

North London Partners in health and care

Proposed Changes to Planned Orthopaedic Care for Adults

Consultation Findings Report 13th January – 6th April 2020



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1. Summary of Findings

The summary of findings draws out the common themes from the following forms of dialogue undertaken during the consultation on the proposed changes to planned orthopaedic care for adults in north central London (NCL):

- The analysis of 595 surveys with closed and open-ended questions. This included 107 responses received from Healthwatch Enfield
- Themes from other forms of response including: 31 emails, letters, other forms of media (which includes 24 formal responses from a wide range of stakeholder bodies)
- The coding of hundreds of comments from 81 discussion groups and other forms of meetings. It should be noted that due to the Coronavirus outbreak some of the meetings had to be cancelled and were replaced with 15 telephone discussions

The detailed findings from all of these dialogue methods can be found in Sections 5-10 of this report.

1.1 Overall Summary

There is overall support for the proposed changes in planned orthopaedic care for adults, which would include two NHS hospitals with dedicated operating theatres and beds for overnight stays at Chase Farm Hospital and UCLH, with a choice of hospitals for those needing day surgery and for outpatient appointments. Over three quarters of survey respondents supported the proposal, which was strengthened by further supportive comments in all other dialogue methods. Suggestions were made, and questions raised, in terms of implementation, accessibility for all and easing potential travel issues (especially to Chase Farm). Those who did not support the proposal, stated a preference to keep services at their local hospital for a variety of reasons mainly centred around travel, logistical or accessibility issues

The following pages set out the main themes collated from all methods which have arisen during the consultation.

1.2 Summary of Themes

Positive Comments About the Proposal¹

Most comments across all methods were positive, with many agreeing that the changes would make a difference. It was felt that the proposed service changes would lead to overall improvement by shortening waiting times, reducing cancellations, improving patient experience and by giving additional capacity for future growth.

The consultation process was also praised, with comments relating to how well it had been undertaken and the scope for influence that had been given.

The introduction of a Care Coordinator role was seen as a helpful step towards joining up care and giving people the support needed. The potential for continuity of care with the same surgeon or health professionals throughout a patient's care, was also welcomed.

Some groups spoken to viewed the separation of elective surgery and emergency services as a positive initiative for both areas, but there was doubt it could happen in reality with emergency admissions taking theatre space.

Concerns About the Proposal²

Most concerns focused on travel issues (public transport, road networks and parking), distance to travel and the potential effect of the proposed changes on specific groups (people from low-income households, elderly, disabled and staff).

There were concerns that staff could become deskilled or that staff may leave the service because they do not want to travel. There were also concerns that staff could be less productive as they would spend too much time travelling between sites, which could also lead to delays in patient appointments.

There were a few comments relating to the consultation being 'already decided', with some patients having been told by staff that their surgery would be at Chase Farm

¹ Section 6 (6.3,6.4,6.8), Section 7 (7.1,7.2,7.5), Section 8 (8.1)

² Section 6 (6.3), Section 5, Section 7 (7.1,7.3), Section 8 (8.1)

Hospital in future. It should be noted that these comments refer to changes already instituted by the Royal Free Group, prior to the commencement of the consultation.

Impacts on Certain Groups³

Disabled respondents to the survey demonstrated a much lower level of agreement with the proposals. They stated that they may find travelling further a challenge and public transport may not be suitable, especially the Tube. When it came to communications, it was requested that any materials should be available in Easy Read and BSL (British Sign Language) formats. A preference was stated for communications in person or by post, with less of a preference for email. It was also noted that family members and carers should be included in communications about care where appropriate. Assessments with reasonable adjustments for hospital visits may also be needed.

Concerns were raised for elderly patients, especially as they make up a higher proportion of those needing orthopaedic care. Transport and travel were again highlighted, as it was felt that public transport is not always accessible for those with mobility impairments and it was raised that Chase Farm, in particular, does not necessarily have suitable transport links in place, meaning longer journeys for those that would already find it difficult to travel. The potential for confusion amongst elderly patients due to unfamiliar surroundings/sites was raised as a concern, especially those with dementia, meaning that further support would be needed during the transition.

Although concerns were raised in terms of the potential for increased travel costs for low-income households, survey respondents from deprived areas actually stated higher levels of agreement with the proposal and stated, more commonly than other respondents, that they would not encounter any travel issues. However, it was still suggested throughout that help should be offered with travel costs, with the option of free patient transport between sites.

Overall, carers welcomed the proposal and felt that some reorganisation was needed. They were concerned about the amount of time they spend in outpatients for their own appointments, which can put them off attending. They explained how they cannot always find help to look after their cared for person and taking them to

³ Section 5

appointments can be difficult as it can result in the person getting distressed. Some carers were also worried about having an operation as it would be difficult to find adequate alternative care when they are not available. As most carers already travel between sites, they were less worried about visiting other hospitals as long as there was sufficient parking. They acknowledged that some sites are easier than others to access by public transport depending on where a person lives.

Travel Related Issues⁴

Travel was discussed in detail throughout the consultation. Around half of all survey respondents were happy with the need to travel for improved care. Just under a quarter also thought that although they may be concerned about a more complex journey, they would feel they would benefit from better care as a result of the proposal. The survey findings also demonstrated a split between those that felt their travel would be improved or wouldn't change as result of the proposal, and those that felt they would have to travel further or would have a more complex/costly journey.

A higher proportion of Islington respondents were concerned about a more complex journey, the cost of travel and public transport options. Respondents from Camden were also concerned about the cost of travel, whilst less likely to feel that driving or parking would be improved, whereas respondents from Enfield or outside of the area felt it would be more of a benefit in terms of improved driving and parking. A higher proportion of Royal Free Hospital and North Middlesex University Hospital users had travel concerns, whereas this was lower with UCLH (University of College London Hospital) and Barnet Hospital users.

Travel issues mainly centred around Chase Farm Hospital and the perception of its poor public transport service. In contrast, there are few concerns about UCLH. Comments, letters and emails suggested that there should be discussions with Transport for London to improve services to Chase Farm. It was mentioned that a specific bus service between Oakwood station and Chase Farm was needed. The W8 bus was also mentioned as having been only recently routed to Chase Farm and now goes directly to the building.

⁴ Section 6 (6.6), Section 7 (7.3), Section 8 (8.1)

The need for sufficient parking on sites and the option of a drop-off point were highlighted as important, especially following surgery when travelling by public transport or walking long distances to a vehicle were identified as unsatisfactory.

A free shuttle bus between hospital sites was seen as a possible solution to travel issues. Patient transport was also suggested, but it was noted that there can be difficulties in accessing this service.

Meeting the Challenges⁵

The majority of respondents thought the proposal would partially address the challenges faced: shortening waiting times; reducing the likelihood of last minute cancellations; ensuring the same high quality care is available for people across all boroughs and; meeting the growth in demand for services. However, they were less certain it would reduce the risk of hospital acquired infections, with a third not knowing.

There was a level of uncertainty as to whether the proposed changes would be effective or how they would make a difference. Questions were asked as to how future demand could be satisfied, without sufficient competently trained staff, and no additional capacity added to what is seen as an underfunded service.

Communication Channels⁶

There was clearly no standard communication channel preferred by all. The feedback varied dependent on the type of message and the type of recipient, especially taking into account age or disability. If the communication related to an action required by the individual, such as an appointment or post-operative care, then a formal letter or email was preferred as it is something they can refer back to.

There were those who thought elderly and frail people would prefer communication channels which were less dependent on new technology. This was reiterated by older and disabled respondents to the survey who stated a preference to receive information in person or by post, rather than by email.

⁵ Section 6 (6.4), Section 7 (7.2), Section 8 (8.1)

⁶ Section 6 (6.7), Section 7 (7.4), Section 8 (8.1)

It was felt that new technology such as video consultations and web-based portals, would only work where the individual is enabled and technically capable. There were some concerns about having health records online.

There was a lot of agreement for developing an education programme for patients prior to surgery to advise them about what to expect, how to attend and what they were expected to do. It was suggested that this would be delivered face-to-face with supporting materials (booklets/ web resource).

Carers welcomed the use of technology and alternative means of receiving information as long as they were technically competent and suitably enabled. They were keen to have fewer appointments in hospital, so would welcome communication either digitally or by telephone.

The need to include communications in other languages and formats was identified, as too was the need to join up communication between hospitals and services.

Introduction of a Care Coordinator⁷

Most comments were positive about the introduction of a Care Coordinator role with suggestions being made as to the job function or skills required. Some felt that it would need to be a medically qualified person, with the authority to engage senior health professionals and charities to ensure a suitable package of support. It was felt that an administration or signposting role was already covered and wouldn't offer the improvements needed. A strong communicator was seen as key to being able to organise treatment plans for patients, appointments and ensure follow-up services are engaged.

The ability to assess patients, establish their individual needs and make adjustments to their care was seen as important, especially if they had one or more protected characteristic. Clarity was sought as to who the target audience for the Care Coordinator would be, with questions asked as to whether it would only apply to patients with disabilities or complex needs.

Familiarisation with the processes for attendance at hospital was another area highlighted.

⁷ Section 6 (6.8), Section 7 (7.5), Section 8 (8.1)

Carers welcomed the creation of a Care Coordinator role as they felt they can sometimes be easily overlooked in terms of their needs. Having a named point of contact to navigate the system was seen as an advantage of the proposal.

Need for Further Detail, Clarification and the Implementation of Plans⁸

Some comments related to further understanding of the proposal and requests for clarification around certain aspects. There was potential confusion around the benefits of the proposal, with some stating it will reduce patient choice, while others stated it will improve patient choice. People asked for clarity over how the changes will be implemented, timescales and how logistically teams will work together over sites.

There were concerns that those referring patients would need to be aware of the processes and let patients know what choices they have. Therefore, it was seen as crucial that GPs are engaged in the process.

Clearer and more detailed information for patient's post-surgery was identified as an area that could improve patient results, by empowering them to self-manage during rehabilitation. Clinicians especially asked to be involved in this process so that they could help their patients with self-care.

Overall people asked to be kept updated and involved post consultation, with clear timescales and a step-by-step approach to implementation.

⁸ Section 6 (6.9), Section 7 (7.6), Section 8 (8.1)

2. Introduction

Participate Ltd has been commissioned by the North London Partners in health and care (NLP) to independently analyse and report upon the data from the ‘**Proposed Changes to Planned Orthopaedic Care for Adults**’ consultation. The following summary report sets out the analysed and thematic data from the consultation that concluded in April 2020.

2.1 Background

More than 1.5 million people live in north central London (Barnet, Camden, Enfield Islington and Haringey) and this is expected to rise. Increasing numbers of people have one or more long-term condition, and lifestyle risk factors are growing – as are patient expectations – resulting in increasing demand for healthcare.

Demand for planned orthopaedics is predicted to increase due to increasing incidence of age-related conditions affecting joints and bones (particularly hips and knees), the impact of lifestyle factors including obesity, and more people having falls.

Improving planned adult orthopaedic services is a complex task. Local challenges, together with national and international evidence and national policy, provide a unique opportunity to create innovative, sustainable services that deliver the best possible elective orthopaedic experience and outcomes for patients.

The NHS in north central London currently delivers planned adult orthopaedic services for NHS patients from 10 separate NHS and private sector sites in north central London. While many of these services are of good quality, evidence has identified there is unwarranted variation in the quality of care provided.

2.2 NLP state that:

- Waiting lists are too long
- Cancellations are common and emergency care is prioritised over planned care
- More patients would need orthopaedic care in the future.

The review of evidence indicates that consolidating services onto fewer sites improves quality outcomes.

2.3 NLP cite that there is evidence that:

- Care is improved when emergency and planned care are separated
- More operations in one place results in better outcomes for patients
- Separating planned and emergency care leads to lower infection rates

While there are many areas of good practice in elective orthopaedic care in north central London the current system does not fully realise opportunities to deliver the best possible care for patients.

The consultation proposed a new way to organise planned orthopaedic surgery for patients in north central London, comprising two partnerships, formed by local NHS hospital trusts – with University College London Hospitals (UCLH) and Whittington Health working together, and The Royal Free London (Royal Free, Barnet Hospital, Chase Farm Hospital) working with North Middlesex University Hospital (North Mid).

If the proposal is agreed, these partnerships would deliver real improvements in how planned orthopaedic surgery is provided.

The partnerships would offer two hospitals with dedicated operating theatres and beds for patients who need to stay overnight after their operation. They would also offer patients the choice of which hospital they go to for day surgery, outpatient appointments, and education classes for patients prior to their operation. Appointments would be with a named surgeon, the surgeon and their surgical team would stay with patients throughout their care.

Both partnerships would be overseen by a network of health professionals who would ensure that, regardless of where patients receive care, it is of a consistently high standard.

Evidence from the UK and around the world shows that doing surgery in operating

theatres which only do orthopaedics, means better quality of care for patients. By organising services in this way, it would result in improve care and help more patients before, during and after their operation. The proposed change could affect anyone living in the five boroughs (and a small number in neighbouring areas) who needs orthopaedic surgery in the future.

2.4 Summary of the Preferred Model of Care

- Two NHS hospitals with dedicated operating theatres and beds, for patients who need to stay overnight after their operation
- A choice of NHS hospitals for those needing day surgery
- Within each partnership, a choice of NHS hospitals for outpatient appointments
- Improved education classes for patients so they understand their operation and what to do before surgery and to support their recovery afterwards
- Appointments would be with a named surgeon, who, with their surgical team, would stay with patients throughout their care, regardless of where it takes place
- Rehabilitation support for patients after their surgery
- Access to high dependency or intensive care units for patients who need additional care after their surgery
- Care coordinators to support patients with conditions such as dementia or a learning disability to understand their care and where it might take place
- More complex surgery would continue at the Royal National Orthopaedic Hospital, a super-specialist centre
- Patients with other complex medical conditions, such as haemophilia, would have their surgery at the hospital which specialises in their condition
- Emergency orthopaedic care would continue at all local hospitals with an accident and emergency department.

This model of care was fully described in the consultation documents, and the background and rationale were made available through the publishing of the Pre-consultation Business Case (PCBC) and supporting documents.

A decision was made to consult on the proposed changes under section 242 and 244 of the NHS Act 2006. A consultation mandate was agreed by the

Orthopaedic Review Programme Board:

“The five CCGs in north central London (Barnet, Camden, Enfield, Haringey and Islington) in partnership with NHS providers, intend to consult on the future configuration of adult elective orthopaedic care. Our proposals are to create a single network, overseeing two partnerships of NHS providers, which will result in some changes to where patients have surgery.

Working through North London Partners in health and care, we would like to understand the views of past, current and prospective patients and carers of adult elective orthopaedic services, staff and stakeholders.

Our aim is that, by summer 2020, when the consultation has closed and feedback has been evaluated, we will understand the impact of the proposals and be able to **review, improve or amend them**, to achieve better access and outcomes for patients of adult elective orthopaedic care in north central London.”

In line with this, a consultation planning group was formed to plan consultation on the proposed changes.

3. Consultation Methodology

The consultation was aimed at any individual living in north central London area (Barnet, Camden, Enfield, Haringey and Islington), organisations operating in this area and bordering areas that had significant flows of patients into elective orthopaedic services in north central London. This included individuals that lived or received healthcare in the area. No postcode or area boundaries were applied to assess eligibility for responding to the consultation, so no one was excluded from participating. The consultation was planned to commence on 13 January 2020 and run for 12 weeks.

During the consultation planning phase a full stakeholder mapping exercise took place to identify the audience for the consultation. In addition, an Integrated Health Inequalities and Equalities Impact Assessment (IHIEIA) was commissioned, which identified specific segments of the community who could be disproportionately or differentially affected by the proposals. Additional focus was given to these groups.

This (IHIEIA) was a three-part assessment process to ensure any decisions made will advance equality and ensure fairness by removing barriers and engaging patients and the community.

Stage 1 was a desktop review, the output of which was a rapid scoping report⁹ which identified potentially impacted groups. It was used to inform pre-consultation engagement activities in the summer and autumn of 2018.

Stage 2 built on Stage 1; it was an initial IHIEIA the output of which was a report¹⁰ which looked explicitly at the impact of the proposed model of care and the proposed locations of services.

Stage 3 is a revised final IHIEIA, building on the previous two stages and reflecting the results of the public consultation.

⁹ <https://www.northlondonpartners.org.uk/downloads/plans/Adult-elective-orthopaedic-review/End%20of%20engagement%20papers/North%20London%20Partners%20EIA%20scoping%20for%20engagement%20Final.pdf>

¹⁰ <https://conversation.northlondonpartners.org.uk/wp-content/uploads/2020/01/Verve-NLP-POSA-HIEIA-REPORT-DEC19-1.pdf>

Respondents were able to participate in the consultation in a range of ways and responses via all these channels have been considered equally in the reporting of findings in this document. The feedback mechanisms offered were:

- By answering questions in a structured questionnaire
- Meetings organised by NLP team with stakeholder groups
- Meetings organised by NLP team with specific equalities groups
- Deliberative events (round-table discussions)
- Outreach sessions in the community such as information stands in public buildings
- Individual telephone interviews (transgender, carers, BAME)
- By calling a dedicated phone line for feedback
- Written responses by freepost or email
- Social media responses were also monitored.

Due to COVID-19, from 10 March until the close of the consultation, the feedback channels available were adjusted. A contingency response plan was developed offering opportunities to residents and other stakeholders to respond to the public consultation in ways that respected social distancing guidelines:

- Dedicated phone line for feedback
- By answering questions in a structured questionnaire
- Providing written feedback
- Individual phone interviews

Specific audiences that required further targeted work were also identified as follows and additional action was planned. This focused on reaching groups who were under-represented in the responses received by 10 March. The groups targeted were:

- BAME groups
- Those living in the borough of Haringey

A number of telephone interviews took place to capture the views of these groups, which participants drawn from a the NCL Residents Health Panel – a group of around 800 local residents who had previously expressed an interest in contributing to the development of local health and care services.

