



Consultation on Orpington Health Services

Report of findings

15th November 2012

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1. Executive summary

The findings reported in this document take into account respondent views from the following sources:

- 189 online responses to the consultation questionnaire (including both closed and open or free-text questions)
- 200 paper responses to the consultation questionnaire (including both closed and open or free-text questions)
- 27 easy-read surveys
- White mail responses (21)
- Petitions (3) (see page 62 of this report for more detail on these)
- Feedback from 2 major public events (see page 53 of this report for more detail on these)
- Feedback from drop-in sessions (see page 56 of this report for more detail on these)
- Feedback from public and stakeholder meetings (see page 58 of this report for more detail on these)

Where statistics from the survey have been cited, these incorporate responses to the online and postal versions of the survey. Where appropriate, we have also cited responses to the easy-read version of the survey (which, due to the different nature of the questions, cannot be combined with responses to the standard survey). Where a similar sentiment was expressed in a piece of white mail or a petition, we have also acknowledged these.

It should also be remembered that responses to the consultation **may over-represent some demographic groups who were disproportionately likely to respond**, and may also **over-represent particular views** in the same way. A consultation is characterised by having a 'self-selecting' sample, therefore the results cannot be used to generalise or extrapolate in the same way as a representative sample survey. Linked to this, the results cannot be extrapolated to represent 'public opinion' or any similar concept. **They are simply the collective views of those people responding to the consultation.**

The overriding principles behind the proposed changes to health services were well received

The supporting information in the consultation brochure set out the case for change for health services in the Orpington area and the key principles on which this change is to be based i.e. making sure the right services are provided in the right places. For example, providing more rehabilitation care in people's own homes, encouraging the use of GP surgeries for family healthcare, check-ups and non-emergency health concerns, setting up clinics and health centres for ongoing care, tests, and well-being services and preserving hospital capacity for the most complex health needs and emergencies (alongside urgent care centres). When asked to think

about this approach to the provision of healthcare as a whole, respondents to this consultation, on balance, were positive.

Just over half said that they considered these overarching principles to be a good idea and just under a third thought that they were a bad idea. Support approached two-thirds among those with an ongoing health condition. The aspects of this overall strategy that held most appeal for respondents were that they implied that care would be easier to access both in terms of getting there and, once there, getting an appointment more quickly. Largely respondents felt that moving care to community facilities might ease the burden on hospitals which are currently characterised by longer waiting times. Local access to care also held more appeal than hospital-based care (for some) because it was more likely to be “personal” and patient-centred. The key concerns among critics of the overall strategy for care in Orpington were a general objection to the closure of Orpington Hospital, a possible consequence of these changes mentioned in the brochure, and worries about being able to access (and park at) new health centres. Critics also favoured the status quo in that they felt that the current model of provision (mainly through hospitals) was preferable to community based care: this was because expertise was perceived to be better in hospitals and that any new health centres would end up costing the NHS more money than they currently spend on healthcare provision.

A Health and Wellbeing centre was supported and preferable to a scaled-down local health centre

Once the overall principles behind the proposed changes to healthcare provision in the Orpington area were set out, the consultation brochure went on to present two options for what the delivery of this might look like in terms of the clinics and health centres. The first suggestion was a new Community Health and Wellbeing Centre providing a range of services and an integrated approach to the variety of potential patient healthcare needs. This facility would be charged with creating a one-stop experience for patients who could get all of their local services under one roof, with added support for those who might not otherwise access health services. The second suggestion, a Local Health Centre, would be cheaper than the Health and Wellbeing Centre but only provide essential health services and wouldn't offer the full range that the Health and Wellbeing Centre would. The consultation brochure made it clear that the Health and Wellbeing Centre was the local NHS's preferred option and neither of the options being proposed in this would result in the continued use of any of the current buildings on the Orpington Hospital site.

Support was far higher for the Health and Wellbeing Centre, with two-thirds of respondents in favour compared with just one-fifth (20%) in favour of the Local Health Centre. Advocates of the Health and Wellbeing Centre felt that the range of services would meet patients' needs and praised the fact that it placed services in one location, making access more convenient. Critics of the proposal were most likely to qualify their response with an objection to the closure of Orpington Hospital – over half of the critics mentioned this. Other caveats stated were over the potential cost of the centre and whether the local NHS could actually afford to build and run it, and concerns that the quality of care might be lower than currently is that case from care received in hospital. Advocates of the Local Health Centre tended to feel that this was preferable as it was the most financially sensible option. Critics were concerned that the list of services provided was

not comprehensive enough and as with the larger centre, felt that Orpington Hospital should not close and continue to provide their care.

When asked what aspects of the proposed health centre buildings are most important to consider and get right, respondents said that the location is a vital consideration, taking special care to ensure it is easily accessible by public transport, has adequate provision for parking and is open at weekends and early evenings.

Moving outpatient services caused strong concern over access

The consultation proposed that outpatient services for patients currently available at Orpington Hospital would move to Princess Royal University Hospital (PRUH) or, in a few cases, Queen Mary's, Sidcup (QMS) so that the specialist teams who deliver them can work together and directly with other departments that provide tests and treatment. It was also proposed that in the future the local NHS will review some outpatient clinics at PRUH, with the aim of offering clinics at Beckenham Beacon, to make it easier for those living at the north end of the borough. The aim of this proposed reconfiguration stated in the brochure was to offer greater convenience, greater access to specialist medical staff and to enable patients to choose where to receive treatment.

Just under one in five of respondents felt that this reconfiguration proposal was a good idea whilst just over three in five felt the opposite way. Major overriding concerns among those critical of the proposals were about potentially longer travel times for patients, especially due to perceived poor transport links from the Orpington area to the new sites. It was clear that those opposed to these proposals were in favour of keeping Orpington Hospital open as, in their view, it provides a good service and is convenient to access. Those in favour, albeit the minority, agreed with the proposals that consolidating services into specialist teams in particular locations would be beneficial for the quality of care they would receive.

Opinion was split over plans for a new Dermatology centre

Proposed changes to the provision of Dermatology care included in the consultation brochure stated that whilst local clinics, Beckenham Beacon and a new health centre would provide treatment for patients with less complex skin conditions, more complex dermatology services would move to a new specialist centre at Queen Mary's, Sidcup (QMS) creating a centre of excellence.

Overall, just over a third supported this proposal and just over a quarter opposed it. Among users of Dermatology in the last year, support dropped to a quarter and opposition rose to just over half. The hopes and concerns around the proposed changes to Dermatology mirror those for outpatient services. On the positive side, respondents feel that the proposals will mean better quality of care due to the pooling of expertise in the specialist centre. On the negative side respondents were worried about the journey time to the specialist centre and felt that the Dermatology service currently provided in Orpington Hospital is fit for purpose and does not need to be replaced.

Closure of Hydrotherapy at Orpington is a key area of concern

The consultation proposals stated that the Hydrotherapy centre at Orpington Hospital would close and, when their physiotherapist recommends it, Hydrotherapy will be available to patients from various sites such as QMS and the Phoenix Centre.

Almost half of respondents thought that it was a bad idea and just 15% thought it was a good idea. As with the proposal for Dermatology, those that had used Hydrotherapy in Orpington in the past year were significantly more likely to disagree with the proposal. Among those opposed, the predominant objection was that Orpington Hospital already provides this service and that it would be a waste of resource to close this facility. Furthermore, many respondents made the point that the Hydrotherapy pool at Orpington had been funded by public donations and that these would be discarded in the event of the Hospital closing. This was a point that generated strong feelings, especially at the consultation events.

Opinion was split over plans for Intermediate care

The proposals put forward in the consultation brochure for Intermediate care were to decrease the number of people in intermediate care beds and delivering more intermediate care in the community (in people's homes). Specifically this would involve reducing the number of intermediate care beds from 62 to 42, and increasing the provision of community services to support this change.

Just over two in five both support and oppose the proposals for reconfiguring the provision of Intermediate care. The principle of provision of more intermediate care in the community was well received, especially among those who subscribed to the view that recovery and comfort is better facilitated at home, as opposed to in hospitals. Additionally out of the eight respondents that had received intermediate care in the community and answered this question, three thought the proposals was a good idea and one thought it was poor. However, large proportions of those negative about this proposal were worried that this model of care would not be able to cope with the volume of patients and that the quality of care provided in-home would be lower than that received in hospital, hence putting patients at risk. There was a latent distrust among critics of the proposal and worry among those neutral that the local NHS will not allocate enough resource to community care provision - especially in light of NHS cost cuts - and leave patients short of the care that they need. Retaining current provision of beds in hospitals would reassure people that this would not happen.

Overall, for proposals to be accepted, accessibility, quality of care, and finance are the key considerations needed

Overall, the main concern among respondents to this consultation focused on the proposed closure of Orpington Hospital. Respondents who held this view felt that existing services at Orpington Hospital should continue to be used and this was, in most cases, the most commonly given reason for being critical about any of the specifics of the proposals. Accessibility and amount of travel that might be needed if services are to be relocated away from Orpington Hospital was a

frequently mentioned concern. Also, many respondents felt that the location of services needed to be carefully considered, particularly the importance of facilities being accessible to residents in Orpington both in terms of good transport links and parking. A very common prerequisite for the proposals in the eyes of respondents was that if Orpington Hospital is to close, it is vital that a broad range of high quality services are retained in the Orpington area and residents will not have to travel too far to receive their care. Additionally, thought needs to be given to how other hospitals such as QMS and PRUH will be able to cope with the additional demand that the proposals (and consequent closure of Orpington Hospital) would bring. Frequent concerns also arose about the financial feasibility of the proposals. Those raising these concerns felt that it would be more expensive to invest in either a Health and Wellbeing Centre or Local Health Centre than maintain the existing Hospital at Orpington.

Having said this, respondents were not exclusively negative. These respondents spontaneously made positive comments about the proposals and the impact they might have. For example, they held the view that providing healthcare in the community might encourage or foster closer and more personalised relationships between patients and medical staff and some felt that community health services might take some demand for healthcare away from hospitals, giving them more opportunity to deal with emergencies and more serious treatments. Furthermore, the proposals appealed to them as they might lead to greater accessibility of services, especially if the health centres are in a convenient location, have shorter waiting times and are open during evenings and weekends – all key aspirations for those positive about the proposals. However, an important recommendation made by respondents was that that some reassurance should be provided that, if healthcare was delivered in a community setting, it would be joined up with healthcare they receive in other ways (i.e. through their GP or at hospital). This would ensure that the care they received was personal and that their specific needs would be addressed by whichever medical professional they saw.

