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UNDERSTANDENGAGECONSULT

Consultation on Ashby Community Health Services

Analysis of Consultation Responses

Final Report

April 2014

Contents

The Headlines

This report outlines the results of a formal consultation conducted by West Leicestershire Clinical Commissioning Group and Leicestershire Partnership NHS Trust in relation to a review of community health services in Ashby, including those provided by Ashby Hospital.

The Consultation Options

Patient, public, staff and other stakeholder views were sought on two future options:

- Option 1: Make better use of the services in Ashby District Hospital.
- Option 2: Move services out of Ashby District Hospital to other local places, increase the range of community health services and provide more care in people's homes.

Who responded?

In total, questionnaire responses were received from 388 individuals and 84 participants attended the public meetings. In addition a range of community meetings, listening booth activity and stakeholder meetings took place.

Response to the Options

It should be noted that there was considerable strength of feeling about the consultation and some passionately held viewpoints. The response to the two options was divided.

- When asked to indicate which of the given options they felt would most meet the future needs of patients, just over half of questionnaire respondents (52%) selected Option 2 and 44% selected Option 1.
- Those attending two public meetings were asked to opt by electronic keypad to indicate which option they preferred. Across the two meetings (with 84 attendees in total) 49% opted for Option 1, 30% opted for Option 2 and 21% did not choose an option.

Reasons Given

The most common reasons for questionnaire respondents selecting Option 1 were to keep services local; ease of access/convenient location and transport difficulties associated with the Option 2.

The most common reasons for questionnaire respondents selecting Option 2 were a preference for care at home; that it is more cost effective/better value for money and a greater range of services is needed in the community.

1. Executive Summary

1.2 Introduction, objectives and approach

West Leicestershire Clinical Commissioning Group (WL CCG) and Leicestershire Partnership NHS Trust (LPT) are currently conducting a review of community health services in Ashby, including those provided within Ashby District Hospital (ADH). As part of this review, a formal consultation began on the 6th February and ran until 6th April 2014. Patient, public, staff and other stakeholder views were sought on two future options:

- Option 1: Make better use of the services in Ashby District Hospital.
- Option 2: Move services out of Ashby District Hospital to other local places, increase the range of community health services and provide more care in people's homes.

The consultation document indicated that Option 2 is WL CCG's and LPT's preferred option.

In total, questionnaire responses were received from 388 individuals and 84 participants attended the public meetings, in addition to the community meetings, listening booth activity and the stakeholder meetings.

WL CCG and LPT commissioned Community Research, an independent company experienced in consultation design and delivery, to help analyse and report on the responses.

1.3 Key findings

Responses to the two options

It should be noted that there was considerable strength of feeling about the consultation and some passionately held viewpoints, particularly but not exclusively, amongst those in favour of Option 1.

Overall, the response to the two options was divided.

- When asked to indicate which of the given options they felt would most meet the future needs of patients in Ashby and surrounding areas, just over half of questionnaire respondents (52%) selected Option 2 and 44% selected Option 1.
- Those attending the two public meetings were asked to opt by electronic keypad to indicate which option they preferred. Across the two meetings (with 84 attendees in total) 49% of attendees opted for Option 1, 30% opted for Option 2 and 21% did not choose an option.
- Respondents who are over 60; those with long-term health conditions; those living in the LE65 postcode area; and those who had used community health services in the past 12 months selected Option 1 in higher proportions than was true for questionnaire respondents overall.

The most common reasons for questionnaire respondents selecting Option 1 were to keep services local; ease of access/convenient location and transport difficulties associated with the Option 2. The quality of care experienced at ADH and friendliness of staff were also mentioned, as were the importance of its heritage and services provided.

The most common reasons for questionnaire respondents selecting Option 2 were a preference for care at home; that it is more cost effective/better value for money and a greater range of services is needed in the community. Issues relating to ADH being 'not fit for purpose' with poor facilities, insufficient parking and a lack of diagnostic facilities were also mentioned.

Findings on options

The most common reasons for selecting Option 2 were a preference for care at home (23%); that this option is more cost effective/better value for money; (13%) and that a greater range of services is needed in the community (9%).

Some felt that repairing an old hospital is a waste of taxpayers' money, that money should be spent 'on staff rather than on buildings' and that Option 2 means that more people can be cared for within the same budget.

Some felt that elderly people would prefer to be treated in their own home and this option would reduce transport/car parking issued faced by some. Some consultees also commented that the service should be looking to the future and not the past.

The principle of moving more care into the community (as per Option 2) was welcomed by some, however there was a level of cynicism and concern about how and whether this would work in practice. Many consultees wanted reassurance that services (both acute and community) would be put in place ***prior to*** ADH closing and, many were also sceptical about whether this would actually happen.

Some had experienced poor quality care in the community and felt strongly that, with increased pressure on resources, the situation may worsen.

There was a strong call from many consultees for the hospital to remain open until alternative provision is up and running and proven to work, with adequate resources put into community based care. There was concern about pressure on resources generally; pressures which were anticipated to be compounded by future population growth in the area. Some consultees are anxious that a lack of support would place additional burden on relatives and carers; others that local acute hospitals would be placed under increased pressure.

Some mention that the plans for Option 2 are reliant on health and social care being well integrated and some doubt that this is feasible and many feel that it is not currently the case

There is a strong call for the decision about future options to be made only in the context of a better understanding of the provision/capacity of and the impact on the rest of the local 'healthcare estate'. Some specify that any money saved by closing the hospital should be ring-fenced to pay for alternative community services.

Transport and travel issues (including parking) were a recurring concern. Some who supported Option 2 chose this option because people would not need to travel as much. However, a number of consultees selecting Option 1 felt that travel implications had not been emphasised or explored sufficiently in the consultation document.

Ways to improve Ashby Community Health Services

At the end of the questionnaire, respondents were asked if they had any other comments on how community health services in the Ashby area could be improved. A wide range of comments and suggestions were provided.

Just under one in 10 (9%) suggested keeping ADH open and a further 5% suggested broadening the range of services at ADH. The need for more GPs, a new hospital and a walk-in centre were also raised. Some comments focussed on better integration between health and social care, whilst other consultees mentioned the need for more staffing, resources and services.

Comments on the consultation process

Of those questionnaire respondents who gave a response to this question *'overall how satisfied or dissatisfied are you with how you have been consulted'*, 52% were quite or very satisfied, with 24% indicating that they were quite or very dissatisfied.

In terms of those who were dissatisfied, the most common comments relating to the consultation process were a lack of awareness; a perceived bias towards Option 2 and a feeling that the decision has already been made. Some also queried the cost of the consultation documents and the consultation as a whole.

There was also some concern about the process for options development and, particularly, why only two options were provided. A number of stakeholders identified other potential options, including:

- Building a community hospital at the site of Ashby's new health centre.
- Moving Ashby Hospital in-inpatient services to Coalville.

- Retaining the current site for healthcare facilities and creating additional care/nursing facilities.

They wanted to know why these options had not been available for discussion and/or had apparently discounted.

There were also strong and frequent calls for additional information, with some feeling that they were unable to give a considered response in the absence of crucial information on the following areas:

- More detail on how Option 2 plans would work in practice, in particular:
- More clarity on where the new outpatient/therapy/rehabilitation services will be based (and particularly on the new health centre location). Some queried what would happen if planning permission is not given for the proposed health centre.
- More information on the future of inpatient care (and particularly if there is capacity at other local acute hospitals).
- More detail on future transport plans.
- More evidence of future planning in light of the population increases.
- More detailed information (short and long-term) of costing/efficiency implications of both options.
- Information on what will happen if ADH closes:
    - In terms of staff currently based at ADH.
    - A clear plan on the future of the ADH building.

2. Introduction, Objectives and Approach

2.1 Introduction and objectives

West Leicestershire Clinical Commissioning Group (WL CCG) and Leicestershire Partnership NHS Trust (LPT) are currently conducting a review of community health services in Ashby, including those provided within Ashby Hospital. The review is called 'Fit for the Future'. It will provide the CCG with a view of how well current services meet patients' needs and whether the best use is being made of resources. This review forms part of the CCG's wider approach to services which focuses on local needs supported by a locality structure and supports the CCG's overarching aim to ensure the most appropriate healthcare in the best place, as efficiently as possible.

As part of this review, a formal consultation began on the 6th February for a period of just over 8 weeks until 6th April 2014. The views of patients, the public, staff and other stakeholders were sought on two future options.

- Option 1: Make better use of the services in Ashby District Hospital
- Option 2: Move services out of Ashby District Hospital to other local places, increase the range of community health services and provide more care in people's homes.

To help stakeholders to engage with the consultation, WL CCG and LPT published a consultation document which provided background information about the case for change and explained the challenges faced. It summarised the public and stakeholder engagement that had previously been conducted to inform the options development. The consultation document also outlined proposed, new ways of working using case studies and outlined the advantages, disadvantages and costs of the two options.

In total, consultation responses were received from 388 individuals.

WL CCG and LPT commissioned Community Research, an independent company experienced in consultation design and delivery, to help analyse and report on the responses.

2.2 Approach

WL CCG and LPT published the consultation document, together with an EasyRead version, on their websites on the 6th February 2014, with details of how to take part in the consultation. A copy of the consultation questionnaire (which was at the end of the consultation document) is provided in Appendix A.

WL CCG and LPT also commissioned GEMCSU to help promote awareness of the consultation and increase levels of engagement, the following actions were taken:

Stakeholder engagement

- A consultation launch pack was distributed to 450 stakeholders in Ashby, Measham and Coalville. The launch pack included a letter asking for the documents to be distributed as widely as possible by each stakeholder. The launch pack also included extra posters to be displayed in the community. GEM also enlisted the help of Patient Participation Groups' (PPG) chairs to help cascade the consultation documents and posters.
- A telephone meeting took place on Tuesday 4th February between Caroline Trevithick (WL CCG Board nurse and quality lead, who is also the senior responsible officer for the Ashby Community Health Services review), Dr Nick Willmott (WL CCG board member and Ashby Community Health Services clinical lead) and Andrew Bridgen MP for North West Leicestershire. Andrew Bridgen MP also suggested that details of the public consultation were publicised on his website (http://www.andrewbridgen.com/) with a link to the consultation document.
- A meeting took place with councillors of North West Leicestershire on Wednesday 19th February.
- A meeting took place with Ashby Parish Council on Monday 3rd March.
- Jamie McMahon, opposition candidate for the Labour Party, met with Caroline Trevithick Chief Nurse and Quality lead and Dr Nick Willmot on March 3 2014 to discuss the review.
- All stakeholders received a number of email briefings throughout the process.
- A meeting with Leicestershire Health Overview and Scrutiny Committee took place on March 12th 2014.

Formal stakeholder feedback responses and letters are provided in full at Appendix D.

Public and Patient engagement

Engagement activity included activities at a variety of community groups and locations and covered patients, carers, young people, parents, vulnerable and minority groups.

- A meeting of the Ashby Patient and Public Panel took place on Wednesday 26th March to feed back on the public consultation events and discuss next steps.
- Two public meetings were held in Ashby de la Zouch on the 5th March 2014 (one in the afternoon and one in the evening).
- A meeting took place with pupils at Ashby School on April 4th 2014.

- A variety of other Community Groups was also attended, with presentations being given about the consultation (see Appendix B for a full list.)
- The 'listening booth' (a portable, purpose built booth was taken out into the community to encourage engagement) was taken to a number of different locations (see Appendix B for a full list with dates).

Further detail about the format of the public meetings is provided in Appendix B. The flip chart notes from the public meetings are provided in Appendix C.

The purpose of seldom heard and listening booth outreach activities was to pay due regard to the views of the wider community. At both the listening booths and at the community group meetings, people were given the opportunity to ask questions on the project, give their views and they were also encouraged to fill in the consultation documents. Notes from these interactions were fed into the consultation.

Staff engagement

- The staff at Ashby Hospital were briefed on the public consultation. Meetings took place on Tuesday 4th February and Thursday 13th February. The listening booth was also taken along to the briefings so that staff had the opportunity to ask questions in a less public environment.

Media/social media activity

A series of press releases was sent to the media as follows:

- 6 February 2013 – launch of consultation
- 19 February 2014 – still time left to have your say
- 28 March 2014 – one week left to have your say

Coverage included:

- A short piece on BBC East Midlands Today, 10 press articles (6 x Burton Mail, 3 x Leicester Mercury and 1 x Newsrt). Oak FM played feedback from the public events throughout the following day March 6th.
- 25 tweets and 21 Facebook posts were sent to inform stakeholders and the public of the consultation and how to get involved.