3.1 Provision of Information about the Consultation Proposals

The Consultation Document and Questionnaire

The consultation documents, questionnaire and all supporting documentation were available on North London Partners in health and care website at

https://www.northlondonpartners.org.uk/orth_consultation

To ensure that all residents and all stakeholders could have access to this information the summary on the consultation document was available in different accessible formats:

- Easy Read
- Large Print
- British Sign Language
- Five most spoken languages, other than English, in NCL (Turkish, Greek, Bengali, Polish, Somali).

Other versions of the document in different formats and languages were available on request.

Information was made available via a diverse range of channels and various activities were undertaken by the NPL team and partners to advertise the consultation and encourage people to respond (see promotion of the consultation).

The Consultation Website

The consultation website was the main information hub for the consultation and offered access to all of the information required for residents to participate in the consultation. The website was a clearly signposted sub-section of the North London Partners NCL Residents' Health Panel website. The site offered access to:

- Full and summary consultation documents
- A short animated film
- All accessible and alternative formats
- A link to the online questionnaire
- All background information including impact assessments, pre-consultation business case (PCBC) and other supporting documents.

3.2 Promotion of the Consultation

The consultation was promoted in a number of different ways to ensure a wide reach. These were both on and offline methods.

Distribution of Materials

The consultation document, summary, easy read and large print versions and the questionnaires were distributed to the five Clinical Commissioning Groups, NHS Provider Trusts and five Healthwatch organisations across north central London. Each displayed these materials within the outpatient clinics, GP practices, hospital reception areas and distributed to their networks. Documents were used at outreach events in the community. Posters were also offered and displayed where space allowed. Each acute hospital site displayed a pop-up banner in targeted clinics or main entrances.

Promotion on Partner Websites

Partners across the system promoted the consultation on their websites. Each of these individual sites receives high-volumes of traffic, and in the majority of cases the consultation had prominence on the home pages and news pages.

- North London Partners in health and care [websites](#)
- Barnet Clinical Commissioning Group [website](#)
- Camden Clinical Commissioning Group [website](#)
- Enfield Clinical Commissioning Group [website](#)
- Haringey Clinical Commissioning Group [website](#)
- Islington CCG [website](#) CCG
- University College London Hospital [website](#)
- Royal Free Group [website](#)
- North Middlesex Hospital [website](#)
- Royal National Orthopaedic Hospital [website](#)
- Whittington Health [website](#)
- Websites of the five NCL Healthwatch organisations
- Websites of a number of voluntary sector partners

Social Media Promotion

Facebook and Twitter were used to promote the consultation, with the aim of either promoting events or driving traffic to the consultation website. North London Partners posted on their site and used their Twitter account to introduce messages that were then broadcast by partners. NLP also provided partners with a full social media toolkit.

Promotion in Printed Materials and Newsletters

Each of the consultation partners (see the list of websites above) publish regular newsletters for staff, supporters and visitors. The consultation was promoted in the publications of all partners throughout the consultation period.

Promotion in the Media

News stories about the consultation appeared in a number of publications, in print and online. This brought the consultation to the attention of a wider audience. This included:

- Camden New Journal (24 Jan 2020)
- Islington Tribune (24 Jan 2020)
- Health Service Journal (4 Feb 2020)

Facebook Advertising Campaign

A one-week Facebook advertising campaign was delivered, from 14 – 21 February, with the aim of promoting the consultation events. The results of this campaign were:

- 10,848 people received the advert on their Facebook pages
- 158 people clicked on or engaged with the advert

Email Promotion

Email campaigns were used to target specific groups and invite them to feedback on the consultation proposals:

- Emails with consultation documents and all the information were sent to over 100 community and voluntary sector organisations and community groups in the five boroughs
- Emails with links to the consultation documents and questionnaire were sent to 1193 community and voluntary sector organisations and community groups who offer services to residents within north central London
- Emails with information, consultation documents and link to the questionnaire were sent to NCL Residents' Health Panel (800 members).

Formal Responses from Stakeholder Groups and Organisations

Voluntary sector organisations, Healthwatch organisations, Royal Colleges and other relevant statutory and professional bodies were invited to give feedback on the proposals via the questionnaire or in writing.

3.3 Capturing Feedback

Feedback Mechanisms: Consultation Questionnaire

The consultation questionnaire was offered as one of the main routes by which participants could give feedback. The NLP team worked closely with the consultation planning group which included CCGs, NHS provider Trusts communication and engagement staff, residents, and Healthwatch representatives to design the consultation questionnaire. The questionnaire was also used as the basis for structured discussions in face-to-face channels.

The Consultation Institute¹¹ provided assurance throughout the design process to ensure that the questionnaire met good-practice guidelines.

It was essential that the questionnaire met the following requirements:

- Relevant to the consultation topic
- Objective – in that it was open to all response to proposals

¹¹ A not-for-profit best-practice Institute, promoting high-quality public and stakeholder consultation in the public, private and voluntary sectors. www.consultationinstitute.org.

- Written in plain English so that lay people could clearly understand the questions and were able to provide a clear and informed response
- Unambiguous
- Quantitative and qualitative in nature.

The questionnaire was organised into the following sections:

- **Overall views on the proposal:** gathering level of support or opposition for the proposed changes within the planned orthopaedic services in north central London
- **Thoughts on how the proposal will have an impact on identified challenges that need to be addressed:** current inconsistencies in the services received, long waiting times, cancellations and increased demand for planned orthopaedic surgery, encouraging the respondents to include their thoughts on other ways the challenges could be addressed
- **Thoughts on the impact that the proposal could have on patients regarding travel for accessing planned orthopaedic surgical care**
- **Gathering the preferred ways to give and receive information about orthopaedic care throughout the care pathway:** e.g. results of tests, appointment information, patient education and follow-up
- **Thoughts regarding the most important things that the new proposed ‘care coordinator’ could do:** to ensure that all patients, especially those with additional needs (such as dementia, autism, mobility needs or learning disabilities) are supported throughout their care
- **Suggestions on how the proposal can be changed and improved**
- **Other comments, suggestions or other alternative proposals:** for how the services could be organised in the future.

The questionnaire also contained a series of demographic questions to be used in analysis, to gain a richer understanding of the responses given. These included which hospital respondents considered to be their local hospital, the first half of the postcode and the first number of the second part, age group, gender, disability, ethnic group, religion or belief and sexual orientation.

As well as being available online, in order to obtain as many responses as possible, the questionnaire was also sent directly to a research panel, NCL Residents' Health Panel of 800 respondents living in north central London.

The questionnaire was offered in a printed format that could be returned to Participate, using a Freepost address. It was also available online and could be accessed via a desktop computer or smartphone. The questionnaire had been carefully designed so that it was easy to complete on mobile devices, as this is increasingly the preferred online mode.

Written Responses: Post, Freepost or Email

Consultation channels and documentation invited residents to give free-text feedback without using the consultation questionnaire, by writing their response in a letter or email. They could do this as an individual or on behalf of an organisation (they were asked to state the name of the organisation in their correspondence).

Feedback Mechanisms: at Events

Feedback was captured at all consultation events using a structured template, based on the same themes as explored in the questionnaire. In most cases, events were attended by two members of the consultation team, with one person facilitating the discussion and the other making detailed notes of the feedback received. In a minority of cases, (where attendance numbers were known to be low, or resources did not allow) a single team member attended. In these instances, notes were written-up both during and immediately after the event. In all cases, the notes were checked by another member of the team to ensure clarity and accuracy.

Feedback Mechanisms: on the Telephone

The telephone was offered as a feedback mechanism for those who could not attend events but wanted to give feedback verbally. The main route for this was via a Freephone number. Call handlers received these calls and noted any comments given. Where a more detailed conversation was required, a member of the programme team called the respondent back and notes were made on the meeting notes template that was used at events (see above).

3.4 Opportunities to Engage

A number of opportunities to directly engage with the consultation team, were offered or proactively initiated. Working with all stakeholders, it was planned that 110 face-to-face opportunities over the 12 week public consultation period would be conducted.

- Six deliberate events – open for attendance to all stakeholders and residents across NCL
- 86 meetings with stakeholder groups, of which 80 were focused on residents with protected characteristics. These characteristics were identified from the stage 2 equalities impact assessment, based on the Equality Act 2010, plus some additional groups of specific local focus e.g. age, gender and disability groups
- 18 outreach sessions with information stands at NHS Trusts, libraries, community events and community centres.

In the final weeks of the consultation (after 17 March), a number of events that had been scheduled had to be cancelled in response to the Covid-19 outbreak. These are highlighted in the relevant sections on the following pages. As a result of the cancellations, the final number of face-to-face opportunities was:

- Three deliberative events
- 66 meetings with stakeholder groups
- 12 outreach sessions with information stand took place at: NHS Trusts, libraries, community events, community centres.

In place of the cancelled events NLP carried out telephone interviews with targeted groups, worked with local Healthwatch and third-sector groups to promote the final opportunity to participate and invited feedback online, in writing and verbally on the telephone.

Meetings Organised by NLP Team with Stakeholder Groups

North London Partners in health and care worked with over 100 voluntary and community stakeholder groups and other stakeholders in north central London and in the surrounding areas (e.g. North West London, North East London and Hertfordshire), ensuring that the consultation reached groups that had been

identified through the Integrated Health Inequalities and Equalities Impact Assessment.

These included groups of older residents, individuals with a physical or learning disability, mental health service users, members of the Lesbian, Bisexual, Gay and Transgender community, and residents from a range of ethnic backgrounds (e.g. Turkish, BAME), residents living in economic deprivation and carers.

In total, 66 meetings (at which there were 1205 attendees) took place. A further 20 sessions were planned that had to be cancelled due to the Covid-19 outbreak.

Deliberative Events

Five deliberative events were planned – one in each borough. In addition to this, North Middlesex University Hospital NHS Trust held their own deliberative event.

The purpose of these events was to provide a brief summary of the case for change, information about the proposed new service, facilitate open discussion about levels of support for the proposals and gather any concerns and ways in which the proposals could be improved or mitigations put in place for any disadvantages. Events were publicised widely and through partners. In total, 21 individuals attended these meetings.

Deliberative events were planned to take place towards the latter end of the consultation period, giving time for interest to build. Due to the Coronavirus Outbreak three of these events were cancelled.

3.5 Outreach Sessions in the Community – Information Stands

The NLP team and wider consultation planning team delivered 15 outreach sessions in the community during the consultation (community centre, leisure centres, and libraries) and in medical settings (hospitals, outpatients' clinics). The sessions offered the opportunity to residents, patients and staff to take part in the individual discussions, one-to-one or in small groups. These sessions helped to communicate with residents, give information and encourage them to respond to the consultation by filling out the questionnaire. A further eight sessions were planned that had to be cancelled due to the Covid-19 outbreak.

Outreach Sessions – Volunteer Questionnaire Completion

A number of organisations with access to volunteer groups supported questionnaire completion in targeted locations in the consultation catchment area. Volunteers undertook work at:

- Outpatient clinics at Whittington Hospital
- GP practices across Barnet
- Locations selected across Enfield, by Healthwatch Enfield.

For Whittington Health and Barnet GP practices, small teams of volunteers attended a training session delivered by the consultation team, in which they gained a greater understanding of the proposals and also some basic training in how to facilitate questionnaire completion.

Additional Targeted Work to Reach Under-Represented Equalities Groups

Opportunities for focussed feedback were designed for three groups identified by the Integrated Health Inequalities and Equalities Impact Assessment, as past experience has shown that these groups are particularly difficult to engage in consultation exercises.

At the beginning of the consultation, NLP commissioned Verve Communications to undertake telephone interviews with a number of carers, to ensure that the views of this particular group were captured, recognising that those with caring responsibilities may be unable to participate in the consultation by attending events or having the time to complete the consultation questionnaire. This feedback opportunity was promoted with all the voluntary and community sector organisations supporting carers across NCL.

At the mid-point of the consultation, responses were analysed to understand the reach of the consultation to-date. Two further groups were identified as requiring additional activity; transgender and BAME (specifically the Turkish community) members, and a number of actions were agreed:

- To reach the transgender community, the review team worked in partnership with Gendered Intelligence, an Islington-based transgender advocacy organisation; outreach work was undertaken to recruit community members to participate in telephone interviews.

- In addition to this, letters were sent to six transgender advocacy organisations, requesting a response on behalf of the communities.
- To increase responses from BAME communities (specifically the Turkish community) street interviews were commissioned, with a target of 50 questionnaire completions facilitated by trained on-street market researchers. These interviews were scheduled to take place w/c 16 April, but were suspended in light of government social-distancing guidance during the Covid-19 pandemic.
- To compensate for this, the Resident's Health Panel, a database of 800 local residents who have agreed to give their views on local services was used to identify 55 people within the target demographic groups. Of the 55 residents contacted, seven participated in in-depth telephone interviews.

3.6 Consultation Activity Re-Planning, During COVID – 19 Pandemic.

Due to the COVID-19 pandemic, a contingency plan and contingency activities were introduced. This plan was reviewed and agreed by the chair of the NCL Joint Health Overview and Scrutiny Committee. Within this contingency period, opportunities for residents and other stakeholders to respond to the public consultation were refocused to allow continued dialogue until the closing date, but ensure that all government guidance on social distancing was implemented. The consultation continued in the following ways:

- Dedicated phone line for feedback
- Questionnaire
- Written feedback
- Individual phone interviews

In the final phase of the consultation - weeks 10 to 12/13, additional communications activities were put in place. Including Healthwatch organisations used their networks to promote the end of the consultation.

In line with the Covid 19 contingency plan, work in this period remained discreet and was delivered through direct communication to groups and individuals, rather than using broadcast channels.

4. Approach to Analysis

The body of this report (Section 5-10) contains the detailed analysis and feedback from all responses received. All comments have been coded and the top 10 coded themes for each question are included in the report. Commissioners and partners have been provided with the full set of responses and coded themes for further consideration within the decision-making process.

PLEASE NOTE: Some respondents may have answered the formal consultation survey as well as giving feedback in another way, such as emailing a document or sending in a letter or feeding back in meetings, giving responses which mirror their survey response in some respects. Therefore, we have analysed the emailed documents, letters and meeting notes using the same process and have presented the data findings separately within this report.

Individual comments from letters, emails and open-ended questions within the survey, have been collated into key themes. These have been illustrated in terms of frequency with which a comment is made in the analysis. This enables the most frequent themes to emerge. Please note that comments may cover more than one theme, which is why the frequencies may total more than the number of responses in some cases.

It should also be noted that:

- Through cross tabulation of the data by postcode we have aimed to extract and analyse the findings by area, respondent type and deprivation. Links to the cross tabulation tables can be found in Section 6. Survey Data Feedback
- Themes have also been extracted by stakeholder groups and these are outlined in Section 8 of the report.

5. Potential Equality Impacts and Profiling Information

The following section sets out the findings in terms of potential equality impacts that can be derived from the consultation findings. It should be noted that many respondents could be categorised in terms of the protected characteristics outlined within the Equality Act 2010. Some will have multiple disabilities or characteristics. Therefore, the summary of findings section of this report highlights many of the themes that have emerged overall, which could have a disproportionate impact on people with protected characteristics such as age, gender and disability.

The aim of this section is to draw out any specific nuances that have emerged for certain groups that should be taken into account should the proposal to change planned orthopaedic care for adults be approved.

The following outlines themes that have been extracted when mentioned in open ended survey responses, in discussion group meetings or during other forms of response.

5.1 Age Related Findings

- Many service users are older people as orthopaedic conditions are often age-related. Therefore, it was suggested that there should not be an over-reliance on new technology
- Concerns were expressed that older people may find travelling further more difficult and painful
- It was felt that older people, people with disabilities and those with mobility issues may experience difficulty with steps on tube trains and buses that are not direct to the hospital
- There were concerns expressed around transport difficulties for older people, for example, knowing where services are and how to get to them. It was felt that specific communication with these service users and their carers/family members will be important if implementing any changes to the location of services.

5.2 Deprivation Related Findings

- Comments were made that there is a need to consider the impact of additional transport costs for those from low-income households
- It was suggested that the cost of parking or providing taxis for those on limited income should be considered. Free hospital transport was mentioned, but it was highlighted that it can be difficult to access and that the criteria was seen as restrictive.

5.3 Disability (Physical and Mental Health) Related Findings

- Supporting people with complex multiple conditions that require a joined-up approach, especially when it comes to treatment planning, was suggested
- It was stated that some people with physical disabilities and/or wheelchair users find bus services easier to access than the underground. Therefore, it was felt that these and other forms of transport should be included in accessing the proposed new centres
- It was stated that any building/facility should include accessibility in its design
- The provision of individual care plans for vulnerable people taking into account all their needs was highlighted, ensuring that they do not receive generic care plans.

5.4 Ethnicity Related Findings

- Language barriers were seen as an issue that may need to be addressed. It was stated that there are large black and minority ethnic populations in north London who do not have English as their first language e.g. Turkish.

5.5 Transgender Related Findings

- Some transgender representatives stated that transgender women undertaking surgery, do not want to disclose information about themselves and it can be a 'scary' experience for them
- It was stated that transgender service users can often feel more vulnerable and anxious in a hospital environment. It was felt that staff and volunteer understanding and awareness of this issue is important to help transgender service users, which would help them feel supported during their appointments and in navigating services

- It was suggested that staff should receive training to understand the inequalities that can be faced by transgender people and how this affects their needs
- It was felt that staff in administration departments may benefit from equality and diversity training in relation to appropriate and sensitive language, which could put transgender service users at ease.

5.6 Carer Related Findings

- Carers were generally positive and were willing to travel a little further for good care, especially if they could be assured that operations would not be cancelled
- Their concerns related to the amount of time they spend in outpatients for their own appointments, which can put them off attending, as they cannot always find help to look after their cared for person and it can be difficult to take them to appointments as they can become distressed
- Some carers were worried about having an operation as it would be difficult to find adequate alternative care when they are not available
- As most carers already travel between sites, they were less worried about visiting other hospitals as long as there was sufficient parking
- They acknowledged that some sites are easier than others to access by public transport depending on where a person lives
- They supported the role of Care Coordinator as long as they would be kept informed and involved.