2. Introduction

This consultation on public reaction to proposals to change the way services are delivered in the Orpington area stemmed from the *Orpington Health Services Review*, which was set up following an agreement from South London Healthcare Trust, Bromley GP Commissioners and Bromley Council to address a growing concern that the current provision of services at Orpington Hospital are not sustainable in their present form.

This view was preceded by the finding of a review by the Independent Reconfiguration Panel, which made a specific recommendation that the future of Orpington Hospital needed to be carefully considered. In order to tackle this issue, a project group including Orpington GPs, hospital clinicians, Bromley Primary Care Trust, Bromley Council, Orpington Hospital staff representatives, the Orpington League of Friends and Bromley LINK, and invited representatives from other patient groups who use Orpington Hospital, was established. The group agreed that in order to make recommendations for the future of health services in Orpington, it is vital to start by exploring and understanding the health needs of local people.

The group undertook a needs assessment, identified the services required to meet these needs and calculated the cost and logistical implications of this. Emergent from this process was a preference to retain a local set of services bringing together practices and the essential community and diagnostic services to support Primary Care in a preventative model supporting the 'out of hospital' care agenda. Other outpatient services currently delivered in Orpington Hospital were proposed to be transferred to Princess Royal University Hospital and for a few very specialist services to go to Queen Mary's Hospital in Sidcup. Developing a health and wellbeing facility was also recommended and the group were considering options as to where this should be delivered: in the current hospital, rebuilt in a smaller space on a portion of the hospital site, or located on the Orpington High Street or other off-site local location.

The project group believed that any proposals would be enhanced, improved and more responsive to patients if a full independently-evaluated public consultation took place. To this end, Bromley Primary Care Trust (NHS Bromley) commissioned Opinion Leader to evaluate a public consultation, analyse responses and produce a report that conveys public views on the proposals put forward for the future of health services in the Orpington area. The next chapter details the methodology through which the consultation was conducted.

3. Methodology

Who was the consultation aimed at?

The consultation was aimed at any individual or organisation with an interest in the future of health services in Orpington. It was available both online via a dedicated page on the NHS South East London website and in paper copies which were distributed at regular intervals throughout the consultation via GP surgeries, libraries and other public access buildings across the Orpington area. Paper copies were also distributed by Opinion Leader to those who contacted us directly to request one. Various activities were undertaken by NHS Bromley throughout the consultation to advertise the existence of the consultation and encourage people to respond, and these are summarised later in this chapter.

What did the consultation document look like?

The consultation document took the form of a 63-page brochure (identical in length and format on-line and on paper) consisting of the following sections:

- An introduction and invitation to respond from Dr Angela Bhan, (Managing Director, Bromley Clinical Commissioning & Joint Director of Public Health) and Dr Andrew Parson, (Chair, Bromley Clinical Commissioning);
- A summary of the case for change in provision of local healthcare services;
- A review of what the proposals for change were, and the kind of NHS care that they would aim to deliver in Orpington in the future;
- Discussion of how the local NHS had responded to what they had heard so far in conversations with local people;
- A summary of the various ways in which people could respond with their views. This included information on public meetings and drop-in sessions and a 14-page questionnaire which could be filled in on paper or online; and
- An appendix, which included supplementary information on the organisations behind the consultation, demonstration of the impact of previous public consultations, a glossary of useful terms, an overview of the HM Government Code of practice on consultation (which was adhered to for this consultation), and further information on response formats for those who may need additional help to respond (e.g. easy-read, audio, large print and Braille versions were available on request). Finally, information about how to respond in different languages and a reassurance about confidentiality of responses was also provided.
- In addition to the consultation document, in response to the high levels of interest and uncertainty expressed at public events, the consultation project team circulated two further briefings to stakeholders and also displayed additional information on the consultation website providing further details of the financial implications of keeping Orpington Hospital open and investing in a new health centre. Information was also provided about the intermediate care survey administered between February and April 2012.

The consultation questionnaire was scripted into an online format and, for those who chose to respond online, it was accessed via a web link hosted on a dedicated page on the NHS South East London website. This web address for this dedicated page was signposted clearly in the brochure and respondents either clicked on it to be guided directly to the survey or typed the web address directly into their browser, depending on whether they were viewing the brochure online or in hard copy. For respondents who did not have access to the internet or preferred to fill in a hard copy, these individuals filled in the questionnaire by hand and posted it back to Opinion Leader via a freepost address. Some individuals and organisations provided an ad hoc response (i.e. not using the pre-designed form, for example, by letter, report, or personal e-mail) and where possible, these were also included in the analysis. We have referred to these responses as 'white mail'.

The introduction section of the questionnaire informed respondents of the dates for which the consultation was open (from 16 July to 29 October 2012), the approximate length of time the questionnaire should take to complete, that there were different types of questions (open and closed) and that all questions were optional and all answers confidential. Finally contact details of an executive at Opinion Leader were given in case people had any questions about the consultation or any technical difficulties

Opinion Leader worked in close consultation with the team at NHS Bromley to produce a questionnaire with the following requirements:

- Questions relevant to the consultation topic.
- Objectivity and no bias.
- Written in plain English so that lay people could clearly understand the questions and were able to provide a clear and informed response.
- As consistent as possible across all response channels (web and paper).
- Quantitative and qualitative in nature.

In terms of the structure, a questionnaire was designed that included the following elements:

- Straightforward, **pre-coded questions** (i.e. the answer options were presented to the respondent), asking people for their overall level of support or opposition for proposals.
- Pre-coded questions were followed by questions asking people *why* they held the views they did. These were **open-ended** (that is, people are asked to record their views in their own words, with no pre-set categories) to give people the opportunity to express any views that they see as being relevant and minimising the need for separate submissions to be made.
- Questions to be used for the **analysis / breakdown of responses**: e.g. their age, gender, ethnicity and the capacity in which people were responding (i.e. individual or group/ organisation, and which group/ organisation).

In terms of the content, the consultation questionnaire consisted of 16 questions and was divided into four sections. Respondents were invited to respond to some or all of the questions, depending on their relevance. At the beginning of most questions a short pre-amble was included to provide some context for the responses. The four sections can be summarised as follows:

- **Section 1 - Proposals for the future of health services in Orpington** – this section asked for people’s views on the proposals at an overall level.
- **Section 2 - Proposals for the different ways that NHS services could be offered at Orpington** – which asked for views on the specific proposals in the document, and what health services might look like if they are implemented.
- **Section 3 - Current health services in Orpington** – this section asked about which health services were currently used by respondents and which were the most important to them.
- **Section 4 – Overall views** – provided respondents with the opportunity to make any comments, suggestions or concerns regarding these proposals or about the future of health services in Orpington.

The shorter easy-read version consisted of 16 questions preceded by a short introduction. The broad areas covered were the same as those above, with modified question wording and a simpler range of options respondents could choose to answer a question.

A copy of each of the consultation brochures is included in the appendix.

Cognitive testing

The questionnaire was cognitively tested with seven purposively selected Orpington residents (with a spread across the area). This was done using a questionnaire specifically-designed to draw out what people understood the materials to be saying, what key messages were taken from them, and what suggestions they had for improvements in clarity and format. The seven respondents were sent a link to the online survey, given a day or so to review and then a convenient time to discuss their thoughts over the telephone was arranged. Feedback from the cognitive interviews was then collated and given to NHS Bromley for consideration and subsequent changes were made to the questionnaire. The easy-read version was not cognitively tested in this way as the content was very similar and substantially less complex. It was, however, developed by Advocacy for All, a charity that provides advocacy for individuals with learning disabilities.

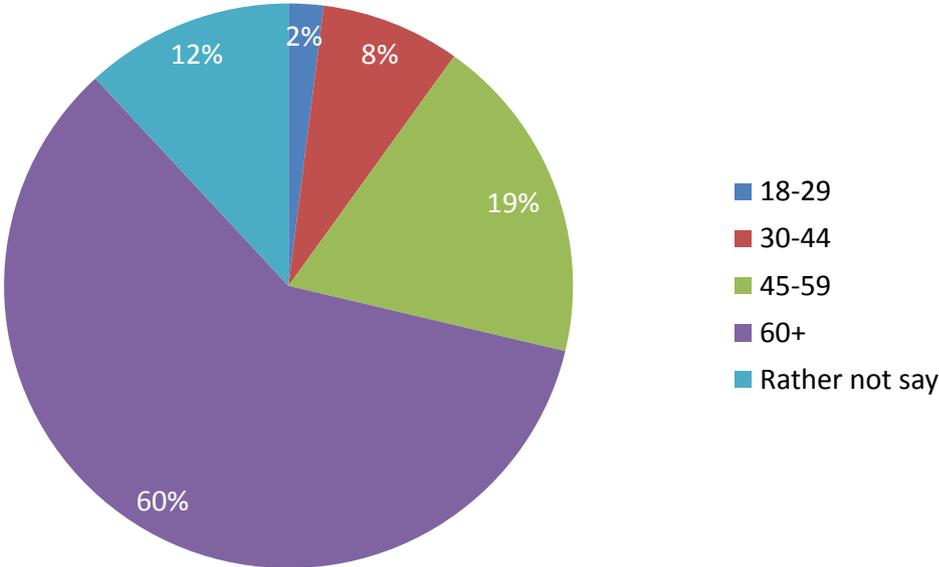
Volume of responses received & demographic breakdown

Below is a breakdown of responses received to the consultation, either in the form of a survey, white mail or petition.

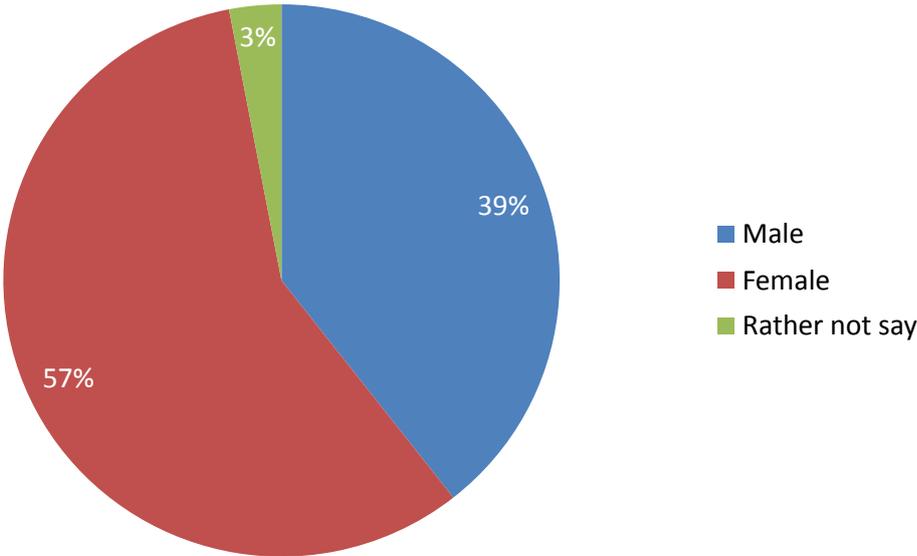
- Number of completed online surveys: **189**
- Number of completed postal surveys (excluding easy read versions): **200**
- Number of completed easy read surveys: **27**

Those responding to the survey tended to be older (either in the 45-59 or 60+ age bracket). The total number of responses also seemed to include a higher proportion of women than men. The majority of responses (around 90%) came from individuals who considered themselves to be white. A full breakdown of respondents to the survey can be seen in the following charts.