2.3 Breakdown of responses

In total, 388 completed consultation responses were received. All responses have been analysed and the comments summarised in this report.

In terms of the demographic breakdown of respondents:

- The majority of respondents were members of the public and patients (66%), with 7% from healthcare professionals and 24% not stated. The remainder were from stakeholder organisations, elected representatives and others.

- More women responded (59%) than men (34%), with the remainder preferring not to give their gender.
- Almost half of respondents (49%) lived in the LE65 postcode area.
- 61 respondents (or 16% of all respondents) indicated that they were carers.
- The vast majority of respondents indicated that they were White British (59%) or preferred not to say/did not state (39%).

Full details of the demographic breakdown of questionnaire respondents are provided in Appendix A.

In total 54 members of the public attended the afternoon public meeting and 30 attended the evening public meeting. Most of the attendees at public meetings were White British and middle-aged or elderly, detailed monitoring information was not captured.

Notes on reading the report

It should be noted that the consultation was open to anyone who chose to respond. As this was a consultation exercise rather than sample based research and those who chose to respond are, by their very nature, self-selecting, the results cannot be extrapolated and assumed to represent the views of the population as a whole.

All the verbatim comments in response to the questionnaire have been coded into a number of categories in order that results could be quantified. This process, of its nature, distils and summarises the responses, but in a consultation exercise it is important that the rich detail of the full consultation comments is not lost. All charts and graphs in this report should therefore be read in conjunction with the verbatim comments. A selection of comments has been included; full lists of all comments are available separately to this report.

The figures quoted in the tables and charts are percentages unless otherwise stated. Base sizes on which percentages are calculated are provided at the bottom of the chart or table. Percentages may not sum to 100% in all instances on account of rounding or because, to some questions multiple responses were provided.

3. The response to the two options

3.1 A description of the two future options

Two options were outlined in the consultation document and presented at the public and other community meetings. These are described below, using a summarised version of the text in the consultation document.

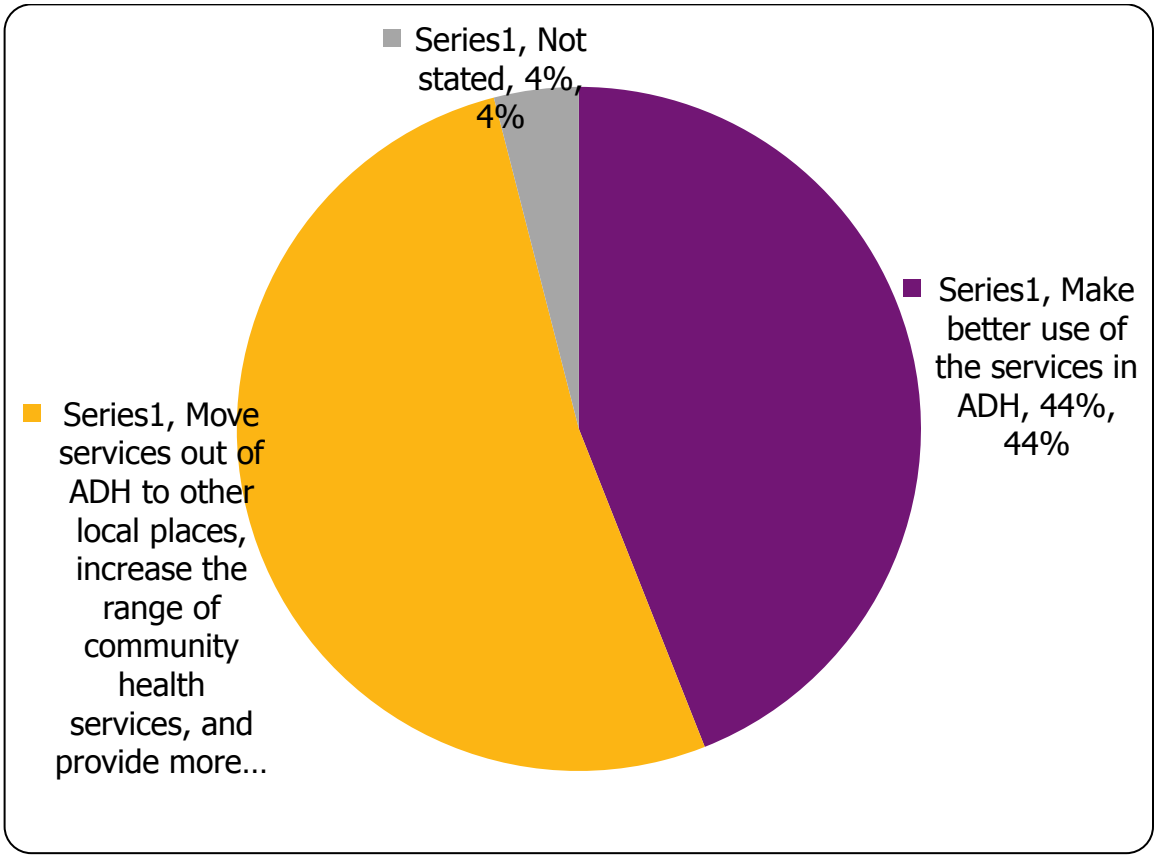
Option 1: Make better use of the services in Ashby and District Hospital (ADH)	**Option2: Move services out of Ashby and District Hospital to other local places, increase the range of community health services, and provide more care in people's homes**
Inpatients: We would continue to provide rehabilitation – there would be no change to how this is managed. We would make better use of the current 16 inpatient beds by reducing patients' length of stay. We would do this by ensuring the quicker transfer of patients who could be cared for at home, at a care home or elsewhere.	**Inpatients:** There would no longer be inpatient beds at ADH. For inpatients this would mean continued choice of where you receive your care. Our intensive community support service would be extended. A night sitting service would be provided for suitable patients at home, further preventing hospital admission. We will provide care in nursing home and care home beds, when appropriate, as well as using wards in Loughborough Community Hospital or Coalville Community Hospital for both inpatient and end of life care.
End of life care: This care would remain unchanged. Patients would be cared for in any Leicestershire community hospital, as are they are now, or by the hospice charity LOROS, or in local nursing homes, or at home.	**End of life care:** Apart from inpatient care no longer being available at ADH, the end of life care options remain unchanged. Patients will be cared for in any Leicestershire community hospital bed, or by the hospice charity LOROS, or in local nursing homes, or at home, where appropriate. We will work with local nursing homes to provide additional end of life care beds.
Outpatients: We would add more outpatient clinics and make greater use of current resources. However, we would only be adding clinics that do not need diagnostic services like x-rays. This could include consultant geriatrician outpatient services. NHS financial procedures that restrict patients being referred to ADH will be changed.	**Outpatient and therapy services:** We would provide better equipped clinics in a more modern, local setting, able to deal with more patients. This would put an end to going to one place for diagnosis and another for treatment. We would move outpatients, the teenage health clinic and therapy clinics out of ADH to a more modern building in Ashby. The location would need to be decided. This building would have the scope to deal with increasing numbers of patients, with space for diagnostic testing, but not x-rays. These will continue to be provided at other community hospitals, as now. The range of outpatient and therapy services could be increased - including occupational therapy and physiotherapy. We would also extend services at both

	Loughborough and Coalville Community Hospitals. We would increase the range of qualified organisations offering therapy services. We would also make better use of the extensive therapeutic gym facilities at Coalville Hospital.

3.2 The questionnaire responses

When asked to indicate which of the given options they felt would most meet the future needs of patients in Ashby and surrounding areas, 52% of questionnaire respondents selected Option 2 and 44% selected Option 1. The remainder did not select an option.

Figure 3.1: The two options described in this document highlight how services would be provided in the future. Which of these options do you feel would most meet the future needs of patients in Ashby and surrounding areas?

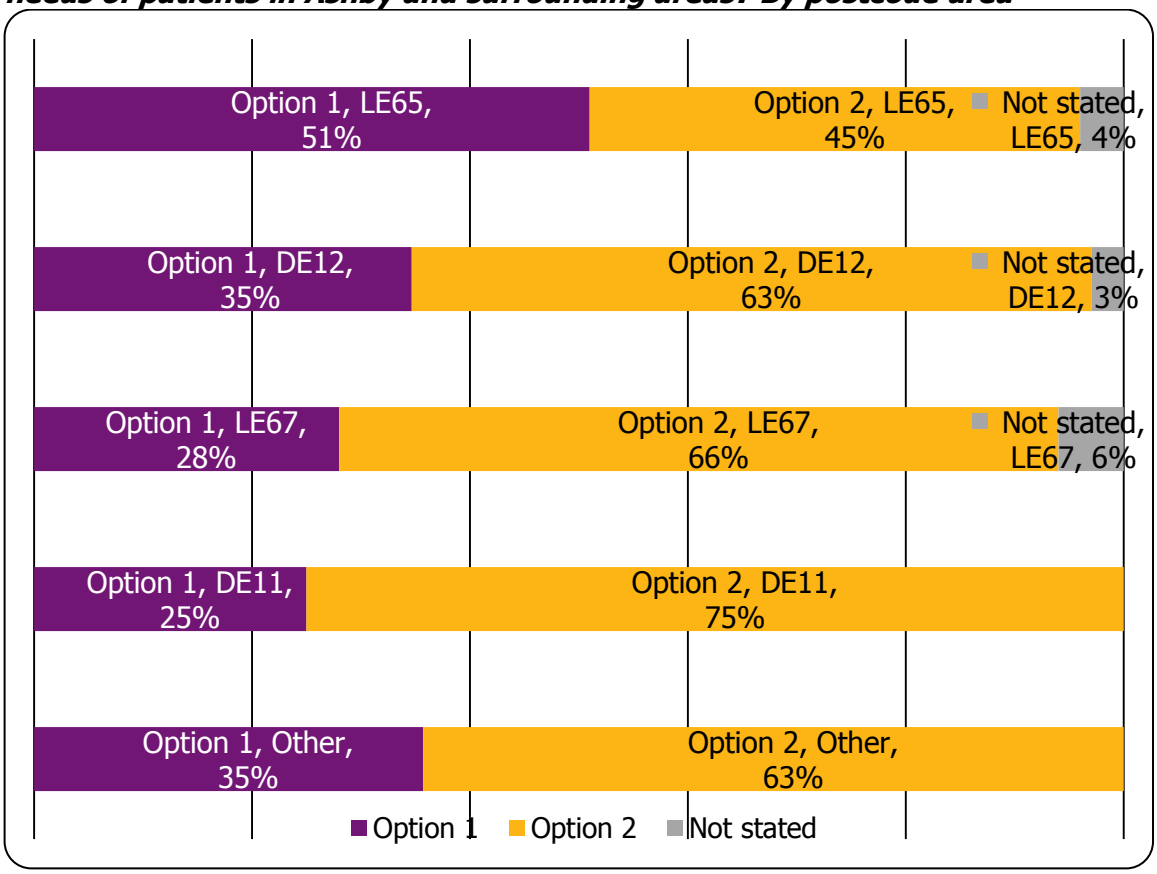


Base: all respondents (388)

There were some differences in option preferences by demographics and experience of healthcare, particularly by recent experience of community health services, age and postcode area.

Respondents living in the LE65 postcode area were more likely to select Option 1 (51%) than respondents living elsewhere (35% of those living in DE12, 28% of those living in LE67 and 25% of those living in DE11), as shown in Figure 3.2.

