journeys

The total number of patients who will experience longer journeys, by means other than emergency transport, are outlined below in Table Nine.

Table Nine: Total number of patients affected

Clinical Area	Total number of Trafford/Manchester patients who will experience longer journeys
A&E	3535
IP Surgery (except orthop)	755
Planned Orthopaedics	2429
Total	**6719**

The total number of patients who will experience longer journeys as a result of New Health Deal proposals is approximately 6,700 per year which equates to around 18 patients per day. However, this calculation assumes all patients who currently use planned surgical services at TGH/MRI will choose to access services in the same way and do not exercise choice to use a potentially closer, alternative, hospital site in Greater Manchester. In addition, a large number of these patients currently use private transport to access some of the services outlined above. There is no reason to assume that this behaviour will change. The number of patients that are likely to require public/community transport to access services on alternative hospital sites will be discussed in section 4.4.

The additional journey length varies from 2km to around 10km. The longest journey to receive emergency care is thought to be around 16km (when TGH is not open)and the longest journey to receive planned care is around 27km (if patients choose to access services according to current flow rather than nearest hospital)

4.3 How many visitors are likely to experience longer journeys to hospital as a result of New Health Deal proposals and how long will these journeys be?

The impact on visitors is particularly hard to assess as no data exists that captures the postcode of residence for those visiting others in hospital. In addition, no single patient receives a 'standard' number of visitors and so the volume of visitors is also difficult to determine. However, in order to form an estimate of the impact the New Health Deal proposals might have on visitor journeys the following, high level, assumptions have been used:

- Visitors originate from the same postcode area as the patient
- Each patient receives one visitor, from this postcode, per day for their stay in hospital

- Average length of stay for patients who are admitted to hospital with an emergency medical/surgical condition will have an average Length of Stay of 6 days. Approximately 4,000 non-elective admissions will transfer from TGH under New Health Deal proposals.[7]
- Average length of stay for patients who are admitted to hospital for planned (non-orthopaedic) surgery will have an average Length of Stay of around 3 days
- Average length of stay for patients who are admitted to hospital for planned inpatient orthopaedic surgery will have an average Length of Stay of 4 days. Approximately 50% of all planned orthopaedic surgery will require an overnight stay.

The number of visitors, according to these assumptions, who will be affected, by clinical area, is shown below in Tables Ten-Twelve.

Table Ten: Visitors to Emergency Admissions

Visitors to Emergency Admissions				
Postcode	**% use of TGH A&E service**	**Approx. No admissions that will transfer to alternative hospital***	**Approx. Number of additional visitors affected****	**Additional average travel distance to next nearest A&E (km)**
M17	0.01	0	2	-1
M16	5.50	220	1320	-3.73
M32	21.81	872	5234	1.56
M41	35.24	1410	8458	4.99
M31	8.21	328	1970	5.19
M33	12.99	520	3118	-0.72
WA13	0.29	12	70	2.51
WA14	1.61	64	386	-4.2
WA15	1.21	48	290	-7.41
Total		**3475**	**20849**	

* based on assumption 4,000 total admissions will transfer

** based on 1 visitor per day average LoS 6 days

[7] New Health Deal for Trafford Pre-consultation business case

Table Eleven: visitors to planned IP surgical procedures

Visitors to Planned IP Surgery (except orthopaedics)				
Postcode	**% use of TGH planned IP surgical service**	**Approx. Number of attendances that will transfer to an alternative hospital***	**Approx. Number additional visitors affected ****	**Additional average travel distance to MRI**
M17	0.00	0	0	-0.5
M16	5.24	48	144	-3.71
M32	13.43	123	369	2.84
M41	29.91	274	822	9.34
M31	5.35	49	147	10.71
M33	24.78	227	681	3.82
WA13	0.55	5	15	10.46
WA14	3.82	35	105	3.71
WA15	4.59	42	126	1.79
Total		**803**	**2409**	