5.7 Public Sector Equality Duty to Address Harassment, Discrimination, Victimisation or Prejudice

- NLP also explored the requirement to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act, advance equality of opportunity between people who share a protected characteristic and those who do not and foster good relations between people who share a protected characteristic and those who do not.

As part of the consultation exercise NLP positively sought the views of participants in face-to-face and telephone meetings by asking:

- Do you think there is anything about what we are proposing that will have a worsening effect on you or any other party with regards to harassment, discrimination, victimisation or prejudice?
- Can you think about any ways we could address this?
- Do you think there is anything about the proposals that will improve the current situation – and reduce harassment, discrimination, victimisation or prejudice?

The only response to these questions came in the interviews with transgender people, who said that the re-location of services might mean that transgender people would feel unsafe travelling to less central locations. Transgender people also felt that the NHS should offer more training and development opportunities to staff on transgender-awareness issue.

5.8 Respondent Profiling

Table 1 that follows demonstrates the demographic reach in terms of the survey undertaken, which shows a broad representation of profiles in response to the survey. It should be noted that the Survey Findings section of this report demonstrates that 26% of respondents are current or former service users.

Profiling Table

Table 1 – Profiles of respondents from demographic questions within the survey

Profiling Information	Total	Barnet	Camden	Enfield	Haringey	Islington	Outside NLP	Details not given
<u>Age</u>								
16 - 18	4	0	0	4	0	0	0	0
19 - 24	5	2	0	3	0	0	0	0
25 - 34	42	2	1	25	2	1	6	5
35 - 44	24	4	2	9	2	3	4	0
45 - 54	86	6	11	31	15	3	11	9
55 - 64	71	8	7	33	7	7	5	4
65 - 79	152	26	16	69	17	8	9	7
80+	26	5	2	10	1	2	6	0
Prefer not to say	25	0	0	17	1	0	0	7
Not answered	160	0	2	0	1	0	0	157
<u>Gender</u>								
Female	283	38	27	127	31	18	24	18
Male	121	14	10	59	13	6	15	4
Non-binary	2	0	0	1	1	0	0	0
In another way	2	0	0	1	0	0	0	1
Prefer not to say	27	1	2	13	1	0	2	8
Not answered	160	0	2	0	0	0	0	158

Profiling Information	Total	Barnet	Camden	Enfield	Haringey	Islington	Outside NLP	Details not given
<u>Gender Reassignment Is your gender identity the same as you were given at birth?</u>								
Yes	254	39	32	79	22	24	35	23
No	3	0	0	2	0	0	1	0
Prefer not to say	13	0	2	1	1	0	1	8
Not answered	325	14	7	119	23	0	4	158
<u>Do you consider yourself to have a disability or health condition?</u>								
Yes	100	12	7	37	12	9	14	9
No	306	40	29	150	33	15	25	14
Prefer not to say	28	1	3	13	1	0	1	9
Not answered	161	0	2	1	0	0	1	157
<u>Please indicate which option best describes your religion or belief:</u>								
No religion	129	17	16	55	23	9	8	1
Buddhist	5	0	0	1	1	1	2	0
Christian	138	9	8	84	10	5	13	9
Hindu	10	2	0	5	1	0	1	1
Jewish	24	6	2	10	2	0	4	0
Muslim	26	4	2	14	4	0	1	1
Sikh	0	0	0	0	0	0	0	0
Atheist	8	2	1	1	0	4	0	0
Any other religion	6	1	0	2	0	0	1	2
Prefer not to say	32	6	2	7	1	5	2	9
Not answered	217	6	10	22	4	0	9	166

Profiling Information	Total	Barnet	Camden	Enfield	Haringey	Islington	Outside NLP	Details not given
Please select what you consider your ethnic origin to be:								
White: Welsh/English/Scottish/Northern Irish/British	246	36	26	106	27	13	25	13
White: Irish	14	1	0	8	1	0	3	1
White: Gypsy or Irish Traveller	0	0	0	0	0	0	0	0
White: Any other white background	26	5	3	10	3	2	1	2
Mixed: White and Black Caribbean	9	0	1	4	2	1	1	0
Mixed: White and Black African	2	0	1	0	0	0	0	1
Mixed: White and Asian	5	0	1	1	1	2	0	0
Mixed: Any other mixed background	5	1	0	2	0	2	0	0
Asian/Asian British: Indian	16	3	1	5	2	1	1	3
Asian/Asian British: Pakistani	2	1	0	1	0	0	0	0
Asian/Asian British: Bangladeshi	3	0	0	2	1	0	0	0
Asian/Asian British: Any other Asian background	9	0	1	5	0	0	3	0
Black or Black British: Black - Caribbean	15	1	0	10	1	1	2	0
Black or Black British: Black - African	17	0	1	14	1	0	1	0
Black or Black British: Black - Any other Black background	6	0	0	6	0	0	0	0
Other ethnic background - Chinese	2	1	0	1	0	0	0	0
Other ethnic background - Any other ethnic group	17	0	1	11	4	0	0	1
Prefer not to say	38	3	3	15	2	2	3	10
Not answered	163	1	2	0	1	0	1	158

Profiling Information	Total	Barnet	Camden	Enfield	Haringey	Islington	Outside NLP	Details not given
Please indicate the option which best describes your sexual orientation:								
Heterosexual	299	30	26	157	19	16	31	20
Gay	7	1	1	2	0	1	2	0
Lesbian	4	1	0	1	0	0	1	1
Bisexual	3	1	1	0	1	0	0	0
Other	9	2	2	2	1	1	1	0
Prefer not to say	41	4	3	13	2	6	3	10
Not answered	232	14	8	26	23	0	3	158
Base	595	53	41	201	46	24	41	189

6. Survey Data Feedback

The following section sets out the analysis of the survey data collated from the ‘proposed changes to planned orthopaedic care for adults’ consultation survey. Some questions illustrate the top ten themes from open ended questions, all comments have been reviewed by commissioners and are available for further viewing on request.

The cross tabulations for each closed question by borough, respondent type and deprivation can be viewed using the following links:

Questions by Borough: <https://conversation.northlondonpartners.org.uk/wp-content/uploads/2020/08/NLP-ORTH-Consultation-FINAL-Master-with-formulas-Borough.xls>

Questions by Respondent Type: <https://conversation.northlondonpartners.org.uk/wp-content/uploads/2020/08/NLP-ORTH-Consultation-FINAL-Master-with-formulas-Respondent-Type.xls>

Questions by Deprivation: <https://conversation.northlondonpartners.org.uk/wp-content/uploads/2020/08/NLP-ORTH-Consultation-FINAL-Master-with-formulas-Deprivation.xls>

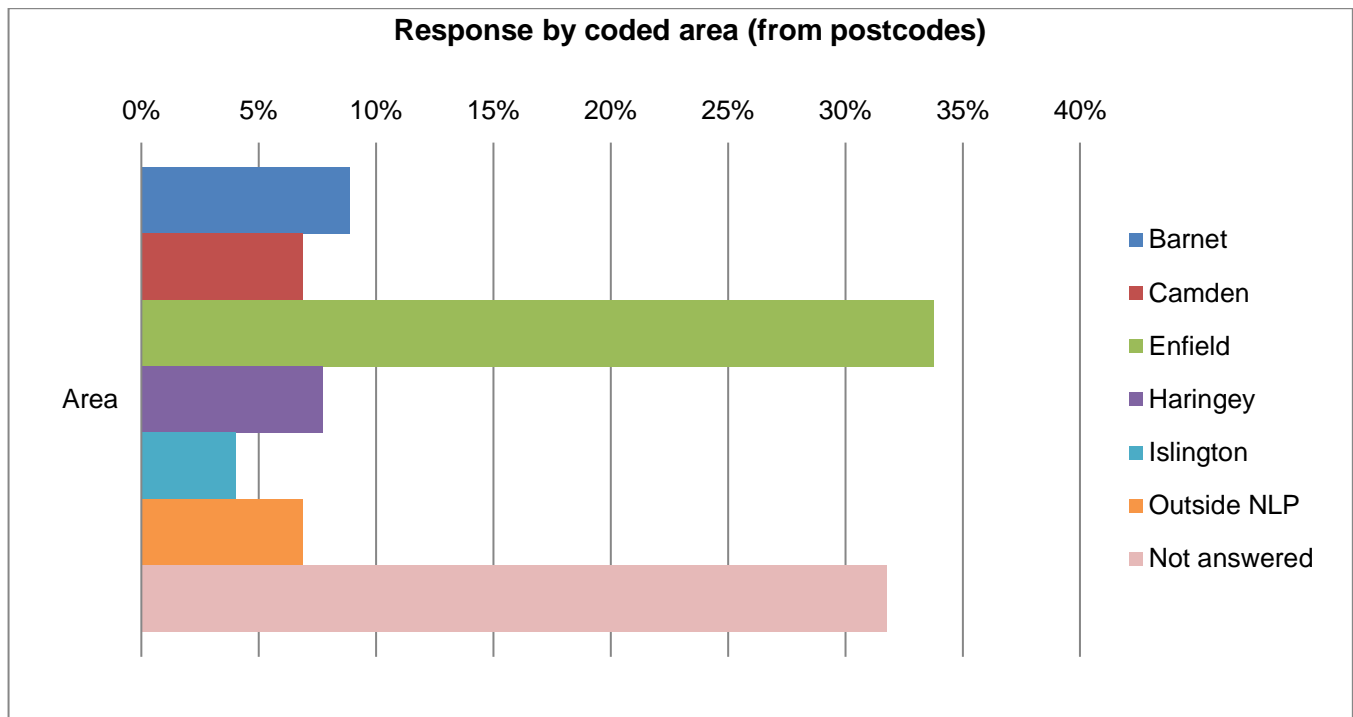
6.1 Cross Tabulation by Borough

In total there were 595 responses to the survey.

These have been sub-split into areas;

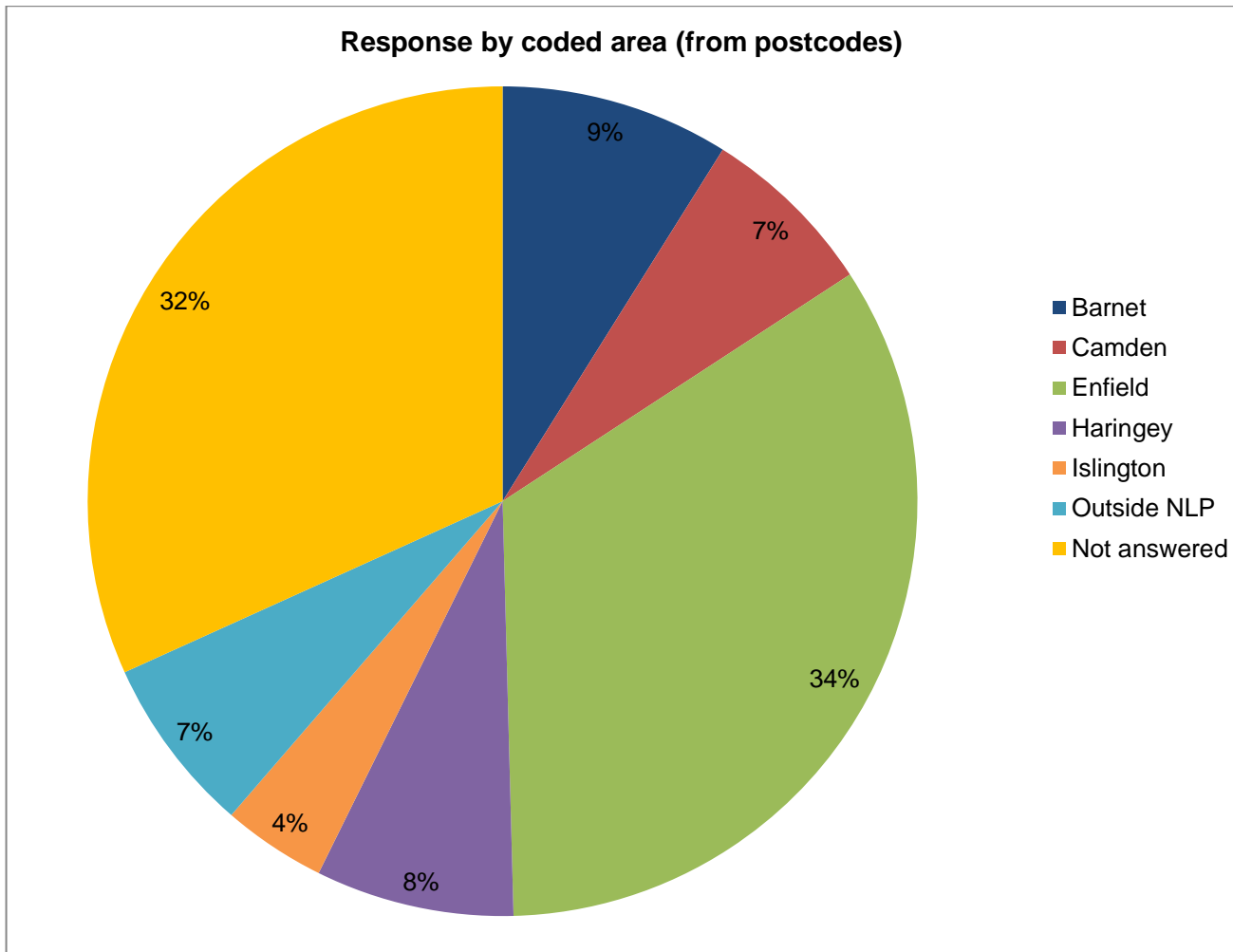
- Barnet = 53 responses
- Camden = 41 responses
- Enfield = 201 responses
- Haringey = 46 responses
- Islington = 24 responses
- Outside NLP = 41 responses
- Not answered = 189 responses

Chart 1 – Response by coded areas from postcodes actual numbers



Base: 595 responses

Chart 2 – Response by coded areas from postcodes by percentage



PLEASE NOTE – the areas have been identified by clustering the first half of the postcodes supplied. Q14 of the survey provided the postcode data and therefore, the summary table of these postcodes is not included within this section of the report.

A well distributed sample of responses was received from all five London boroughs (grouped from postcodes) and from outside of London, although there was a higher rate of response from the Enfield area due to the submission of survey responses from Healthwatch Enfield. Clustering by postcode enables further investigation of the survey data by geographical differences.

6.2 Respondent Type

Q1. In what capacity are you responding to this survey?

Table 2 – Response by type of responder

Q1. In what capacity are you responding to this survey?	
Type of respondent	Total
Current or former patient/service user	26.5%
Carer/family member of a service user	9.2%
Member of the public	45.8%
Voluntary organisation/charity	1.7%
Staff who provide planned orthopaedic services	3.2%
Health or care professional / member of NHS staff	6.4%
NHS Trust or provider organisation	1.1%
Private provider organisation	0.2%
NHS commissioner	0.6%
Trade union or professional body	0.4%
Other public body/stakeholder/political representative	1.7%
Prefer not to say	3.4%
Not answered	10.4%

Base = 533

Table 2 demonstrates that responses were received from a wide number of respondent types with the majority of the responses being from the public and current/former service users.

- Members of the public made up the largest group of respondents at 45.8% (244), followed by 26.5% (141) of the responses coming from current or former patient / service users.
- Carers or family members at 9.2% (49) and Health or care professional/member of NHS staff at 6.4% (34) were the next largest groups of representation.

Q2. If you are responding as a representative of an organisation, please state the organisation name.

Table 3 – Responses from teams, groups or organisations

Q2. If you are responding as a representative of an organisation, please state the organisation name	
Organisation name	Responses
Age UK Islington	4
British Orthopaedic Association	2
Priscilla Wakefield House Nursing Home	2
Whittington Hospital	2
Bank Partners	1
Barnet Mencap	1
CPPEG Member	1
Enfield Borough Over 50s Forum	1
GIRFT - London hub	1
HCT Community Care Trust	1
Healthwatch	1
Healthwatch Barnet	1
JAB	1
Local Councillor	1
Medicus Health Partners	1
Member of Older Women's Co-Housing Project Barnet	1
My GP & Chase Farm hospital	1
Older Peoples Reference Group	1
Older Women's Cohousing (Barnet)	1
PAB	1
Royal Free NHS Trust	1
Turkish Cypriot Women's Project	1
UCLH	1
Whittington	1

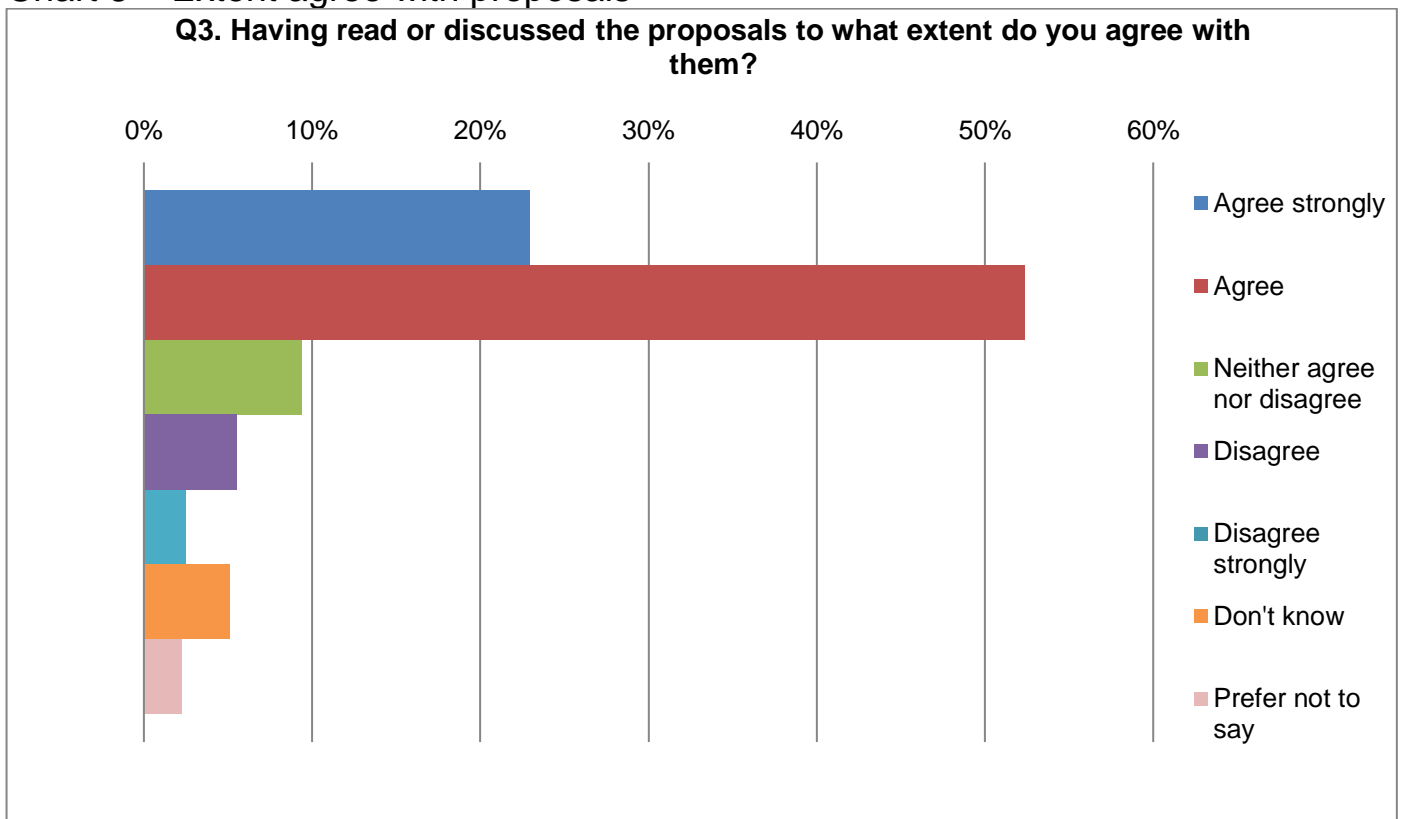
Base = 30

- 30 (5%) out of the 595 survey responses received were from those representing a group, organisation or team.
- A wide range of teams, groups and organisations responded. Many were health related, had close links with hospitals or were charities related to orthopaedic care.