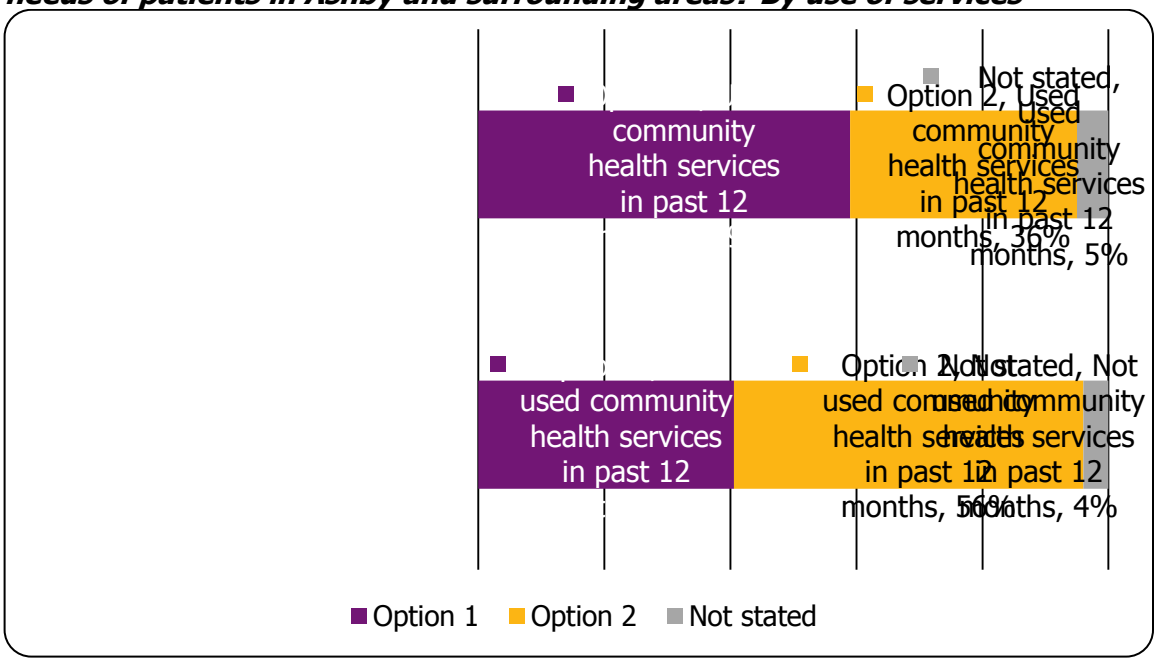
Figure 3.2: Which of these options do you feel would most meet the future needs of patients in Ashby and surrounding areas? By postcode area



Base: all respondents who stated their postcode area (LE65 - 168; DE12 - 40; LE67 - 65; DE11 - 20; other - 34)

As Figure 3.3 shows, respondents who indicated that they had used community health services in the past 12 months were also more likely to select Option 1 (59%) than those who had not used the services (41%). This links also to a higher preference for Option 1 amongst carers and those with long-term conditions, 64% and 73% of whom selected this option respectively. Similarly, almost three-quarters of those who had used ADH in the past 12 months selected Option 1.

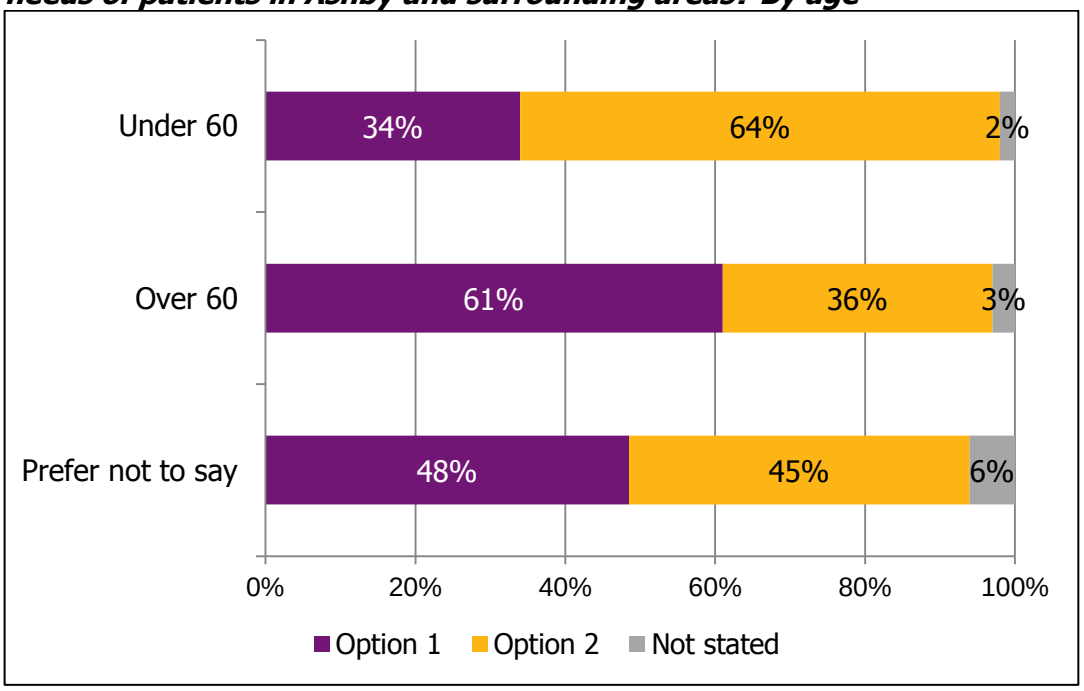
Figure 3.3 Which of these options do you feel would most meet the future needs of patients in Ashby and surrounding areas? By use of services



Base: all respondents who have used the services (170) and not used services (133)

Differences in opinions were also apparent by age. Those aged under 30 were more likely to select Option 2 (64%) compared to those aged over 30 (36%), as Figure 3.4 shows.

Figure 3.4 Which of these options do you feel would most meet the future needs of patients in Ashby and surrounding areas? By age



Base: all respondents by age (under 60 - 217; over 60 - 136; prefer not to say - 31)

In terms of the difference in responses by stakeholder type:

- 50% of the 256 members of the public preferred Option 1 (with 47% selecting Option 2)
- 59% of the 29 healthcare professionals who responded preferred Option 1 (with 38% selecting Option 2)
- 26% of the 92 respondents who did not provide details of their stakeholder type preferred Option 1 (with 68% selecting Option 2.)
- Of the elected representatives who responded, one preferred Option 1, two selected Option 2 and one did not select any Option.
- Amongst the other stakeholder organisations/others, two selected Option 1 and five selected Option 2.

Reasons for selecting Option 1

Questionnaire respondents were asked to give a reason for their option selection. Reasons selected by 5% or more of respondents are shown in Figures 3.5 and 3.6 below.

The most common reasons for selecting Option 1 were: to keep services local (31%); ease of access/convenient location (17%) and transport difficulties associated with accessing services in other locations (16%). The quality of care at ADH and friendliness of staff were also mentioned; as were the importance of its heritage and the services provided.

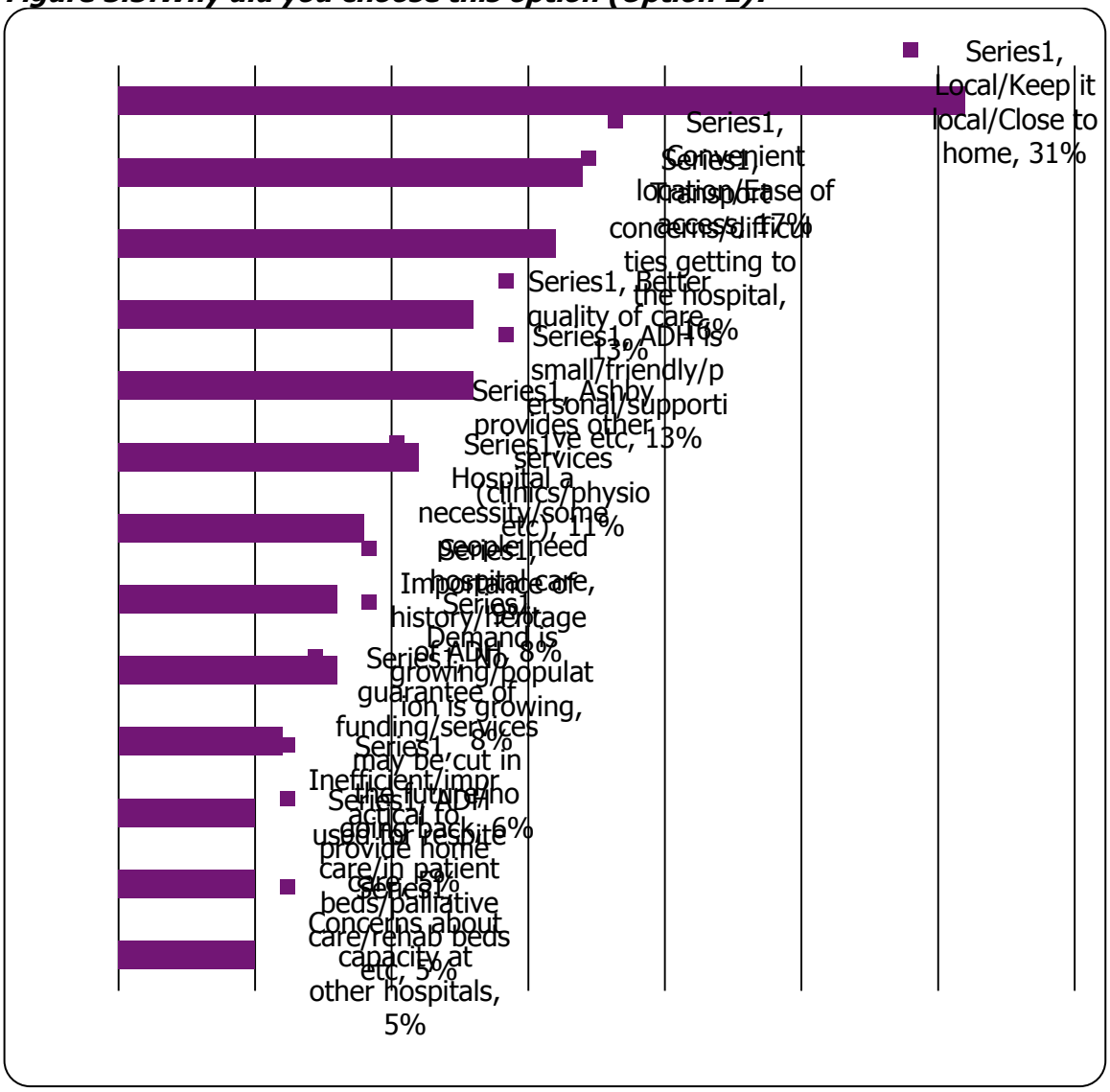
Mention was also made of concerns about future provision, if the hospital is closed, in terms of the scope and efficacy of community care and also the potential adverse impact on acute hospitals in the area. Questionnaire respondents also mentioned the future population growth in the area and associated concerns with pressures on resources.

Some felt strongly that the proposed savings are a very small proportion of the overall NHS budget and that decisions should not be made on cost alone.

There was also some concern that if the hospital is closed, the services will be 'gone forever'. They point out that, even if services are provided in the community, some people will still need hospital care and these people will need to travel further, if ADH closes.

Some also highlighted the fact that if future community care is insufficient, then the burden will fall on relatives and carers. The point is also made that some elderly people do not prefer being cared for at home and feel safer (and less lonely) in a hospital environment.

Figure 3.5:Why did you choose this option (Option 1)?



Base: all respondents who selected Option 1 (172)

A selection of example comments are provided below. They illustrate the strength of feeling about the **need for local, accessible services,** particularly (but not exclusively) for elderly residents, for example:

"Amount of appropriate care in people's home is limited. Some people require admission to district hospital. Relocation out of Ashby is unacceptable due to travel required. 18,000 proposed local residents require and deserve local facility." (Stakeholder organisation)

"Older people have more problems getting places. Our village has almost no public transport. When we have to give up our driving licence, we shall be

unable to travel to your "other local places." Please build a replacement in Ashby." (Member of the public)

"Because Ashby needs services locally, not miles away. Elderly relatives need to visit locally - unable to travel. As one ward at Coalville and Charnwood Ward at Loughborough has closed, where are the patients going to go when there is a bed crises if you shut Ashby?" (Health professional)

"Because local is really important for many people, particularly those with no car, like many elderly. Your evaluation minimises this - Point 4 of weaknesses of Option 2 says "it may involve extra travel for some patients" when it certainly will." (Member of the public)

"Whilst in an ideal world it would be wonderful to think all these services could be provided at home. However this is not cost effective and there are times when inpatient care is best and needed. I envisage in the future, were you to close Ashby Hospital as a resource, people would still require admission and this would then be provided in much more remote hospitals away from patients' locality, family and support networks or into mainstream hospitals who do not have resources to give appropriate care to those who are vulnerable. The cost of provision of services to people in their homes would increase or resources will not be funded due to cost. Far in excess of £1.1 million that are proposed saving. Patients ultimately would suffer and not receive necessary appropriate treatment." (Stakeholder type not given)

"I don't want to lose ADH. My children were born there and some of my relatives have died there. I was born in Ashby, now in my eighties I would like to know that ADH is there, if needed. I have no wish to have to travel to other hospitals out of town. I also worry that should I or my husband ever need care in our own home could we afford it. ADH is part of Ashby and I hope it stays that way please." (Member of the public)

Some query **whether the provision of care in the community is feasible**, for example:

"The current provision provides access to more specialist services like consultants managing in-patients and consultants in outpatient clinics provided in Ashby area. These services will stop if you close Ashby Hospital and I doubt that people will see a difference in what is provided in the community." (Health professional)

"I am appalled to think that patients I usually care for are possibly going to be at risk by being discharged from the acutes too early and sent home to a service that is inadequate and understaffed. Many times we have patients

readmitted from home after being discharged prematurely and cannot manage or have inadequate services." (Health professional)

"Ashby needs more services in the town. Not convinced that the idea of community nursing would actually happen. All seems to centre on the elderly What about physio for people recovering from surgery? What about outpatient clinics?" (Member of the public)

"Because I do not consider that the alternative will provide adequate care for people at home. The intention is good, but I have no confidence that it can be carried out. It will go the way that current care at home has gone and will {mean} nurses end up having too little time to provide effective care." (Member of the public)

Some focus on the **quality of ADH care** (particularly mentioning the benefits of a smaller healthcare facility and the quality/friendliness/expertise of current staff) and also its **heritage/value as a town asset**, for example:

"A wonderful facility that has helped countless patients over the years and continues to do so. It is irreplaceableble. It would be a disgrace if it were to close. Care at home would not compare to being sent to "Ashby." It was bought and built by the local community in Victorian times at a time when people WERE being cared for at home! Ironic isn't it?! It was bequeathed to the NHS and entrusted into its care member of the public." (Member of the public)

"Experience of the hospital over the years has been very positive. It is great for local outpatients. Getting to Leicester especially is a nightmare. Also friends have been in there for palliative care, which has been really good and local, which is helpful for relatives. Once it is gone, it is gone and what sort of guarantees are there that alternatives will really be found and be adequate and will be long-lasting?" (Member of the public)

"Ashby is developing into a town with no industries, just houses and people. Lots of people. A thriving LOCAL small hospital would be an asset and as we have actually got one already, it should be cherished. A lot of elderly people do not have a support network around them to help with transport to take them to other hospitals. Burton and Leicester are at least 15 miles away. The hospital could be used as a respite facility, recovery centre and end of life care as we have no such facilities in the area. It is not practical to treat everyone at home, especially if they live on their own." (Member of the public)

"ADH is a treasured facility. Its continued use makes it obvious that it is still required and has a place in the town and beyond. the alternatives if it were to

close do not provide an equivalent service for those with special care needs at a time when they are most vulnerable. Losing the building itself would be tragic as it would never, ever return. Replacing it would cost many millions. It's not equivalent to closing a few wards down (Loughborough Hospital) ADH is located in an ideal place. Overspill car parking could be arranged at Ashby School, Leicester Road, which is not used out of school hours or in holiday time." (Member of the public)

"Ashby DH has maintained a fantastic standard of care for its patients & outpatients for numerous years. In many cases for a lifetime. The bottom line is that it will save £1.1m if it is closed. This figure is a drop in the ocean for the NHS. In terms of value for money considering the service the hospital provides £1.1m is money very well spent. Savings should be examined in other areas of the service." (Member of the public)

"ADH is part of the cultural heritage of the town therefore is part of the town's character & attractiveness to potential residents & businesses. I am not convinced that the cost of the alternatives suggested would save money considering all that would need to be done. To put that sort of infrastructure in place will be more than keeping the hospital 'ticking over' Perhaps the missing factor is the expectation that families will be caring for the patients at home. This, however, is not 'free' as these carers suffer stress, work problems, eventually ending up as patients themselves." (Member of the public)

The comment below is an example that illustrates the fears about the potential impact of the changes on carers/relatives.

"My mother was admitted to ADH several times in her last years suffering from Dementia. My father, who was elderly himself, was finding it increasingly hard to cope with her at home. He needed a respite from his role of carer and the Hospital provided that. He could walk there every day was reassured by the fact that she was nearby as they had not been apart all their married life. If people are cared for in their homes as is proposed it puts a huge burden on other family members when they can least cope. We struggled for months with some support from Social Services but they were only there for v small parts of the day when they needed 24hr care...The strain of looking after sick elderly parents while running a family home and a full time job nearly killed me. Please don't make these changes lightly. There is nothing better than good quality accessible care here in Ashby in ADH. With the right will and creative thinking it could be made to work. Renting rooms out to therapists or charging for parking/ food/teas. Move the Health Centre into the building." (Member of the public)

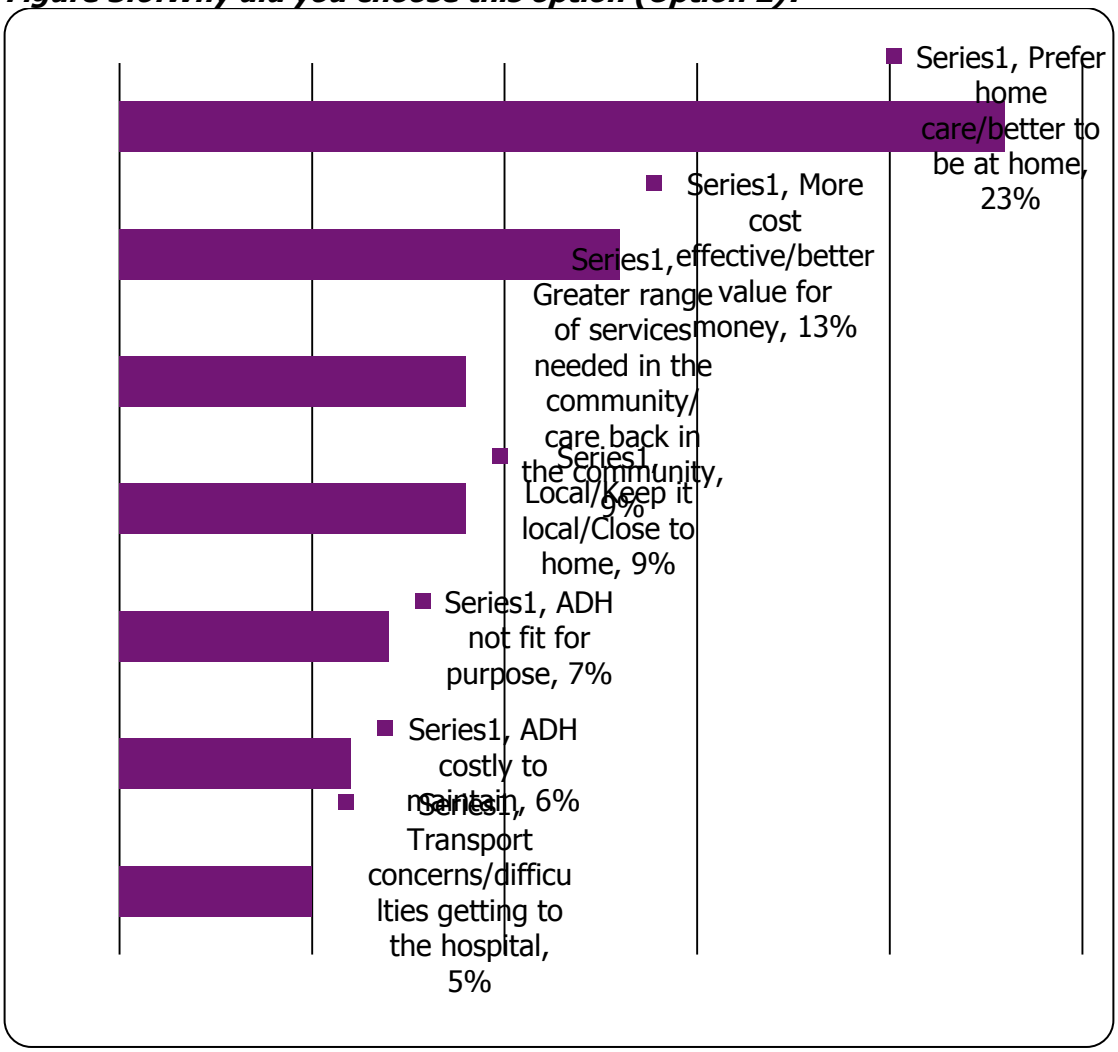
Reasons for selecting Option 2

The most common reasons for selecting Option 2 were a preference for care at home (23%); that this option is more cost effective/better value for money; (13%) and that a greater range of services is needed in the community (9%).

Some felt that repairing an old hospital is a waste of taxpayers' money, that money should be spent 'on staff rather than on buildings' and that Option 2 means that more people can be cared for within the same budget.

Some felt that elderly people would prefer to be treated in their own home and this option would reduce transport/car parking issued faced by some. Some consultees also commented that the service should be looking to the future and not the past.

Figure 3.6:Why did you choose this option (Option 2)?



Base: all respondents who selected Option 2 (202)

A selection of example comments are provided below. Some focus on **cost-efficiency** and the fact that the **current site is not fit for purpose**:

"Investing in a old building that isn't fit for the future expansion of Ashby seems to waste money that is already sparse." (Member of the public)

"Most sensible use of resources in a time of ageing population and tight fiscal environment- most people would prefer to stay at home if possible." (Health professional)

"More use could be made of the community hospital at Coalville which is a more modern and better equipped building. It is close enough to the town and villages currently served by Ashby District Hospital, to be almost as convenient. However, if current services were moved to, say, Burton then travelling much further would be impossible for some." (Member of the public)

"When, hopefully, the new Health Centre is built, most of the services currently based at the hospital can move there. Patients currently needing a bed can go to Coalville where there is at least some chance of parking." (Member of the public)

"1) Ashby Hospital is not "fit for purpose" (ref "Place" assessment 2013) 2) The site is not capable of building a new hospital to current NHS standards due to its size 3) There is no central capital funding available for rebuilding 4) £500,000 is not sufficient to make it fit for purpose 5) There are in-patient beds available elsewhere e.g. Loughborough 6) Services are now provided in a different way e.g. by GPs 7) LPT needs to rationalise its estate - it cannot afford this building when there is capacity elsewhere." (Stakeholder organisation)

"Can't be sentimental about a building. The money would be better spent improving health care in the community." (Member of the public)

"The building is very old & would need huge input of money to refurb. Car parking is very limited. Some services could be transferred to Coalville Hospital e.g. the ward as CCH has capacity with their ward closures. It would enable even closer working for the Matron & Ward Staff who oversee both Ashby & CCH Hospitals." (Member of the public)

"I feel that Ashby hospital needs a lot of work to make it fit for purpose and even then parking is a problem - although well liked, it is not suitable for 21st century healthcare delivery." (Healthcare professional)

"When, hopefully, the new Health Centre is built, most of the services currently based at the hospital can move there. Patients currently needing a bed can go to Coalville where there is at least some chance of parking." (Member of the public)

Some mention the fact that **care will be enhanced** and care at home will be better for the individual:

"I feel that Option 2 will allow services to be shaped around the needs of the population. Care closer to home. Personalised services that are fit for purpose." (Health professional)

"Elderly people would like more care in their home - more settled than in a hospital environment." (Member of the public)

It was clear from some of the comments that some respondents chose Option 2 with **explicit caveats** that alternative services would be locally accessible, high quality and that the money saved by closing ADH is ring-fenced.

"It makes sense financially and new premises would be easier to run and more hygienic. However, it would need to be easily accessible not only re transport but the number of staff and appointments available. So often promises are not followed through. Presumably you will have finances from sale of hospital as well as savings set aside for maintenance etc.? You have to provide enough new nurses to cover sickness & holidays so that care is continuous & not delayed. Can you guarantee this level of care?" (Member of the public)

Selection of neither option

Some respondents did not select an option and gave reasons for not doing so.

- Some felt that they had insufficient information (a point explored further in Section 5.3).
- Others that they felt that there is a need for both options and it is impossible to choose between the two.

"I have chosen neither of the above options because we need greater clarity on the future of other NHS services in Ashby before we can contemplate the closure of Ashby Hospital. We need to know when the new Health Centre will open and what facilities and opportunities for expansion will be available there. It is not sufficient to say, for Option 2, that new outpatient facilities will be provided somewhere around Ashby without specifying where and when these facilities will be provided and exactly what these facilities will be. It would be foolish to build another facility for outpatients when a new doctors' surgery is planned on a green field site. Also there is no mention in the consultation document on what will be done with the proceeds of selling the

hospital site. It is essential that any proceeds are ploughed back into capital spending on the new facilities in Ashby." (Member of the public)

"I understand the arguments in favour of Option 2, but insufficient information has been provided to reassure me that Option 2 is viable and will be sufficiently resourced to be better than the current provision. I accept that something has to be done, but the case has not been made. I have chosen option 3." (Member of the public/town councillor)

"I think there is a need for both options but some patients say they "want" to be at home when they are sick. But what they "need" is to be in hospital. A hospital is an important part of any community and some patients need the hospital care." (Member of the public)

3.3 Response from the public meetings and other public engagement

At the public meetings, participants were presented with information on the two options and given time to debate and discuss the issues. They were specifically asked to think about the strengths and weaknesses of each option.

