

St George's Healthcare  
NHS Trust



**St George's Healthcare NHS Trust**

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**Improving neurorehabilitation services in southwest London**

**Executive summary: public consultation report**

WT PARTNERSHIP

# St George's Healthcare NHS Trust

## Improving neurorehabilitation services in southwest London: Executive summary

WT Partnership Health Consulting

### Executive Summary

#### 1. Introduction

This report sets out the findings of the public consultation 'Improving neurorehabilitation services in southwest London' undertaken by St George's Healthcare NHS Trust from 28<sup>th</sup> November – 23<sup>rd</sup> December 2011.

This report, and the analysis of the consultation feedback, has been prepared by an independent company - WT Partnership. The company was appointed by the Trust to help run the consultation process independently, log all consultation communications and analyse the resulting data to ensure the feedback was analysed objectively. Accordingly, the contents of this report are the responsibility of the WT Partnership other than those sections which describe the Trust's response to the feedback. In these instances the text has been written by the Trust.

#### 2. The Neurorehabilitation Consultation

For several years St George's Healthcare NHS Trust have been considering a number of options for the future of the Wolfson Neurorehabilitation Centre (the Wolfson), including rebuilding on the Wolfson site. It has long been recognised that while the clinical care provided is excellent, the building is no longer fit for purpose. Previously it had not been possible to identify an affordable solution.

The key proposals which the Trust consulted on are to:

- Create a 36 bed post acute neurorehabilitation unit for medically stable patients at Queen Mary's.
- Establish a dedicated acute neurorehabilitation ward at St George's Hospital to allow patients who need 24 hour medical cover to start their rehabilitation earlier.
- Move the pain management programme from the Wolfson to St George's Hospital, so that it can be delivered alongside other established pain services based there.
- Move other outpatient services (spasticity services, vocational rehabilitation and the cognitive assessment programme) from the Wolfson to Queen Mary's.
- Implement temporary interim arrangements for 18-24 months while the new neurorehabilitation facilities at Queen Mary's are commissioned. This involves relocating the beds from the Wolfson - 26 to a vacant ward at St George's Hospital and 6 to some spare capacity at Queen Mary's. (The gym and specialist facilities would also be relocated to St George's Hospital for this period).

NHS bodies have two separate legal duties to consult about the way services are provided and about proposed changes. The duties focus on consulting patients and the public, and consulting the Local Authority Overview and Scrutiny Committee.

As the Wolfson is located in Merton, St George's Healthcare Trust presented the proposals, and the rationale for a four week consultation period, to a meeting of the Merton Healthier Communities and Older People Overview and Scrutiny Committee (OSC), at which representatives of other health overview and scrutiny committees for the area served were present. The OSC agreed that the proposals did not constitute a "substantial change" and therefore the Trust should conduct a four week formal public consultation, to be held from 28 November to 23 December 2011. The Trust's

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consultation document was also approved by NHS SW London, and agreed with the local LINKs.

### 3. Consultation and engagement process

#### 3.1 Pre-consultation

The Trust developed a Communication and Engagement plan for the proposed transfer of services from the Wolfson. This set out the Trust's approach to the project and identified the following:

- Current position on the project.
- External factors which might impact on the proposals.
- Stakeholders (including a detailed list of stakeholders and a stakeholder engagement map).
- Key spokespersons from the Trust.
- Key messages.
- Communication channels to be used.
- Risks to the project.

The plan then formed the basis of the communications process during the pre-consultation period with patients, staff, commissioners and wider stakeholders. These activities included a patient focus group, briefing trade unions, local MPs and LINKs representatives. The proposals were also discussed with the GP lead for Wandsworth Clinical Commissioning Group, Queen Mary's Commissioning Board Chair and with GPs at the Wandsworth Commissioning Board

#### 3.2 Consultation process

The Trust circulated a launch email and link to the 'Improving neurorehabilitation services in southwest London' consultation document. This included key stakeholders, 2,500 trust members and all 8,000 members of St George's Healthcare staff. In addition, the Trust:

- Sent out hard copy letters and printed consultation documents.
- Ensured that the consultation documents were readily available at St George's Hospital, the Wolfson and Queen Mary's.
- Made the consultation document available on the Trust's website and intranet.
- Sent a press release to launch consultation to local media.
- Publicised the consultation using social media (Facebook and Twitter).

