

Ashfield Health Village Consultation Briefing Health Scrutiny Committee, 17 September

1. Introduction

In June 2012 NHS Nottinghamshire County launched a public consultation looking at how best to utilise Ashfield Health Village (AHV) in Kirkby-in-Ashfield. The proposals were developed by Mansfield and Ashfield Clinical Commissioning Group (CCG), and include proposals to ensure a local response to the national strategies for Stroke and Dementia care. In line with this clinical imperative, there are plans to relocate four wards and develop community focused services. For more information on the proposals, please see the full consultation document.

2. Consultation Overview

From the outset of the consultation process a robust communications and engagement plan has been in place to deliver an accessible and targeted approach to consultation, in line with HM Government's Code of Practice on Consultation and in compliance with statutory duties.

A period of pre-engagement was undertaken during May. This started with staff engagement followed by discussions with Mansfield and Ashfield CCG's Citizens' Reference Panel. A series of meetings have taken place with key stakeholders, including: the local MP, Labour Group, Friends of Ashfield and the Kirkby Primary Care Community Centre Patient Reference Group – altogether around 60 people. In addition, information was shared with patients, visitors and staff through an information stand at Ashfield Health Village throughout the duration of the consultation. This provided an opportunity to raise awareness with key stakeholders of the forthcoming formal consultation and respond to many questions. A PCT representative staffed the stand every Wednesday afternoon throughout August, discussing the proposals with approximately 75 patients, visitors and staff.

Throughout the 90 day consultation period nine thousand copies of the consultation document were distributed and online versions of the document were made available on the NHS Nottinghamshire County and Mansfield and Ashfield CCG websites. For the NHS Nottinghamshire County website, over the period 6 June to 30 August, the homepage had over 8 thousand 'page views', with nearly 1 thousand views of the bespoke AHV consultation page. The Mansfield and Ashfield CCG website had nearly 1 thousand page views of the homepage over the same period. Other communications work has included media coverage (e.g. on BBC radio, Mansfield 103 and five separate articles in the local Chad newspaper, spread over the period 6 June to 30 August), social media work, poster distribution and raising awareness internally, for example through articles in Team Talk, the weekly staff e-bulletin.

A full equality impact assessment was carried out on the communications and engagement plan for the consultation. Key actions relating to the plan were to ensure consultation documents were in accessible formats, and for clinical staff to identify any patients who may need to access advocacy services to put forward their views.

Three public meetings have been held, two in Ashfield and one in Mansfield, with over 200 people attending. Further engagement has been undertaken through GP based Patient Reference Groups, relevant health interest groups and via stands at shopping centres. Engagement activities are ongoing, and will culminate with a

discussion forum in early September focusing on the proposed service developments.

3. Responses to the Consultation

Independent evaluation and analysis of the consultation feedback will be undertaken by an independent project team based at the University of Lincoln. All responses gathered throughout the consultation will be analysed and reflected in the final report.

The following preliminary feedback is correct at the time of submitting this paper, 30 August 2012. We have received 228 responses to the consultation, as at 30 August. In addition a petition has been received from the Socialist Party containing 452 signatures which, although not directly comparable to the consultation, suggests that the service users are keen that any changes do not lead to a diminution of services. This is evident through the petition statements that people put their signatures to, most notably the statements 'don't close Kirkby Hospital', and 'say no to cuts and privatisation'.

The majority of responses come from those aged 55-64. The majority of the respondents consider themselves to be white British (92.8%).

In regards to the proposed improvements responses indicate that:

- 70% agree with the Vision;
- 73% agree with the plans for looking after patients with long term conditions;
- 58% are supportive of the proposal to the transfer of the stroke unit;
- 67% agree with the improvements to dementia services;
- 35% believe that Chatsworth ward should move to Mansfield Community Hospital with 29% wishing to see it remain at Ashfield and the remainder having no strong opinion or not responding to this question.

In regards to the qualitative analysis, it is typical protocol to await all of the qualitative data to begin analysis as to avoid any new themes being disregarded at the later stages of data collection. However for the purposes of this preliminary report there are some themes which appear to be recurring throughout the responses, for example;

- Whilst there is much support for the new Vision, the importance of communication must be a focus.
- The focus on long term conditions is supported however transport is also an issue for this group.
- Other care priorities should include addiction services, and the transfer of the stroke unit seems broadly supported for clinical reasons and access to specialists.
- Dementia services must not forget the role and impact of carers and the change to the location of Chatsworth is broadly agreed but not as overwhelmingly as other proposals.

4. Next Steps

The public consultation will close on 9 September. A full analysis of the consultation feedback will take place after the closing date. The CCG will lead this work and submit a first report to the PCT Board at the end of September detailing the responses received, with a further report to the Board with recommendations once there has been opportunity to take full account of the outcomes of the public consultation.

The Health Scrutiny Committee is asked to note that the consultation process outlined above has been thorough, extensive and inclusive.