Of those responding to the survey via the internet, post or easy-read version, the majority were aged over 60



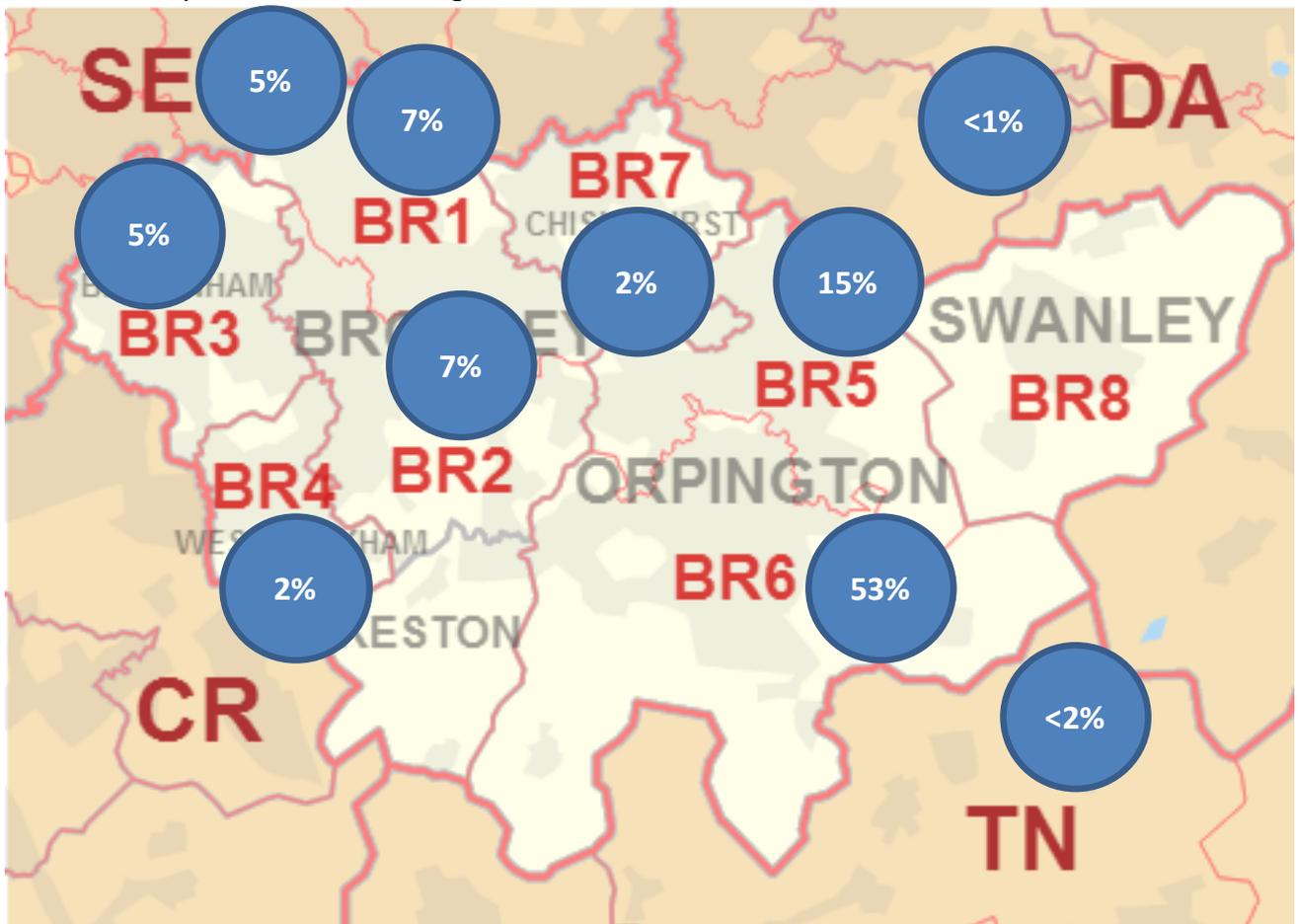
Of those who stated their gender, a higher proportion of women completed the survey than men.



Respondents by ethnic group

White & White British	85%
Irish	<1%
Any other white background	4%
White and black Caribbean	<1%
White and black African	0%
White and Asian	<1%
Any other mixed background	<1%
Indian	2%
Pakistani	0%
Bangladeshi	0%
Any other Asian background	0%
Caribbean	<1%
African	<1%
Any other black background	0%
Chinese	0%
Any other ethnic group	<1%
I'd rather not say	6%

Below is a map showing the distribution of responses to the survey (online, postal and easy-read) across Bromley and the surrounding area.



In addition to formal responses to the survey, a number of other responses were received, in the form of letters or statements (referred to as 'white mail') or petitions:

- Number of pieces of white mail: 21
- Number of petitions: 3

The majority of the above came from individuals, although responses were also received from the organisations and associations listed below:

- Pratts Bottom Residents Association
- Knoll Residents Association
- Good Health Subgroup (Bromley Learning Disability Partnership Board)
- Advocacy for All
- Hathy Lift Stars
- Bromley College of Further and Higher Education
- Bromley Mencap
- Patient's Advisory Group, Ballater Surgery
- Chelsfield Resident's Association
- A petition from Pratts Bottom Women's Institute (68 signatures)
- A petition from The Kent West Kent Federation of Women's Institutes (86 signatures)
- An anonymous petition of individuals across Bromley and the surrounding area (780 signatures)

The content of the petitions received is appended to this report.

Included within the white mail, a formal response to the consultation was provided by Jo Johnson MP, a copy of which is appended to this report.

Handling queries

For the duration of the consultation, members of the public were advised to contact Opinion Leader via telephone or email if they wished to request a brochure, had any queries about the survey, or wanted more information about the consultation or proposals. Opinion Leader's contact details were supplied in the consultation document, the leaflet that was distributed to households across Bromley, and in the News Shopper.

In total, Opinion Leader received 202 telephone calls and emails over the course of the consultation. The majority of these (138) were brochure requests from individuals across Bromley. Some of those requesting a brochure (18) made passing comments or had queries about some aspects of the proposals. Often these related to how the proposals would affect individuals personally, as well as the impact the proposals would have on hospitals in the surrounding area and on facilities such as GP surgeries and dental. Three individuals out of this group (all in BR6) got in touch to say they had not received copies of the leaflet that was distributed amongst houses across Bromley. One individual (in BR5) called to say she had received two copies of the leaflet after a redistribution took place. Finally, two individuals that called requesting a copy of the

brochure that also made passing comments mentioned that they were in support of the Health and Wellbeing Centre.

In addition to this group of 18, a further 22 individuals contacted Opinion Leader specifically with queries about the proposals. In many cases, individuals sought clarification on the financial case for closing Orpington Hospital and wished to see a comparison of these costs against the projected cost of establishing either one of the proposals. There were also questions relating to how the proposals would be funded, and how much the consultation itself had cost. Some members of the public also asked if there were any ideas as to where a new community healthcare facility would be based. One individual wished to know what would happen to the land upon which Orpington Hospital stood. Other queries related specifically to the health services individuals themselves used (including GP surgeries) and how they would be affected by the proposals. Two individuals asked for more information about the provision of hydrotherapy and intermediate care in the future. In these instances, Opinion Leader provided responses (where the information was supplied in the consultation brochure) or passed queries on to the consultation project team for information to answer queries. In all of these cases, the consultation project team responded to queries with the necessary information either directly, through Opinion Leader, or through the briefings published on the consultation website.

Twenty seven more individuals called with general comments about the proposals and consultation. Amongst these were complaints that some areas in Bromley seemed not to have received the information leaflet. Conversely two individuals (both from BR6) called to say they had received two copies of the leaflet. Some individuals (2) felt they had not sufficiently expressed everything they wished to say in the questionnaire. A small number (2) said that in order to make an informed decision as to the feasibility of either of the proposals, there ought to be more information about the financial case for the proposals and the location of any community facilities. Another two residents said they felt the outcome of the consultation had already been decided. Finally, two residents called and expressed their preference for a Health and Wellbeing Centre.

There were six queries relating to the questionnaire: three individuals had difficulty accessing the online survey. In one instance this was due to the individual's computer security settings and the other two were resolved over the telephone and via email. The remaining queries included a request for a freepost envelope to return the questionnaire, and queries as to whether completed surveys had been successfully received.

Methodology of analysing responses

All online and paper responses were systematically logged. Data from the pre-coded questions was collated into data tables which give both numeric and percentage results for each applicable question. Sub-group analysis was also shown for key groups in these tables. Responses to the easy-read survey were logged separately to the standard questionnaire due to the different nature of the questions. The free-text (open-ended) verbatim comments, answers and responses were coded. This involved compiling a list of themes based on the open ended responses for each question into a 'code frame', which was then used to statistically analyse the responses in much the same way as the pre-coded questions.

Campaign responses and petitions were included in the aggregate results for the open-ended question to which they were most appropriate but only counted once. This is because a response

in the form of a petition is different, and does not correspond, to a formal response to the survey and so these kinds of responses cannot be analysed statistically alongside survey responses. Whilst petition responses are not included in the statistics that follow, we do mention where a sentiment was shared by a petition and the strength of feeling relating to the matter. We also provide further detail on the content of the petitions received on page 63 of this report.

Additional or alternative 'white mail' responses (i.e. letters or emails that did not follow the questionnaire format or specifically answer the consultation questions) from individual respondents that could reasonably be matched to the general focus of the questions in the consultation questionnaire were also included in the analysis and treated in the same way as petitions (explained above). Organisational or individual responses that could not be coded were logged and provided to NHS Bromley for separate review.

The code frame was initially developed early in the consultation process. The first 50 completed response forms were used to build the preliminary code frame and it was continually refined throughout the duration of the consultation process. The code frame itself was 'organic' in that the coding teams had the flexibility to raise new codes when it was felt that genuinely new issues or terminology were appearing, and re-visit other codes previously allocated to see if they should be re-allocated.