* based on assumption all activity except Orthopaedics will transfer

** based on assumption that all activity will transfer with ALOS 3 days and 1 visit per day

Table Twelve: visitors to planned orthopaedic services

Visitors to Planned Orthopaedic Surgery				
Postcode	**% use of MRI Orthopaedic service**	**Approx. Number of attendances that will transfer to an alternative hospital***	**Approx. Number additional visitors affected****	**Additional average travel distance to TGH**
M1	1.48	37	74	10.02
M11	7.62	190	381	9.98
M12	5.53	138	276	7.53
M13	6.07	152	303	7.59
M14	14.30	357	715	6.97
M15	5.39	135	270	6.21
M16	5.46	137	273	5.96
M18	13.49	337	674	9.89
M19	13.42	335	671	3.49
M20	8.36	209	418	5.07
M21	6.34	158	317	2.3
M22	1.82	46	91	1.8
M23	1.35	34	67	0.6
M3	0.61	15	30	5.3
M33	0.07	2	3	-4.6
M4	1.89	47	94	8.8
M40	2.02	51	101	7.52
M8	0.81	20	40	8.15
M9	1.15	29	57	7.57
Total		**2429**	**4858**	

* based on assumption total activity (IP &DC) 2,500 and all will transfer

** based on assumption that all 50% is IP activity with ALOS 4 days and 1 visit per day

The travel implications, in terms of additional distance and/or journey time is the same for visitors as for patients and is outlined, above in section 4.2. The indicative number of visitors patients who will experience longer journeys as a result of New Health Deal proposals is therefore shown below

Clinical Area	Total number of Trafford/Manchester visitors who will experience longer journeys
A&E	15732
IP Surgery (except orthop)	2265
Planned Orthopaedics	4855
Total	**22852**

The estimated number of visitors who will experience longer journeys as a result of New Health Deal proposals is approximately 23,000 per year which equates to around 60 visitors per day. However, this calculation is based on a great deal of assumption and should be subject to further sensitivity analysis once the results of the New Health Deal consultation is known. The number of visitors that are likely to require public/community transport to visit patients on alternative hospital sites will be discussed in section 4.4.2.

The additional journey length varies from 2km to around 10km. The longest total journey length for those visiting patients who have been admitted non-electively seems to be around 16km, the longest total journey length for those visting patients who are admitted electively is in the region of 27km (if patients choose to access services according to current flow rather than nearest hospital).

4.4 Of those adversely affected how many will need community/public transport solutions?

Sections 4.2 and 4.3 indicate the number of patients and visitors that may experience longer travelling distances/times as a result of the New Health Deal proposals. However, in order to ensure appropriate transport solutions are put in place for these two groups it is necessary to understand how many of these patients/visitors would require a public/community transport solution in order to access alternative hospital sites. This is considered, for each of the two groups separately, below.

4.4.1 Patients

Section 4.2.4 estimates that around 6,700 patients will experience a longer journey to an alternative hospital and will not make this journey by emergency ambulance. However, the survey conducted in Accident and Emergency indicates that, of all the patients who did not arrive by emergency transport, around 81% arrived by car. According to the 2001 census car ownership in Trafford is in the region of 75% although this falls to 65% in areas such as Partington (post code area M31) and falls further in eastern areas of Central Manchester to around 50%. However, for the purposes of this document it is assumed that around 75% of journeys made to hospital (and not made by emergency ambulance) will be made by car. This means that around 5,025 of the 6,700 patients who will experience longer travelling journeys will undertake this journey by car. This is likely to have an impact on car parking capacity and costs for those making the journey. **This leaves around**

1675 patients per year, 5 patients per day, who will need to access an alternative method of transport. This transport could include PTS, public transport, private taxi, or community transport.

