

St George's Healthcare
NHS Trust



St George's Healthcare NHS Trust

Improving neurorehabilitation services in southwest London

Report on the public consultation

WT PARTNERSHIP

St George's Healthcare NHS Trust

Improving neurorehabilitation services in southwest London: Final report

WT Partnership Health Consulting

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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 28th November – 23rd 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 consultation document was also approved by NHS SW London, and agreed with the local LINKs.

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

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- 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 |
| Total | 169 |

| 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 |
| Total | 176 |

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 receiving rehabilitation in a better physical environment? |

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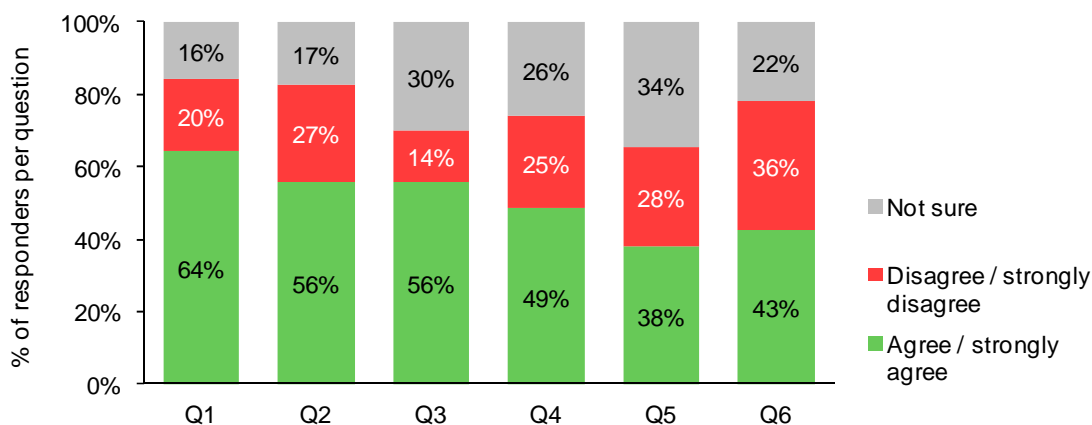
| Ref | Question |
|-----|---|
| Q5 | Do you think that overall our proposals will lead to patients receiving better care, helping them to recover quicker? |
| Q6 | Do you agree with our proposal to temporarily move the majority of inpatient services currently provided at the Wolfson to a new rehabilitation 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).

The table below summarises the overall results:



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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.

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.

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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 28th November – 23rd December 2011.

The purpose of this document is to:

- Summarise the Trust's proposals.
- Describe the consultation process undertaken by the Trust.
- Analyse the feedback received during the consultation.
- Identify the key themes arising from the consultation.
- Set out the Trust's formal response to key themes.

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 communication 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.

Thus, the Trust has been involved in finalising the report in terms of:

- Reviewing the final draft to ensure factual accuracy.
- Drafting a response to the key themes which emerged from the consultation.

However, the Trust has not influenced, or attempted to influence, the findings of the consultation report in any way.

This report will be considered by St George's Healthcare NHS Trust Board and the Chair of Merton Healthier Communities and Older People Oversight and Scrutiny Committee in January 2012. A paper will be provided for the Trust's Public Board meeting on the 26th January, where a decision will be taken on how the Trust will proceed.

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2 The Neurorehabilitation consultation

2.1 Background to the consultation

For several years St George's Healthcare NHS Trust have been considering a number of options for refurbishing / re-providing 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.

However, in October 2010 the community health services previously provided by Wandsworth PCT were integrated into St George's Healthcare NHS Trust. Consequently Queen Mary's Hospital, Roehampton (Queen Mary's), the specialist rehabilitation hospital, became part of the Trust's portfolio. This created new and exciting opportunities for the Trust's rehabilitation clinicians to collaborate and redesign the neurorehabilitation services based at the Wolfson and Queen Mary's.

2.2 Overview of the Trust's proposals

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).

Full details of the Trust's proposals are set out in the consultation document.

2.3 Context for the consultation

The Trust's decision to consult the public and the length of consultation period was based on the following factors:

2.3.1 The Trust's requirement to consult

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 follows:

- The Trust has a duty under section 242(1B) of the NHS Act 2006 to consult the users of the services (or their representatives) affected by the proposed changes. This is due to the proposed changes to services having an impact on the manner in which the services are delivered to service users; and
- The Trust has a duty to consult under Section 244 of the NHS Act 2006 with the Overview and Scrutiny Committee to determine whether they consider the proposed changes to be a "substantial variation in the provision" in accordance

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with Regulation 4 of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002.

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, at which representatives of other health overview and scrutiny committees for the area served were present. This meeting took place on 16th November 2011. The presentation and accompanying paper outlined:

- The case for change.
- The proposed new model for the neurorehabilitation.
- The re-provision at Queen Mary's and St George's Hospital.
- The interim arrangements.

It clearly stated that the Wolfson is no longer fit for purpose, and that the proposals would result in an enhanced service for neurorehabilitation patients. The proposed redevelopment would be funded by the sale of the Wolfson site.

On this basis, the OSC decided 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 minutes of this meeting can be found at http://www.merton.gov.uk/committee.htm?view=event&event_id=3601

The OSC asked about the potential impact of the move in terms of travel and transport. Although it did not emerge as an issue in the consultation, the Trust carried out an analysis of the potential impact on travel times for patients and their families associated with a proposed transfer of services from the Wolfson to QMH and St George's Hospital. This is attached at **Appendix 1**.

2.3.2 NHS SW London & NHS London's view on the proposed consultation

The Trust's consultation document was approved by NHS SW London, and agreed with the local LINKs. The proposed consultation was also discussed with NHS London to confirm that it supported the proposed approach. NHS London confirmed that the Trust should proceed. However it was agreed that the Trust would inform NHS London of any significant concern raised by MPs or clinicians to the proposals.

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3 Consultation and engagement process

3.1 Pre-consultation engagement

In April 2011 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.

This document was approved by the project Steering Group attended by the Trust's Director of Estates and Facilities and Chief Operating Officer. It was subsequently approved with NHS SW London, and NHS London's Communications and ministerial briefing teams also approved the key messages and media handling arrangements. It then formed the basis of the communications process during the pre-consultation period. This is summarised as follows:

3.1.1 With patients

A patient representative has been in attendance at fortnightly neurorehabilitation clinical pathway redesign meetings that have been running since June 2011. The group was tasked with agreeing the best practice clinical pathways for the service.

A patient focus group was run for neurorehabilitation patients in early November to seek feedback on the proposals. The event was attended by 28 service users or representatives of local charities including Merton LINK, Headway and Chrysalis. Wandsworth LINK were also invited but were unable to attend. One of the outputs from the focus group was a list of patients and representatives that would like to be involved in future meetings. This formed the basis of the patient group that met as part of the formal consultation.

Proposals were also discussed at the Trust Patient User Group forum and at the November Roehampton Limb User Group (RLUG) meeting and updated more broadly at previous meetings.

3.1.2 With staff

A clinical user group was set up in April 2011 to identify potential options for change that were clinically viable to the neurorehabilitation clinical team. The group met fortnightly from April to December to review options. In addition, staff were invited to two meetings to hear and comment on the proposals before formal consultation began.

The Queen Mary's Hospital Operation Board was also briefed on the proposal.