All pre-coded and open question data is 'unweighted' – i.e. the results are an exact reflection of the numbers / types of submissions received. Linked to this, the results cannot be extrapolated to represent 'public opinion' or any similar concept. **They are simply the collective views of those people responding to the consultation.** This principle reflects that for any 'self-selecting' sample. All data in charts in this report excludes those who chose not to answer a question, hence base sizes vary. Furthermore the percentages cited have been rounded to the nearest whole number.

The report that follows is based on responses through each of the above means. Each of these, however, are very different ways of providing a response and as such some responses have had to be dealt with in different ways. Responses to the questionnaire (online and postal) have been tabulated and have been used as the basis of the statistics that are presented in the report. Responses to the easy-read questionnaire will be alluded to separately in the report because the structure of the questionnaire was different. Again, however, responses to open-ended questions in the easy-read questionnaire have been merged with those of the standard questionnaire. References to white mail, where appropriate, have also been made in the body of the report.

Another set of responses that we will consider in the report that follows is that of the public meetings organised by the consultation project team. These consisted of two large public engagement meetings (attended by over 100 attendees each); drop-in sessions where individuals could get further information about the proposals, and meetings with stakeholder groups to discuss the ramifications of the proposals. Because the points raised in these events were diverse and were not formal responses to the consultation, we cannot analyse them in the same statistical manner as responses to the survey. We have summarised the content and strength of feeling at these public meetings in a later section of this report.

Public events

As part of this consultation two public meetings were held in Crofton Halls, York Rise, Orpington – one on Thursday 9th August 2012 at 7pm and one on Wednesday 19th September 2012 at 2pm. The purpose of these events was to engage those who were interested in a discussion of the key issues contained in the consultation.

At the first of these events (chaired by independent consultant, Peter Gluckman) delegates were given an introduction outlining the objectives of the consultation, the subjects covered and the planned next steps once all of the responses had been obtained. Matthew Kershaw, appointed Special Administrator at South London Healthcare Trust, also introduced himself and explained his role, as well as a consultation that he would be managing alongside that of the Orpington Health Services consultation. Following the presentation, delegates were invited to participate in an open question and answer session with the representatives from the Clinical Commissioning Group. These representatives were: Dr. Angela Bhan, Director of Public Health and Managing Director of Bromley Clinical Commissioning; Dr. Stephanie Munn, Consultant Dermatologist for South London Healthcare Trust and Clinical Lead for SLHT on this project; Dr. Andrew Parson, Chair of Bromley Clinical Commissioning; and Andrew Hardman (Bromley Healthcare CIC Ltd).

At the second event the session was introduced by Chair and Director of Opinion Leader, Sinéad Jefferies, who asked some introductory background questions of the panellists before questions and answers were opened up to the floor. The panellists on this occasion were as above, only Kerry Bott, Director of Quality for Bromley Healthcare attended in place of Andrew Hardman.

These events were attended by Opinion Leader executives and questions, responses and general comments were recorded and included in the analysis. A summary of the questions raised and answers given at these events is provided in the appendix.

Communications and engagement activity by NHS Bromley

In addition to these events NHS Bromley conducted a considerable amount of communications activities around the consultation.

Drop-in sessions were set up for people who had specific questions or concerns that they wished to raise in person, rather than via the consultation questionnaire or events. These sessions were one-to-one conversations and consisted of appointments lasting at least ten minutes with representatives from NHS Bromley to enable as many people as possible to participate. These drop-in sessions were held in the following locations on the following dates:

- Orpington Hospital, Wednesday 10th October 2012; 10am-1pm and Wednesday 22nd August 2012; 2 pm - 5pm
- St Paul's Cray Clinic, Monday 17th September; 2pm - 5pm
- Biggin Hill Leisure Centre & Library, Thursday 13th September; 1pm - 5pm.

In addition, the consultation project team arranged over 20 meetings with stakeholder and patient groups throughout the period, to present the proposals, hear concerns and answer questions from those with specific interest in various aspects of the proposals. A summary of the content of these meetings, and the drop-in sessions, can be found later in this report.

Leaflets were produced, summarising the content of the consultation and containing a postcard individuals could send to Opinion Leader to request a copy of the consultation brochure and questionnaire. Approximately 145,000 households across Bromley and in the wider area in total had a copy of the leaflet distributed to them. The summary document was also sent to 250 shops, cafes and other local outlets twice during the consultation. Advertisements of the consultation were printed in some of Bromley's local free papers, including the *News Shopper*. Posters and full consultation documents were also distributed in GP surgeries, dentists, pharmacies and libraries.

Interpretation of results

Consultation exercises such as this one are different from sample survey research and serve a different purpose. A consultation does not generate the responses of a representative sample of residents of the Orpington area, nor do the responses always fully provide the views of those responding on every relevant matter contained within the proposals. Therefore, a consultation should not be taken as a comprehensive statement of stakeholder or public opinion.

When interpreting the results presented in this report, it is important to consider the limitations of this type of consultation in measuring the detailed views of individuals and interested parties. The key advantage of a consultation over opinion polls or sample surveys is that the **whole population are offered the potential opportunity to take part**, making it more of a democratic tool. However, it is a less effective way of measuring how widely held particular opinions are in the population as the results of a consultation are comprised of those **who chose to respond** to the consultation – i.e. it **may over-represent some demographic groups who were disproportionately likely to respond**, and may also **over-represent particular views** in the same way. Therefore the results cannot be used to generalise or extrapolate in the same way as a representative sample survey. Furthermore the fact that the consultation project team made additional effort to encourage responses from stakeholder and specific patient groups may also have influenced the distribution of responses received.

Furthermore, as was the case with this consultation, responses often consist of a brief **open response** to a lengthier proposal thus these responses are subject to a certain degree of interpretation. In particular, those who responded that they were in favour of a proposal might well not have recorded their support for all the specific elements of the proposal, while opponents who cite one aspect of a proposal as their reason for opposing it cannot be assumed to be supporting of, or indifferent to, every other aspect purely because they did not mention it. Hence it is unlikely that a true measurement of opinions on particular details of the proposals, even of those who responded to the consultation, could be achieved merely by tallying the number of favourable and unfavourable mentions in participants' responses. Moreover, in this consultation many participants provided a **qualified response** to some open-ended questions – e.g. *I would be in support of x if NHS Bromley do y*, making it difficult to classify the response as 'in support of' or 'opposed to'.

Sources of information taken into account

The findings reported in this document take into account respondent views from the following sources:

- 189 online responses to the consultation questionnaire (including both closed and open or free-text questions)
- 200 paper responses to the consultation questionnaire (including both closed and open or free-text questions)
- 27 easy-read surveys
- White mail responses (21)
- Petitions (3) (see page 63 of this report for more detail on these)
- Feedback from 2 major public events (see page 50 of this report for more detail on these)
- Feedback from drop-in sessions(see page 53 of this report for more detail on these)
- Feedback from public and stakeholder meetings (see page 55 of this report for more detail on these)

The executive summary amalgamates key findings across all these sources, however, the main findings section of the report looks at each of these groups individually. In our reporting of the main findings, completed online and postal surveys are analysed together. Easy-read responses are also referenced but because of the different nature of the questions asked in this survey, these responses have been analysed separate to those to the standard questionnaire. Also, due to the small number of completes amongst this group, actual numbers are given rather than percentages. At questions that were open-ended, we also acknowledged easy-read, white mail and petition responses.

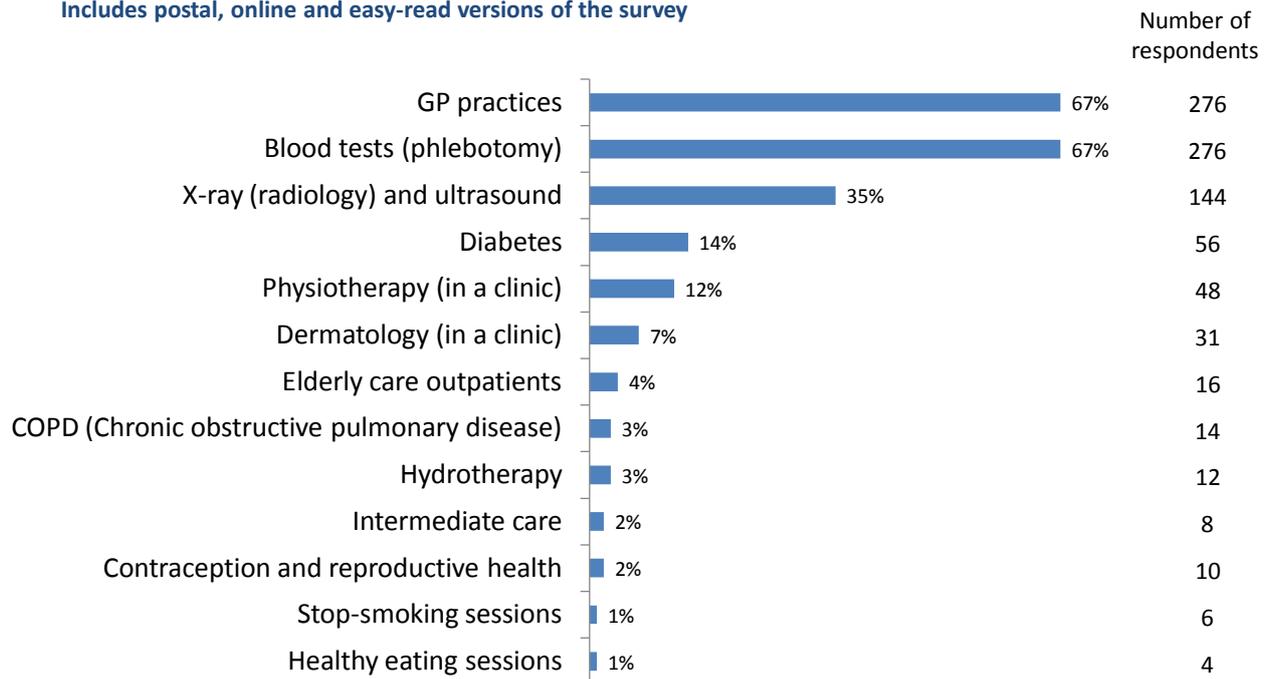
4. Main findings

4.1 The local context – what are the local service priorities?

The majority of respondents to this consultation (84%) stated that they were users of at least one of the community health services listed in the last 12 months. Most commonly used services were blood tests and GP practices with two thirds of respondents (67%) having used these services in the Orpington area. Less commonly used services included elderly care outpatients (4%), Hydrotherapy (3%), intermediate care (2%) and advice services such as stop smoking and healthy eating sessions (both 1%). The broadly homogeneous nature of the people who responded to this consultation means that meaningful sub-group analysis by demographics is not possible here, however, the results indicated that usage of community services increases with age and was higher among men compared to women, and was higher among white respondents than BME respondents.