The consultation document set out the Trust's proposals for change to the current neurorehabilitation services, together with seven consultation questions. A range of different feedback methods were made available. These included returning a hard copy by FREEPOST to the Trust, completing the questions online, emailing the Trust at a dedicated address, calling a dedicated consultation free phone number and social media such as Twitter and Facebook

Following on from the launch of the consultation document the Trust held:

- Two public meetings (at the Wolfson and at Queen Mary's Hospital).
- A meeting with Neurorehabilitation Patient Focus Group.
- Three staff meetings for all the staff directly involved plus a trust wide email and team briefings for the staff involved, including senior health and amputee rehabilitation.
- A visit for the London Specialist Commissioning Group (LSCG) and the Acute Commissioning Unit (ACU), including representatives from the Headway charity

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and a neurorehabilitation consultant from a different provider which commissions Neurorehabilitation services in Southwest London.

- Meetings with key stakeholder groups.

#### 4. Consultation feedback

The Trust used a wide range of communication vehicles to ensure awareness of the consultation, including email, letters, websites, social media, local press and public meetings. The vast majority of feedback came from the questionnaires and from public and staff meetings (a total of 303 out of the 345 communications = 88%).

This is illustrated in the tables below:

Summary of responses to the consultation	Total responses
Consultation line calls	4
Emails/ letters received	26
Social media	5
Completed questionnaires	134
<b>Total</b>	<b>169</b>

Summary of attendances at meetings arranged by the Trust	Total attendances
Attendees at public meetings	78
Attendees at staff meetings	91
Patient Focus Group	7
<b>Total</b>	<b>176</b>

Overall 35% of responders worked for the NHS, and the majority of responders fell into one of the following groups: Trust staff (31%), members of the public (30%), service users or carers (33%) or Trust members (20%), the other groups had very few responses. Responders were more likely to be female (51%), of white ethnicity (76%) and aged between 36 and 65 (55%). 29% of responders had a disability (21% unknown).

The questionnaire asked six specific questions and one open end one:

Ref	Question
Q1	Do you agree we used the right criteria to assess our options for integrating neurorehabilitation services?
Q2	Do you agree with our proposals to relocate neurorehabilitation services from the Wolfson to more appropriate clinical settings?
Q3	Do you think that creating 10 neurorehabilitation beds at St George's Hospital will allow patients in southwest London to access rehabilitation earlier in their recovery, helping patients to recover quicker?
Q4	Do you think that the proposal to move all our post acute inpatient and outpatient services to a single site at Queen Mary's will lead to patients

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Ref	Question
	receiving rehabilitation in a better physical environment?
Q5	Do you think that overall our proposals will lead to patients receiving better care, helping them to recover quicker?
Q6	Do you agree with our proposal to temporarily move the majority of inpatient services currently provided at the Wolfson to a new rehabilitation ward at St George's Hospital whilst the conversion work at Queen Mary's is carried out?
Q7	Is there anything else you would like to tell us in relation to this consultation?

Overall, the Trust received positive responses to the six key questions set out in the questionnaire. These positive responses tended to have a higher proportion of responders who were Trust staff or Trust Members, and were more likely to be male compared with the baseline. Whereas those who disagreed, tended to be service users or carers, or members of the public, were more likely to be female and more likely to have a disability compared with the baseline.

Of the five questions asked about service changes, the highest level of positive responses were for relocating neurorehabilitation services from the Wolfson to more appropriate clinical settings (56% agreed or strongly agreed, 27% disagreed or strongly disagreed, 17% were unsure), and creating 10 neurorehabilitation beds at St George's Hospital to allow patients in southwest London to access rehabilitation earlier (56% agreed or strongly agreed, 14% disagreed or strongly disagreed, 30% were unsure).