6.3 Extent of Agreement with Proposals

Q3. Having read or discussed the proposals to what extent do you agree with them?

Chart 3 – Extent agree with proposals



Base = 489

- Three quarters (75%) of respondents were in agreement (strongly agree 23% and agree 52%) with the proposals with only 8% in disagreement (disagree 6% and strongly disagree 2%). 14% either had no view (neither agree or disagree) or did not know.
 - There was little variance in levels of agreement by respondent type¹² when the data was cross tabulated, meaning that no conclusions could be drawn other than there were marginally lower levels of agreement from health professionals/NHS staff and disabled respondents

¹² Respondent type refers to the capacity in which the individual responded to the consultation survey e.g. staff, service user, etc. 6.Survey Data Feedback – Table 2

- A lower level of respondents who stated they were disabled were in agreement (68% of disabled respondents agreed compared to 81% of non-disabled respondents)
- Chase Farm users had the highest agreement level, with Barnet Hospital users also demonstrating high agreement levels
- Whittington Health and Royal Free users demonstrated the highest levels of overall disagreement (22% of Whittington and Royal Free respondents disagree compared to 8% disagreement overall)
- Respondents from deprived areas demonstrated slightly higher levels of agreement with the proposals.

Q3a. Please use this box to expand upon your answer to Q3.

Table 4 – Top 10 coded themes for agreement/disagreement with the proposals

Q3a. Agree or disagree with proposals - Coded Themes	Frequency
Agree that the changes make sense	125
Should provide faster service / reduce waiting times	60
Better patient care	46
Will deliver a more streamlined service / continuity / team working	39
Should reduce cancellations	37
Concentrating elective operations on a limited number of sites, and especially at Chase Farm which has no ED, is the right option for patients	35
Patients will have to travel further	33
Should create economies of scale	31
Will create a better patient experience	30
Transport issues need to be resolved first	28
Need more information first	23

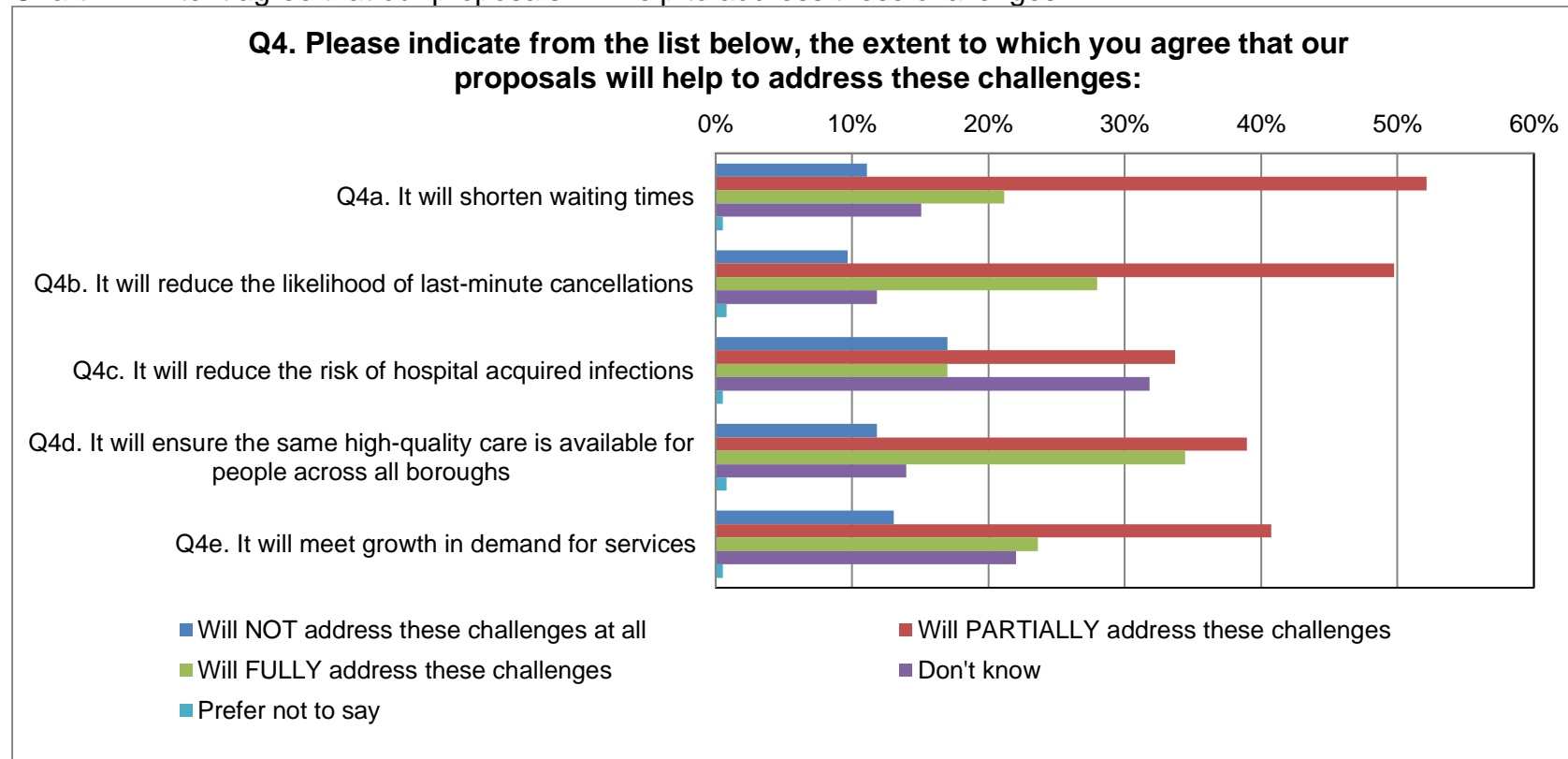
Base = 271

- Most of the comments made were positive, agreeing that the changes would make sense and improve care.
- Positive comments mainly focused upon service improvement, delivery, speed and additional capacity for future growth.
- Comments relating to disagreement focused on transport issues, distance to travel and the potential impacts on specific groups (people from deprived areas and staff). Although, when cross tabulating the data by respondents who live in deprived areas, they were less concerned about travel.
- Some comments related to the requirement for further understanding of the proposals and requests for clarification around certain aspects. This was evidenced by some respondents stating the proposals would reduce patient choice, while others stated they would improve patient choice - thus showing some overall confusion.
- Carer/family members of a service user, current or former patient/service users and members of the public stated that patients will have to travel further.
- Additional travel was a greater concern for Islington, Barnet and Camden residents, but of less concern to Enfield and Haringey residents.

6.4 Challenges

Q4. In our proposals, we explain the challenges we need to address. These challenges include: current inconsistencies in the services received; long waiting times; cancellations and; increased demand for planned orthopaedic surgery. Please indicate from the list below, the extent to which you agree that our proposals will help to address these challenges.

Chart 4 – Extent agree that our proposals will help to address these challenges



Base Q4a = 378, Q4b = 372, Q4c = 377, Q4d = 372, Q4e = 368

- Most commonly the respondents felt that that proposals would partially meet the challenges faced, with a particular focus on the challenges of shortening waiting times and reducing the likelihood of last-minute cancellations.
- Overall, 21% of respondents opted that the proposals would **fully** address the challenge of shortening waiting times, with 52% stating it would **partially** address this challenge and 11% stating it would not address this challenge
 - The majority of Islington and Camden residents thought it would partially address this challenge with very few stating it would not
 - There was a higher level of uncertainty (Don't know) for current or former patient/service users and carer/family member of a service user.
- Overall, 28% of respondents opted that the proposals would **fully** address the challenge of reducing the likelihood of last-minute cancellations, with 50% stating it would **partially** address this challenge and 10% stating it would not address this challenge.
 - Islington residents were more positive that it would fully address this challenge with Haringey residents more questioning
 - Carer/family members were less positive that it would fully address this challenge.
- Overall, 17% of respondents opted that the proposals would **fully** address the challenge of reducing the risk of hospital acquired infections, with 34% stating it would **partially** address this issue, 17% stating it would **not** address this issue and 32% did not know
 - A lower level of Haringey residents thought it would fully address this challenge
 - A lower level of Barnet residents stated that it will not address this challenge at all
 - A higher proportion of carer/family member thought hospital acquired infections would not be addressed.
- Overall, 34% of respondents opted that the proposals would **fully** address the challenge of ensuring the same high-quality care is available for people across all boroughs, with 39% stating it would **partially** address this issue and 12% stating it would not address this issue.
 - Islington residents were more positive that the proposals would partially address this challenge
 - More members of the public felt this challenge would be fully addressed, but fewer Carer/family member of a service user stated it would be.

- Overall, 24% of respondents opted that the proposals would **fully** address the challenge of meeting growth in demand for services, with 41% stating it would **partially** address this issue and 13% stating it would not address this issue
 - Islington and Haringey residents were less positive that it will fully address this challenge with Barnet residents being more positive
 - No Islington residents or Barnet residents and few Camden residents stated that it will not address this challenge at all.

Q4a. Please use this box to expand upon our answers to Q4, stating which areas you are particularly concerned about. If you thought that the proposals would not address the challenges, please tell us your thoughts on other ways these challenges could be addressed.

Table 5 – Top 10 coded themes for how our proposals will address these challenges

Q4a. Challenges Related to Proposals - Coded Themes	Frequency
Don't know how these changes will be effective	56
Will address some but not all issues	45
Concerned that there is insufficient capacity to meet future need	42
If sufficient surgeons / nurse / staff are available	33
Will not improve waiting times for orthopaedic surgery	27
Don't think it will reduce risk of infection	26
NHS is underfunded	18
Will not by themselves reduce waiting times	17
Would adversely affect elderly and vulnerable who would have to travel / travel issues	15
Will never fully fix everything	14
You need to explain how the current system works / more information	14

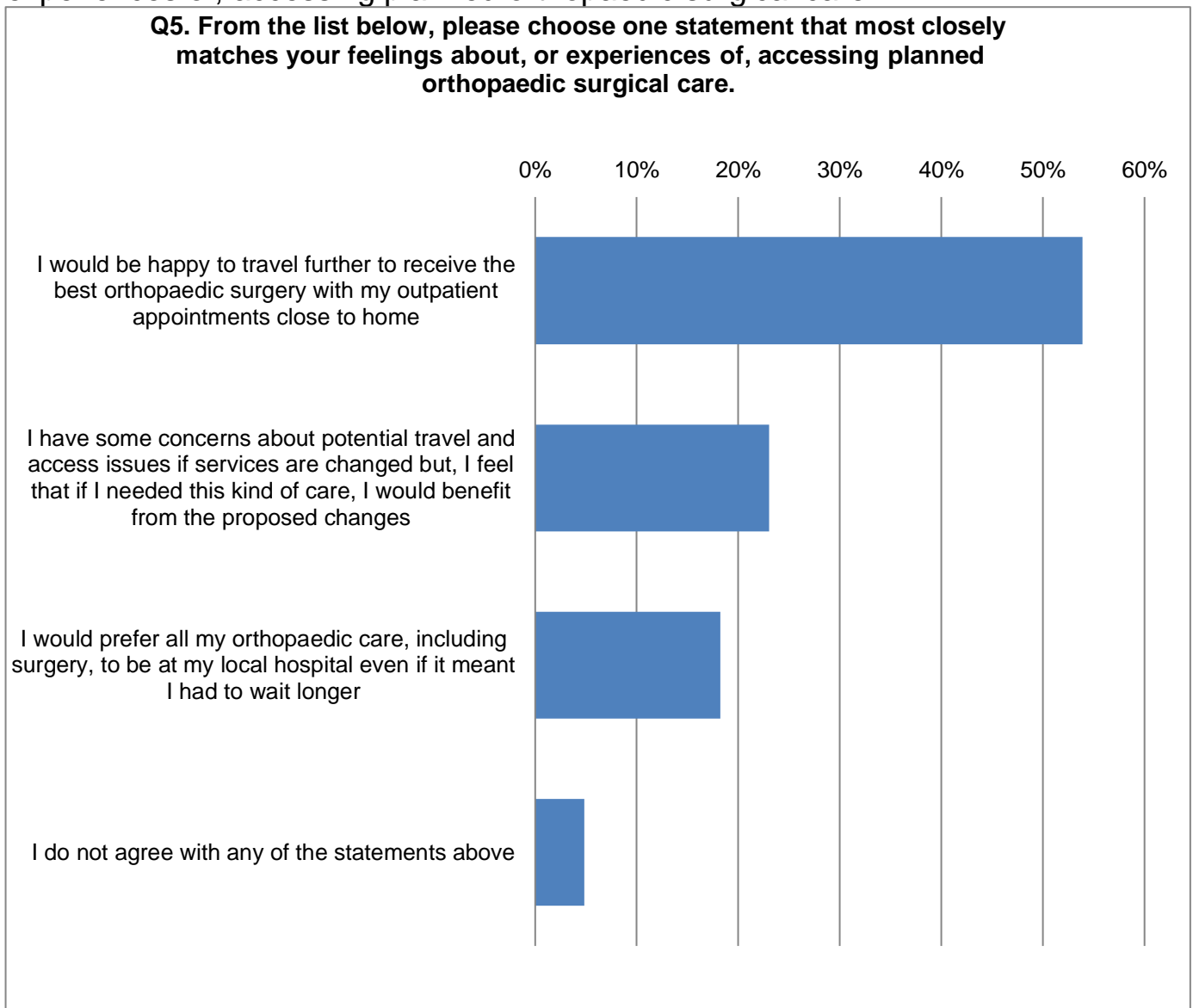
Base = 180

- A high level of comments related to the uncertainty as to whether these changes would be effective or how they would make a difference.
- Some were concerned as to how future demand could be satisfied with concerns that staff and resources were just being moved around, without additional capacity being added to what was seen as an underfunded service
- There were concerns around the risk of hospital acquired infections.
- Concerns were raised about the impact physically and economically on elderly and vulnerable patients having to travel further.

6.5 Access to Planned Orthopaedic Surgical Care

Q5. When health services move, getting to appointments can be easier for some or more difficult for others. Please choose one statement that most closely matches your feelings about, or experiences of, accessing planned orthopaedic surgical care.

Chart 5 – One statement that most closely matches your feelings about, or experiences of, accessing planned orthopaedic surgical care



Base = 412

- Overall, most respondents would be happy to travel further to receive the best care with some having concerns about travel, but they felt they would benefit in the long run.
- 54% would be happy to travel further to receive the best orthopaedic surgery with outpatient appointments close to home.
- 23% would have concerns about potential travel and access issues if services are changed, but felt that if they needed this kind of care, they would benefit from the proposed changes.
- 18% would prefer all their orthopaedic care, including surgery, to be at their local hospital even if it meant they had to wait longer.
- 5% do not agree with any of these statements.
- The cross tabulation of the options chosen by respondent type¹³ and locality showed little variance, meaning no meaningful conclusions could be drawn.

¹³ Respondent type refers to the capacity in which the individual responded to the consultation survey e.g. staff, service user, etc. 6.Survey Data Feedback – Table 2

Q5a. Please explain your answer to Q5.