Separate meetings were also arranged with the Trust union representatives to brief them on the proposals for change and impact on staff.

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3.1.3 With commissioners

The proposal was presented to the Wandsworth Commissioning Board, and letters sent to the South West London Acute Commissioning Unit and London Specialist Commissioning Group outlining the proposals.

3.1.4 With stakeholders

Local Involvement Network (LINK) representatives and local MPs were kept updated on the Trust's plans to review neurorehabilitation services at regular meetings with the Chief Executive and executive directors.

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.

In addition, neurorehabilitation was one of the original Community Service Wandsworth (CSW) integration workstreams. This dated back to spring 2010 when St George's Hospital merged with CSW. Although the merging of the Wolfson and Queen Mary's sites was not originally discussed, the need to modernise services was discussed at numerous staff and stakeholder events. It has also been addressed in St George's and NHS Wandsworth publications since then.

A letter of intent was also sent to key NHS stakeholder bodies in SW London by the St George's Chief Executive in July 2011, informing them of Trust plans to review these services in the 2011 financial year.

3.2 Consultation process

The public consultation was launched on 28th November 2011 and closed four weeks later on 23rd December 2011.

The Trust circulated a launch email and link to the 'Improving neurorehabilitation services in southwest London' consultation document to all 8000 Trust staff, 2500 Trust members and an additional 504 recipients as listed in **Appendix 2**.

In addition the Trust also:

- 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).
- Wrote an article for the following Trust publications:
 - The Gazette: St George's Healthcare magazine which is sent to staff and stakeholders. (approx. 2,500 copies).
 - Team Brief: newsletter from Miles Scott to all staff.
 - Membership Matters: newsletter sent to 4,300 trust members.
 - eG: sent to all 8,000 SGH staff.
- Included a link to the consultation document on partner organisations websites – South London Stroke and Cardiac Network, NHS South West London, Queen Mary's.

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The consultation document set out the Trust's proposals for change to the current neurorehabilitation services, together with seven consultation questions. Full details on answering the questions and providing feedback to the Trust were given.

A range of different feedback methods were made available as follows:

- By completing the questions and returning hard copy by FREEPOST to the Trust.
- By completing the questions online using a link on the Trust's website.
- Emailing the Trust at the dedicated communications email address.
- Calling the dedicated consultation free phone number.
- Attending either of the Trust's two public meetings.
- Using Twitter or Facebook social media.
- Contacting any of the six Local Involvement Networks (LINK).

In addition, specific events were organised, as set out below. The detailed meeting logs for the events are contained in **Appendix 3**.

3.2.1 With the public

Two public consultation meetings were held during December as follows:

- 6th December at the Wolfson.
- 14th December at Queen Mary's hospital.

The purpose of the meetings was to allow the Trust to present its proposals for neurorehabilitation, and give individuals an opportunity to ask questions and raise issues. A total of 78 people attended the two meetings.

3.2.2 With patients

A meeting was held with the Neurorehabilitation Patient Focus Group on 12th December during the consultation period. This was a follow up to a meeting held at the beginning of November, and the purpose was to discuss the proposed interim solution. A total of seven service users / carers attended.

3.2.3 With staff

Meetings were held with staff at the three locations directly affected by the proposed changes:

- 2nd December at the Wolfson.
- 7th December on Thomas Young ward, St George's Hospital.
- 19th December at Queen Mary's Hospital.

A total of 91 staff attended.

Information was also provided to all trust staff regarding the consultation as follows:

- A trust wide email and link to the consultation web page.
- An article in the internal Trust electronic newsletter (eG) outlining the forthcoming consultation.
- Team briefings to staff involved, including senior health and amputee rehabilitation.

In addition, a staff consultation is also underway and will be presented to the Trust Directors.

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3.2.4 With Commissioners

Neurorehabilitation services in SW London are commissioned by the London Specialist Commissioning Group (LSCG) and the Acute Commissioning Unit (ACU). Commissioners were broadly supportive of the long term option but had some concerns regarding the interim solution. Therefore a visit was arranged for the 6th December to review the Trust's interim plans and to ensure the arrangements were 'capable sustainably of meeting the needs of the patients for rehabilitation and associated activities in a similar way to that currently provided at the Wolfson'.

The LSCG group comprised:

- Charlie Nyein, Neurorehabilitation consultant, representing Professor Lynne Turner-Stokes: Chair of the Clinical Advisory Group for LSCG Complex Specialised Rehabilitation.
- Norman Keen, Patient representative (London Specialised Neurorehabilitation Consortium Board).
- Jenny Cairns, Headway SW London.
- Sue Waters, Associate Director of Commissioning, standing in for Kellie Blane, Assistant Director, NW Division, LSCG.

SW London ACU agreed to support and be bound by the findings of the LSCG's visit.

3.2.5 With stakeholders

The Trust contacted key stakeholders individually to check that the consultation launch email had been received and offer an opportunity to meet and discuss the proposals further. The outcome of these contacts is shown in **Appendix 4**.

As a result the Trust attended the following meetings to discuss the proposals:

| Date | Meeting |
|----------|--|
| 7/12/11 | Neurological Conditions Community Partners |
| 13/12/11 | Wandsworth Older Peoples Forum |
| 15/12/11 | Roehampton Limb User Group |
| 16/12/11 | Queen Mary's Operational Board |

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4 Consultation feedback

4.1 Overview of feedback to the consultation

The tables below summarise the range of feedback received by the Trust in relation to the consultation. 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 attendances at public and staff meetings (a total of 303 out of the 345 communications = 88%).

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

| 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 |
| Total | 176 |

| Statistics for the Trust's consultation web page during the formal consultation period | Total |
|--|----------------|
| Number of webpage views | 913 |
| Number of unique webpage views ¹ | 794 |
| Average time on webpage | 3 mins 25 secs |
| Bounce rate ² | 82.5% |

4.2 Analysis of questionnaires

As part of the consultation process, the Trust designed and distributed a survey based on *Survey Monkey* a proprietary questionnaire methodology. This was sent to key stakeholders in a launch email, via a weblink on the Trust's website. Paper copies of

¹ Number of unique individuals who viewed the consultation webpage. (Unlike the previous count which is all provides information of the total number of views ie 794 people viewed the page a total of 913 times).

² Refers to viewers who only looked at the consultation webpage on the website. This implies that they had a specific interest in the consultation only.

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the survey were also distributed at the stakeholder events. The questionnaire was also available to anyone who logged onto the Trust's website during the consultation period.

The questionnaire comprised two sections. The first section contained seven questions about the relocation of neurorehabilitation services and the proposed interim solution. Six questions were prescribed and provided an opportunity to add free text comment. The last question allowed responders to input any free text comments relating to the consultation. The second section was optional, and contained questions about the profile of the responder. The full survey is included at **Appendix 5**.