Q9a. Which, if any, of the following community health services provided by the NHS in the Orpington area have you used in the last 12 months? Base = 414

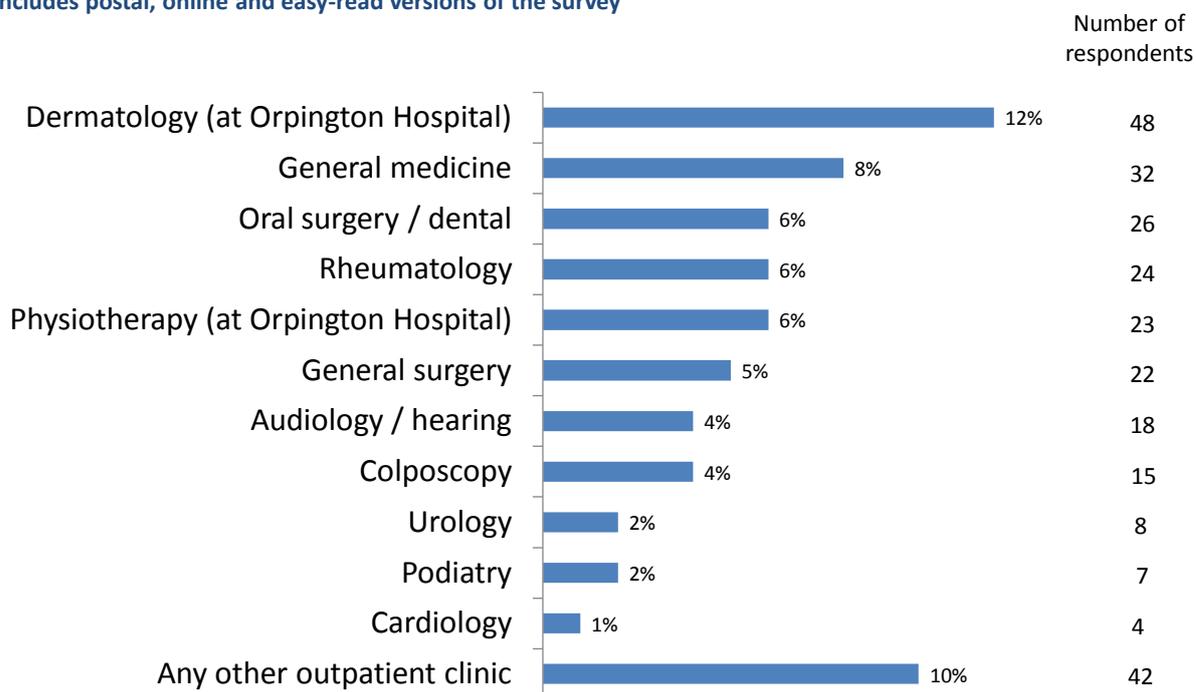
Includes postal, online and easy-read versions of the survey



Community health services used by respondents

Under half (43%) of respondents had used any health service at Orpington Hospital in the last 12 months. Most commonly used services at Orpington were dermatology (12%) and general medicine (8%). One-tenth of respondents said that they had used an outpatient clinic at Orpington Hospital, but were unable to recall which specifically.

Q9a. Which, if any, of the following community health services provided by the NHS in the Orpington area have you used in the last 12 months? Base = 414
Includes postal, online and easy-read versions of the survey



Use of health services at Orpington Hospital

The following table indicates which community health services respondents deemed most important to have locally. Among the people who responded to this question, it was apparent that blood tests (mentioned by 84%), X-rays and ultrasound (67%), elderly care outpatients (61%) and diabetes services (54%) were rated as particularly important to maintain in the local area.

The table compares responses to question 9a (which local health services had been used) with question 9b (health services people felt it was most important to provide locally). It shows that there was some correlation between the proportion of patients that make use of certain health services and those most highly prioritised, including phlebotomy, x-ray, and diabetes services. However, there were some services that are rated as important despite low numbers of respondents having actually used them, for example outpatient services for the elderly, hydrotherapy, intermediate care and dermatology. It is likely that the importance of these particular services was amplified because of the potential impact that the proposed changes might have on these particular services and the patients that use them, especially in the case of dermatology and hydrotherapy. It is also worthy of note that mental health, minor injuries, rheumatology, audiology and urology were services originally not stated in the questionnaire and consultation document that respondents thought that the local NHS should also prioritise via the 'other – specify' response option.

Local health service	Q9b. Important to have locally	Q9a. Used in last 12 months
Blood tests (phlebotomy)	84%	67%
X-ray (radiology) and ultrasound	67%	35%
Elderly care outpatients	61%	4%
Diabetes	54%	14%
Physiotherapy (in a clinic)	42%	12%
COPD (Chronic obstructive pulmonary disease)	31%	3%
Intermediate care	26%	2%
Hydrotherapy	25%	3%
Contraception and reproductive health	22%	2%
Dermatology (in a clinic)	19%	7%
Stop-smoking sessions	9%	1%
Healthy eating sessions	9%	1%
Memory / mental health	2%	n/a
Minor injuries / A&E	1%	n/a
Rheumatology	1%	6%
Audiology / hearing	1%	4%
Urology	1%	2%
Any other outpatient clinic	7%	10%

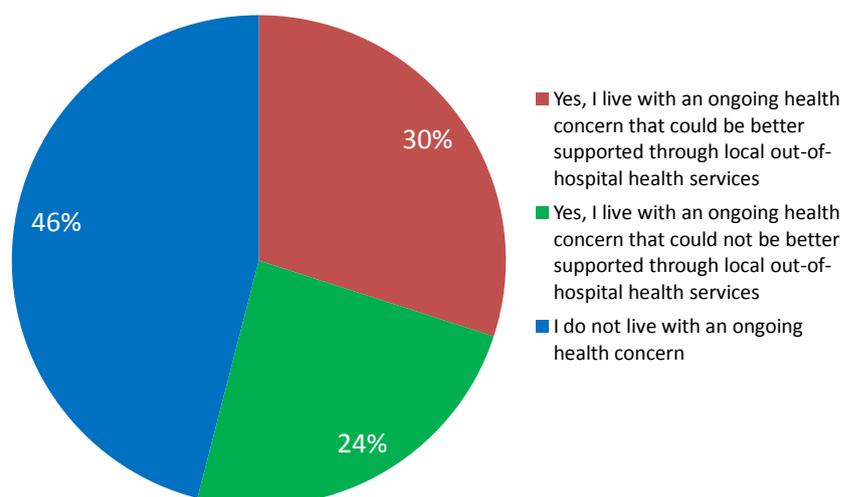
Respondents to the consultation were also given an additional opportunity to state any specific health services that they thought were needed locally that were not mentioned in the lists at Q9a or 9b. A variety of different services were mentioned in this context and the most commonly stated response was mental health services (15% said this) followed by A&E minor injuries service (9%), audiology and eye care (both 7%) and gym and exercise facilities for weight management (5%). The following table summarises these responses and the proportions stating each service as a local priority among the 138 people who chose to respond to this question.

Local health service	%	No.	Local health service	%	No.
Mental health / Counseling	15%	21	Urology	1%	2
A&E / Minor injuries	9%	12	Memory clinic	1%	2
Audiology	7%	9	Rehabilitation services	1%	2
Eye care	7%	10	Homeopathy / Alternative medicine	1%	2
Gym / Outdoor exercise facilities / Weight management	5%	7	Chemotherapy / Cancer treatments	1%	2
Rheumatology	4%	5	General Surgery	1%	1
Dental	3%	4	Paediatrics	1%	1

Maternity	3%	4	Swimming facilities	1%	1
Cardiology	2%	3	Orthopedics	1%	1
Podiatry	2%	3	Bowel problems	1%	1
Screening	2%	3	Stroke aftercare	1%	1
Osteopathy	2%	3	Arthritis	1%	1
Defibrillation	1%	2	Lymphodema	1%	1
Vaccinations	1%	2	Sleep clinics	1%	1
Neurology	1%	2			

Just over half of those who responded to the consultation (54%) stated that they were living with an ongoing health condition. Slightly more stated that this condition could be better supported through local out-of-hospital health services than stated that it could not be better supported in this way (30% vs. 24% respectively).

Q11. Do you live with any ongoing health concerns that could be better supported through local out-of-hospital health services (at your GP surgery or community clinics?) Base = 414
Includes postal, online and easy-read versions of the survey



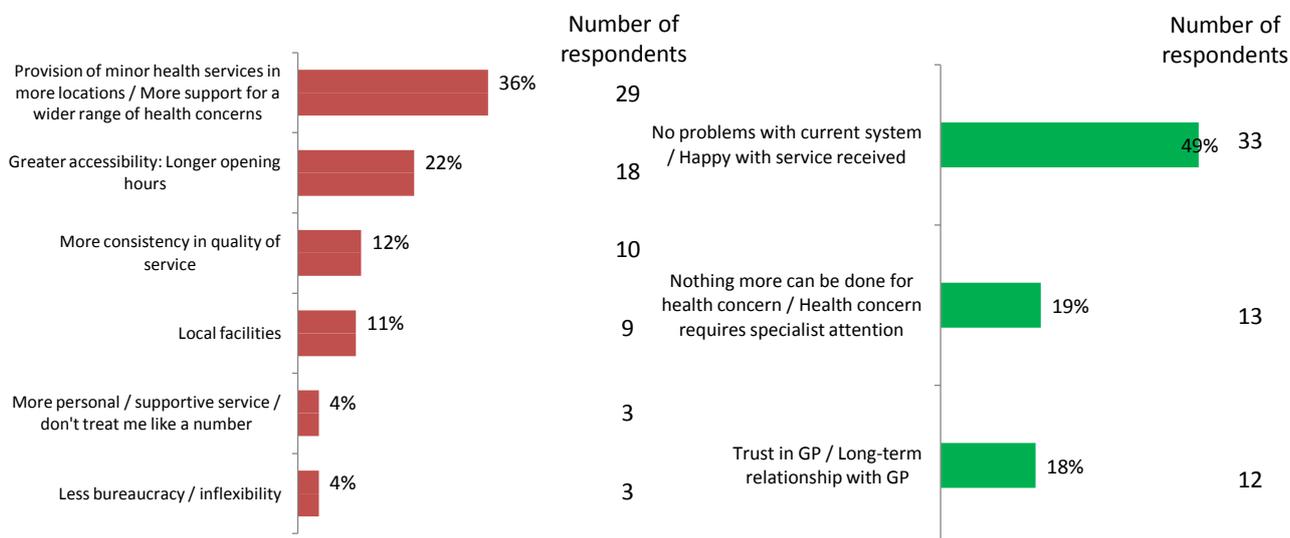
Addressing ongoing health concerns through out-of-hospital health services

The following chart (in red on the left hand side) summarises the responses of those who felt that their ongoing health concern could be better supported through local out-of-hospital health services. Among this group, just over a third (36%) were positive about the potential for greater access to health services both in terms of locations available and also a wider range of health concerns being catered for. Linked to these aspirations about improved accessibility just under a quarter of these respondents (22%) felt that a more local community based model of care would be beneficial to the management of their condition due to there being longer opening hours. One in ten of these respondents felt that having access to services closer to them would be beneficial (11%) and a similar proportion predicted that the proposal would lead to an improvement in the quality of care (12%).