Table 6 – Top 10 coded themes for ease of getting to appointments

Q5a. Ease of Getting to Appointments - Coded Themes	Frequency
Happy / used to travel / for better service	108
Travel concerns	81
Priority is to get speedy surgery when needed	50
Travel for deprived areas and vulnerable people	46
Prefer my local hospital for convenience	42
Need new shuttle bus / bus routes / transport in place	31
Outpatients appointments need to be nearer home	17
Will it be the best quality service	14
Travel costs are prohibitive	13
Travelling in London is not too difficult	12

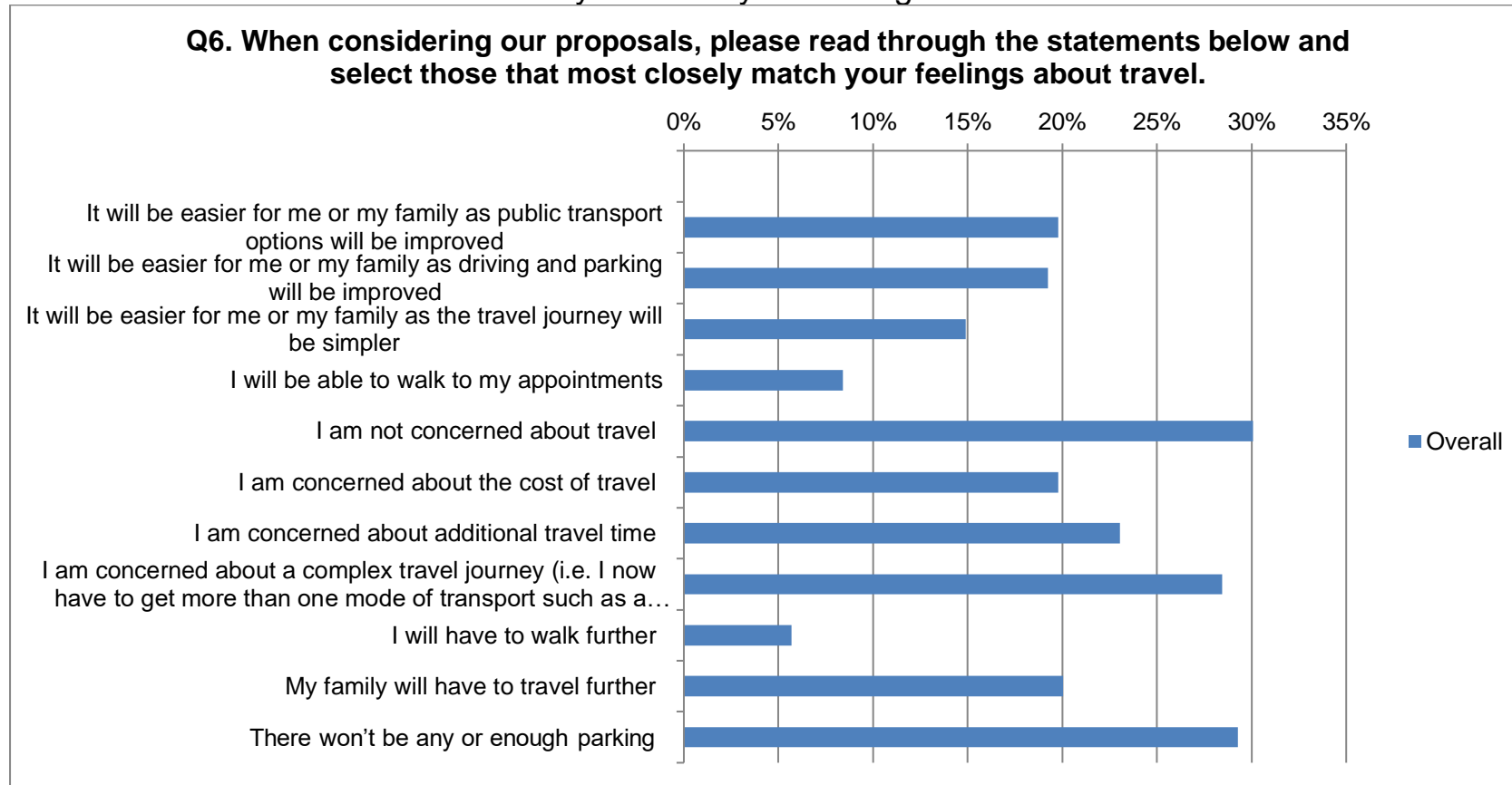
Base = 225

- Nearly half of these comments related to being happy with the need to travel for improved services with just under a quarter highlighting the benefit of speedy surgery when needed.
- There were a number of comments relating to travel difficulty with some also stating the effect upon elderly and vulnerable groups.
- It is worth noting that a number of these comments relate to difficulties that they feel will affect other people rather than commenting on their own difficulties.
- Other travel issues mentioned included:
 - The need for shuttle buses in between hospital sites
 - Ensuring effective transport solutions are in place taking into account bus routes
 - Taking into account the potential for increased travel costs for some
 - Considering the journey home and support needed post-operation for frail, elderly patients and those with dementia
 - Ensuring adequate parking and drop-off points.

6.6 Travel

Q6. When considering our proposals, please read through the statements below and select those that most closely match your feelings about travel.

Chart 6 – Statements that most closely matches your feelings about travel



Base = 369

Table 7 – Statements that most closely matches your feelings about travel – By Borough and Deprived

Question	Overall	Borough							By Deprivation		
		Barnet	Camden	Enfield	Haringey	Islington	Outside NLP	Not answered	Deprived	Not Deprived	Not known
It will be easier for me or my family as public transport options will be improved	20%	22%	18%	24%	16%	5%	13%	17%	16%	25%	25%
It will be easier for me or my family as driving and parking will be improved	19%	18%	6%	25%	3%	10%	29%	9%	16%	25%	25%
It will be easier for me or my family as the travel journey will be simpler	15%	11%	12%	18%	10%	10%	18%	9%	16%	12%	15%
I will be able to walk to my appointments	8%	16%	15%	7%	3%	10%	3%	9%	8%	11%	9%
I am not concerned about travel	30%	29%	35%	29%	32%	40%	37%	13%	32%	26%	28%
I am concerned about the cost of travel	20%	9%	26%	19%	10%	40%	18%	35%	21%	12%	22%
I am concerned about additional travel time	23%	22%	29%	20%	26%	25%	21%	39%	24%	18%	25%
I am concerned about a complex travel journey (i.e. I now have to get more than one mode of transport such as a bus and taxi, I have to get two buses etc)	28%	24%	24%	26%	35%	55%	18%	48%	30%	20%	30%
I will have to walk further	6%	4%	6%	4%	6%	20%	5%	9%	6%	5%	5%
My family will have to travel further	20%	27%	26%	16%	26%	10%	18%	35%	19%	20%	23%
There won't be any or enough parking	29%	31%	9%	31%	39%	30%	21%	39%	26%	32%	35%
Not answered	38%	15%	17%	11%	33%	17%	7%	88%	18%	6%	68%
Base	369	45	34	178	31	20	38	23	225	65	79

Base = 369

- It should be noted that respondents could tick all options that applied, meaning that the totals exceed 100% (for example 'I am not concerned about travel' was ticked 111 times out of a base of 369, giving a total of 30%).
- Overall, just under a third of respondents were not concerned about travel, with around 20% feeling it could be easier as public transport options will be improved or it would be easier to drive and park. Equally, around a third of respondents were also concerned about potentially having to undertake a more complex journey and had concerns about adequate levels of parking. Cost of travel, travelling further and additional travel time were also chosen by around 20% of respondents.
- There was little significant variance by locality, however, we can draw the following conclusions from the data:
 - Respondents from the Islington area were less likely to feel that public transport options would be improved
 - Respondents from Camden were less likely to feel that driving or parking would be improved, whereas people from outside of the area and from Enfield felt it would be more of a potential benefit in terms of driving and parking
 - Walking to appointments was chosen the least by respondents from Haringey and outside of the area, inferring they would feel that the proposal would make walking impractical (due to their locality)
 - More respondents from the Camden and Islington areas were concerned about the cost of travel
 - Respondents from Islington were more concerned about a more complex journey and walking further.

Q6a. Please explain your answer/s to Q6. If you have specific concerns about travel, please tell us your thoughts on how we might be able to help you should the changes be implemented in the future.

Table 8 – Top 10 coded themes for concerns about travel

Q6a. Concerns About Travel - Coded Themes	Frequency
Will have travel implications for some people	53
As long as there is guaranteed (free or cheap) parking or drop off point	39
Travel is not an issue for me	38
Travel for deprived areas and vulnerable people	34
Better bus service / public transport required / speak to TfL	34
Will cost me too much in travel / taxi fees	20
Chase Farm is not very accessible / by public transport	19
Patient transport home after surgery may be required	18
Journeys by public transport may not be feasible after surgery	16
Travel time and distance need to be considered	16

Base = 140

- Travel issues focused on the difficulty for some groups to travel further due to their health condition or cost.
- Parking or a drop off area were seen as important, especially following surgery when travelling by public transport or walking a long distance to a vehicle were identified as unsatisfactory.
- A better bus service was considered necessary and some thought that consulting with Transport for London should be happening before any service changes to ensure it is in place ready.
- Chase Farm Hospital was specifically identified as a difficult place to get to and with poor public transport links.
- There was a polarisation between those who were prepared to travel for the best treatment and those who wished to be seen at their local hospital.
- A higher proportion of responses were received from deprived areas about travel, however, there was no real variance in their responses to the overall shown other than they were marginally lower on feeling there were any travel implications.
- Comments relating to specific bus services or hospitals were made:
 - Chase Farm can be seen as difficult to get to by bus/public transport. It was felt that a direct bus service between Oakwood underground station and Chase Farm Hospital would be needed

- It was stated that the W8 bus has only recently routed to Chase Farm Hospital and it now goes to the building
- It was stated that most people can access Chase Farm, Barnet Hospital and North Middlesex in one bus journey
- As many hospital visits are undertaken by patients that cannot walk very well or get to a bus, it was felt that should be considered
- There were statements that UCLH is not on a direct bus route to them – one comment stated that a Tube and bus journey would take up to 1.5 hours depending on traffic and bus availability as they would need to change bus or tube
- It was stated by some that as there is no step-free Tube access at stations around UCLH and Chase Farm, some would struggle if their mobility was impaired and would need to use expensive taxis instead
- There were concerns about affording travel to and from Chase Farm, with the added complications of potentially getting the Tube, then a bus and then a shuttle (depending on the starting point)
- Concerns around long waits for hospital transport were mentioned
- It was felt by some that friends and family can easily visit the Royal Free by public transport, whereas others stated that there is a reliance on taxis to get to and from the Royal Free, which is expensive. Chase Farm is also difficult to visit by public transport.

6.7 Accessing Information

Q7. How would you prefer to access information about your healthcare – such as results of tests, appointment information and doctors’ letters?

Table 9 – Prefer to access information about healthcare

Q7. How would you prefer to access information about your healthcare - such as the results of tests, appointment information and doctors' letters?						
Response	Strongly prefer	Prefer	Neither prefer/ dislike	Dislike	Strongly dislike	Prefer not to say
a. In the post	21%	28%	13%	6%	3%	29%
b. By telephone	8%	15%	12%	19%	5%	40%
c. Via emails sent to me from the hospital	30%	25%	8%	5%	3%	29%
d. In person at appointments	23%	24%	14%	2%	1%	36%
e. Via a secure hospital website	13%	14%	11%	13%	5%	43%

Base = 380

- Respondents were asked to tick their levels of preferences against all options. However, some only opted for the one channel they preferred and left the rest blank. In those cases, the “Prefer not to say” has been applied to the other four channels to enable proportionate percentages to be drawn. Therefore, the ‘prefer not to say’ proportion may seem high.
- Email, post and in person at appointments were the most preferred:
 - Via email sent to me from the hospital was preferred by 55%
 - Post was preferred by 49%
 - In person at appointments was preferred by 47%
 - Via a secure hospital website was preferred by 27%
 - By telephone was preferred by 23%
- Older people were more positive about receiving this information in the post and in person.
- Disabled people were more positive about receiving this information in the post and in person, but less positive about receiving it by email.

Q8. Prior to an operation surgical teams need to gather information about patients to help them plan the care needed. Gathering this information early makes care better. If you had to give this information in advance of an appointment, how would you prefer to do this?

Table 10 – Prefer to provide information prior to an operation

Q8. Prior to an operation surgical teams need to gather information about patients to help them plan the care needed. Gathering this information early makes care better. If you had to give this information in advance of an appointment, how would you prefer to do this?						
Response	Strongly prefer	Prefer	Neither prefer/ dislike	Dislike	Strongly dislike	Prefer not to say
a. In the post	13%	21%	14%	12%	6%	33%
b. By telephone	10%	18%	12%	14%	6%	40%
c. Replying to emails sent to me from the hospital	25%	24%	9%	6%	4%	31%
d. In person at appointments	30%	24%	12%	2%	0%	32%
e. Via a secure hospital website	15%	15%	11%	12%	6%	41%

Base = 369

- Respondents were asked to tick their levels of preferences against all options. However, some only opted for the one channel they preferred and left the rest blank. In those cases, the “Prefer not to say” has been applied to the other four channels to enable proportionate percentages to be drawn. Therefore, the ‘prefer not to say’ proportion may seem high.
- In person, email and post were the most preferred:
 - In person at appointments was preferred by 54%
 - Via email sent to me from the hospital was preferred by 49%
 - Post was preferred by 34%
 - Via a secure hospital website was preferred by 30%
 - By telephone was preferred by 28%
- Disabled people were more positive about receiving this information by post and in person, but less positive about email.

Q9. After surgery, when a patient leaves hospital, a member of the team contacts them to check on their progress. What is your preference for how this would happen?

Table 11 – Prefer to be contacted when you have left the hospital after surgery

Q9. After surgery, when a patient leaves hospital, a member of the team contacts them to check on their progress. What is your preference for how this would happen?						
Response	Strongly prefer	Prefer	Neither prefer/ dislike	Dislike	Strongly dislike	Prefer not to say
a. Via a questionnaire from the hospital that I would return in the post	6%	7%	11%	12%	7%	56%
b. By telephone	29%	27%	14%	11%	3%	17%
c. By responding to an email from the hospital	22%	24%	13%	15%	4%	22%
d. In person at appointments	35%	29%	19%	2%	1%	14%
e. Via a secure hospital website	13%	16%	18%	19%	8%	26%
f. Via a video service (such as Skype, Facetime or similar)	15%	13%	14%	21%	14%	23%

Base = 271

- Respondents were asked to tick their levels of preferences against all options. However, some only opted for the one channel they preferred and left the rest blank. In those cases, the “Prefer not to say” has been applied to the other four channels to enable proportionate percentages to be drawn. Therefore, the ‘prefer not to say’ proportion may seem high.
- In person, telephone and email were the most preferred:
 - In person at appointments was preferred by 64%
 - By telephone was preferred by 56%
 - By responding to an email from the hospital was preferred by 46%
 - Via a secure hospital website was preferred by 29%
 - Via a video service (such as Skype, Facetime or similar) was preferred by 28%
 - Via a questionnaire from the hospital, that would be returned in the post was preferred by 13%
- Older people were more positive about receiving this information in person and less positive about a secure website or a video service.
- Disabled people are more positive about receiving this information in person.

6.8 Care Coordinator

Q10. In our proposals, we have introduced a ‘care coordinator’ to support patients with additional needs (such as dementia, autism, mobility needs or learning disabilities). Please use this box to tell us your thoughts on the most important things that this person could do, to ensure that these patients receive everything they need.

Table 12 – Top 10 Most important things a Care Coordinator could do for these patients

Q10. Most Important Things A Care Coordinator Could Do - Coded Themes	Frequency
Provide information in the appropriate form / language (easy read / learning difficulties etc)	78
Keep the patient informed	61
Co-ordinate care / with medical team / communicate	59
Support and assist	58
Have time for patients	36
A good idea	31
Keep family/carer informed	29
Provide support on discharge	28
Listen more than talk	22
Assess reasonable adjustments	21

Base = 198

- Most comments were positive about the introduction of a Care Coordinator with suggestions made about the function of the role or skills required.
- Focusing on communication needs and the language/format used particularly for disabled patients were highlighted as important.
- It was felt that the Care Coordinator needs to communicate clearly with patients, their family and carers to help join-up care and explain procedures such as discharge.
- They should be given sufficient time to provide an individual service for patients and their family.
- Making assessments and providing reasonable adjustments were seen as a key area for the role.
- Having access to patient information and records was another important area.

6.9 Changing or Improving Proposals

Q11. Please tell us your thoughts on how we might change or improve our proposals so that you (or someone you care for) can use them.

When proposing any changes to health services, we aim to ensure that we take into account the needs of everyone in our community. To help us do this, we have undertaken some impact assessments under the Equalities Act 2010. These are available on our website www.northlondonpartners.org.uk/orth_consultation. In addition, at the end of this survey we ask a number of questions about whether you belong to any of the groups named in the Act (examples include people with disabilities or older people). This allows us to understand your answers and the impacts our proposals may have on different groups in our community. Please tell us your thoughts on how we might change or improve our proposals so that you (or someone you care for) can use them.

Table 13 – Top 10 ways we may change or improve our proposals for service users

Q11. How We May Change or Improve Our Proposals - Coded Themes	Frequency
All good / fine	23
Make access by public transport easier	12
Give patients the right to choose which hospital	11
Seeking views of the public, should be the basis of improving provision	9
Keep people at their local hospital	9
Patient transport / travel cost to patient	9
Issues for elderly to consider	8
Provide disabled/wheelchair facilities	7
Reduce waiting times	7
If this information is communicated to CCGs then a comms document can be sent explaining the changes	7
Listen to patients who have had a long wait for surgery	7

Base = 118

- Most responses were positive or offered suggestions for improvement.
- Some responses stated that patients should be given more choice.
- There were some additional concerns raised about transport and public transport availability.
- Considering the needs of the elderly and disabled were also mentioned.
- A few comments related to the decision being a foregone conclusion or a biased consultation.

Q12. Please use the box below to state any other comments or suggestions you have in regard to changes to planned orthopaedic surgical care. This includes if you have an alternative proposal for how these services could be organized in future.