Those attending were asked to opt by electronic keypad to indicate which option they preferred. As shown in Table 3.1 at the first meeting, 23 participants selected Option 1 and 16 selected Option 2, with a relatively high number (15) electing not to choose an option. At the second meeting, 18 selected Option 1, 9 selected Option 2 and 3 did not choose an option. Across the two meetings this means that 49% of attendees opted for Option 1, 30% opted for Option 2 and 21% did not choose an option.

Table 3.1: Which of these options do you feel would most meet the future needs of patients in Ashby and surrounding areas?

Options voting preference	First event	Second event	Total	
Option 1: Make better use of the services in ADH	23	18	41	(49%)
Option2: Move services out of ADH to other local places, increase the range of community health services, and provide more care in people's homes	16	9	25	(30%)
Did not choose an option	15	3	18	(21%)
Total attendees	**54**	**30**	**84**	

A number of reasons why were given at the public meetings as to why people felt that provision should continue at ADH, including:

- The overall positive reputation of the hospital and the quality of staff.
- An emotional connection with the hospital, typically because family has been treated there. "*People will be sad and miss it.*"
- Good reputation of and/or direct experience of specific services, with occupational therapy, rehabilitation services, end of life/palliative care, physiotherapy and gynaecological clinics mentioned in particular.
- Its location (particularly for visitors and access for those who do not drive).
- The perceived continued need for hospital beds at ADH, to relieve the pressure on acute services and also in light of the growing population.

A number of weaknesses associated with continuing provision at ADH, were also discussed at the public meetings, namely:

- The fact that the building is not 'fit for purpose'. In particular there were mentions of:
  - Narrow corridors.
  - Lack of en-suite facilities and single rooms.
  - Staff cannot easily see patient on the ward from their desks.
  - Issues with parking.
  - High costs of maintenance and upkeep.
  - Lack of diagnostic facilities.
- In an ideal world, care at home should be better for the patient.

Feedback from Community Groups and the listening booth exercises was also mixed in response to the options, for example:

- At a Sheltered Housing Scheme meeting there were a range of opinions about the options. Those supporting option 1 felt the location at Ashby for inpatient services was convenient for them and a move away from the current site would mean extra travel. Supporters of option 2, conversely, understood the need to modernise and the advantage of having more outpatient clinics locally.
- Feedback from outreach with traveller families was that, since they don't use the hospital, they were unsure of which option would be better.

Issues and concerns

The principle of moving more care into the community was welcomed by some, however there was some cynicism and concern expressed about this in practice. Attendees at the public meetings wanted reassurance that services (both acute and community) would be put in place ***prior to*** ADH closing and, in some cases, were sceptical about whether this would actually happen. They mentioned that

health and social care will need to be more integrated than is currently the case. Those who were in doubt about the phased transition tended to prefer Option 1.

Attendees also had a number of specific concerns about greater provision in the community, including:

- Whether the appropriate equipment and facilities would be available in home.
- If a lack of support would mean that greater burden is placed on relatives and carers. "*Savings will come from relatives providing more care as social care not there!*."
- If more care in the home would be safe - no 24 hour support/care.

The lack of diagnostic facilities, particularly x-ray machines, at ADH prompted much discussion. Some suggested that this should not be given as a reason for closing ADH since more creative solutions should be explored (for example, using the basement and/or mobile x-ray services). Others felt that the lack of an x-ray machine was a key factor in the debate.

At the consultation meeting at Ashby School, students were consulted on the possible future options. Whilst they had no strong feelings about the hospital itself, they felt strongly that the teen health services should be local and accessible in school time. They felt that students would not attend if the clinic was in town or at the new Ashby Health Centre as the service would be much less accessible, but felt that a clinic on the school site would be possible.

At the Older People's Forum the concern was raised in particular about difficulties with transport to hospitals further away, such as Leicester Royal Infirmary.

3.4 Responses from other stakeholders

A submission from the Leicestershire Health Overview and Scrutiny Committee indicates that they support Option 2 in principle (assuming phased implementation and the expectation that the new Ashby Health Centre will be in operation in 2015). However, the Committee was of the view that any decision regarding community health services in Ashby should not be taken in isolation. It will be important for West Leicestershire Clinical Commissioning Group to ensure that provision of community beds is maintained across West Leicestershire.

Responses from other stakeholders have been summarised below. These tended to focus on the following points:

- Stressing the importance of therapeutic, rehabilitation and other out-patient services currently provided by ADH to the community.
- Concern about the transition to community services, if ADH is closed.

- Concern about the efficacy of community services given pressure on resources and a perceived lack of integration between health and social care services currently.
- A need to review the decision about the future of Ashby community care services in the context of other local provision and in the light of increased housing development and population growth

A submission from Ashby and District Stroke Support Group[1] stressed the importance of rehabilitation, therapy and outpatient services currently provided by ADH. They felt that the hospital should not be shut until alternative provision is up and running and that any money saved by closing the hospital should be ring-fenced to pay for alternative services.

Views at a sheltered housing scheme were very mixed. Some residents were concerned that a move away from the current site would mean extra travel. Others, conversely, felt that Option 2 would be advantageous because it would mean more local outpatient clinics.

At an Ashby Patient and Public Panel meeting in March 2014, panel members queried the current availability of community care and cited a lack of integration between health and social care services. They felt strongly that the situation is worsening and are concerned about any additional pressure on the system. They feel that new community services should be in place before a decision about Ashby Hospital is made.

At a presentation to the Board of East Leicestershire & Rutland CCG, it was commented that the consultation should be explicitly aware of the whole healthcare estate, including the provision of care on main sites such as UHL. Concern was raised in relation to Option 2 about the adequacy of district nursing provision and staffing gaps.

Leicestershire County Council's Health Overview and Scrutiny Committee supported Option 2 in principle[2], with the following caveat: *"The Committee is of the view that any decision regarding community health services in Ashby should not be taken in isolation. It will be important for West Leicestershire Clinical Commissioning Group to ensure that provision of community beds is maintained across West Leicestershire. Additionally, the Committee is keen to see patients being cared for in their own homes where possible."*

[1] The full response from Ashby and District Stroke Support Group is provided at Appendix D.
[2] The full response form Leicestershire County Council's Health Overview and Scrutiny Committee is provided at Appendix D.

Ashby de la Zouch Town Council[3] commented that, in their view: *"The range of health services available should be expanding not reducing. The Town Council are unconvinced that either Option 1 or Option 2 provides sufficient reassurance for the people of Ashby. It would prefer that the alternatives to existing provision are demonstrated to work and be an improvement, before any facilities are closed*."

Ashby Parish Council was concerned that if Ashby Hospital closes, increased pressure will be put upon Measham Medical Unit, Ashby GPs and the Ambulance services and funding for a new building would use money that could have been used for other services. They highlighted that increased development in Coalville, Ashby and Measham needs to be considered. They also questioned how the care home procedure will be funded if a patient is not ready to go home.

A member of the Review's Patient and Public Panel raised concerns that the following points have not been given sufficient weight in the decision-making process:

- The removal of the 16 inpatient beds will place increased pressure on local acute providers, some of which are already experiencing problems with A&E targets.
- Alternative care arrangements rely on the successful implementation of the Care Act and integration of health and social care which is untried and at a time of pressure on Council social care budgets.
- The report 'The Clinical Case for Change' of July 2013; Intensive Community Support (ICS), a review of patients in community hospitals in April 2012 estimated 73% of patients that could not have been managed at home with ICS.
- It has been stated that the £900,000 needed to upgrade Ashby Hospital could fund 18 extra staff for the alternative option. This is misleading as this sum would only fund these staff for a single year.
- Public engagement has shown that public transport links are a very important consideration. Existing public transport links to Coalville, Loughborough and Hinckley Community Hospitals from Ashby are already poor and are likely to get worse in the foreseeable future which will make access difficult.

Other stakeholder views have been included in Sections 5.2 and 5.3, as they made specific comments in relation to the consultation coverage (particularly the options development) and information provision.

[3] The full response from Ashby de la Zouch Town Council is provided at Appendix D.

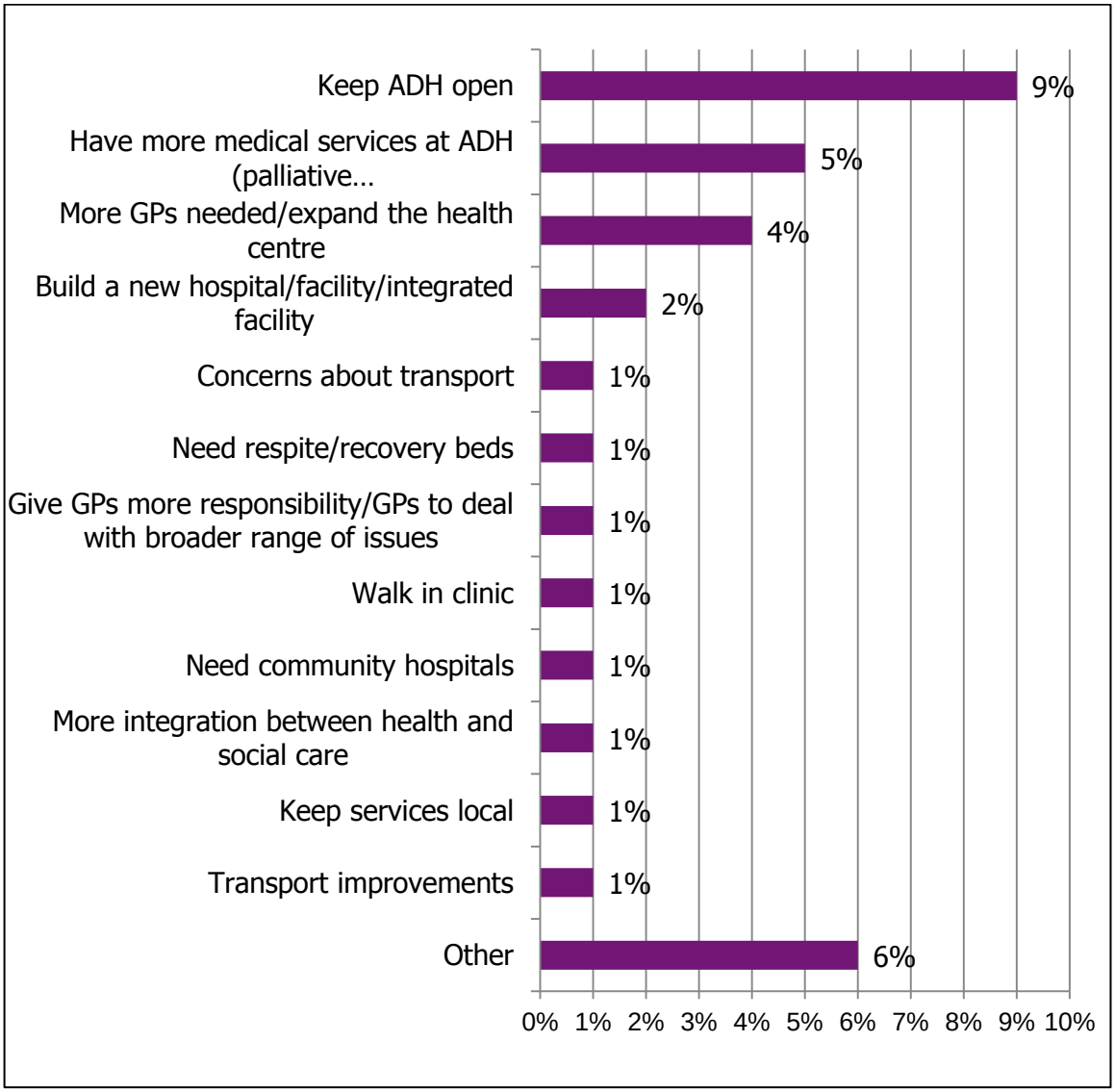
4. Ways to improve Ashby Community Health Services

4.1 The questionnaire responses

At the end of the questionnaire, respondents were asked if they had any other comments on how community health services in the Ashby area could be improved.

Just under one in 10 (9%) suggested keeping ADH open and a further 5% suggested broadening the range of services at ADH. The need for more GPs, a new hospital and a walk-in centre were also raised.