4.4.2 Visitors

Using similar assumptions to those outlined in section 4.4.1 around 75% of the 23,000 visitors who will experience longer travelling journeys will undertake this journey by car. This equates to around 17,250 visitors. **This also leaves around 5,759 visitors per year, or 16 per day, who will need to access an alternative method of transport. This transport could include public transport, private taxi or community transport. The additional impact on car parking capacity/cost should not be forgotten.**

4.4.3 Total

Combining the calculations reached in sections 4.4.1 and 4.4.2 around **7434 people** will need a transport solution, other than the use of a private car, in order to access an alternative hospital to the one they currently use. This equates to around **20 people per day**. However, this figure encompasses a wide range of two way journeys including:

Various locations in Trafford – Manchester Royal Infirmary
Various locations in Trafford – Wythenshawe hospital (UHSM)
Various locations in Trafford - Salford Royal (SRFT)
Various locations in Central Manchester – Trafford General Hospital

Using the results of the A&E survey as representative of transport use around 2332 (6 per day) will use public transport, 1603 (4 per day) will use a |Taxi and around 3498 (9 per day) will use another form of transport (PTS/community transport/hospital booked transport etc).

4.5 What issues need to be addressed regarding the impact that New Health Deal proposals will have on transport?

According to the results of the survey undertaken in A&E, the responses obtained in the transport focus groups and the work conducted above there are a number of transport issues that need to be addressed as part of the New Health Deal for Trafford decision making process. These are outlined below

Increased journey lengths

It is evident that the New Health Deal proposals will increase the journey length of some patients who live in Trafford and nearly all patients who use Orthopaedic services at Manchester Royal Infirmary. However, it is thought that additional journey lengths are relatively small (between 2-10km) and that overall travel distances are still acceptable (largely under 20km). In addition, the choice of providers that patients can access within Greater Manchester is still large (currently eight acute trusts over twelve hospital sites). It is also thought that, existing community/public transport services could be better utilised to improve access to hospital services.

However, there are a number of geographical areas within Trafford where the impact of increased journey lengths needs special consideration. This is especially in the Partington/Carrington M31 postcode area. This area experiences a high level of deprivation and it is thought that residents in this area currently experience problems with accessing transport services. The New Health Deal proposals are likely to mean that patients living in this area will have the longest journey, of all Trafford residents, to access an alternative hospital which may well exacerbate current issues with transport access. Consideration should be given to this population and appropriate transport solutions identified.

Number of patients/visitors affected

The number of patients who will experience a longer journey to access appropriate hospital services is approximately 6,700 per year. The associated number of visitors who will be affected is in the region of 23,000 per year. However, the vast majority of these residents currently use private transport to access hospital services and there is no reason to suppose this will change.

The remaining number of people who will require alternative transport solutions is thought to be in the region of 7,500 per year which equates to around 20 people per day. Given that these people will be making a variety of journeys around the region it is thought that a dedicated transport service (for example additional bus routes) is unlikely to be a feasible, or cost effective solution. However, it is important that transport solutions are identified which ensure local people, especially those without transport to private transport, are still able to easily access hospital services.

Car Parking

The New Health Deal proposals may increase the number of car journeys that are made to UHSM/CMFT and SRFT which is likely to mean that the number of cars that need to be parked at these hospital sites is also likely to increase.

Assurance is required from UHSM/CMFT and SRFT that they have sufficient capacity to accommodate this additional demand in order to ensure patients and visitors are able to quickly find a car parking space and access the services they require. An indication of the work that has been done/is underway by these organisations, to address car parking issues is shown in Appendix 4.

Consideration should be given to the perceived cost associated with parking at alternative hospital sites. Improved communication regarding concession schemes for car parking charges is required. A list of concessions currently available is shown in Appendix 5. However, it is thought that few patients are aware of these schemes, and therefore of the money that can be saved.

Improved Communications

The New Health Deal proposals will mean some patients and visitors will have to access hospital services on a site that they are not currently familiar with. In order to help patients/visitors access alternative hospital sites many feel work needs to be done to improve understanding of hospital locations and how they might be accessed.