Table 14 – Top 10 Any other comments or suggestions in regard to changes to planned orthopaedic surgical care

Q12. Any Other Comments or Suggestions About Planned Orthopaedic Surgical Care - Coded Themes	Frequency
A positive initiative	21
Outpatients should be seen locally	9
Join up closely related services for economies of scale for orthopaedic services	9
Worried about people having to travel long distances	8
Have a helpdesk / someone to speak to / info by text	8
This consolidates resources and people skills to provide a better service	7
Need to reduce waiting times for better recovery and wellbeing	7
Proposals look good but with the coming integrated care system implementation won't be easy	6
NHS admin systems have a lack of accountability for ensuring actions take place	5
Where is physio going to be delivered? / good service	5

Base = 90

- Nearly a quarter of comments were general messages of support for the proposals.
- Some comments related to better working arrangements within health services to leverage economies of scale.
- There were a small number of travel related concerns raised including the need to have a local outpatients service and general reduction in patient travel.
- Some comments suggested a helpdesk function so that patients would know where to go to access services and what will happen.
- There were some concerns raised again that the consultation is a foregone conclusion with a decision already made.

7. Discussion Groups, Meetings and Interviews Data

The following sets out the list of discussion group notes supplied for analysis. Some groups were contacted specifically because they had been identified in the stage 2 Integrated Health Inequalities and Equalities Impact Assessment as being disproportionately impacted by the changes. These are drawn from the protected characteristics groups identified in the Equality Act 2010, sub-groups within these characteristics, and some additional groups not covered by the Act but of specific local focus.

Some groups which were scheduled in March were cancelled due to the restrictions relating to the Coronavirus outbreak. These were replaced by telephone interviews, which covered the same topics with representatives of those groups. These have been included in the analysis as if they were a group. The affected groups are highlighted in the table below.

A total of 81 feedback groups and telephone interviews were undertaken. These are shown in Table 15, and include, where possible, an indication of the types of protected characteristics groups that were in attendance. Not all attendees at these groups completed monitoring forms, so were identified through a combination of methods. No assumptions have been made about those attending meetings, and the table shows either the known target audience for the group, self-declaration by those attending meetings, information given by the meeting convenor or feedback from the facilitator.

The table sets out the groups by protected characteristics identified in the Integrated Health Inequalities and Equalities Impact Assessment.

Table 15 – Details of groups held

Focus/group Meeting / Telephone interviews	Number Attending	Borough	Engagement Activity	Older People	Carers	Race	Physical Disabilities	Older White Women	Social Deprivation	Gender Reassignment	Mental Health	LD and Autism
Barnet - Frien Library Information Stand	N/A	Barnet	Information Stand	x		x			x			
Barnet Hospital Drop In	N/A	Barnet	Information Stand									
Barnet Health Watch Event	N/A	Barnet	Information Stand	x	x	x	x	x	x			
Greenwood Centre Outreach Stand session 1	N/A	Camden	Information Stand				x				x	x
Greenwood Centre - Community centre Camden session 2	N/A	Camden	Information Stand				x				x	x
Enfield Over 50s Forum Winter Fair	N/A	Enfield	Information Stand	x	x	x	x	x				
Enfield Annual Healthwatch Conference	N/A	Enfield	Information Stand	x	x	x	x	x				
Synagogue, Stamford Hill, Haringey - Outreach	N/A	Haringey	Information Stand	x								

Focus/group Meeting / Telephone interviews	Number Attending	Borough	Engagement Activity	Older People	Carers	Race	Physical Disabilities	Older White Women	Social Deprivation	Gender Reassignment	Mental Health	LD and Autism
Whittington Health - outreach stand	N/A	NCL	Information Stand	x		x						
Whittington Hospital - outreach stand	N/A	NCL	Information Stand	x		x						
Royal Free Drop-In session	N/A	NCL	Information Stand									
UCLH	N/A	NCL	Information Stand									
Barnet Healthwatch Primary Care Meeting	11	Barnet	meeting	x		x		x				
Barnet Mencap - Have your say meeting	11	Barnet	meeting									x
Barnet Voluntary Sector Forum	20	Barnet	meeting									
Barnet Copthall Leisure Centre - Community Health Talks	27	Barnet	meeting	x	x	x			x		x	

Focus/group Meeting / Telephone interviews	Number Attending	Borough	Engagement Activity	Older People	Carers	Race	Physical Disabilities	Older White Women	Social Deprivation	Gender Reassignment	Mental Health	LD and Autism
Barnet Diabetes UK -AGM	27	Barnet	meeting	x	x	x	x	x				
Barnet Hospital Staff and patient Group	9	Barnet	meeting									
Inclusion Barnet Space To Be	14	Barnet	meeting						x		x	
Copthall Leisure Centre - Over 50s Health Talks	43	Barnet	meeting	x	x	x			x		x	
Barnet Older Women’s Cohousing	14	Barnet	meeting	x			x	x				
Wellbeing Café - Barnet Wellbeing Hub	9	Barnet	meeting	x					x		x	

Focus/group Meeting / Telephone interviews	Number Attending	Borough	Engagement Activity	Older People	Carers	Race	Physical Disabilities	Older White Women	Social Deprivation	Gender Reassignment	Mental Health	LD and Autism
Barnet GP meeting	70	Barnet	meeting									
Colindale Community Trust - Estate Residents Social Session	11	Barnet	meeting	x	x	x	x	x	x			
Camden Team leads Integrated primary care work	13	Camden	meeting									
Age UK Camden & Camden Voluntary Action - Care navigators team meeting	6	Camden	meeting									
Camden Carers Voice	20	Camden	meeting		x							
Camden Older Carers	10	Camden	meeting	x	x			x				
Camden Carers	50	Camden	meeting		x							

Focus/group Meeting / Telephone interviews	Number Attending	Borough	Engagement Activity	Older People	Carers	Race	Physical Disabilities	Older White Women	Social Deprivation	Gender Reassignment	Mental Health	LD and Autism
The Queen's Crescent Community Centre	13	Camden	meeting	x		x	x	x	x			
Camden CPEG	34	Camden	meeting	x				x				
Camden Disability Advisory Group	4	Camden	meeting		x		x					x
Camden Parents Forum	5	Camden	meeting									
Enfield Age UK Tea and Chatter	22	Enfield	meeting	x	x	x	x	x				
Enfield Older Peoples Partnership Board	23	Enfield	meeting									
Enfield Age UK - Diabetes Group	10	Enfield	meeting	x	x	x	x	x				

Focus/group Meeting / Telephone interviews	Number Attending	Borough	Engagement Activity	Older People	Carers	Race	Physical Disabilities	Older White Women	Social Deprivation	Gender Reassignment	Mental Health	LD and Autism
Enfield Patients Participation Group meeting	7	Enfield	meeting	x								
Enfield Age UK Tea and Chatter	25	Enfield	meeting	x	x	x	x	x				
Enfield PPG Patients Network	23	Enfield	meeting	x								
Enfield Age UK Tea and Chatter	15	Enfield	meeting	x	x	x	x	x				
Enfield Carers GP and Wellbeing Forum	8	Enfield	meeting		x							
Enfield CCG - GP engagement event	24	Enfield	meeting									x
Enfield Learning Disability Board	21	Enfield	meeting		x	x						x
Enfield Carer Coffee Morning	3	Enfield	meeting	x	x							

Focus/group Meeting / Telephone interviews	Number Attending	Borough	Engagement Activity	Older People	Carers	Race	Physical Disabilities	Older White Women	Social Deprivation	Gender Reassignment	Mental Health	LD and Autism
Enfield Over 50s Forum Winter Fair	10	Enfield	meeting	x		x						
Enfield Disability Action -BSL Support Group	20	Enfield	meeting				x					
Enfield CCG Staff Meeting	30	Enfield	meeting									
Edmonton Green Leisure Centre -Over 50s Day	10	Enfield	meeting	x		x	x	x	x			
Rumi Mosque Edmonton Green - Health Education Session	20	Enfield	meeting	x		x	x	x	x			
Southbury Leisure Centre Over 50s Days	30	Enfield	meeting	x		x		x				
Enfield Patient and Public Participation Committee	7	Enfield	meeting	x								
One to One Enfield	8	Enfield	meeting									x
Haringey Older People Reference Group	4	Haringey	meeting	x			x	x				

Focus/group Meeting / Telephone interviews	Number Attending	Borough	Engagement Activity	Older People	Carers	Race	Physical Disabilities	Older White Women	Social Deprivation	Gender Reassignment	Mental Health	LD and Autism
Haringey Carers Reference Group	4	Haringey	meeting		x							
Haringey ASC Partnership Board	12	Haringey	meeting	x	x		x	x			x	x
Haringey Wheelchair Users Group	10	Haringey	meeting	x		x	x					
Manage chronic Arthritis – Chestnut Connection group	17	Haringey	meeting	x		x	x	x	x		x	
Haringey Carers coffee morning	8	Haringey	meeting		x							
Haringey and Barnet Activity Coordinators Forum	33	Haringey	meeting	x	x			x				
Turkish Women’s Association	11	Haringey	meeting	x		x	x		x			
Age UK Islington	8	Islington	meeting	x								

Focus/group Meeting / Telephone interviews	Number Attending	Borough	Engagement Activity	Older People	Carers	Race	Physical Disabilities	Older White Women	Social Deprivation	Gender Reassignment	Mental Health	LD and Autism
Age UK Islington Members social meeting	13	Islington	meeting	x			x	x				
Age UK Islington - Care Navigators Team meeting	4	Islington	meeting	x		x			x			
MSK Advisory Group	7	Camden	meeting				x					
RNOH -Audit Meeting	120	Barnet	meeting									
North Middlesex Hospital Audit Meeting	40	Enfield/Haringey	meeting									
Engagement Advisory Board	19	NCL	meeting									
Chase Farm Staff and Patient Committee	15	Barnet/Enfield	meeting									
Spinal Network	13	NCL	meeting									

Focus/group Meeting / Telephone interviews	Number Attending	Borough	Engagement Activity	Older People	Carers	Race	Physical Disabilities	Older White Women	Social Deprivation	Gender Reassignment	Mental Health	LD and Autism
Royal National Orthopaedic Hospital	1	Barnet	meeting									
Highgate Independent Hospital	3	Camden	meeting									
Pain Network	3	NCL	meeting									
Mental Health Matters - Public Event C&I Mental Health Trust	35	Camden/Islington	meeting	x		x				x	x	
NCL Residents Representatives Group	6	NCL	meeting	x				x				
UCLH Trainees Rotation Teaching	8	Camden	meeting									
Whittington Hospital Patient Group	15	Islington/Haringey	meeting	x								
Chase Farm Hospital Enfield	35	Barnet/Enfield	meeting									

Focus/group Meeting / Telephone interviews	Number Attending	Borough	Engagement Activity	Older People	Carers	Race	Physical Disabilities	Older White Women	Social Deprivation	Gender Reassignment	Mental Health	LD and Autism
CLCH Patient Experience Meeting	8	NWL	meeting									
North West London Lay Members Reference Group	10	NWL	meeting									
Gender Intelligence - Individual interviews	6	NCL	phone interview							x		
North Midd Hospital Event - Public deliberate event	8	Enfield/Haringey	Public deliberate event									
NCL - Barnet Deliberative Event	2	Barnet	Public deliberate event									
Camden Deliberative Event	8	Camden	Public deliberate event	x								
NCL Adult Elective Orthopaedic Review Deliberative Event: Enfield	3	Enfield	Public deliberate event									

Focus/group Meeting / Telephone interviews	Number Attending	Borough	Engagement Activity	Older People	Carers	Race	Physical Disabilities	Older White Women	Social Deprivation	Gender Reassignment	Mental Health	LD and Autism
Carers - individual interviews (independent researcher)	15	NCL	phone interview		x							
Individual telephone interviews - Covid action plan	7	NCL	phone interview			x			x			
Individual telephone interviews - Transgender	5	NCL	phone interview							x		

Table 16 - Information events were held to disseminate information

Group No.	Date	Description
008	22/01/2020	Barnet Voluntary Sector Forum
015	28/01/2020	Greenwood Centre
025	03/03/2020	Whittington Outreach Stand
028	04/02/2020	New Barnet and Friends Library Information Stand
035	07/02/2020	Whittington Outreach Stand
043	13/02/2020	Haringey Carers coffee morning
045	18/02/2020	Enfield Carer Coffee Morning
046	20/02/2020	Barnet Hospital Drop In
047	20/02/2020	Barnet Healthwatch Event
057	27/02/2020	John Jackson Library
060	27/02/2020	Mental Health Matters - Stall
065	03/03/2020	Royal Free Drop In
066	03/03/2020	Barnet GP
069	04/03/2020	Enfield Annual Healthwatch Conference
073	05/03/2020	Stand at the Greenwood Disability Centre
074	06/03/2020	Stand UCLH
096	19/03/2020	Synagogue, Stamford Hill, Haringey.

Table 17 – Events cancelled

Group No.	Date	Description
080	11/03/2020	Enfield Patient Participation Group
082	12/03/2020	Barnet Patient and Public Engagement Committee
083	13/03/2020	UCLH Engagement Event
086	16/03/2020	North London Partners PRG (Providers Reference Group) Care Homes
087	16/03/2020	Adult Social Care Involvement Board
088	17/03/2020	Celebrating Diversity in Enfield – public event
089	17/03/2020	Caversham Patient Participation Group
090	17/03/2020	Barnet Cophall Leisure Centre - Swim School wet sites
091	18/03/2020	UCLH – information stand
092	18/03/2020	Whittington Orthopaedic Audit Meeting
093	18/03/2020	NCL Adult Elective Orthopaedic Review Deliberative Event: Haringey
094	19/03/2020	UCLH Outreach Event
095	19/03/2020	Learning Disability Team
098	19/03/2020	New Barnet Library Information Stand
099	20/03/2020	NCL Adult Elective Orthopaedic Review Deliberative Event: Islington
099	23/03/2020	Tamil Relief Centre
100	24/03/2020	Barnet Cophall Leisure Centre – information stand
101	24/03/2020	Haringey Carers Forum
102	24/03/2020	Barnet Cophall Leisure Centre - health talks
103	24/03/2020	Haringey CCG Engagement Network
104	25/03/2020	Camden GP locality meeting

Group No.	Date	Description
105	25/03/2020	Barnet Copthall Leisure Centre – health talks
106	26/03/2020	Albany Leisure Centre – over 50s days session
107	26/03/2020	Patient involvement meetings - Herts Valleys Clinical Commissioning Group
108	31/03/2020	UCLH Audit Meeting
109	31/03/2020	Burnt Oak Leisure Centre – information stand
110	06/03/2020	Enfield Turkish Community Centre session

7.1 General Views on the Proposal

The 10 most common themes that have emerged from all the discussions have been identified, as shown in Table 18. Feedback was collated on a group basis from each event and themes were analysed for each group. There is additional analysis by specific equality impact groups in section 5.

Table 18 - General views on the proposal

Views on the proposal - any general comments - themes from meeting notes	
Coded Themes	Frequency of mention
Agree that the changes make sense	52
Need more information first	35
Should provide faster service / reduce waiting times	22
What is the implementation plan / timescale	21
Tell patient what to expect post-surgery and enable self-management	19
Better patient care	18
Will affect continuity of care with the same medical team	12
Will teams be working across different sites	12
Who will make the referral	12
Better patient choice	11
Should reduce cancellations	11
Need a common pathway to reduce waiting times for planned surgeries	11

The majority of groups agreed that the changes outlined in the proposal make sense. Over a quarter of these groups believed that the changes would provide a faster service and therefore reduce waiting times for patients.

In 35 of the groups, it was felt that some further detail or clarification on aspects of the proposal would be useful. Those areas were wide-ranging. Clarification was sought around the details of the implementation plan and over what timescale these changes would be introduced. Points to clarify included how teams will work logistically across several different sites and the definition of who makes the referral, questioning whether it would be the GP.

Clearer and more detailed information for patient's post-surgery was identified as an area that could improve patient results, by empowering them to self manage their rehabilitation.

Several themes centred around the perceived improvement of the service that the proposals could bring. These included: better patient care; more patient choice; reduction of cancellations and; the development of a common patient pathway. Continuity of care with the same surgeon or consultant team was seen as important, but comments were split as to whether the new proposals would improve or reduce that aspect.

Carers were generally positive and were willing to travel a little further for good care, especially if they could be assured that operations would not be cancelled.

Clinicians felt that they needed more information and detail on the proposals particularly around the implementation plan and timescale. Overall, they stated that the proposals made sense. It was also suggested that they would need to tell their patients what to expect post-surgery to enable them to self-manage their care.

7.2 Addressing the Challenges

Table 19 - Views on the whether the proposal will address the challenges faced

Views on the proposal - Capture their views on whether the proposal will address the challenges faced - themes from meeting notes	
Coded Themes	Frequency of mention
Support this initiative	25
Should shorten waiting times	14
Should reduce cancellations	14
I am not concerned by the proposals	11
Don't know how these changes will be effective	9
Concerned that there is insufficient capacity to meet future need	9
Will address some but not all issues	8
If sufficient surgeons / nurse / staff are available	8
Will help to improve patient experience	8
Relies upon trained and competent staff	6
Separation of emergency and elective surgery should improve patient experience and free up A&E	6

The highest proportion of groups supported the proposals. Some groups stated that they should shorten waiting times, reduce cancellations and improve the patient experience.

Concerns were raised about the proposals in general. Specific areas mentioned were around the effectiveness of the changes and whether there is sufficient capacity and staff to deliver the new model.

Some groups identified the separation of elective surgery and emergency services as a positive initiative for both areas.

Carers felt that some reorganisation was necessary and that the proposals sounded a good and sensible approach

Clinicians were in support of this initiative, feeling that it should shorten waiting times and they were not concerned about the proposals in general. There was some uncertainty around how these changes would be effective and concerns about sufficient competently trained staff being available.