Q12a. How do you think we could address your ongoing health concern through out-of-hospital health services? Base = 81

Q12b. Why do you say that [your ongoing health concern could not be better supported through local out-of-hospital health services]? Base = 68

Includes postal, online and easy-read versions of the survey



Addressing ongoing health concerns through out-of-hospital health services

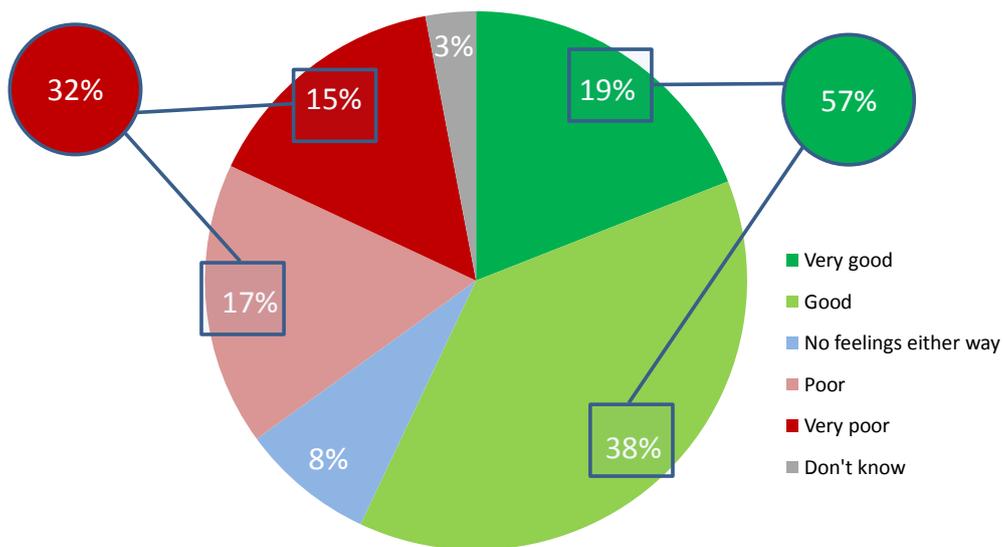
Among those who stated that this model of care would not be beneficial to the management of their ongoing condition, just under half (49%) stated that the current system works well enough and are happy with the care they receive. Just under one in five (19%) felt that the fact that their condition needed specialist attention meant that they were not confident that it could be better treated out-of-hospital where the expertise required might not be available. Encouragingly 18% of those who said they could not be better supported stated the reason was that they already have trust in their GP and a long term relationship which supports them through the management of their ongoing health condition.

4.2 Views on the consultation proposals

The two health centres

Before being asked to provide an opinion on specific proposals, individuals answering the survey were asked to provide their views on the principle of delivering healthcare in high street or community facilities.

Question 1. To what extent do you consider this approach, as laid out in our proposals, to be a good idea?
Base = 384
Includes postal and online responses to the survey

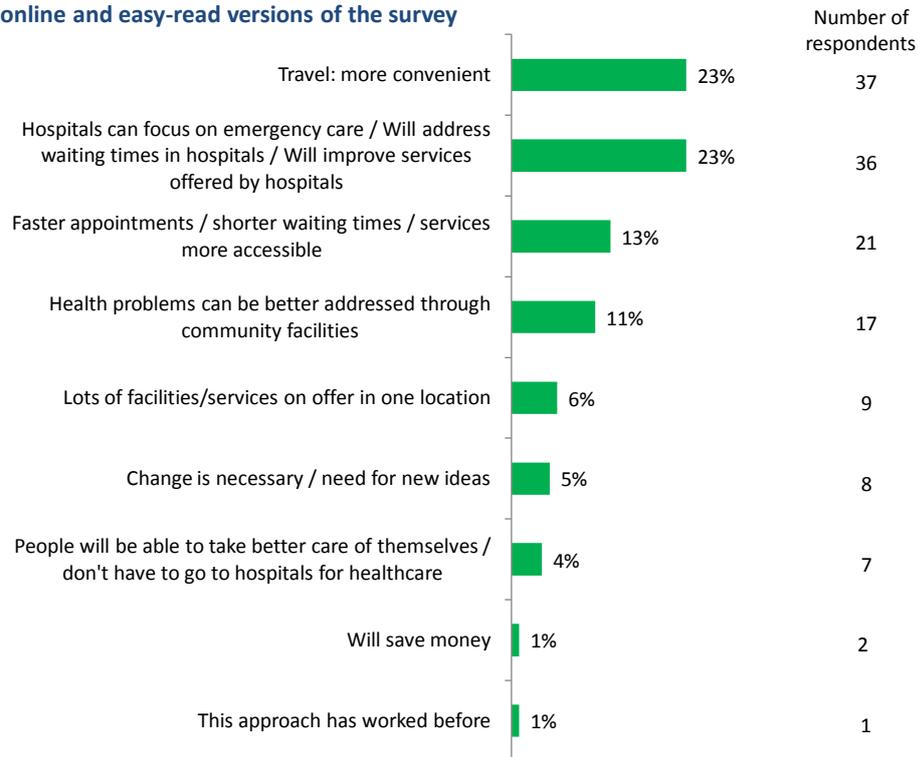


Over half support proposals for the future of health services in Orpington, a third oppose.

Of those responding to the postal or online survey, over half thought that the approach was a good idea. Within this group were 63% of those who said that they had an ongoing health concern that could be better supported. A greater proportion of those responding to the easy-read survey agreed that this was a good idea, with 18 in favour versus 1 against the approach.

The following chart summarises the reasons why respondents thought this approach was a good idea.

Question 2. To what extent do you consider this approach, as laid out in our proposals, to be a good idea? Why do you say that? Base (Those positive about the proposals) = 159
Includes postal, online and easy-read versions of the survey



Positive responses to the proposed overall approach for health services in Orpington

The most common reasons given were that services would be more conveniently located, and that this would relieve pressure on hospitals so they could focus their attention on more serious healthcare issues. One piece of white mail (which, as explained in the introduction to this report, cannot be analysed in the same way as responses to the survey, is not included in the chart above) was also supportive of this point. Some respondents also commented that this approach might be beneficial to the care delivered to patients, with 13% of respondents who thought the approach was a good idea saying patients might be seen quicker; 11% saying that health problems are better addressed in community facilities; and 4% saying this approach would enable people to take better care of themselves.

I feel that hospitals should focus on acute and emergency care and the management of chronic/long term health problems can be better managed in the community. I also think we need more focus on prevention and early diagnosis which again can be better delivered outside of hospitals.

Local services should ensure easier access and shorter waiting times. Hopefully more specific expertise would be available and a more personal "feel" to services would be achieved.

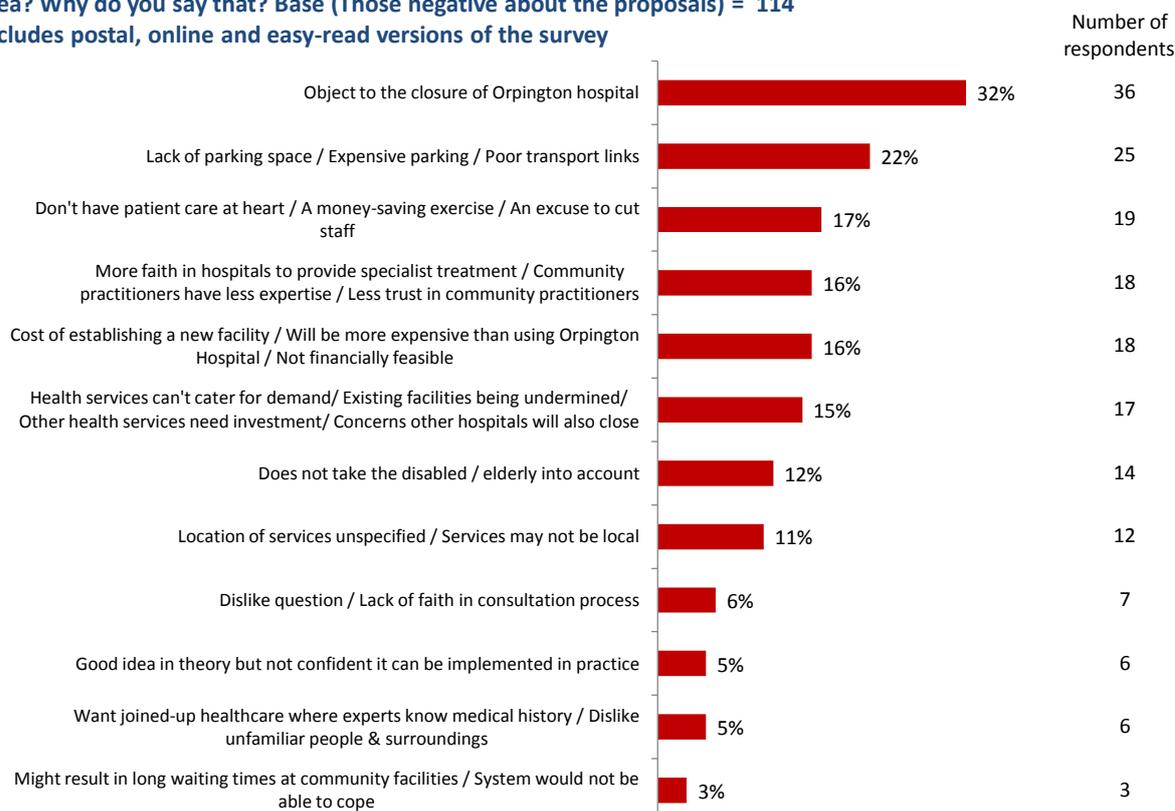
There also seemed to be some dissatisfaction with the delivery of health services currently amongst 5% of those who thought the principle of community-based care was a good one, who said that change was necessary and there was a need for new ideas.

Because something clearly needs to be done to respond to an ageing population and increasing levels of chronic conditions. It is also clear that local health services need to be improved to release hospital facilities for chronic care where possible.