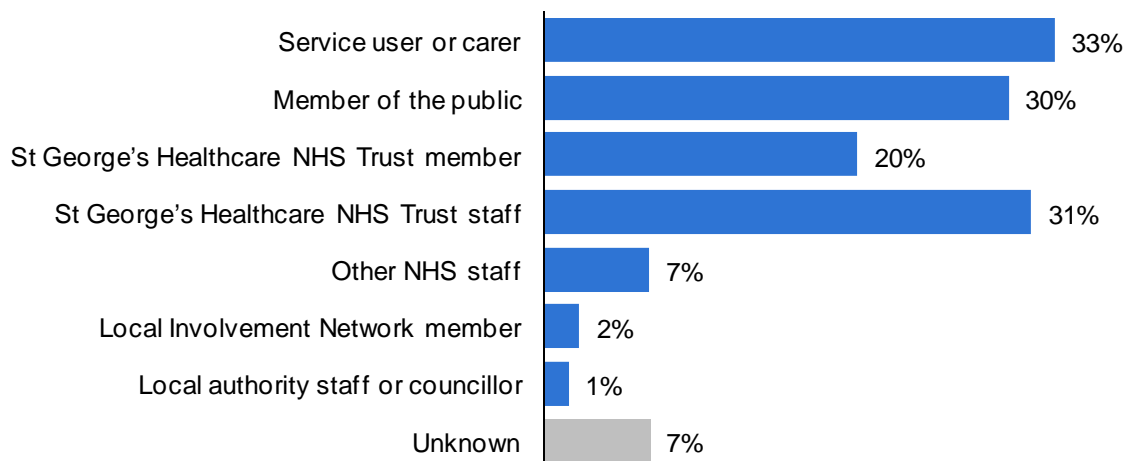
4.3 Overview of responses

The Trust received 134 completed questionnaires with the six mandatory questions which related to the service changes, completed. Questions about the responders' profile were not compulsory, and the percentages in this section are based on all results, including those 'unknowns' who chose not to submit information. In addition, Responders could fall into one or more of the categories in the survey. This question was changed during the consultation (15th December 2011) to enable responders to select more than one category, previously only one group could be selected.

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).

A profile of responders, by category, age and ethnicity is shown below:

Profile of responder by category

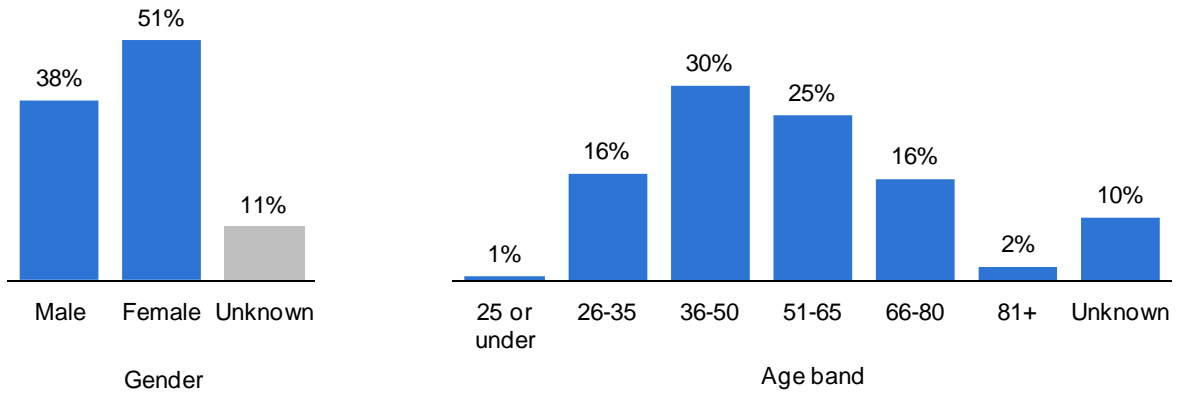


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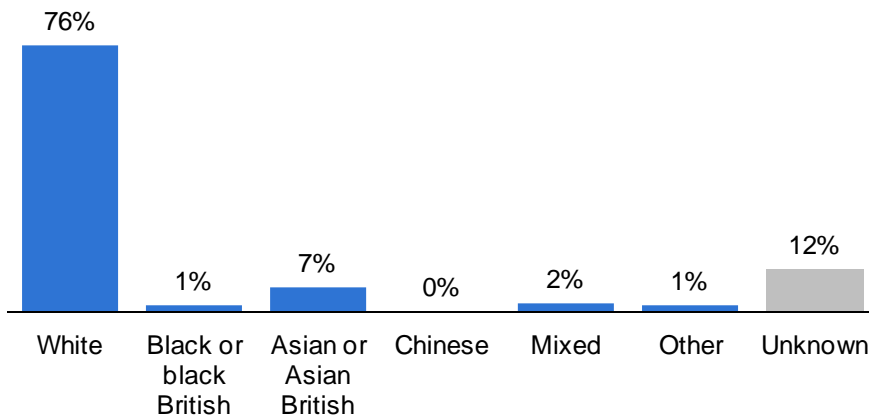
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Profile of responder by gender and age

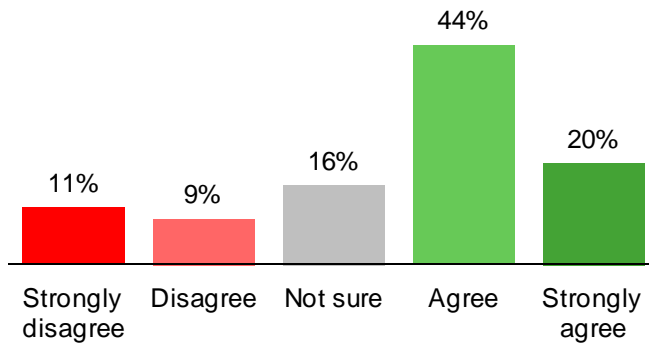


Profile of responder by ethnicity



Question analysis

Q1 Do you agree we used the right criteria to assess our options for integrating neurorehabilitation services?



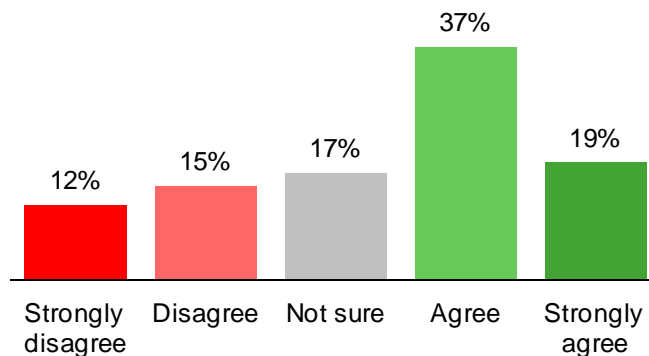
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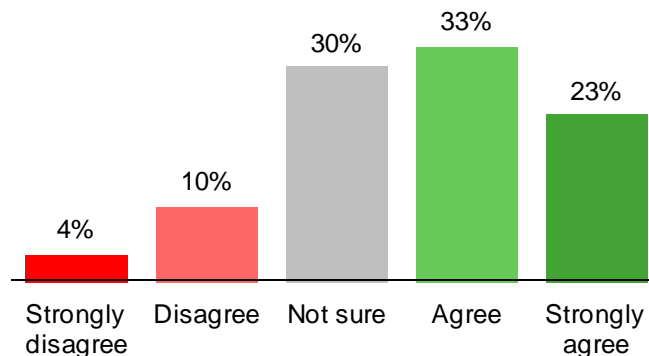
- Just under two thirds of responders (64%) agreed that the right criteria were being used for the consultation, 16% were unsure.
- Compared with the baseline³, those who disagreed with the criteria were nearly than twice as likely to be service users or carers (59%, baseline = 33%) and less likely to be a Trust Member (7%, baseline = 20%).
- Those who disagreed with the criteria were more likely to have a disability compared with the baseline (52%, baseline = 29%), however of the responders with a disability, 38% agreed, 36% disagreed (26% were unsure).

