Final Report

regarding

A New Health Deal for Trafford

provided by

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on

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at the request of

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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 "r*equires 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%)