Figure 4.1: If you would like to comment further on ways to improve community health services in the Ashby area, please write your comments here?



Base: all respondents (388)

A selection of example comments is again inlcuded below. Some comments focussed on **retaining or increasing services at ADH**, for example:

"I want to see ADH brought back to its former glory both in terms of care and in the fabric of the building. I want to see it run alongside alternative methods of care. Many many people appreciate old buildings for their aesthetics, character, quality and history. This is not a mass-produced soulless 'box' like some modern hospitals. Yes, of course ADH is high maintenance as are many 'old things'! It will still be there in 100 years' time if it is looked after - unlike e.g. Ashby Health Centre. How long has that lasted and at what cost? It would be a massive boost for the town's morale to invest in ADH and a statement of care and investment in public health. A flagship to a caring society." (Member of the public)

"Spend money on preserving facilities that already exist. It's a waste to spend on new services/buildings elsewhere. People are worried about nowhere to recover with round the clock support if community hospitals keep closing." (Member of the public).

Other consultees felt that **services provided by GPs** should be increased, for example:

"Suggest enlarging GP practices and providing more specialist services within practices locally." (Member of the public)

"Perhaps a national issue, but it would be good to make more use of local Health Centres by giving GPs extra responsibility for dealing with 'minor problems' and thereby relieving the pressure on A & E departments at big hospitals." (Member of the public)

Some comments focussed on **better integration between health and social care**:

"Make links between Health Centres, local hospitals and community care. The objectives mentioned in Option 2 are aspirational, but it is unclear who or when such links can be made. Currently, in my experience, community care is very hit and miss." (Member of the public)

"Improve integration of primary and secondary care, improve communication between social and health care, clear agreement of services provided for out of area like Derbyshire patients." (Stakeholder type not stated)

Other consultees mentioned the **need for more staffing, resources and services**, for example:

"Need more community staff - the district nurses are rushed off their feet and seem to be covering a wider area than previously. Certainly would need easy access to staff on call/resident at night." (Healthcare professional)

"Where are all the patients going to be transferred to when the acute hospitals have frequent Red Alert bed crisis issues? These patients are usually not well enough to go home even with extra so-called community input, but are blocking acute beds. That's why Ashby Hospital is classed as 'sub-acute'." (Health professional)

"1) Provision of services (e.g. Outpatients & physiotherapy) in improved GP surgeries 2) Make beds available in Coalville, Loughborough, Hinckley & Burton where there is capacity." (Elected representative)

"We could have a hospital joined on to the new health centre, and use the hospital for a Museum or spend what it needs to bring it up to necessary recommendations." (Healthcare professional)

"There is a real need for a properly staffed walk-in centre in Ashby, serving the growing population of Ashby, Ashby Woulds, Measham etc, as well as adequate provision for home care. 'Increased provision' for home care, in this period of significant, continuing cut-backs both to district nursing and paramedical services, would be no replacement for the loss of the cottage hospital." (Member of the public)

"Often with these questionnaires they consider the larger services and their provision e.g. doctors and nurses. How will it affect the service the AHPs provide - particularly small services like dietetics and speech and language therapy that are a valued local service and often overlooked and unfunded." (Healthcare professional)

Other points raised by small numbers of consultees were:

- The provision of a clinic for ENT.
- Mention of maternity services, ante/post-natal groups and specialist services for those living in the community with an acquired brain injury.
- The need to reduce bureaucracy and empower staff.
- The need for a local hospice.
- The idea of limiting the use of beds at ADH to Ashby residents.
- Getting sponsorship from business or individuals.

4.2 Other stakeholder comments

At the public meetings, participants also mentioned the importance of having good, clear information on how to access the services and information which is not only available online but in the library and other community spaces. The community hospital at Heanor was mentioned as a good example of what a community hospital should be like.

Attendees at the Willesley Estate resident's meeting queried if an urgent care centre in Ashby could be considered. This call was echoed by a number of other stakeholders who also suggested an urgent care/walk-in centre.

Willesley Estate residents also stressed the importance of ensuring that there are high calibre staff going into patients' homes and they have time to deliver care.

The Head of Discharge at the Queen Elizabeth Hospital, Burton felt that the provision of IV antibiotics in the Ashby community would be helpful.

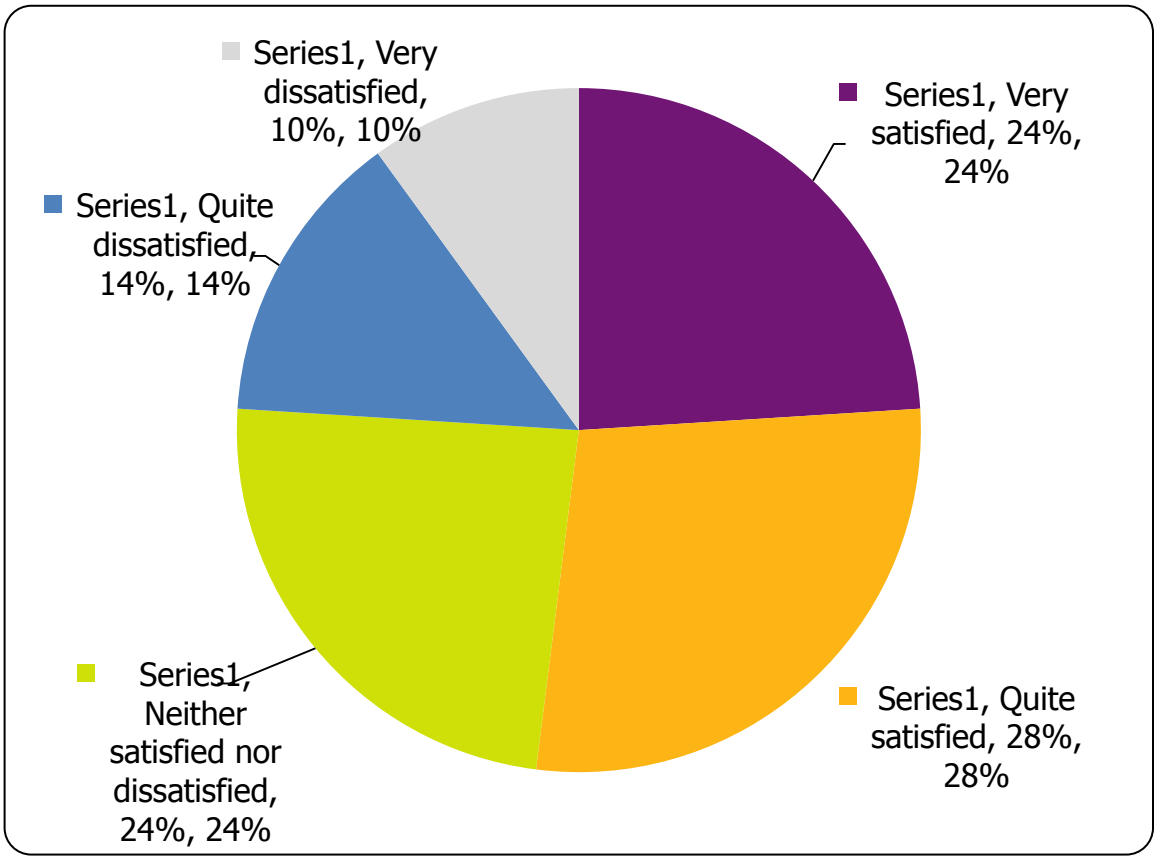
5. Comments on the consultation process

5.1 The questionnaire responses

As Figure 5.1 shows, of those 242 questionnaire respondents who answered the question regarding their satisfaction with the consultation, just over half (52%) were very or quite satisfied and 24% indicated that they were very or quite dissatisfied.

A higher proportion of those who had used community health services in the past twelve months were very dissatisfied (14%), compared with 4% of those who had not used the services. This figure was highest for those who had used ADH in particular (20%). Also a higher proportion of those who selected Option 1 were very or quite dissatisfied (27%), compared with those who selected Option 2 (3%).

Figure 5.1: Overall how satisfied or dissatisfied are you with how you have been consulted?



Base: all respondents who gave a response (242)

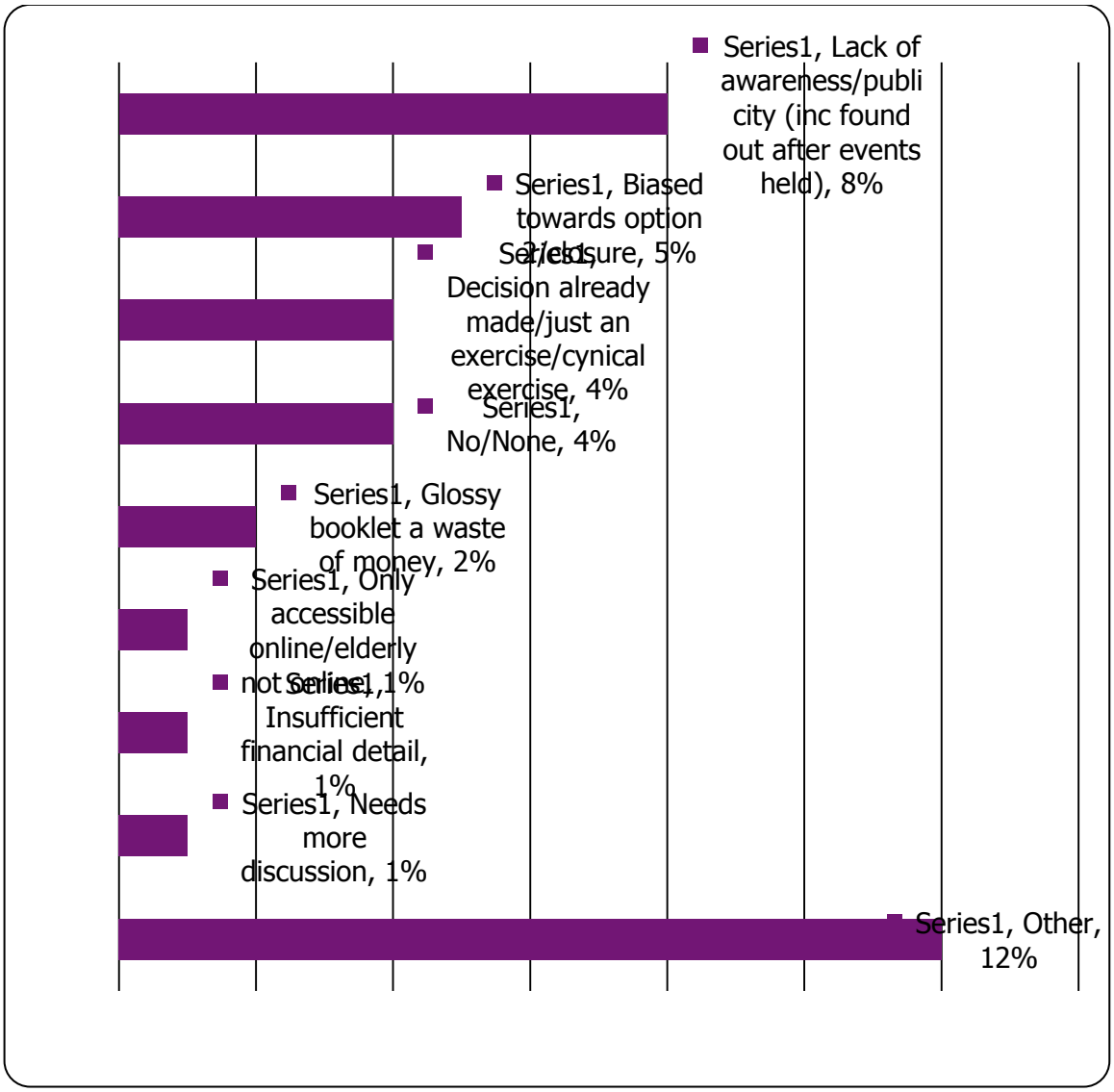
The most frequent comments relating to the consultation process related to a lack of awareness of the consultation (mentioned by 8%); a perceived bias

towards Option 2 (5%); and a feeling that the decision has already been made (4%).

Some felt that there was too much reliance on the local press in terms of publicity and some commented that they were unable to attend any of the engagement activities because they did not hear about them until too late.

Some consultees also queried the cost of the consultation documents and the consultation as a whole and two respondents queried why there were only two options to choose from. Some also wanted to understand the impact of the consultation on the decision-making process.

Figure 5.2: Do you have any further comments about the consultation process itself?