Q2 *Do you agree with our proposals to relocate neurorehabilitation services from the Wolfson to more appropriate clinical settings?*



- The majority of responders (56%) agreed with the proposals to relocate neurorehabilitation services from the Wolfson to more appropriate clinical settings. Just over a quarter of responders disagreed with the proposal.
- Compared with the baseline, those who disagreed were more likely to be service users or carers (47%, baseline = 33%) or members of the public (47%, baseline = 30%), and less likely to be Trust members (6%, baseline = 20%)

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?*



³ The 'baseline' is the average profile for all responders to the survey. In this example, 33% of responders to the survey were service users or carers; whereas 59% of the responders, who disagreed with the criteria used in the consultation, were service users or carers.

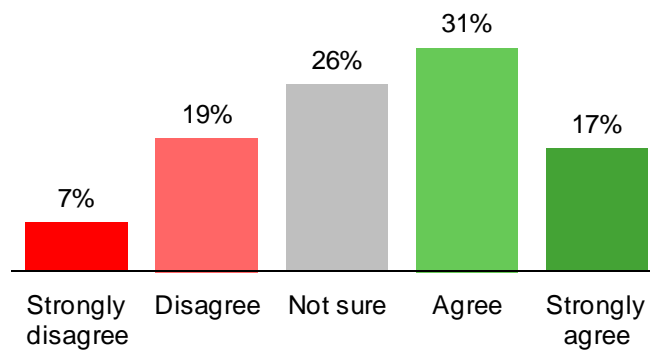
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- 56% agreed that creating 10 neurorehabilitation beds at St George's will allow patients in southwest London to access rehabilitation earlier in their recovery, 14% disagreed with the proposal.
- Compared with the baseline, those who disagreed were nearly twice as likely to be members of the public (58%, baseline = 30%) and less likely to be a Trust Member (11%, baseline = 20%) or NHS staff outside the Trust (0%, baseline = 7%).
- Those who disagreed with creating 10 neurorehabilitation beds at St George's were more likely to be female compared with the baseline (68%, baseline = 51%), and more likely to have a younger profile (89% aged under 65, baseline = 72%).

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 receiving rehabilitation in a better physical environment?



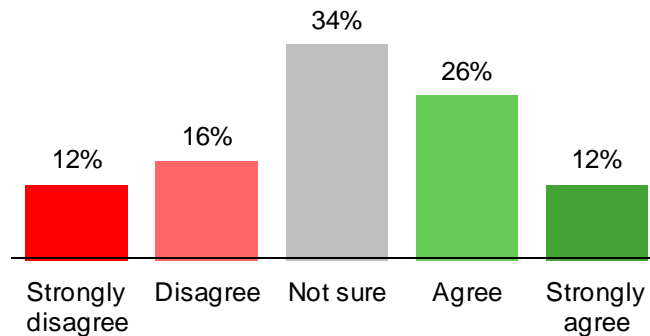
- Half the responders agreed with proposals to move post acute inpatient and outpatient services to a single site at Queen Mary's. A further 26% were unsure.
- Compared with the baseline, those who disagreed were more likely to be service users or carers (53%, baseline = 33%) or a member of the public (38%, baseline = 30%), and less likely to be a Trust Member (9%, baseline = 20%) or Trust staff (21%, baseline = 31%).
- Those who disagreed with moving post acute inpatient and outpatient services to Queen Mary's were more likely to be female compared with the baseline (71%, baseline = 51%), and more likely to have a disability (44%, baseline = 29%).

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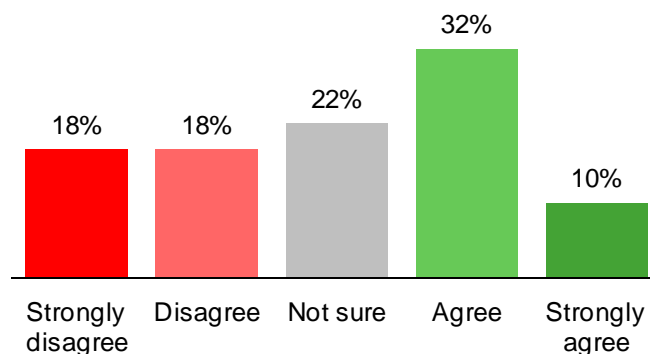
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Q5 Do you think that overall our proposals will lead to patients receiving better care, helping them to recover quicker?



- 38% agreed that proposals will lead to patients receiving better care, helping them to recover quicker. Although this was a lower positive response compared with other questions, only 28% disagreed and there were a relatively high proportion of responders who were unsure (34%).
- Compared with the baseline, those who disagreed were far more likely to be service users or carers (54%, baseline = 33%) or member of the public (41%, baseline = 30%), and less likely to be a Trust Member (5%, baseline = 20%) or Trust staff (24%, baseline = 31%).
- Those who disagreed that the proposals would lead to patients receiving better care were more likely to be female compared with the baseline (59%, baseline = 51%), and more likely to have a younger profile (81% aged under 65, baseline = 72%). They are also more likely to have a disability (46%, baseline = 29%).

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?



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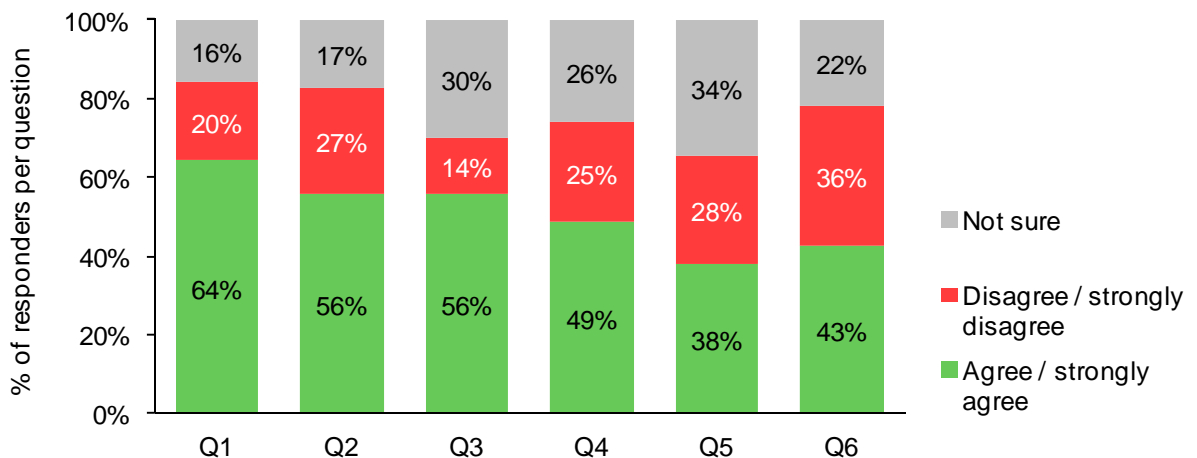
- 43% agreed with the proposal to temporarily move the majority of inpatient services currently provided at the Wolfson, to St George's Hospital whilst the conversion work at Queen Mary's is carried out. Just over a third of the responders disagreed with the proposal.
- Compared with the baseline, those who disagreed were far more likely to be service users or carers (42%, baseline = 33%) or member of the public (35%, baseline = 30%), and less likely to be a Trust Member (8%, baseline = 20%).
- Those who disagreed with proposals for the interim solution were more likely to be female compared with the baseline (58%, baseline = 51%).