The local hospital is totally unable to cope with the number of people visiting on a daily basis. Blood tests. Etc, this is causing bad atmosphere...

One-third of respondents at Question 1, however, thought that this principle was a bad idea and provided the following reasons:

Question 2. To what extent do you consider this approach, as laid out in our proposals, to be a good idea? Why do you say that? Base (Those negative about the proposals) = 114
Includes postal, online and easy-read versions of the survey



Negative responses to the proposed overall approach for health services in Orpington

Of the 114 respondents that said they thought the proposal was a bad idea, one-third (32%) objected to the closure of Orpington Hospital. Other reasons related to lack of accessibility by transport (22%); fears that this principle would be to the detriment of the care offered to patients (either because it would entail cuts to the health service or because there was a suspicion that

care provided in community facilities would be of lower quality); and the cost that would be incurred by implementing this model of care.

Orpington High Street is a transport nightmare. Since pavements were widened and High Street now narrower, buses crawl along. One bus can only just pass another bus coming from opposite direction if parked cars are properly parked - not always the case. Therefore, transport in the High Street is unpredictable.

The cost of setting up these new venues will be very high, plus some services will disappear altogether. I have no faith in the statement "you will get a better service" as we all are aware this is about cutting back.

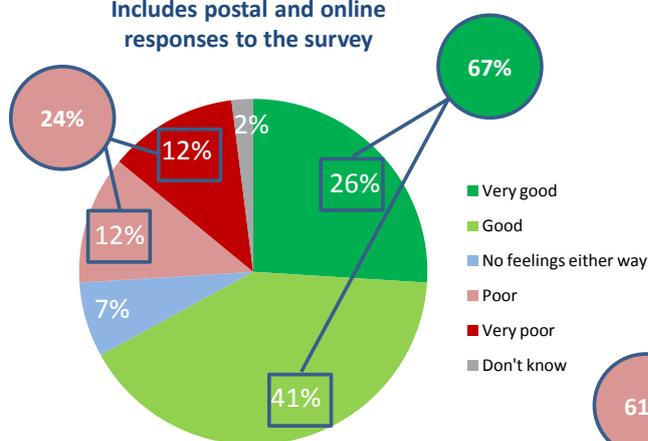
Furthermore 15% of respondents at this question, plus one source of white mail, felt that investment ought to be given to existing healthcare facilities which, in some cases, were struggling. Some individuals were negative that the specific location of health services had not been provided (11%) and others had issues with the question, feeling that if they said this principle of healthcare was a good one it would be used as a justification for closing Orpington Hospital.

I believe that Orpington has the facilities required in site and parking and public transport are already available. It seems to me that there is space within the hospital so expand it rather than close it.

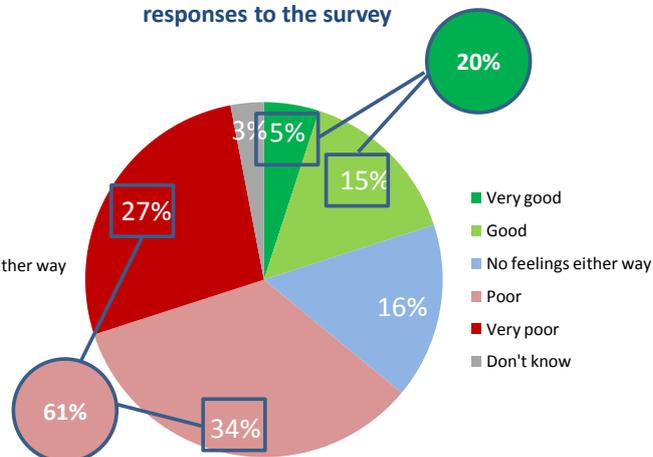
Orpington Hospital should be kept and refurbished. PRU and Queen Mary's cannot cope now and it would be a mistake to put any more on them.

The next section of the survey asked respondents to rate the two main proposals: a Health and Wellbeing Centre and a Local Health Centre.

Question 3. To what extent do you consider a Health and Wellbeing Centre to be a good idea?
Base = 383
Includes postal and online responses to the survey



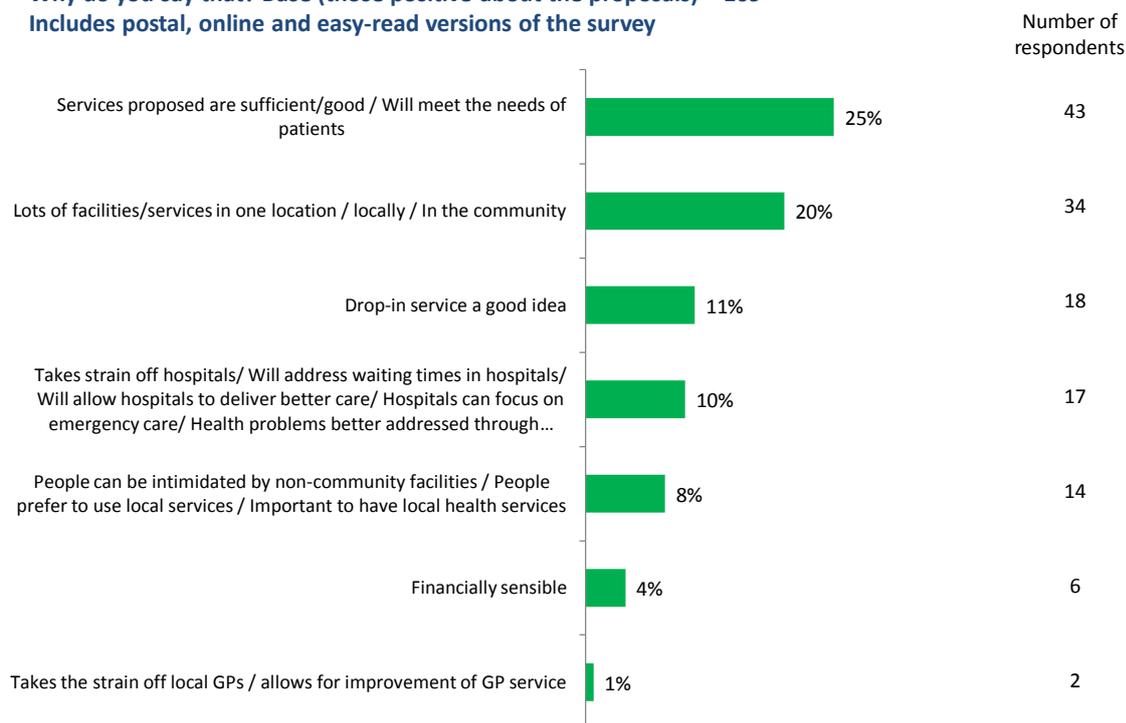
Question 5. To what extent do you consider a Local Health Centre to be a good idea? Base = 374
Includes postal and online responses to the survey



Strong support for a Health and Wellbeing Centre in Orpington, less support for a smaller scale Local Health Centre

As the charts show, support was far higher for the Health and Wellbeing Centre, with two-thirds (68%) of respondents to the postal and online survey in favour compared with just one-fifth (20%) in favour of the Local Health Centre. Support for the Health and Wellbeing Centre also seemed to be particularly high amongst female respondents (72%) compared with men (61%). The majority of those responding to the easy-read survey were also in favour of the Health and Wellbeing Centre (22 in favour versus 2 who said it was a bad idea), whilst as far as the Local Health Centre was concerned it was a closer call (12 saying it was a good idea versus 10 saying it was not). Perhaps more significantly, just over one-fifth (22%) of those respondents who answered negatively to the first question (asking about delivering health services in the community generally) thought the Health and Wellbeing Centre was a good idea.

**Question 4. To what extent do you consider a Health and Wellbeing Centre to be a good idea?
Why do you say that? Base (those positive about the proposals) = 169
Includes postal, online and easy-read versions of the survey**



Positive views about a health and Wellbeing Centre in Orpington

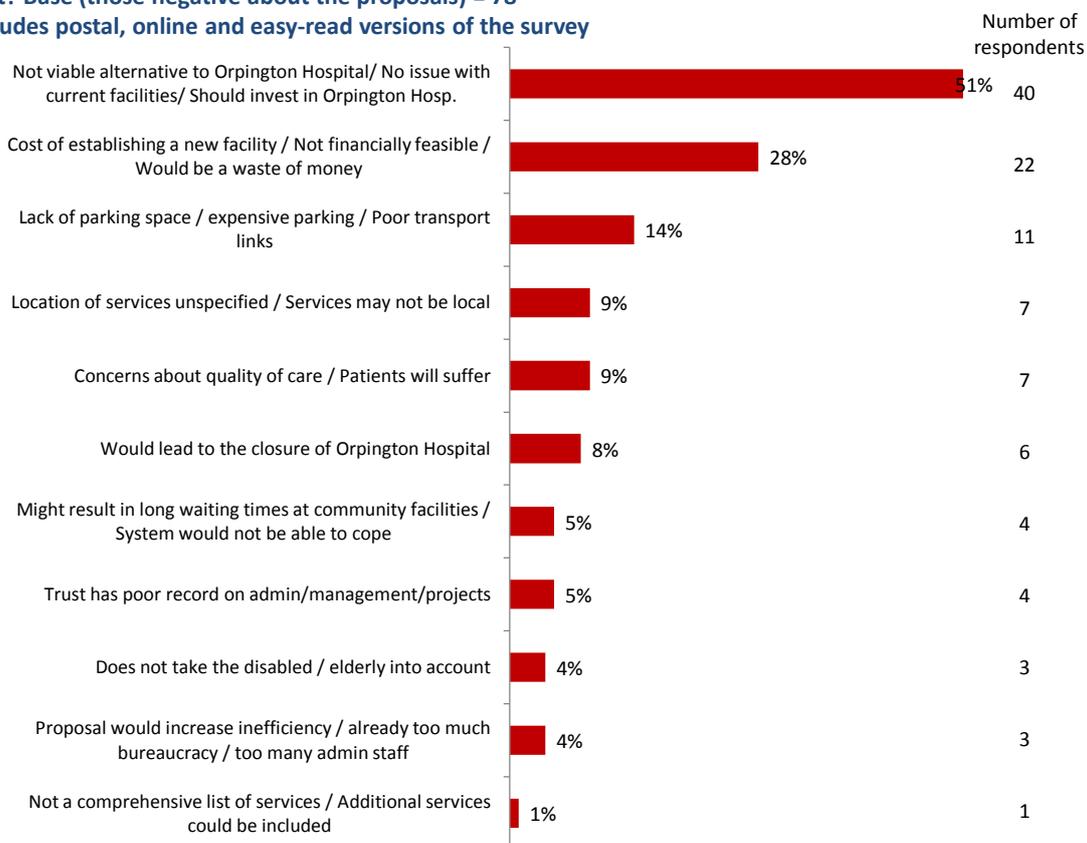
The main reasons given by those who were in support of the Health and Wellbeing Centre were that the Centre would offer a wide range of services and would be sufficient to meet the needs of the community. One piece of white mail also provided positive feedback for this aspect of the Health and Wellbeing Centre. Others were particularly positive about the prospect of drop-in health services (11%). Again, respondents spontaneously mentioned that this would relieve pressure on hospitals (10%) and would be beneficial for patients who prefer to receive treatment outside of hospital (8%).