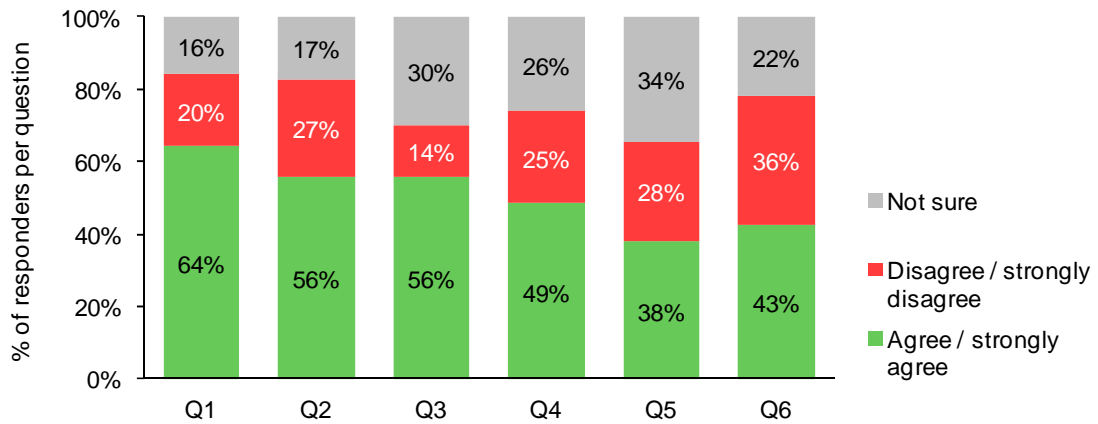
Each of the questions received more positive than negative responses, the highest proportion of 'disagree' or 'strongly disagree' was in response to proposals to temporarily move the majority of inpatient services currently provided at the Wolfson to St George's Hospital (43% agreed or strongly agreed, 36% disagreed or strongly disagreed, 22% were unsure).

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The table below summarises the overall results:



The free text responses to the first six questions were broadly reflective of the quantitative analysis and ranged across the spectrum from supportive to neutral and to negative. The free text responses to Question 7 (the open ended question) were more negative and questioned significant aspects of the proposed changes and the validity of the consultation exercise itself.

In addition to the questionnaire analysis, the free text responses to the questionnaire and the responses to the other media were analysed to identify the key themes and issues.

### 5. Key themes from the consultation

Although, as noted above, the consultation was generally positive four themes emerged in the concerns expressed by respondents. These were:

- The future neurorehabilitation service, in particular regarding the physical environment, access and staff morale.
- The impact of the changes on other clinical services and, in particular, the amputee service but also the pain management service and senior health. The concerns expressed included the loss of beds (for the amputees), the lack of clarity, the disruption and the impact on staff morale.
- The proposed interim arrangements, in particular the impact on other services at St Georges, the implications of running a service across two sites and the possibility that the interim period might be extended if the sale of the Wolfson is delayed.
- The validity of the consultation process, in particular that the impact on other services had been overlooked (see above) and that the consultation period was too short.

The Trust has set out a clear set of responses which it believes fully addresses and ameliorates each of these concerns. These are set out in detail in the main report and summarised in a separate paper from the Trust accompanying this report to the OSC.

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### 6. Conclusion

The Trust has concluded a four week consultation exercise on the proposed relocation of neurorehabilitation services from the Wolfson to Queen Mary's Hospital. Although the majority of the responses to the consultation were supportive, concerns were raised about the interim move and to the perceived negative impact on other services. There have also been significant concerns expressed regarding both the length and validity of the consultation exercise itself.

The Trust has set out its response to the feedback and will provide this response to the Chairs of the southwest London Overview and Scrutiny Committees.