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).

Proportion of responses to each question (based on 134 responses)



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4.3.1 Free text from questionnaires

The free text responses to the first six questions are broadly reflective of the answers summarised in the quantitative analysis above, and range across the spectrum from supportive to neutral and to negative. The free text responses to question 7 (an open ended question: "Is there anything else you would like to tell us in relation to this consultation?") were more negative. These responses questioned significant aspects of the proposed changes and the validity of the consultation exercise itself. This is explored in more detail in section 5. **Appendix 6** sets out the free text responses in full.

4.4 Analysis of other feedback received

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. These are summarised below:

4.4.1 Calls, emails/ letter & social media

The Communications Log (see **Appendix 7**) summarises all the consultation communications received on the dedicated response phonenumber, via social media and to the consultation postal and email address. A summary of the feedback by key topic is shown in the table below.

| Topic | Response line | Social media | Emails / letters | Total contacts |
|---------------------------------|---------------|--------------|------------------|----------------|
| Consultation – general feedback | 2 | 0 | 6 | 8 |
| Neurorehabilitation | 1 | 0 | 5 | 6 |
| Amputee service | 1 | 5 | 13 | 19 |
| Pain management | 0 | 0 | 1 | 1 |
| Senior Health | 0 | 0 | 1 | 1 |
| Total | 4 | 5 | 26 | 35 |

The emails / letters received included formal letters of support from:

- London Specialised Commissioning Group.
- Wandsworth Clinical Commissioning Group.
- Royal Hospital for Neuro-disability, Putney.
- Wandsworth Adult Care and Health Overview and Scrutiny Committee.

4.4.2 Meeting logs

Detailed logs have been taken of all key formal meetings which have taken place with stakeholders during the consultation period. Each log records the following information:

- Practical information about the meeting, venue, format, Trust staff present.
- Points of learning for the consultation.
- Specific feedback from the meeting, covering, points of clarification, feedback from the attendees, questions raised and answers given.

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The meeting logs for the following meetings can be found in **Appendix 3**.

| Type of meeting | Meetings held |
|----------------------|---|
| Public meetings | Held at the Wolfson. Held at Queen Mary's. |
| Patient meetings | Neurorehabilitation Patient Focus Group |
| Staff meetings | Staff at the Wolfson. Staff on Thomas Young ward, St George's Hospital. Staff at Queen Mary's Hospital. |
| Stakeholder meetings | Neurological Conditions Community Partners. Wandsworth Older Peoples Forum. |

4.4.3 Commissioner visit

Following the Commissioners' visit on the 6th December (section 3.2.4), the LSCG concluded that "the interim solution was capable sustainably of meeting the needs of the patients for rehabilitation and associated activities in a similar way to that currently provided at the Wolfson (and, in some respects, was an improvement), but some aspects needed further development". The group was supportive of the subsequent move to Queen Mary's Roehampton.

Specifically the group emphasised three points:

- (1) The need to manage the transition carefully to minimise patient impact.
- (2) To provide further assurance regarding access to Queen Mary's Hospital for patients, families and staff living in Croydon, Sutton and Merton. Steps will be taken to improve the situation, if any issues are identified.
- (3) To revisit the facilities once the move has taken place - to see how it is all working out.

4.5 Summary

The public consultation elicited a significant response from patients, staff, public, commissioners and key stakeholders via the different media and methods the Trust employed. Overall, the majority of respondents were supportive of the move of the neurorehabilitation service from the Wolfson to the Queen Mary's. However, a degree of concern was expressed about the validity of the consultation process itself, the impact on other services, (primarily the amputee service at Queen Mary's), and the consequences of the short term, interim arrangements emerged. These themes are explored in more detail in the next section.

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5 Key themes raised by the consultation and the Trust's response

5.1 Overview of key themes

As discussed previously, the majority of the feedback to the consultation is supportive of the change. In addition to the questionnaire analysis set out in the preceding section, the feedback from the wider consultation has been used to identify key themes for the Trust to consider in its response. This qualitative analysis has drawn on the following information in particular:

- The free text information provided in the questionnaire responses.
- The feedback received via the consultation response line, social media and emails/ letters.
- Feedback from the public, staff, patients and stakeholders at meetings.

This analysis has highlighted four distinct themes in the consultation feedback, namely:

| Key themes | |
|------------|---|
| 1. | The future neurorehabilitation service. |
| 2. | Impact of the changes on other clinical services and, in particular, the amputee service and Senior Health at St George's hospital. |
| 3. | Interim arrangements. |
| 4. | Consultation process. |

Further details regarding the feedback on each theme is provided in the rest of this section, together with the Trust's response to the issues raised.

5.2 Theme 1: The future neurorehabilitation service

5.2.1 Feedback summary

| Future neurorehabilitation service: Clinical service (Quality, patient experience, environmental setting, access) | |
|---|---|
| Source | Feedback/comments |
| Survey | <p>Questionnaire analysis indicates that 56% agree with the move from the Wolfson Environment</p> <p>(42 comments from 34 respondents, 25% of total survey respondents)</p> <p>Mixed views about the most appropriate setting for neurorehabilitation services. A number of comments (7 from 6 respondents) suggesting the Wolfson provides a more pleasant and therefore more suitable environment, compared with that of a hospital setting.</p> |

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| Future neurorehabilitation service: Clinical service (Quality, patient experience, environmental setting, access) | |
|---|---|
| Source | Feedback/comments |
| | <p>Other comments include:</p> <ul style="list-style-type: none"> • <i>The Wolfson is popular with the patients,</i> • <i>Currently has an excellent reputation</i> • <i>Could the Wolfson site be expanded?</i> • <i>The environment at Queen Mary's will be compromised by having additional services.</i> • <i>The new service will provide a more cramped environment; the site already appears to be at full capacity.</i> • <i>Rehabilitation is as much about supporting the family and that is best done away from the acute setting.</i> • <i>If the Trust had invested in the Wolfson for the past few years it would be a perfect environment for rehabilitation. It is purpose built for rehabilitation and they get wonderful outcomes from the physical setting they currently have.</i> <p>Conversely, comments (from 4 respondees) have highlighted that the Wolfson is overcrowded and in poor condition and therefore relocation is appropriate.</p> <p><u>Access</u> (18 comments from 15 respondees, 11% of total survey respondees)</p> <p>The main concern raised on access to services was the impact on waiting lists/ delays in service provision, including:</p> <ul style="list-style-type: none"> • Waiting time for an appointment is too long • Try to reduce delays in service provision and eligibility criteria • Will there be a smooth transfer of care for all patients to the rehab service, or will repatriations still have to take place prior to patients being assessed and then going on a waiting list for a bed? <p>Other comments include:</p> <ul style="list-style-type: none"> • Are all sections of society accessing these services? • Will it allow higher use from minority or excluded groups? • Goes against the "rehabilitation closer to home" ethos. • Might make visiting more difficult for many. |
| Consultation meetings | <p><u>Public meetings</u></p> <p>Wolfson public meeting (Concerns about the planned move as per survey; much interest in the detailed plans for the new unit at Queen Mary's - What will it be like? Amount of space, available facilities & beds etc)</p> |