Consideration should be given to the development of a communications strategy and implementation plan which seeks to improve signage to hospitals and the provision of maps and

travel directions/instruction to residents who may not currently be familiar with the location of alternative hospitals. Such material should be available and distributed via a variety of mechanisms suggestions include: online instructions, instructions with appointment letters, maps in libraries, GP practices, health centres etc.

Better 'sign-posting' for services that currently exist

The work undertaken with the focus groups and others indicate that there are lots of transport services that currently exist to ensure patients are able to access healthcare services. These include both public and community transport providers. However, it is clear that lots of people are unaware of the services that do exist and so do not/would not utilise them. For those who are aware it is clear that often booking arrangements can be confusing and that costs vary considerably.

Consideration should be given to arrangements that ensure the public affected by New Health Deal proposals are better able to access existing community/public transport solutions. Consideration should also be given to agreeing 'fixed rate' taxi journeys for residents who need to access hospital services affected by New Health Deal proposals.

5.0 Conclusion

The issues outlined above, as well as the analysis provided, have been fed into the process of designing transport solutions which minimise the impact of the New Health Deal proposals. These solutions, and the process that was adopted to reach them is outlined in 'Are we there yet? The social needs transport implications of proposed changes to hospital services'.

6.0 Appendicies

Appendix 1	TfGM isochrone maps	**Paper copies circulated 12th December 2012**
Appendix 2	Results of Focus Groups	Feedback from the transport focus group Feedback from the transport focus group
Appendix 3	List of scenarios considered by SPB	2012 10 24 Trafford Strategic Programme

Appendix 4	Car Parking Concessions	2012 Hospital_parking_fee:
Appendix 5	Car Parking assurances – given by providers	2012 11 30 Car Parking Capacity and

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Extract from Presentation given by D McNally & C Swithenbank 21st November 2012

DH Four Service Reconfiguration Tests

- Clinical Commissioner support
- Public & patient engagement
- Clinical evidence base
- Choice

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Clinical Commissioner support

Evidence for this test could include:

- Evidence of engagement with Clinical commissioners – either direct engagement with CCGs or at minimum with CCG group chairs, including on choice considerations.
- Support from GP commissioners - which might be considered in terms a significant majority.
- Evidence of involvement of Clinical commissioners in consideration of the evidence against the other tests.
- Evidence of robust plans for on-going engagement with Clinical commissioners.

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Public & Patient engagement

Evidence could include:

- Evidence of the effectiveness of consultation activities.
  - What key stakeholder or local groups have been involved
  - An explanation of how the views of the people who were consulted were taken into account when the decision was made;
  - How feedback influenced the decision taken – whether anything was commissioned differently as a result of the feedback received;
  - The main issues considered on which it was not possible to act, and the reasons why.
  - How the above information will be fed back to those involved.

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Public & Patient engagement (cont'd)

Evidence could include:

- Evidence of consultation activities with relevant patient groups including LINks and with the public both prior to decisions being made and for the subsequent period of implementation up to now, including on choice considerations.
- Evidence of robust plans for on-going engagement with relevant patient groups including LINks, and with the public.
- Evidence of engagement with OSCs, including where appropriate Section 244 consultation on substantial variations or developments of health services.
- Evidence of engagement with Local Authorities Directors including Directors of Adult Social Care and/or Directors of Children's Services where appropriate

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Clinical Evidence base

Evidence for this test could include:

- Evidence of internal up to date review of the clinical evidence base, including choice considerations.
- Evidence of independent external review of the clinical evidence base (likely to be an NCAT review in most cases).
- Evidence of support for the service model from senior clinicians whose services will be affected by the reconfiguration.
- Evidence of engagement with Clinical commissioners on the outcome of internal and independent external reviews of the clinical evidence base.
- Evidence of plans for future reviews of the clinical evidence base at appropriate intervals

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Patient choice

- This test should be embedded within the other three tests. Choice in this context should explicitly recognise the need to balance access and evidence on patient safety and improved outcomes for more centralised specialist services and should not be restricted to choice of provider.

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