7.3 Patient Experience and Travel – What is Important

Table 20 - Views on the what is important to them in terms of patient experience and travel

Views on Experience and Travel - Capture their views on what is important to them in terms of patient experience and travel - themes from meeting notes	
Coded Themes	Frequency of mention
Travel for deprived areas and vulnerable people	27
Chase Farm is not very accessible / by public transport	23
Better bus service / public transport required / speak to TfL	23
Patient transport home after surgery may be required	22
Travel time and distance need to be considered	22
Will have travel implications for some people	20
Consider providing a free shuttle bus between sites	18
I will travel for the best care	17
Travel is not an issue for me	15
Will cost me too much in travel / taxi fees	13
More a problem of unfamiliar surroundings for dementia / elderly cases	13

As was the case for the survey responses, many of the comments here related to concerns about the challenge's others may face rather than personal experiences.

There were concerns expressed that the elderly, frail and people on a low income would have more difficulty with the changes. These comments were a mixture of personal experiences and perceptions of how other people may be affected. The concerns about these groups was reflected in comments about the impact of travelling further. Chase Farm Hospital was highlighted as particularly difficult to access by public transport. Some groups felt that Transport for London should be lobbied to provide a better service (as well as to other areas).

It was pointed out by some groups that public transport may not be appropriate following surgery and that hospital transport home may be a solution. A free shuttle bus between hospital sites was also suggested.

Some stated that the actual distance and travel time should be taken into account when patients are referred to hospital.

Carers already travelled to different hospitals both for those they cared for and themselves. It was stated that some sites are easier than others to access by public transport and it would of course be affected by where a person lives. Those who drive were less worried about visiting other hospitals as long as there is sufficient parking. They were less concerned about the distance, and more about the time it would take to travel as their responsibilities leave them time limited.

Clinicians did not raise many issues around patient experience and travel. Those that did were concerned about travel for deprived and vulnerable people and the accessibility of Chase Farm Hospital particularly by public transport.

7.4 Accessing and Receiving Information

Table 21 - Views on what is important to them in terms of receiving information about their care e.g. how they use technology or do they prefer traditional methods

Views on Education and Information - Capture their views on what is important to them in terms of receiving information about their care - themes from meeting notes	
Coded Themes	Frequency of mention
Education programme for pre op patients would be good	30
Information booklet should be provided in different formats / languages / easy read	25
Better done face to face	20
Could be reinforced by telephone email and web support	17
Post Op rehab is important	9
Important that patients understand the trade-offs and what their choices mean for where they have care	8
Physio exercises should be included	8
Need to include carers too so they can make arrangements to attend	7
Manage patient expectations	6
Follow up services e.g. Scan should not be by email web only	6
Should create video / DVD versions	6
Prefer information by letter or online form	6

There was a lot of agreement for developing an education programme for patients prior to surgery to advise them about what to expect, how to attend and what they were expected to do. Support was given for face-to-face sessions with the additional provision of written materials or booklets, which could be produced in several languages and easy to read versions. A British Sign Language version was also mentioned. It was felt the learnings could be supported by emails and web-based resources, including videos for those that were enabled, but digital routes should not be the only way of communicating information.

Post-operative rehabilitation was seen as a key area and should include physiotherapy input, which would include exercises. It was felt by some that this could potentially produce better outcomes and lower re-admission.

The inclusion of relatives, friends and carers in planning care, was raised as important as they may be involved in the logistics of hospital transport and for aftercare.

Some thought that letters and online forms were better communication channels for important information.

Carers welcomed the use of technology and alternative means of receiving information as long as they were technically competent and suitably enabled. They were keen that this would lead to fewer appointments at the hospital. Those who were less comfortable with information technology were open to telephone communication instead.

Very few comments were made by clinicians about how patients might receive information about care. Those that did make comments thought that an information booklet, in different formats and languages, would be helpful and that information could be provided by telephone, email and web support.

7.5 Care Coordinator

Table 22 – Capture their views on what is important in terms of the care coordinator role.

Views on Education and Information - Capture their views on what is important to them in terms of the care coordinator role - themes from meeting notes	
Coded Themes	Frequency of mention
Support and assist	38
A good idea	35
Provide information in the appropriate form / language (easy read / learning difficulties etc)	33
Keep the patient informed	26
Co-ordinate care / with medical team / communicate	21
Provide support on discharge	19
Help to arrange appointments	16
Assess reasonable adjustments	15
Coordinate with social services for support at home post discharge	15
Needs to be a medical not an admin role	14
Information about what happens at the hospital / hospital visit to familiarise	14

There were a number of groups who were in general agreement of the introduction of this role, but some cautioned that it should be more than just a signposting service.

Again, there was widespread support for producing information in a number of different formats, including those for disabled patients and for those who do not have English as their first language.

Many groups thought that the patient should be at the centre of the role, with the care coordinator making appointments and arrangements for their care and keeping the patient and their family and/or carers informed. A key part of this would be communicating with medical professionals, local authority support and charity organisations to ensure a suitable package of care is in place, especially on discharge. As well as suitable medical knowledge, an ability to identify reasonable adjustments for patients, who are likely to present with one or more protected characteristics, was identified as important.

Familiarisation with the processes for attendance at hospital was another area highlighted.

Carers welcomed the creation of the Care Coordinator role as they felt they can sometimes be easily overlooked in terms of their needs. Having a named point of contact that would help navigate the system was seen as an advantage of the proposals.

Clinicians generally thought that the Care Coordinator role was a good idea to provide information in the appropriate form and to inform, support and assist service users.

7.6 Suggested Changes

Table 23 – Capture what is important to this group in terms of change and any suggestions they have to ensure the needs of everyone in the community are considered

Impacts on Groups - Capture their views on what is important to them in terms of change and any suggestions they may have to ensure the needs of everyone in the community are considered - themes from meeting notes	
Coded Themes	Frequency of mention
Patient transport / travel cost to patient	9
Information about transportation options	8
Provide disabled/wheelchair facilities	7
Make access by public transport easier	6
Easy read versions for learning difficulty	6
More help for the carer	6
All good / fine	5
Issues for elderly to consider	5
Planning and communication needs to be good for a multi-site operation	5
Alternative language versions of documents	5

As there were a wide and diverse range of groups, understandably the priorities varied with many detailed suggestions only mentioned once. The full list has been supplied to the partnership and commissioners for consideration.

The main issues related to travel for patients to the hospital for surgery. It was felt this could be prohibitive due to cost of travel, availability of public transport and the difficulty in qualifying for patient transport.

There were accessibility issues highlighted such as wheelchair access and easy read versions of patient information. Alternative language versions were also mentioned.

The difficulties faced by elderly service users were again highlighted as they will make up a high proportion of those seeking orthopaedic surgery.

Some groups were concerned about the communication between NHS hospitals and organisations who will be required to work in close partnership to deliver this model.

Carers were concerned about the time they spend waiting in outpatients which can put people off attending. Some carers cannot be away from home for long periods of time due to their caring commitments. It was stated that it is sometimes difficult to take the cared for person to these appointments as they become distressed. Some carers were worried about the prospect of having an operation as it would be difficult to find adequate alternative care for others. Having sufficient planning time to make alternative arrangements was highlighted as important.

Table 24 – Capture any other comments or suggestions

Facilitators notes - Capture any other comments or suggestions - themes from meeting notes	
Coded Themes	Frequency of mention
Invited to future events / meetings / required updates	7
A positive initiative	6
Happy that they were asked to be involved	4
Positive comments about using Chase Farm	3
Agreed to share the information	3
Appropriate transgender staff training to ensure that they treat people with respect	3
What care support is available pre op	2
Staff will have to travel more - what support will there be?	2
Make patients aware of staff travel issues so they understand	2
Those for whom English is not their first language, people who suffer from anxiety and people with LD need to be identified by the GP for enhanced support	2
Any potential barriers to receiving this care should be identified early, with plans to overcome them in place	2
Concerns about travelling too far and feeling different and vulnerable	2

The frequency of responses was low and there is a long list of coded themes, which have been passed to commissioners. More than half of the groups (48) had nothing further to say.

A number of participant groups expressed the desire to remain in touch with the project and would welcome the opportunity to receive feedback on how the project is progressing. They also offered to share information with their contacts.

Some groups expressed their support for the proposals and fed back comments relating to their experiences of specific hospitals.

There were some comments calling for transgender awareness training for public facing staff. It was felt that this group already suffered from discrimination and that travelling out of area may be challenging for them. Using the correct gender pronouns and demonstrating empathy could help calm any fears.

Some specific areas of concern were highlighted such as understanding what support would be available prior to the operation and identifying any barriers patients may encounter to accessing this care.

The issue of staff travelling between hospitals and the logistical difficulties this presents was raised. It was asked what support would be available to these staff and can patients be made aware so they understand why their consultant may be delayed.

Carers said they would welcome an online or telephone appointment as there would be no need to leave home to speak to a medical professional.

Very few comments were made by clinicians. Those comments that were made related to being pleased that they were asked for their views and that they would like to be included and kept informed of future developments.

8. Responses from Stakeholder Groups

The following section provides a summary of responses from stakeholder groups. The full set of responses have been reviewed by the partnership and commissioners.

Table 25 – responses from stakeholder groups

Ref Number	Date	Type	Title
01	17/02/2020	Formal Letter	Barnet, Enfield & Haringey Mental Health NHS Trust Response
02	Not stated	Letter	Patient representative (Comments on the consultation)
03	11/02/2020	Minutes	Royal Free London NHSFT - Equal Access Group - Chase Farm Hospital
04	19/03/2020	Email	Response from Acute Liaison Nurse - learning disabilities
05	10/02/2020	Email	Response from Head of School, London Postgraduate School of Surgery
06	31/03/2020	Letter	Official letter of response from Healthwatch Barnet
07	03/04/2020	Document	Official letter of response from Healthwatch Islington
08		Document	Official response from Healthwatch Camden
09	05/04/2020	Document	Official response from Enfield Borough Over 50s Forum

8.1 Main Themes

The main themes from these responses are as follows, findings have also been incorporated into the Summary of Findings:

- General support for the proposed changes – leading to improvement in waiting times for appointments, fewer cancellations of appointments and overall improvement in quality of care
- Positive response to the Care Coordinator role – identifying that this would tackle many of the communication issues
- Concerns about transport and travel and overall communications – request for better transport considerations and investment in clear communications for patients and staff, and between services
- Some concerns were raised about the overall impact on certain groups of patients and the workforce

8.2 Summary of Responses from Stakeholder Groups

Official Response – Barnet, Enfield & Haringey Mental Health NHS Trust Response – 17/02/2020

- Helpful to engage with providers of related services as well as patients, the public and other stakeholders
- Barnet, Enfield and Haringey Mental Health NHS Trust (BEH) provides a range of community health services across Enfield
- Need to ensure the appropriate care linkages into and from services such as physiotherapy and pain management which are not directly affected by the proposed changes
- Important to ensure that our community health services in Enfield remain fully integrated with the proposed future elective surgery sites (i.e. Chase Farm Hospital)
- BEH is keen to be involved in future discussions around the review as it progresses.
- Look forward to hearing the outcome of the public consultation.

Letter – Patient Representative (Comments on the consultation)

- These comments reflect the views of several Patients on the Consultation
- Have we developed solutions to the current challenges?
 - The work is well developed
 - but will the designated Hospitals be able to make sure that Patients are given the full facts on what is positive and what is not so positive
 - Many Patients are left with a poorer quality of life as a result of these Complications and life restrictions
 - Some Patients have and are feeling very upset as they are suffering two years or longer and no sign of the pain subsiding or Surgeons being able to correct the problems
- Are we doing all we can to ensure that service is of the best quality?
 - Patients need to be given information on what they are doing and what complications can go wrong. With the full facts Patients can then make a decision whether to go ahead with the surgery
- In developing our proposals

- No problems with the care that is received
- Information varies from hospital to hospital and needs to be consistent
- Whether there are more things we can do?
 - The clinics need to provide better furniture to meet needs with seating and use large print paperwork, add colour lines for those who have sight needs
- Remember each patient is an individual and all have fears of surgery. It is supposed to be life changing surgery
- This type of surgery is a very important part of people's lives. It needs to have consistency in its staff and surgeons. Patients see several members of staff which can be very confusing
- Patients are seen by several members of physio staff. They have only been seen once in two to three days before being sent home. Once they are home it can be as long as two to three weeks before they can get an appointment.

Minutes – Royal Free London NHSFT - Equal Access Group - Chase Farm Hospital – 11/02/2020

- This entails Planned Orthopaedic surgery to consolidate number of hospitals/providers of surgery
- This is to provide better access for patients leading to fewer cancellations as we are not classed as a trauma site
- Community leads and clients were encouraged to write their feedback formally.
- Explained that the sole focus for elective here at CFH is to stop cancellations.
 - Chase Farm Hospital have NEVER cancelled surgery for not having a bed available.
 - Encouraged public to support consultation as CFH have worked hard to tender for the work.
 - This is being led by NCL partners.
 - There are currently similar models in place in SW London.
- Group was shown a presentation regarding the consultation and reasons behind the proposals
- If community leads or clients feel that there are any issues please flag them as part of the consultation so these can be looked into and worked into the model

- Not all community groups have been informed – link/info to be emailed to entire membership
- Current Feedback comments include
 - Transport issues which are being looked into
 - It appears as though its only Ortho cases that are being operated on at Chase Farm Hospital.

**Email – Response from Acute Liaison Nurse - Learning Disabilities –
19/03/2020**

- Acute liaison nurses for patients with learning disabilities working across the Royal Free London Trust, which covers Royal Free, Barnet and Chase Farm hospitals
- Support people with LD who are coming in or are already inpatients in hospital throughout their journey to ensure that we make reasonable adjustments and have the care in place that they require – as these are often very complex patients
- Frequently these patients may not have capacity to consent to treatment, so we want to contact you to ensure that assessing capacity for patients who have an impairment/disturbance in the functioning of their brain/mind is completed by the referring clinician at point of referral
- If the patient lacks capacity then a best interest decision should be completed, this should also generate any recommendations regarding reasonable adjustments that would be required for the surgery/treatment. This information should then be forwarded with the referral to ensure we/the receiving department are aware of the patient's needs.

**Email – Response from Head of School, London Postgraduate School of
Surgery – 11/02/2020**

- The public facing consultation document holds no surprises given the work I've seen to this point and describes a reasonable approach to the bulk delivery of most elective orthopaedic intervention in the North Central sector of London.
- As should be expected it does not set out detailed plans for workforce implications but lays out some relevant principles:
 - Surgeons coming from their base trust to a surgical centre with patient and team

- Theatre and anaesthetic teams staying with the facility
- A need to preserve surgical practitioner competence in emergency care

- You mention the possibility of further collaboration and I would want to bring into this the risk of rapid turnover reducing training opportunities and to explore ways of assuring junior surgical trainees' access to opportunities in day surgery centres
- I would also be interested to hear what the workforce plans were for the elective centres and whether new team members including anaesthesia associates, surgical care practitioners and surgical first assistants had been considered.

Letter – Official Letter of Response from Healthwatch Barnet – 31/03/2020

- Healthwatch Barnet is pleased to give this official response to North London Partner's proposals to improve planned orthopaedic surgery for adults in north central London
- Healthwatch Barnet has been following with interest the review into orthopaedic surgery in the NCL area with One of our Healthwatch Barnet volunteers sitting on the relevant board as a patient representative and it has been encouraging to hear about all of the work going on since 2018
- The consultation itself has been comprehensively planned and carried out
- Healthwatch Barnet was first formally engaged on this consultation in August 2019 and given significant amounts of detail and opportunity to feed in and coordinate engagement work and projects
- During the consultation itself, we have been provided with all the necessary copy, social media and other communication materials to allow us to share, contribute and work with the consultation team and support their work easily
- In January 2020, we hosted a presentation and focus group for the consultation team here at Barnet house where we were joined by 16 members of the public
- We have also liaised with the Barnet public and our voluntary sector partners to link up the consultation team to engagement opportunities with Barnet residents.

Healthwatch Barnet's response to the proposals themselves is as follows:

- Very impressed with the proposed solutions to the current challenges and think that the proposals form a strong and sensible solution to some of these particularly in terms of reducing the number of cancelled operations and improving quality and consistency for staff and patients in terms of environment, schedule and excellence
- It is clear to us that the consultation and the previous review have been incredibly thorough and Healthwatch Barnet is happy that North London Partners is doing what it can to ensure that services are of the best quality
- The one overriding concern that we have heard from nearly all of the residents we have spoken to about the proposals and patients about this project from Barnet is around travel and communication
 - With Barnet residents geographically in the middle of the two hospitals that would provide the actual surgery, this feels more of an acute concern for our residents
 - There will inevitably be difficulties for certain patients around this. Over the last eighteen months, there have been increasing restrictions around the use of non-emergency transport from services operating out of hospitals serving the NCL area and there is some consistent concern that getting from A to B for some of the patients and their loved ones will be a difficult, slow and expensive business for some of them particularly for those who are too old, infirm or unwell to travel by public transport which in itself can be a slow process for even able residents in Barnet. This does then speak to the proposals ability to ensure that everyone who needs care can access it in a timely way
 - This is an issue that has been acknowledged and addressed by the consultation and there is work that has been done in much more detail on these concerns which we are very pleased to see
- The consultation document states “We are keen to explore ways in which these challenges can be addressed during the consultation...we are actively seeking opportunities to explore ways in which the negative impacts can be minimised”. We would be interested to see what comes out of this exploration as it is important to note that this was the overriding concern that was brought to us by residents
- There is also some sense that patients will be initially confused by all the chopping and changing of venues and moving around even though there have

clearly been attempt to try and keep these plans as clear as possible, it is a little confusing even with maps and table and beautiful consultation materials

- We know that as each patient will have their own journey, it will be much simpler to explain and understand on a patient by patient level
- We were pleased to see that there is a new role of care coordinator being planned to assist those with greater learning needs to understand their treatment. There were quite a few residents who felt that this sort of assistance, even at a more basic level, might be necessary to help explain the process for patients who don't have such extra needs as well. At the very least, it was suggested, all patients should be able to ring up and speak to someone about their care and answer questions for them, even if they were not offered the full package of care coordination. The proposals do present as very complicated for members of the public and Healthwatch Barnet would endorse this suggestion
- Healthwatch Barnet is otherwise satisfied that the proposed changes to orthopaedic surgery in north central London offer a sensible and helpful solution to existing challenges and are confident that further issues and challenges brought up in the consultation will be addressed including the ones we have mentioned in this letter. We wish North London Partners the very best of luck with next steps.