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| Future neurorehabilitation service: Clinical service (Quality, patient experience, environmental setting, access) | |
|---|--|
| Source | Feedback/comments |
| | <p><u>Staff meetings</u></p> <p>Wolfson staff session (Questions about the new facilities esp. in the new unit at Queen Mary's)</p> <p><u>Stakeholder meetings</u></p> <p>Neurological Conditions Community Partners (Outdoor environment at the Wolfson aids recovery & rehab)</p> <p>Patient Focus Group (What would the new facilities be like for the interim solution and new unit?)</p> |
| Other sources | <ul style="list-style-type: none"> • Five emails / letters: <ul style="list-style-type: none"> - 1 x Headway SW London. Very short notice of the change & no contact from the Trust about relocating their storage area, and providing accommodation for monthly support group. - 1 x MP re: constituent. - 2 x ex-patients. - 1 x OT staff. • One call to the response line – does not support transfer of neurorehab services from the Wolfson. The service should remain in Wimbledon. |

| Future neurorehabilitation service: Workforce and staff satisfaction | |
|--|---|
| Source | Feedback/comments |
| Survey | <p>Concerns were raised over the impact on staff satisfaction, other concerns include:</p> <ul style="list-style-type: none"> • <i>The distribution of services over many sites improves patient personal relation and team cohesion. It promotes a sense of belonging for both patients and staff, and avoids the dilution and isolation even in (un-identified) crowd</i> • <i>Very strong team approach at the Wolfson, which is in danger of fragmentation under the new plans.</i> • <i>A single site is not necessarily the right option, it depends on the attitude of staff and specialised care. Nurses are not rehabilitation nurses so have a different model of care, which is not inclusive of rehabilitation.</i> • <i>Care of patients is highly intensive and requires specialised staff.</i> • <i>Training and educational roles are also important and don't seem to have been included.</i> |

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| Future neurorehabilitation service: Workforce and staff satisfaction | |
|--|---|
| Source | Feedback/comments |
| | (13 comments from 10 respondees, 8% of total survey respondees) |
| Consultation meetings | <p><u>Public meetings</u></p> <p>-</p> <p><u>Staff meetings</u></p> <p>Reassurance was requested at all staff consultation sessions that there wouldn't be redundancies, even where the number of beds is going to reduce.</p> <p>Also staff would need additional training for acute neurorehab patients (IV and tracheotomies).</p> <p><u>Stakeholder meetings</u></p> <p>Neurological Conditions Community Partners (Need to maintain the ethos of the current service. Particular issue because patient care is highly intensive & requires specialised staff.)</p> |
| Other sources | None received. |

5.2.2 Trust response (drafted by the Trust)

The Trust is confident from the feedback received that the longer term solution will provide an enhanced physical environment for patients and maintain the ethos and strong team approach of the current service. The outcome of the commissioner assessment of the interim plan, which included the views of a consultant from another provider and representation from Headway, indicates that this will also provide a suitable rehabilitation environment, ethos and maintain the team approach required for high quality rehabilitation. The investment required to renovate the Wolfson building make this unviable as an option despite several attempts to obtain funding in previous years.

In terms of access to the service, this will be maintained in both the interim and long term plans and there will be no affect on access for minority or excluded groups. Access to meeting space for neurorehabilitation charities will also be reprovided in the interim and long term settings.

With respect to the feedback from staff as part of the public consultation exercise, the Trust appreciates that change in service will have an impact on staff morale and will work with staff to make the transition as smooth as possible. As part of this a staff consultation exercise is underway, including the offer of 1:1 meetings, to ensure that all staff concerns are heard. As with all staff consultations, this will be managed internally in line with our Human Resources policies. In addition, the staff counselling service will provide additional support to individual staff members and teams as required.

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5.3 Theme 2: Impact on other clinical services

5.3.1 Feedback summary

| Impact on other services: Senior health, amputee service | |
|--|--|
| Source | Feedback/comments |
| Survey | <p><u>General</u></p> <p>Concerns were raised over the impact on other services as follows:</p> <ul style="list-style-type: none"> • The impact of the proposed changes has not been properly considered. e.g. services already at St George's: Paediatrics, O&G, geriatric medicine etc • Agree (with Q4), except amputee inpatient beds, Outpatient services must not suffer any reductions in numbers • Strongly agree (with Q5), it will for neuro patients, but at the detriment of senior health patients. <p><u>Senior Health</u></p> <p>(13 comments from 13 respondees, 10% of total survey respondees)</p> <p>The issues raised include:</p> <ul style="list-style-type: none"> • Bed capacity has already been reduced. Now another reduction for neurorehabilitation beds. • Moving dementia patients around will lead to confusion and impact on their recovery. • Reduced access to facilities including day room and gym. <p><u>Quotes</u></p> <p><i>I am concerned about the effect on the senior rehabilitation ward. Why are these services always disadvantaged?</i></p> <p><i>I understand that senior health patients' rehabilitation may suffer considerably. This will also have an effect on bed numbers for elderly patients.</i></p> <p><i>The moving of beds to St. George's is going to adversely affect services already at St. George's, and in particular, care of the elderly. Decreased access to a gym, a small and ineffective day room will mean poorer outcomes for elderly patients.</i></p> <p><i>Contrary to what is stated in the consultation, there will be no rehabilitation space in the ward which Geriatric Medicine will be re-located to.</i></p> <p><i>The ward offered for relocation for the Geriatric Medicine beds is on the 5th floor and will require important work to be done to make it suitable.</i></p> |

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| Impact on other services: Senior health, amputee service | |
|--|--|
| Source | Feedback/comments |
| | <p><u>Amputee service</u> (52 comments from 20 respondees, 15% of total survey respondees)</p> <p>Considerable concern that the amputee's service has been overlooked/neglected and changes to the neurorehabilitation services will be detrimental to the amputee service. The main concern raised was over the reduction in the number of amputee beds, including the comment: "What is the amputee bed number point that it is no longer viable to retain this service".</p> <p>Additional concerns include:</p> <ul style="list-style-type: none"> • The impact of the interim solution on amputee rehabilitation. • Reducing beds will slow down recovery. • The reduction in 4 amputation beds will have a detrimental effect upon the amputation rehabilitation and the length of stay at St George's for both Vascular Surgery and acute lower limb trauma. • It will hinder the rehabilitation of amputees, who will not have access to specialist services which are not available to them elsewhere. • An expected increase in diabetes-related cases & military referrals to the service. • Extra Wolfson patients will reduce amputee specialised nursing and training opportunities for amputee services. • Road accidents (cycle, motorcycle etc.) are on the increase and are likely to be treated as inpatient. <p>Other comments:</p> <ul style="list-style-type: none"> • <i>The Queen Mary's currently provides an excellent service.</i> • <i>The amputees are a vulnerable patient group.</i> |
| Consultation meetings | <p><u>Impact of changes on other services</u> Considerable anger & frustration has been expressed by patients, ex-patients & staff regarding the lack of consultation & clarity about future plans. Feedback from a number of services affected by the transfer that the plans for their services have not been thought through, and so cannot be judged in the consultation process.</p> <p>Specific comments have been received from the following services:</p> <ul style="list-style-type: none"> • Senior health. • Pain management. • Amputee service. <p>Concerns raised about:</p> <ul style="list-style-type: none"> • The proposed reduction in bed numbers for Senior Health & the amputee service. • The extent to which patients from these services have been involved |