Base: all respondents (388)

A selection of example comments are provided below. Some mention **perceived bias and/or that decisions have already been made**, for example:

"Brochure not written objectively. Overestimates the effectiveness of community services mental health made this mistake in the 70s & 80s (I worked in this service.)" (Member of the public)

"Given a choice of two unacceptable options is NOT a consultation." (Member of the public)

"The consultation process information is heavily biased in support of Option 2. As a member of the Patient and Public Panel for the review I have little or no confidence that the opinions expressed by the public will carry any weight in the decision. It has been frequently stated that the decision will not be influenced/taken on finance but this is patently a very major consideration." (Member of the Review's Patient and Public Panel)

"I think that the Trust has made their decision to close Ashby. They are just going through the steps to make them look good. They are thinking about money, not patient care." (Healthcare professional)

"I feel you should take into consideration people's feelings and opinions. It would be very disheartening to see the hospital close and for people to have voted to keep it open and you still close it not taking into consideration people's opinion." (Member of the public)

"When the first meeting took place at Ashby school the public wasn't told that the hospital was at risk of closing. It was advertised in the Ashby Times as a review of services not at risk of closing." (Healthcare professional)

Some focus on the **design of the consultation** (and particularly difficulties related to older people completing the online questionnaire) and/or the **lack of publicity/time to respond:**

"In general, the consultation seems to be designed by and for people who are young, mobile and internet savvy. (Travel outside the home community becomes a big issue for the elderly, those with disabilities and learning difficulties as well as those on low incomes.) I was aware of the consultation from regional TV but had not been aware of consultations in 2013! It seems many people in Ashby have not been aware that the consultation was taking place." (Member of the public)

"Got this document at least 2 weeks after the public events (March 5th) and after the listening booth days." (Member of the public)

"It should have been more widely advertised. Only found out from visit to the hospital. More local people would be for Ashby Hospital staying open if they'd known sooner." (Member of the public)

Other comments question if **particular elements** (such as financial analysis, transport and staff) have been taken into account

"There is insufficient financial analysis. We were told at the Ashby consultation that the details of new service provision would be sorted out once a decision had been taken. You can not seriously expect people to give a positive view to proposals that have not been properly thought through and costed in relation to the needs and outcomes expected." (Member of the public)

"It appears to have taken absolutely no account of transport requirements and the fact that NHS transport refuses to take people to hospital appointments in Burton on Trent. More clinics need to be held at Ashby not transferred away from the only place in the area with any public transport." (Member of the public)

"Ashby Hospital should stay open, especially the ward because the beds will be needed for use by patients. I also feel that you are not taking into consideration staff members jobs, they have applied for that job for a reason at the hospital for a reason to take that away from them is very disheartening." (Member of the public)

5.2 Alternative options

A small number of respondents to the questionnaire queried why there were only two available options. For example, the respondent below suggested an alternative option of a new community hospital:

"Neither of the proposed options is acceptable. Given the expansion of Ashby & surrounding areas, the priority should be to establish a new community hospital on a site which has room to grow i.e. Money Hill or one of the industrial sites. Once completed the old hospital can then be sold for development to defray some of the cost...." (Member of the public)

There was also some concern about the process for options development, and why only two options were provided, from other stakeholders. For example, at one the public meetings attendees questioned whether all the relevant future options had been considered, with the suggestion given of having more beds at ADH and moving some of the services (possibly outpatients) to other locations.

North West Leicestershire District Council submitted a response[4] to the consultation to outline its suggestion that there are two additional options for consideration a) retain the site for healthcare facilities and b) the creation of additional care/nursing facilities. They felt that the use of the site and/or building may be of interest to other healthcare providers and a new strand of work should be initiated to consult on this basis. Members thought that it is particularly important to "*retain bed provision for end of life care in Ashby, for Ashby and the surrounding localities. Members also thought that there is significant historical and heritage value to parts of the existing Victorian Cottage Hospitals and consideration should be given to maintaining these elements in any future use of the site.*"

Ashby de la Zouch Civic Society[5] also queried why the consultation was limited to two options and suggested two further options should be considered:

- a) Build a small hospital at the site of Ashby's new Health Centre (with some funds generated by the sale of land of the existing site.)
- b) Move Ashby Hospital to Coalville, which is felt to have space and facilities (particularly x-ray facilities.)

At the Older People's Forum the question was raised as to whether ADH could be used specifically for palliative care beds.

5.3 Evidence/information provision

Some participants at the public meetings asked for more detailed information about the options before they made a decision, and asked for the following:

- More detailed information of costing/efficiency implications of the options.
- More clarity on where the new services will be based (and particularly on the new health centre location). Some queried what would happen if planning permission is not given for the proposed health centre.
- Information on what consideration is being given to transport to the new services.
- Information on what will happen to the staff currently based at ADH.
- Information on what will happen to the ADH building if services are no longer provided there (and some concern that it will be knocked down).

A representative of Ashby de la Zouch Civic[1] Society felt that the information provided in the Consultation Document was insufficient, particularly in relation to:

- How the plans in Option 2 would work in practice, specifically whether there is capacity at Coalville, Loughborough and other local hospitals.

[4] The full response from North West Leicestershire District Council is provided at Appendix D.
[5] The full response from Ashby de la Zouch Civic Society is provided at Appendix D.

- Future planning in light of the population increases, particularly what the demand for patient beds will be in 5 or 10 years.
- More detail on the long term costs associated with Option 2.

Jamie McMahon, Labour & Co-operative Parliamentary Candidate for North West Leicestershire highlighted the historic importance of the hospital to the town and felt that a number of areas need to be addressed prior to the reduction of ADH services:

- Greater clarity on the location of outpatient and therapy services in Ashby.
- Greater information to the public on the future of inpatient care.
- A clear plan on the future of the Hospital building.

He noted the following on his blog of March 9th 2014:

> *"I have been calling for people to 'write in' to the consultation with a third option. We need more reassurance that services such as physiotherapy and outpatients currently provided at Ashby Hospital will remain well provided for in Ashby, with no gaps. We need more proof that the alternative idea of more care in people's homes works. We also need more information on the future of the building and the development of a new Health Centre. Ashby Hospital is a vital part of the local community and until the NHS answers these questions to the satisfaction of local residents no closure decision can be made. The people of Ashby rely on these services and I'm urging them to have their say before the consultation closes on April 6th."*

Evaluation of the public meetings

A small proportion of attendees (five at each) of the public meetings completed evaluation forms at the end of the session. They made the following comments and suggestions:

<u>Comments on how the meetings were run:</u>

- No Ashby GPs in attendance.
- Not enough time!
- This did not feel like a consultation.
- It was good to be included in this meeting as I live in the LE67 district. Yes some areas don't really involve the people of LE67. But there are also many points that do!
- Presentation was good and clear.
- Repetition of earlier discussion at Ashby School.
- Very well presented.

<u>Suggestions on how to improve future events:</u>

- Pick somewhere else as the public are very concerned!!
- More time for discussion.

- Could you ask people to email in questions to you before the meeting so maybe you can be aware (I know it will only be on information that you have received beforehand).

Suggestions for future topics for discussion:

- If the hospital is closed what is going to happen to the building i.e. if sold what happens to the proceeds afterwards.
- To be aware of any new introductions in the area of whatever is being introduced to the West Area.
- Future plans are unclear!

A representative of Ashby de la Zouch Civic[6] Society also made a number of comments about the public meeting that they attended, including:

- Too many NHS personnel being present at the event.
- That more time should have been devoted to a question and answer session.
- That there should have been a statement from local GPs giving their opinions on the plan.

One stakeholder organisation also commented that an additional public meeting should have been held in Measham.

[6] The full response from Ashby de la Zouch Civic Society is provided at Appendix D.

Appendix A: Questionnaire (with responses)

Questionnaire – with full responses shown

NOTE: Figures may not add to 100% because of rounding or where multiple responses were provided.

Q1. Have you used community health services in West Leicestershire over the last 12 months?

'Community health services' is the name given to a wide range of healthcare available in community hospitals like Ashby's. This includes a variety of, clinics and the work of staff like school nurses, district nurses and health visitors. It's also about healthcare that is sometimes provided in people's homes. **Please tick the relevant box/boxes**

Hospital inpatient care	46 (12%)
Outpatient clinics	117 (30%)
School nurse	5 (1%)
District nurses	23 (6%)
Health visitor	12 (3%)
Other	27 (7%)
Not used	133 (34%)
Not stated	86 (22%)

Q2. Where did you go to for these services?

Ashby and District Hospital	84 (22%)
Queen's Hospital Burton	63 (16%)
Leicester General Hospital	17 (4%)
Coalville Hospital	10 (3%)
Derby Hospital	9 (2%)
Glenfield Hospital	5 (1%)
Other Leicestershire Hospital	42 (11%)
Other	16 (4%)
Not stated/Not used	210 (54%)

Q3. The two options described in this document highlight how services would be provided in the future. Which of these options do you feel would most meet the future needs of patients in Ashby and surrounding areas? (please tick one)

Option 1: Make better use of the services in ADH	172 (44%)
Option 2: Move services out of ADH to other local places, increase the range of community health services and provide more care in people's homes	202 (52%)
Not stated	14 (4%)

Q4. Why did you choose this option?

.....
.....
.....
.....

Q5. Overall how satisfied or dissatisfied are you with how you have been consulted?

Very satisfied	58 (15%)
Quite satisfied	67 (17%)
Neither satisfied nor dissatisfied	59 (15%)
Quite dissatisfied	34 (9%)
Very dissatisfied	24 (6%)
Not stated	146 (38%)

Q6. Do you have any further comments about the consultation process itself?

.....
.....
.....
.....
.....

Q7. If you would like to comment further on ways to improve community health services in the Ashby area, please write your comments here

……
……
……

Please tell us something about you

Equalities Monitoring Form (strictly confidential)

West Leicestershire Clinical Commissioning Group recognises and actively promotes the benefits of diversity and is committed to treating everyone with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. To ensure that our services are designed for the population we serve, we would like you to complete the short monitoring section below. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties.

Data Protection Statement - All information will be kept strictly confidential and in accordance with the Data Protection Act 1998 and associated protocols.

Please (✓) the relevant box

Q8. Are you responding to the consultation as …		
A member of the public	Please answer Q9 to Q19 only	256 (66%)
On behalf of a stakeholder organisation	Please go to Q20	3 (1%)
A healthcare professional		29 (7%)
An elected representative		4 (1%)
Other, please give details		4 (1%)
Not stated		92 (24%)

Q9. The first four letters/numbers of your postcode will help us understand where services may need to be directed. (We will not be able to identify your address from this)	
LE65	126 (49%)
LE67	41 (16%)
DE12	25 (10%)
DE11	14 (5%)
LE12	6 (2%)

DE73	5 (2%)
Other	8 (3%)
Not stated	31 (12%)

Q10. What is your age group?*	
Under 16	2 (1%)
16 - 24	15 (6%)
25 - 34	18 (7%)
35 - 59	75 (29%)
60 - 75	75 (29%)
76+	24 (9%)
Prefer not to say	15 (6%)
Not stated	32 (13%)

* a small number of respondents replied using different age bands as follows: Under 16 - 4; 16-19 - 0; 20-29 - 1; 30-39 - 1; 40-49 - 4; 50-59- 5; 60-69 - 14; 70-79 - 2

Q11. What is your current relationship status?	
Single	23 (9%)
In a relationship	19 (7%)
Living with a partner	8 (3%)
Married/civil partnership	132 (52%)
Separated	2 (1%)
Divorced/dissolved civil partnership	9 (4%)
Widowed/surviving civil partnership	22 (9%)
Other	10 (4%)
Prefer not to say	11 (4%)
Not stated	20 (8%)

Q12. What is your gender/sex?					
Male	86 (34%)	Female	150 (59%)	I'd prefer not to say	18 (7%)
Not stated	2 (1%)				

Q13. Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend to? (This could include changing your name, wearing different clothes, taking hormones or having gender reassignment surgery.)