Document – Official Letter of Response from Healthwatch Islington – 03/04/2020

- The case for change seems clear from the documents. Currently waits are long, cancellations are common and demand for these services is growing as we are all living longer
- We want to be sure that patients get the best possible care, and know that cancellations can cause a lot of additional anxiety. So, if this plan can improve care, and reduce cancellations by centralising whilst allowing for follow up care to still take place locally then that must be a good thing
- However, the impact of the changes will need to be measured, to demonstrate whether these aims are achieved. Re-location and impact on journeys Islington patients will most likely be seen for surgery at UCLH with follow up

appointments held there or at Whittington Health depending on where the patient lives. Currently patients are able to have an operation at either hospital.

- Effective communication between both providers will be needed to ensure that being seen by two organisations does not negatively impact on a person's care, nor the administration of that care
- For patients travelling to hospital, the changes will inevitably mean a longer journey for some but a shorter journey for others. Any potential negative impact of this for our residents seems to be outweighed by the improvements set out in the clinical case: less cancellations, and shorter waiting times
- Residents of other boroughs in North Central London may feel differently though as their journeys could be more seriously impacted. Neither Warren Street station (near UCLH), or Archway station (near Whittington Health) have a lift, but both have escalators if a patient's mobility is limited (for hip or knee operations for example)
- It is not clear whether orthopaedic patients would be eligible for patient transport, especially in light of changes to how criteria are implemented. We are under the impression that it is unlikely that many orthopaedic patients would qualify. For those who are eligible, UCLH and Whittington Health operate different systems for accessing transport and this would need to be clearly communicated to patients and carers
- For those not eligible for transport, we would welcome the providers promoting the Health Care Travel Costs Scheme in its information to patients, though it only applies to a small percentage of patients and eligibility criteria should also be explained
- Information before your appointment - The consultation document focuses on methods of communication. A range of options should be offered to account for different people's communication needs. Some of this will be covered by the Accessible Information Standard (meeting the communication needs of people with disabilities) but should also consider language needs and busy lifestyles (not everyone can call to book appointments during the day and e-mail may be easier)
- Information about where to go on the day of the appointment must reflect the signage used within the hospital or health centre. Our experience from visiting services is that this is not always the case and can cause confusion and make patients late for appointments. The communication should detail which entrance to use, which floor the appointment is on, where the relevant

reception is etc. Including maps and clear instructions would be helpful, along with postcodes for the area the patient needs to attend and contact details if the patient cannot find their way or needs to change their appointment

- Some hospitals ‘hot desk’ their clinics, we assume orthopaedic surgery clinics will usually take place in the same location, but letters should detail specific arrangements if this is not the case. If directions on where to go for appointments cannot be made clear, it may be necessary to work with volunteers to direct people to the correct location
- Ideally, appointments for operations and follow up care would be arranged at mutually convenient times for service and patient. Patients should be notified well in advance so that they can make the necessary arrangements. We sometimes find patients receive appointment letters very close (or sometimes after) their appointment. This communication should also include clear information on what to expect at the appointment, arrangements for getting home, how mobility might be impacted and support within the community. Where needed it would be good to offer information in other languages, but we would discourage the use of Google Translate for this as the quality is poor
- We would recommend having key information available in a range of community languages, and writing to patients in clear, Plain English. Information after your surgery We would suggest that this offer is as flexible as possible and that people can decide at the time what communication approach might best suit their needs
- We would encourage providers to focus on making patient discharge information as clear to patients and carers as possible. We know that Whittington Health have been working on this, including a specific page for patients/ carers written in non-clinical language so it can be easily understood. Other Trusts may be doing similar work
- Instructions around medication should be written clearly, adhering to the Accessible Information Standard to meet communication needs, and include: the dosage, when to take the medication, and any side effects (especially if they should not go home alone/ drive/ will have limited mobility). Often people are drowsy and may not take in information until they have returned home
- As the advice to speed recovery after an operation is to eat healthily, exercise and stop smoking, it would be good to include: up-to-date information on local support including peer support groups, links to useful web-pages, and who to contact if you’re concerned about your recovery

- Patients who need a dressing, are advised to follow the instructions their nurse gives them to care for the wound at home. This could be offered in a range of formats (including YouTube/video)
- Where a dressing needs regular changing the hospital should liaise with primary care in a more integrated way, making appointments through the patients' GP. Ideally appointments would be offered at the same place and time and with clear arrangements for weekends. We know of patients really struggling to make daily appointments for wound dressings impacting on their ability to work and causing great anxiety. Depending on what treatment the person has undergone they may be back at work, and juggling a range of commitments
- Ideally follow up appointments would be at a time convenient to patients, with patients offered a choice. Patients should be notified well in advance so that they can plan around this
- Employing a Care Co-ordinator for people with disabilities, Autism, dementia and/ or Learning Disability This is a great idea as patients (and carers) with additional communication needs, sometimes need additional support to access the same care as those without these needs. Waits can be more distressing for some patients, perhaps the co-ordinator can help identify patients for whom this could be an issue and suggest they are seen at the start or end of the day. The Co-ordinator should be aware of Health Passports for patients with Learning Disability and/or Autism. We would recommend that when appointed the Co-ordinator(s) make contact with key groups for advice: Islington Autism Hub, Dementia Co-ordinator, Elfrida Society (and the Power and Control group for people with a Learning Disability), Centre 404 and Age UK for carers. We would also hope that this co-ordinator would be able to ensure that those that need interpreting are able to access it. Whether British Sign Language or a community language. And it would be useful if they were also able to support people in these categories to access PALS and complaints should this be needed. The co-ordinator should liaise with patients and carers before the appointment to discuss any special provisions. People may have issues even with a needle and this will need careful management beforehand to minimise trauma
- It would be good for follow up appointments to be offered at a range of times that give access to those who may have returned to work. A resident who had used the service on two separate occasions was working soon after their

second operation and struggled to access follow up appointments because of how these were allocated. We know it's not easy as resources are very limited, but patients should be offered choice and these appointments managed in a way that's mutually convenient. We think it is important to keep a close eye on cancellations

- The case for change states that we should see an improvement in access and a reduction in cancellations. We would like to see the evidence of this once the new approach is up and running. It is stated that demand will increase, so it will be important to have oversight of how this demand, and the related waiting lists are being managed.

Document – Official Response from Healthwatch Camden

- Healthwatch Camden has reviewed the proposals for improving orthopaedic surgery in North Central London. Based on what local people tell us, and further informed by in-depth interviews that we conducted with 25 patients from Camden who had attended Chase Farm Hospital for planned surgery, we would like to submit the following comments in response to the consultation
- **Patient choice** - The new arrangements will mean that the choice a patient makes for their initial referral from GP to hospital outpatient appointment will determine the hospital to which they may eventually be sent for surgery. In the case of patients attending the Royal Free Hampstead for outpatient referrals, this will mean surgery is at a different location (Chase Farm Hospital) to the outpatient referral (Royal Free). It is therefore imperative that patients understand the implications of their initial hospital choice right back at the point of GP referral. This is currently not the case as GPs are not always communicating to patients what might be the eventual implications of choosing the Royal Free should their referral result in a recommendation for future surgery. For the new arrangements to work well for patients there must be investment in strong and clear communication and advice from GPs at the time of initial referral. This advice should be reiterated at the first outpatient appointment at the Royal Free Hospital
- **Locations for pre-op and post-op appointments** - If patients are being asked to travel for surgery to a hospital that is not their "local" then it's important to avoid any unnecessary additional visits prior to the day of surgery. This was not the case for patients we interviewed. Out of 25 Royal Free

Hospital (Hampstead) patients, 15 had been asked to attend Chase Farm Hospital for at least one additional visit including for blood tests that could easily have been conducted at the Royal Free Hospital avoiding a long and costly journey to Chase Farm. All pre-op and post-op appointments (with the exception of the Joint School which we understand can help the patient to feel familiar with the new hospital environment and ensure a less stressful experience on the day of surgery) should be at the patient's local hospital or hospital of initial referral. Any administrative inefficiencies that result in extra and unnecessary visits for patients must be addressed so that exceptions to the policy of no extra visits are eliminated. We note that, in response to recommendations from Healthwatch Camden, Chase Farm Hospital is also exploring the option for patients to access the Joint School virtually to avoid travelling.

- **What patients' value most** - We note that providers and commissioners place high value on evidence of improved clinical outcomes and efficiency as a result of delivering planned surgery from dedicated sites. We note in conversations with providers and commissioners that they assume patients also place high value on evidence of efficiency and health outcomes. However, research on patient choice shows that this is not the case and our own research with Camden patients supports these findings. Among out 25 interviewees who had attended Chase Farm Hospital, matters related to clinical outcomes and quality of care did not feature high among the considerations of most patients when they were offered a choice of hospital for surgery. In our patient interviews, only 6 out of 37 positive mentions by patients made reference to clinical outcomes or quality of care. The vast majority of positive mentions were about the facilities, the hospital environment, convenience and travel considerations. Only three patients mentioned the expected benefit of avoiding cancellations of surgery appointments compared to 15 mentions of "nice new facilities" at Chase Farm Hospital
- **Travel and transport** - Concerns feature high for patients Concerns about travel (distance, ease and cost including for visitors) feature very high among patient concerns about admission to hospital for planned surgery. The new proposals will have to factor in these concerns and do everything possible to mitigate them – in particular the long and costly journeys to Chase Farm Hospital for patients based in Camden. Mitigations can include supporting

patients with taxi bookings, work with Transport for London on routes and bus stops, staggering arrival/admission times for patients

- **Vulnerable patients** - Vulnerable patients, particularly those with dementia, should be given the option of planned surgery at the hospital with which they are familiar
- **Benefits for patients** - Earlier treatment and avoiding late cancellations will be of great benefit to Camden patients if these potential advantages of the new proposals can be realised.

Document – Official Response from Enfield Borough Over 50s Forum – 05/04/2020

- The Enfield Borough Over 50s Forum is campaigning for better bus services to Chase Farm Hospital, especially for all the patients who will be arriving for treatment in the new orthopaedic centre
- We believe the current public transport options which Transport for London suggests patients take are totally unsuitable and that we need a direct bus link between the hospital and Oakwood Underground Station where there is a lift.
- The Forum is urging the NHS, as part of its legally required equalities impact assessment, to place much greater emphasis on securing a public transport service to match its promise that the changes will lead to a “significant improvement” in patient care
- By early next year, Chase Farm, already one of the most digitally advanced hospitals in the country, with dedicated operating theatres and beds for overnight stays, expects to have between 400 and 700 more orthopaedic patients. It will be meeting a growing demand from an increasingly elderly population for surgery to hips, knees, shoulders, elbows, feet, ankles and hands
- There will be many more in-patients, outpatients and visitors travelling to Chase Farm from all parts of North Central London with its 1.6 million population. They will be coming from Camden and Islington – and even further afield – as well as from Enfield, Barnet and Haringey
- Yet in a booklet outlining these planned changes, North London Partners in health and care say only: “We know that with any change there may be disadvantages for some people. Some patients may have to travel further on the day of their operation. Visitors may have to travel further.”

- The Enfield Over 50s Forum insists this is nowhere near good enough. We think that London Mayor Sadiq Khan as the Transport for London (TfL) Chair should now be instructing TfL executives to update their route plans to Chase Farm, so as to reduce the discomfort and pain currently being experienced by patients while travelling for surgery.
- The Forum has long argued that the most efficient public transport service to Chase Farm from anywhere in London is via the Piccadilly Line to step-free Oakwood station. At the moment, patients would need to get a bus to Enfield Town, walk to London Road and catch the W8 to Chase Farm. We are calling for a new re-routed bus direct to the hospital, just 2.6 miles away from Oakwood station
- If TfL does not want to launch a new bus service, the possibilities are to divert the 121, the 307 or the 377 which all currently run between Oakwood Underground Station and Enfield Town
- The need for this bus has been evident for many years but has now become much more urgent with Chase Farm receiving many patients from North West London, some 14 miles away
- Other community groups back our call. For instance, Rodney Allison, the Chair of Caversham surgery Patient Participation Group in Kentish Town said: “It’s ridiculous to make orthopaedic patients attend a hospital which requires a journey by public transport involving four changes and 40 minutes walking – that’s TfL’s best journey time.”
- TfL persists in suggesting patients who may have already travelled for an hour or more, alight at Southgate tube station (where there is only an escalator) and then take the W9 to the hospital – a bus route involving 22 stops and an extra 34 minutes journey time, if there’s a clear run
- It is also advising patients from places such as Kentish Town and Gospel Oak to get to Finsbury Park or Highbury and Islington stations and then take the Great Northern Line to Gordon Hill. (where there are steps to negotiate and no lift) – and then take a bus to Chase Farm
- Worst of all, the Royal Free NHS Trust responding to a critical report from Camden Healthwatch on patient access to Chase Farm, lists bus stops at Edmonton Green rail and Overground station. There is a good ten minute walk between the rail and bus stations; the gap alighting from the train to the

platform is difficult and dangerous and there are two flights of stairs to negotiate

- We also have support from Natalie Forrest, the Chase Farm Chief Executive, who has met with Forum officers and promised full support for a renewed approach to TfL to review its outdated public transport advice to access the hospital.

Summary

- Patients (and visitors) to the new orthopaedic centre need a new direct bus service between Oakwood Underground Station and Chase Farm Hospital and we expect the NHS, as part of its commitment to a “significant improvement in patient care” to use its influence and insist that TfL provides this new bus service.

9. Media

The following forms of media coverage of the consultation were noted. Links to these are provided below.

Table 26

Date	Publication
24/01/2020	Barnet Communities Together Network Bulletin
24/01/2020	Camden New Journal
April / May	Enfield Borough Over 50s Forum Newsletter
27/01/2020	Haringey CVS Bridge Renewal Trust e newsletter
27/01/2020	Healthwatch Islington Social Media - Twitter
04/02/2020	HSJ For Healthcare Leaders

Barnet Communities Together Network Bulletin

<https://vcs.cmail19.com/t/ViewEmail/d/B5EC7BF9B66DF81C2540EF23F30FEDED/B3C75096B226C8C038A555EB6E97B45B>

Camden New Journal

<http://www.camdennewjournal.co.uk/article/its-going-to-be-a-long-trip-for-a-new-hip>

Enfield Borough Over 50s Forum Newsletter

https://enfieldover50sforum.org.uk/newsite/wp-content/uploads/2020/03/Newsletter_2020-04.pdf

Haringey CVS Bridge Renewal Trust e newsletter

No specific feedback. Information was communicated to their contacts to take part.

Healthwatch Islington Social Media – Twitter

@HWIslington

HSJ For Healthcare Leaders

<https://www.hsj.co.uk/service-design/nhs-looks-to-grab-private-sector-work-with-major-reconfiguration/7026849.article>

10. Other Responses

Other responses in terms of letters and emails have been received to the consultation, from a range of individuals and organisations. These responses have been collated for common themes, which have informed the summary of findings at the start of this report along with all other dialogue methods.

Responses (outside of the survey responses and discussions) were received from:

Table 27

Ref Number	Date	Type	Title
1	03/02/2020	Email	Public email of response to Camden CCG
2	11/02/2020	Email	Request for details about responding to the consultation
3	30/01/2020	Email	Request from UCLH for supporting documents
4	20/02/2020	Email	Request for hard copies of the consultation documents
5	22/01/2020	Email	Request for contact about the consultation
6	21/04/2020	Letter	Bus from Oakwood to Chase Farm Hospital is needed
7	06/04/2020	Letter	Bus route 231 Turnpike Lane Station Enfield, Chase Station via Great Cambridge Road

The emails and letters from service users and members of the public were mainly requests for further information or copies of the consultation documents in another format. The two letters received related to improvements which they felt were required to public transport in relation to Chase Farm Hospital.

11. Appendices

11.1 Summary of Online Activity

- 3,954 page views on the consultation website
- 2,304 visits to the site
- 1,725 unique visitors
- 379 visitors watched the consultation summary film
- 251 visitors viewed events pages
- 295 visitors downloaded consultation documents

11.2 Formal Responses from Stakeholder Groups and Organisations

The following organisations were invited:

Royal Colleges

- BOA
- Royal College of Surgeons
- Chartered Society Physiotherapy
- Royal College of Anaesthetists
- Royal College Occupational Therapy
- Royal Osteoporosis Society
- London Ambulance Service
- Royal College of Nursing

NCL Partner Trusts

- Royal Free
- North Middlesex
- UCLH
- Commissioning Leads Intermediate Commissioning
- Discharge to Assess Team (Email)
- RNOH
- GP Federations
- MSK and local service providers
- Local Medical Committee
- GOSH
- Whittington Health

Other NHS bodies in NCL

- CNWL
- CLCH
- Camden and Islington Foundation NHS Trust
- Barnet Enfield and Haringey Mental Health Trust

- Tavistock and Portman Trust
- West Herts Hospital NHS Trust

Neighbouring CCGs & STPs

- East and North Herts CCG
- Herts Valleys CCG
- East London STP
- West London STP

NHS and other bodies with health and wellbeing responsibilities

- Specialised Commissioning
- City Hall
- Health Education England
- SWLEOC
- NHS England London

Clinical Networks

- Spinal Network
- Trauma Network
- NCL Pain Network

Workforce

- Health Education England
- Capital Nurse

Independent healthcare providers

- BMI
- BMI Kings Oak and Cavell Hospitals
- Circle Health
- King Edward VII

- HCA Healthcare
- Highgate Hospital
- St Johns and Elizabeths
- Spire Healthcare

Healthwatch

- Barnet
- Camden
- Enfield
- Haringey
- Islington

Transgender advocacy organisations

- London Friend
- cliniQ
- Transgender Organisations Chair at the LGBT+ Consortium
- GIRES
- Tavistock and Portman Gender Identity Clinic
- Gendered Intelligence.