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| Impact on other services: Senior health, amputee service | |
|--|--|
| Source | Feedback/comments |
| | <p>in future planning.</p> <p><u>Public meetings</u> Wolfson session dominated by amputee issues</p> <p><u>Staff meetings</u> Thomas Young session - Impact on Senior Health provision. Queen Mary's session – impact on other Queen Mary's services (paediatric outpatients, amputee service and senior health)</p> <p><u>Stakeholder meetings</u> RLUG meeting</p> |
| Other sources | <p><u>Senior Health</u></p> <ul style="list-style-type: none"> • Email from staff member in Geriatric Medicine. The move from Thomas Young ward is not in the patients best interests because: <ul style="list-style-type: none"> – Impact on staff morale – some have only just been relocated from Caesar Hawkins ward. – Current collocations strengthen patient care; these will be broken up with the changes. – Disorientation for patients & clinical inefficiencies due to proposed locations of wards & gym. The gym will also be busy all the time with other patients. – Need a large bright day room to care for patients. – Creates poor impression for public of Trust's attitude towards older patients. <p><u>Amputee service</u></p> <ul style="list-style-type: none"> • One call to the response line • Four social media posts from people connected with amputee services querying why the beds are being cut when there are more amputees than ever. • 13 emails / letters: <ul style="list-style-type: none"> – 1 x MP re: contact from RLUG Chairman. – 6 x amputee patients. – 2 x Trust staff. – 1 x Prosthetics Group. – 1 x Limbless Association. – 1 x individual – 1 x RLUG newsletters (x2) & copy of a response letter from a local MP <p><u>Key concerns</u></p> <ul style="list-style-type: none"> • Reduction in the number of amputee beds & impact on the future |

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| Impact on other services: Senior health, amputee service | |
|--|---|
| Source | Feedback/comments |
| | <p>of the service.</p> <ul style="list-style-type: none"> • The impact of nursing neurorehab & amputee patients on the same ward. • Outpatient rehab isn't sufficient for complex cases. • Lack of amputee involvement in the process. <p><u>Quotes</u></p> <p><i>'Lack of consideration & respect for amputee services at Queen Mary's.</i></p> <p><u>Pain management programme</u></p> <ul style="list-style-type: none"> • Email from consultant clinical psychologist: Consultation does not adequately address future of other services currently hosted at the Wolfson. <ul style="list-style-type: none"> - Only states that the service will move to St George's. Positive move as can be delivered alongside Chronic Pain Service, but no further info. provided. - No mention of the 4 'hotel' beds currently at the Wolfson which are used by patients who cannot travel daily to the Centre. How will these be reprovided? <p>Not possible to judge the proposals because no details are given – even at this late stage.</p> <p><u>Paediatric outpatients</u></p> <p>None received.</p> |

5.3.2 Trust response (drafted by the Trust)

Response to concerns from Senior Health

In terms of the reduction in beds, the proposal represents a reduction in two beds from a total of 50 senior health beds on the St George's site. The Trust has taken a number of steps recently to improve services for these patients in the community and closer to home that are expected to reduce the impact of this two bed reduction. This is through the integration work that has been taking place with community services in Wandsworth, through improvements in the provision of telehealth, improved end of life care pathways preventing patients that wish to die at home from requiring admission in their final days, extending the Community Ward Service which focuses on avoiding an acute hospital admission and improved discharge planning so that length of stay in hospital is reduced and patients are not readmitted.

Whilst the Senior Health service would not have chosen to provide the service from separate floors in Lanesborough wing and reduce the bed capacity from 50 to 48 the move is for the short term as the plan is to move the service back down to a different ward on the third floor that will be vacated, in 12-18 months time.

In the interim the clinical team are confident that they will find solutions that work for their patients and staff. For instance, some rehabilitation will be provided on the re-location ward, some patients will be taken down to the gym in their beds to minimise fatigue and additional porters will be provided when necessary to help with transporting patients to the existing rehabilitation gym. There are no plans for any other service to use the rehabilitation gym at times when it is currently scheduled for use by the senior health service. Changes will also be made to the re-location ward, for instance relocating a toilet and remodelling a bathroom, based on the feedback from the clinical team. The day room on Dalby ward will be redecorated and new lighting installed to improve the physical environment.

Though the impact of all of these initiatives is yet to be quantified they are expected to reduce the impact of the two bed reduction and operating the service across two floors.

The Trust also feels that the investment in these initiatives reflects how importantly the Senior Health service is viewed.

The Trust acknowledges that ward moves do have an impact on staff morale and transition plan will be developed to help staff to acclimatise to the re-location ward for this interim period.

Response to concerns raised about proposed changes to the amputee service

The Trust appreciates the depth of feeling within this stakeholder group to the proposal to reallocate 4 amputee rehabilitation beds. Following this feedback the Trust has met with members of the clinical team responsible for delivering the service. The clinical team are confident that the service can be delivered without an impact to activity through the use of 10 rather than 12 beds. This is backed up by the modelling work carried out by the Trust.

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On this basis the Trust proposes the reallocation of two amputee rehabilitation beds to neuro rehabilitation, leaving 10 beds for amputee rehabilitation.

This means that two additional beds are required for neurorehabilitation. These beds will be provided by converting some office space on Gwynn Holford ward into two side rooms. This work is estimated to take 6 months to complete and during this time two additional beds will be provided on Thomas Young Ward. The additional therapy space required to accommodate this change on Thomas Young will also be provided in discussion with the clinical teams involved.

In relation to projected increased military referrals, including patients from Libya, this work has always been intended to be an outpatient rather than inpatient service and will therefore not be impacted by the proposed changes in bed numbers

The nursing allocation to the ward will not be reduced and will, if anything, be increased. There will not therefore be any reduction in specialist amputee nursing or in training opportunities.

In addition, the Trust has commissioned an external review of amputee rehabilitation services to ensure a 21st century service continues to be provided'

Response to concerns raised by the Pain Management Service

As part of the consultation a number of meetings have taken place with members of the pain management service and a solution has been agreed that the clinical team feel is very positive. In addition, provision has been made to provide hotel beds for patients that cannot travel daily to the centre.

Response to concerns raised regarding outpatient services

There are no plans to reduce outpatient activity for any speciality at St George's or at Queen Mary's as part of this proposal although the location of some service e.g. paediatric outpatients at Queen Mary's may change in consultation with the clinical teams involved.

These moves need to be discussed with local commissioners and agreed in line with future commissioning plans for local paediatric outpatient services. This will not be done in time for this consultation however the Trust commits to two points. Firstly budget has been allocated and will be ringfenced to ensure that the rent and facilities costs of any new location are covered. Secondly, a deadline will be agreed by the Trust Board by which agreement will be reached on location of these services to ensure an orderly transition and to prevent any delay to the long term solution for neurorehabilitation.