Yes	2 (1%)	No	160 (63%)	I'd prefer not to say	64 (25%)
Not stated	30 (12%)				

Q14. What is your sexual identity/orientation?	
Heterosexual/straight	147 (57%)
Gay/lesbian	1 (0%)
Bisexual	1 (0%)
Prefer not to say	77 (30%)
Not stated	30 (12%)

Q15. Do you look after, or give any help or support to family members, friends, neighbours or others because of:?	
Long-term physical or mental ill-health/disability	28 (11%)
Problems related to age	23 (9%)
Other	9 (4%)

Q16. Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months? (Please select all that apply.)	
Vision (such as due to blindness or partial sight)	5 (2%)
Hearing (such as due to deafness or partial hearing)	15 (6%)
Mobility (such as difficulty walking short distances, climbing stairs)	27 (11%)
Dexterity (such as lifting and carrying objects, using a keyboard)	9 (4%)
Ability to concentrate, learn or understand (learning disability/difficulty)	3 (1%)
Memory	1 (0%)
Mental ill-health	5 (2%)
Stamina or breathing difficulty or fatigue	14 (5%)
Social or behavioural issues (for example, due to neuro diverse conditions such as autism, attention deficit disorder or Aspergers' syndrome)	0
No	108 (42%)
I'd prefer not to say	9 (4%)
Other	10 (4%)
Not stated	83 (32%)

Q17. What is your ethnic group?
Please choose one option that best describes your ethnic group or background:

White	
English/Welsh/Scottish/Northern Irish/British	152 (59%)
Irish	0
Gypsy or Irish Traveller	0
Any other White background	0
Mixed/multiple ethnic groups	
White and Black Caribbean	0
White and Black African	0
White and Asian	1
Any other mixed/multiple ethnic background	0
Asian/Asian British	
Indian	0
Pakistani	0
Bangladeshi	0
Any other Asian background	0
Black/African/Caribbean/Black British	
African	0
Caribbean	0
Any other Black/African/Caribbean background	0
Chinese	
Chinese	0
Other ethnic group	
Arab	0
Other	5 (2%)
I'd prefer not to say	9 (4%)
Not stated	89 (35%)

Q18. What is your religion? Please choose one option that best describes your religious identity:					
No religion	34 (13%)	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)			111 (43%)
Buddhist	1	Hindu	0	Jewish	0
Muslim	0	Sikh	0	Baha'i	0
Jain	0	I'd prefer not to say	11 (4%)	Not stated	99 (39%)

Q19. What is your main language? Please choose one option used for communicating and interpreting information:					
English	161 (63%)	Arabic	0	Bengali	0
BSL (British Sign Language)	0	Chinese	0	Farsi	0

Gujarati	0	Hindi	0	Pashtu	0
Polish	0	Portuguese	0	Punjabi	0
Slovak	1	Somali	0	Turkish	0
Urdu		Other	7 (3%)	Not stated	87 (34%)

If you are responding on behalf of an organisation, please answer the question below.

Q20. Which of the following best describes your organisation?	
Independent healthcare provider	6
Third sector organisation	2
Regulatory body	0
Patient representative organisation	1
Other	5

Thank you for taking part.

Appendix B: Details of Engagement Activity

Public meetings

West Leicestershire Clinical Commissioning Group (WL CCG) and Leicestershire Partnership Trust with the support of GEM CSU held two public consultation events at the following locations:

- 5 March 2014, 2.30pm – 4pm, The Royal Hotel, Station Road, Ashby de la Zouch, LE65 2GP
- 5 March 2014, 6.30pm – 8pm, The Royal Hotel, Station Road, Ashby de la Zouch, LE65 2GP

Both events followed the same format, Caroline Trevithick Chief Nurse and Quality Lead for WL CCG and Rachel Billsborough Divisional Director for Community Health Services at Leicestershire Partnership Trust gave a power point presentation. The presentation explained the responsibilities of WL CCG as the commissioner of healthcare services for West Leicestershire and of Leicestershire Partnership Trust as the provider of the majority of community health care services commissioned. Further slides included an outline of current services; an explanation on what community services comprise of; detail of who uses Ashby and District community health services and where local people receive treatment. It was explained why change is needed, and how healthcare is being and can be further modernised. Examples of proactive care and intensive community support were cited as how community care would be provided in the future. Both options were then outlined.

A system of electronic voting pads was used to record patient feedback along with note taking during table top discussions.

A question and answer session also took place at both events, Dr Nick Willmott GP, and WL CCG board member and clinical lead for the Ashby and District Community Health Services Review was also present at the evening event to take questions.

Listening booth

The listening booth was present at the following locations:

- Hood Leisure Centre, Mon 3 Feb 12-5.30pm
- Coalville Library, Wriggly Readers, Tues 6 Feb 9-10am
- Age UK Coalville Library Tue 11 Feb 9.30am-12.30pm
- Ashby Hospital Thur 13 Feb 9-10.30am
- Ashby Library knit and stitch Mon 17 Feb 1.30-4.30pm
- Ashby Library Tiny Talk Fri 21 February 9-10.30am
- Ashby Library Wriggly Readers Fri 21 Feb 10am-2pm
- Dr Shepherd's practice Mon 24 Feb 9-12noon

- Hermitage Leisure Centre Whitwick Mon 10 March 11.30am-6pm
- Measham Medical Centre Thur 13 March 9am-12.30pm
- Ashby Health Centre Mon 17 March 9am-1pm
- Ashby Tesco, Thurs 20 March
- Ashby Tesco, Tues 25th March
- Ashby Co-operative, Weds 31st March
- Ashby School, Friday 4 April
- Gypsy Traveller via Health Visitor throughout April

Community group meetings

A presentation was provided at the following community group meetings:

Ashby Castle Women's Institute	06-Feb-14	Legion House, South Street, Ashby de la Zouch, LE65 2QY
Young Carers (North-West Leics)	10-Feb-14	Greenhill Youth Centre, Waterworks Road, Coalville, LE67 4HZ
Ashby Spa Women's Institute	20-Feb-14	Manor House School, Ashby de-la Zouch,LE65 1BR
First Young Parents Group (Bagworth, Hinckley & Bosworth)	21-Feb-14	Bagworth Sure Start Centre, Station Road, Bagworth, LE67 1BH
Dreamers (Charnwood)	26-Feb-14	Mountfields Lodge Youth Centre, Epinal Way, Loughborough, LE11 3GE
Older Persons Working Group	26-Feb-14	North West Leicestershire Council Chambers, Coalville
Willesley Estate Tenants and Residents Association (TARA)	27-Feb-14	Portacabin on Ridgway Road, Ashby
TARA Meeting	28-Feb-14	Ashby
Ashby Town Civic Society	03-Mar-14	Ashby
Ashby Town Council meeting	03-Mar-14	Legion House, South Street, Ashby
Sheltered Housing Scheme	03-Mar-14	Prior Park Community Centre, Warwick Way, Ashby
Ashby Castle Women's Institute	06-Mar-14	Legion House, South Street, Ashby de la Zouch, LE65 2QY
Ashby U3A	25-Mar-14	Congregational Church, Kilwardby Street, Ashby
Linford & Verdon Crescent Tenants & Residents Association (TARA)	31-Mar-14	Greenacres, Linford Crescent, Ashby

Appendix C: Notes from the Public Meetings

Ashby Flipchart notes

Option 1

- *Strength*
  Central
  OP Specialist consultation
  Don't drive
  Good palliative care
  Easy visit
  Rehabilitation is effective
  Occupational therapists
  Gynae clinics
  Not block acute beds
  MSK e.g.:
    - Alternative location, Plan, GP, New Health Centre

  Good reputation
  Impressed with End of Life
  Care
  The nurses are good
  Care in the home – ideal if it can be properly provided – this is our concern – provided by social services
  Ashby hospital is ideal but very small
  We need to extend these services if capable into the home
  What about visitors – long way to travel
  Feel there is a need for the beds in Ashby hospital
  Yes they do
  Appropriate care package essential
    - Must listen to needs of patients
    - Continuity vital
    - Don't throw out the baby with bathwater!
    - Outpatients – Ashby GPS not referring to Ashby, Why? What reassurances if model?

  New health centre would respond too many of these needs although location creates potential mobility issues
  Could put x-rays facilitates in basement
  Antenatal opportunities
  More could be put in
  Increasing populations – need greater facilities
  Need long term plan
  Can't make a decision until we know what the budget is in the future

Heanor, Derbyshire Community Hospital – have a look at it, it's amazing!
Put x-ray room in Ashby
Reassurance what facilities will be provided e.g. x-ray?
Only have a set of aspiration and clear plan
No Ashby GPs at presentation – disappointing
Need to spell out if resources are closed
Not enough information or certainty given today
Transport is a must if moved to local services
Underutilisation of existing facilities
Working reasonably well
Easy for Ashby residents
Good physio department
Handy for the small percentage who use it
Could there be more beds if therapy and OPD moved to the health centre?
Is the hospital more cost effective
Is the community more cost effective
Concentrated skills of teams
Central for town/ locals/ schools/ visitors
Mobile x-ray services?
Roving MRI/ breast screening
Car parking is free and better than the health centre
Ashby is a safe hospital and receive good care
Ashby hospital should not close
Small excellent environment
Carer support after hospital in patient for end of life care
Great team in hospital.
Small hospital better communications
User of the service not just carers needing consulting
Economics of travelling support
Rehabilitation of social care support

- *Weaknesses*
  Building not fit for purpose
  Not current standards for hospital care
  Narrow corridors
  Site not big enough
  No en-suite bedrooms
  Few single rooms; 1 x infection, 2 x individual rooms
  Visibility in wards – out of hour's staff
  £900,000 – not good value for money
  Not home especially for dementia patients
  Poor car parking
  The upkeep – the cost £££ most important
  The building

Not fit for purpose for the future
Parking
Proactive care service breaks down
- ICS – 1/3 could be managed at home
- 27% mums that rest needs

Where will the services be provided if Ashby is closed?
How far will patients have to travel?
This is a done deal!
Not practical – ideal on paper!
Emma's case argues for better care at home
- Acute hospitals often need to discharge people earlier and Ashby provides that service. Very few other beds available
- Anyone would say they would rather be at home – don't want to be a burden!

Land locked
Can't have x-rays
Car parking
Old
Needs renovation
No diagnostics in hospital
May go to another community hospital – no guarantee that you go to a hospital where you live
Everyone is "visiting" as consultants aren't based there
Not setup for modern hospital services – originally 'cottage' and maternity
Grid land locked
Doesn't have diagnostics at home so is that a red herring as rationale?
Savings will come from relatives providing more care as social care not there!
Co-ordination of health and social care is key
Equipment and difficulties in the home
What are the alternatives if the hospital goes?
Public transport to other sites
My family went to Ashby!
Option 1 is not viable
No room to improve building
Patients still mentally alert
Elderly are in and out hospitals
- Frequent falls
- Transferred to Burton

Inappropriately discharged
Family need support
Lack of 24hour support in own home
How do you rehabilitate without hospital
Need to overcome few factor and negative publicity

How do you get voluntary sector support offered in community hospitals?
Are we sure services in place if hospital closes?
Replacement of outpatients with therapy services inconvenient location
Any private sector funding?
Ashby faced with too many planning changes?

Option 2

- *Strength*
  Care close to home
  Beds available in Loughborough and Coalville
  Virtual ward can get bigger
  Need to cut costs on maintenance and building suitable facilities
  Patient choice/ voice
  What will happen to the building?
  More support for carers in the home
  Investing the money in the community staff
  No upkeep
  More care in people's homes – when they need it
  Easier for relatives and friends to visit at home
  There's no place like home!
  More people will receive care compared to those in the beds
  Feeling safer in a hospital bed
  Case put forward is strong
  Could there be more beds if therapy and OPD moved to the health centre?
  Is the hospital more cost effective
  Is the community more cost effective
  Concentrated skills of teams
  Central for town/ locals/ schools/ visitors
  Mobile x-ray services?
  Roving MRI/ breast screening
  Option 2 is the way forward
  Support the modernisation of the health centre in Ashby
  Need a hospital like Heanor!

- *Weaknesses*
  Budget matches depends on elderly population (no. of staff)
  Time of staff movement
  Repetition of several visits per day
  Cost of GP per visit
  Is housing fit for rehabilitation? e.g.:
    - Height, Toilet, Wheel chair, Hoist, Shower facilities, Adjustable bed

  Family support – additional care and responsibility
  Social care support – self funded

People will feel sad and miss it
Worried about where staff will go
Not done enough research for where the services in Option 2 will be provided
There are not enough community beds
Transport costs to patients
Main weakness is the uncertainty
No confidence in options for outpatients and the shift
Need to understand local options
Feedback and monitor the new servers to engage local people – not the CCG
Having enough detail to inform an Option 2 – the default can be Option 1
Will a new health centre have mobile x-rays?
Knowledge on how to access the services
- Good, clear, informative, library, etc. not just the web

Don't knock down the hospital

Appendix D: Stakeholder Responses (see attached documents)

Stakeholder feedback letters_1.pd

Stakeholder feedback letters_2.pd

Response from Leicestershire County