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5.4 Theme 3: Interim plan

5.4.1 Feedback summary

| Neurorehabilitation transition arrangements: Interim plan | |
|---|---|
| Source | Feedback/comments |
| Survey | <p>Questionnaire analysis indicates that 43% agree with the interim plan, with 36% disagreeing.</p> <p>Concerns were raised over the disruption to patients having two transfers and suggestions that the transfer is postponed until facilities at Queen Mary's are ready.</p> <p><i>[NB explanatory note from Trust: This is a misunderstanding. No patients will have 2 moves. It is only patients who are inpatients at the time of (1) Closure of the Wolfson & transfer to St George's or (2) patients at St George's at the time of the transfer to Queen Mary's who will experience a move. Given that the average length of stay is 10-12 weeks, no inpatient will have a double move.]</i></p> <p>Their comments include:</p> <ul style="list-style-type: none"> • <i>Patient recovery will suffer because they will be treated in different settings by different staff.</i> • <i>Distribution of services over many sites improves patient personal relation and team cohesion. It promotes sense of belonging for both patients and staff, and, avoid, the dilution and isolation even in (un-identified) crowd.</i> • <i>The length of interim time needs to be considered. To sell a site might take longer than expected and might not achieve sufficient funds for new build.</i> • <i>All those patients who have to endure the transitional arrangements will certainly be negatively impacted.</i> • <i>The proposal for the interim move is placing the needs of the neurorehab service above the needs of the frail older patients in St George's who deserve a properly planned and dedicated specialist service, not one which is regularly subjected to short term decisions which undermine it for the sake of expediency.</i> <p>The number of beds proposed for the neurorehabilitation services are generally considered to be too few, others had queried who will fund the beds and whether they will only be available to local patients. (62 comments from 38 respondees, 30% of survey respondees).</p> |
| Consultation meetings | <p><u>Public meetings</u></p> <p>Suggestions that the interim plan should be scrapped, and the service</p> |

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| Neurorehabilitation transition arrangements: Interim plan | |
|---|---|
| Source | Feedback/comments |
| | <p>transferred straight to Queen Mary's once the unit is ready. (Wolfson public meeting)</p> <p>Some interest expressed in:</p> <ul style="list-style-type: none"> • Cost of fit out and refurbishment work. • Plan for selling the Wolfson & anticipated proceeds. • Possibility of obtaining a loan to avoid the interim move for the service. <p><u>Staff meetings</u></p> <p>Queen Mary's staff session</p> <p><u>Stakeholder meetings</u></p> <p>Older Peoples Forum – similar concerns raised.</p> <p>Patient Focus Group - Concerns about the interim solution. Acute hospital isn't the right environment.</p> |
| Other sources | None received. |

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5.4.2 Trust response (drafted by the Trust)

An interim plan is necessary as the Trust requires the proceeds from the sale to invest in the neurorehabilitation facilities at Queen Mary's Hospital. Advice from the Trust's independent valuation experts, the district valuers and NHS London supports a disposal with vacant possession rather than a forward sale, as a way of ensuring that best value is obtained for the site.

The Trust's experience of working with the PFI at Queen Mary's Hospital is that 18-24 months is a realistic estimate of the time required to complete the necessary work. If the proposal is agreed the Trust Board will receive regular updates on this timeframe and whether the work is continuing to time.

Neurorehabilitation services at Queen Mary's are already excellent and any additional patients treated at Queen Mary's in the interim will continue to receive a high quality service with some of the Wolfson therapy team being based at Queen Mary's to accommodate the increase in activity. These are separate specialities and have separate therapy teams; they do not cross cover and therefore there will not be any impact on access to therapists for amputee patients.

The interim plan will provide the same amount of care to neuro and amputee rehabilitation patients and represents the same number of beds. The Trust does not feel that additional beds are required to the number provided by the current service unless asked to do so by commissioners. If commissioners did request an expansion of the service this could be accommodated in the long term model by either an increase in the number of beds on Thomas Young Ward or by reviewing the pathways of care to increase the volume of intensive day case neuro and/or amputee rehabilitation.

The beds will continue to be funded through the Acute Commissioning Unit and London Specialist Commissioning Group and the proposal seeks to deliver the service at the same overall cost to commissioners of the current model.

As discussed in response to Theme 2, the Trust acknowledges that the move of the senior health ward is not ideal; however the move is for an interim period and is required in order to provide a self contained neurorehabilitation service at St George's. The feedback from neurorehabilitation users and of commissioners throughout the process has been that this is essential to the effective rehabilitation of neurorehab patients and therefore to any viable interim plan. This has necessitated the move of the senior health ward and the Trust rejects any suggestion that neurorehabilitation is viewed as a priority over senior health.

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5.5 Theme 4: Consultation process

5.5.1 Feedback summary

| Consultation process | |
|-----------------------|---|
| Source | Feedback/comments |
| Survey | <p>The main concerns over the consultation were about other services (amputee and geriatric medicine primarily) being overlooked (please see above); there were also concerns over the length of the consultation. (28 comments from 21 respondees, 17% of total survey respondees). These included the following comments:</p> <ul style="list-style-type: none"> <i>Why is the consultation only 4 weeks? It appears to be being rushed through with limited time for genuine discussion and consideration by those who have not been involved in drawing up the proposals but will be significantly adversely affected by them. The consultation glosses over the adverse effects on other services at St George's which will be displaced.</i> <i>In response to Q5: Only if you have properly consulted people in particular the exiting users of Wolfson and had a proper consultation period.</i> <i>The reduction in consultation time from 12 to 4 weeks is outrageous. How can one have faith in your decisions if you behave so dishonourably?</i> <i>I think it has taken place in too short a time frame leading to possible errors in planning and a reduction in the quality of service and demoralising dedicated specialist staff.</i> <i>This rush does not give enough time for the proper consideration of the proposals. You even point out on your website "we recognise that this consultation finishes during a very busy period .."</i> <p>Concerns over the consultation questions included:</p> <ul style="list-style-type: none"> <i>The questions are loaded and make a mockery of consultation.</i> <i>Having in the past been on courses explaining how to produce consultation questionnaires that are neutral and do not contain leading questions, I have to say I find this questionnaire appalling. It is biased to getting the answer it wants - agreement to the proposals. Having appeared as an expert witness on numerous occasions I certainly wouldn't want to defend it under cross examination from a QC.</i> |
| Consultation meetings | <p><u>Public meetings</u></p> <p>Wolfson meeting - many questions about the legality of the consultation.</p> |

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| Consultation process | |
|----------------------|--|
| Source | Feedback/comments |
| | <p><u>Staff meetings</u></p> <p>-</p> <p><u>Stakeholder meetings</u></p> <p>RLUG meeting – echoes concerns raised at the Wolfson public consultation meeting.</p> |
| Other sources | <p>Emails (Raised by 33% of email respondents):</p> <p>2 x staff requesting an extension to a 12 week consultation.</p> <p>3 x amputees - criticised the process for a lack of amputee patient involvement.</p> <p>1 x neurorehab patient querying why the process was only 4 weeks.</p> <p>1 x Limbless Association raising concerns about the process.</p> <p>1 x RLUG re: problems completing the questionnaire online.</p> |

5.5.2 Trust response (drafted by the Trust)

The rationale for a four week consultation period was discussed and agreed at the Merton Council Healthier Communities and Older People Overview and Scrutiny Panel with attendance of councillors from other SW London overview and scrutiny panels. The Trust has conducted a comprehensive consultation that has elicited a significant response from key stakeholders and local people. This includes many responses from those involved in services other than neurorehabilitation.

We have reviewed our proposals in light of the concerns raised, including those from senior health and amputee rehabilitation, and believe that we now have a robust set of proposals.

Of the services other than inpatient neurorehabilitation that are based at the Wolfson i.e. Pain Management Programme, Wolfson Cognitive Assessment Programme and Spasticity outpatients ongoing discussions have taken place with the teams that provide these services. They will be relocated to either Queen Mary's or St George's in line with the wishes of these teams. As part of the consultation, no specific comments have been received from patients or users of these services.

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6 Conclusion

St George's' Healthcare NHS 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 reservations concerned 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.