A centre which offers a range of services under one roof has to be preferable to needing to make a number of appointments to access treatment, especially if these appointments are in a number of venues. This is especially important for services for the elderly and long term ill, where the building of trusting relationships with health providers is important.

It would appeal to busy people, working people and those who may not have gone to a hospital. Especially the drop in idea for busy/working people who do not have time to make an appointment or those too anxious to wait weeks for an appointment.

In contrast, however, one-quarter of respondents at Question 3 thought the Health and Wellbeing Centre was a bad idea.

Question 4. To what extent do you consider a Health and Wellbeing Centre to be a good idea? Why do you say that? Base (those negative about the proposals) = 78
Includes postal, online and easy-read versions of the survey



Negative views about a health and Wellbeing Centre in Orpington

The most common reason for a negative response was that the Health and Wellbeing Centre was not considered a viable alternative to Orpington Hospital, with over half of those answering negatively at Question 3 stating this as a reason. Almost one-in-ten of those against the idea of the Health and Wellbeing Centre answered negatively for the reason that they suspected this would lead to the closure of Orpington Hospital. One piece of white mail also made this point.

Hospitals are a proven centre of excellence. Whereas 'one stop experience', 'opportunistic support to others who MIGHT not access...' are rather meaningless terms & platitudes to disguise the reduction of resources that the closure or real replacement of Orpington Hospital would result in.

It is just another way to close Orpington Hospital totally and forever.

The next most common reason was the cost of establishing a new facility (28%), followed by concerns about the location and accessibility of this proposed Centre (14%). Others had concerns about the quality of care that a Health and Wellbeing Centre could provide (9%), its ability to cope with demand (5%), and the range of services it would offer (1%). Also, 5% were dubious that South

London Healthcare Trust would have difficulties in implementing this proposal to the standard necessary.

The idea appears good but I feel it would depend on where this Health and Wellbeing Centre is situated. At present, the facilities at Orpington Hospital are easy to access. The R11 bus stops right outside the entrance to the hospital so elderly patients, some with sticks or crutches, do not have far to walk. Family or friends taking you by car are able to stop and let you out at the entrance. Where in the High Street could this happen?

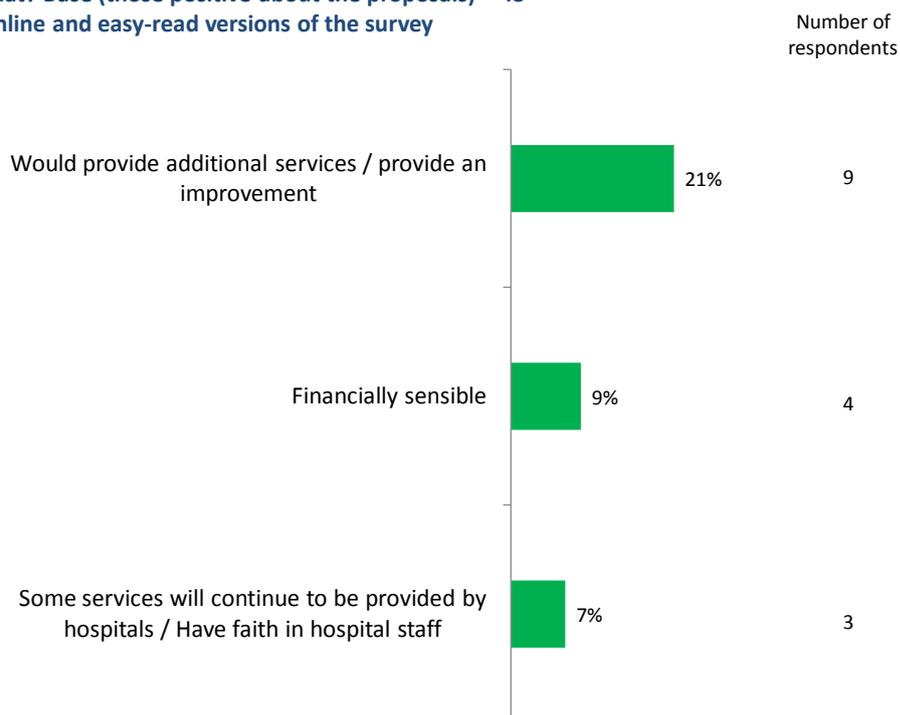
Because I cannot see a clinic/centre dealing with various out-patient facilities coping as well as an out-patient department in a hospital.

The 20% of respondents that were in favour of a Local Health Centre were positive about the following things:

Question 6. To what extent do you consider a Local Health Centre to be a good idea?

Why do you say that? Base (those positive about the proposals) = 43

Includes postal, online and easy-read versions of the survey



Positive views about a Local Health Centre in Orpington

One-in-five of those in favour of the Local Health Centre said it would provide an improvement on existing services. Interestingly 20% of those who have made use of health services in Orpington in the past twelve months were amongst those who said a Local Health Centre would have an improvement on current services. Almost one-in-ten thought that the proposal was financially sensible. A small number (7%) were reassured by the prospect that some health services would

continue to be delivered by hospitals under this proposal rather than all being transferred to community facilities.

Both options are good but feel this is the better option - it covers everything you need from a local GP practice and combines blood tests, clinics and general advice. More personal approach than a huge centre.

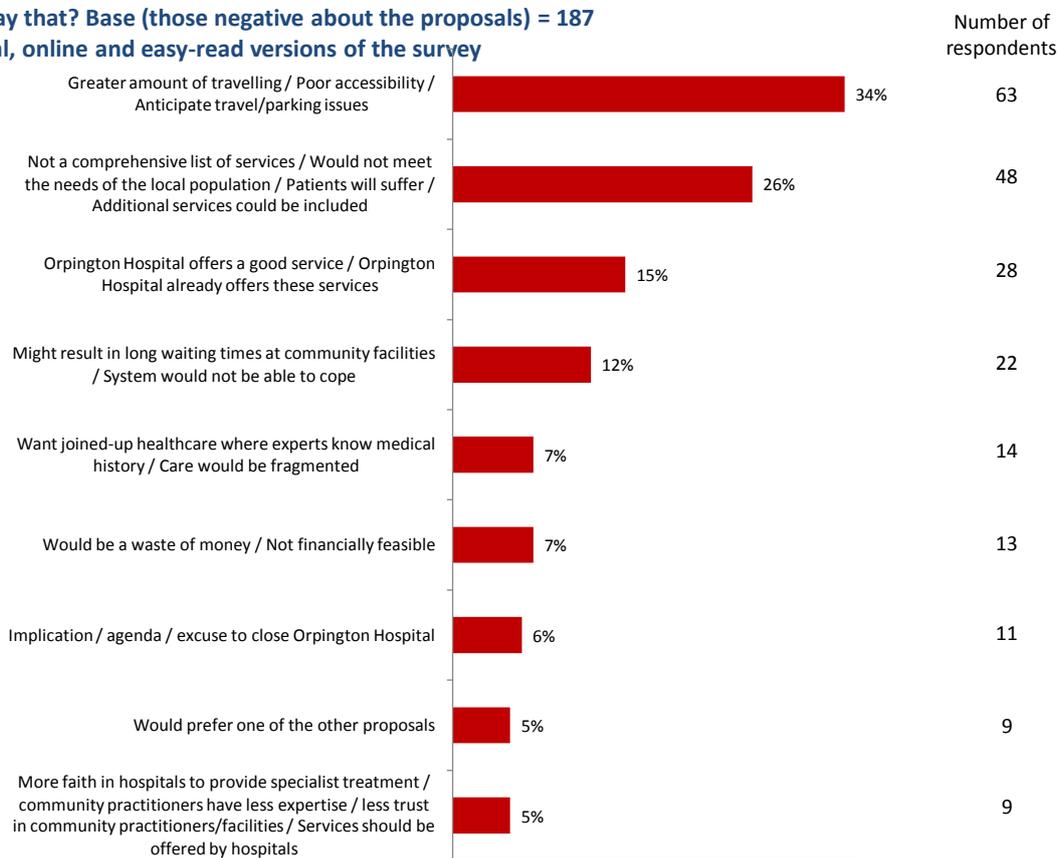
It offers much-used services locally and centrally. It could improve accessibility to GP services previously in unsuitable buildings or distant from bus stops, if access issues are well-addressed. It is a relatively low-risk low cost option.

Given the higher level of dissatisfaction with the option of a Local Health Centre, however, there were a number of negative comments made.

Question 6. To what extent do you consider a Local Health Centre to be a good idea?

Why do you say that? Base (those negative about the proposals) = 187

Includes postal, online and easy-read versions of the survey



Negative views about a Local Health Centre in Orpington

Again, concerns about travel and accessibility of the Centre were raised, with one-third (34%) of those who thought the Local Health Centre was a bad idea stating this as a reason.

One-quarter (26%) felt that the Local Health Centre would not offer the range of services necessary (with some (5%) explicitly comparing the services that would be offered by the Local Health Centre with the Health and Wellbeing Centre and preferring the latter option.

[It] will require extra travelling and a 'one stop shop' with everything under one roof will be much more convenient.

Because the Local Health Centre only caters for some needs with the result that services could be dispersed to local hospitals or other clinics around the borough. This option seems likely to entail further travel, which could cause me problems. Some aspects are acceptable, some not so.

Some negative comments were similar to those for the Health and Wellbeing Centre, including the fact that a Local Health Centre might not be able to cope with demand (12%), that it would not be cost-effective (7%), and that hospitals would be better placed to offer treatments (5%). Similarly there were complaints that these services were already offered by Orpington Hospital and carried out to a sufficient standard (15%), and 6% felt they could not support this option because they felt that would be tantamount to authorising the closure of Orpington Hospital. There were two instances where white mail expressed this sentiment as well.

Here again, this implies closing Orpington Hospital, and then creating a maelstrom at the other hospitals. If everyone at present going to Orpington Hospital goes to the others their premises and work could increase. There is no mention of adding to beds, open rooms to cope with it, nor to increase staff. In front, apart from the extra space for the 3 GP surgeries which is necessary, it only leads to an increase in extra admin staff to the detriment of medical care.

Other facets of the proposals

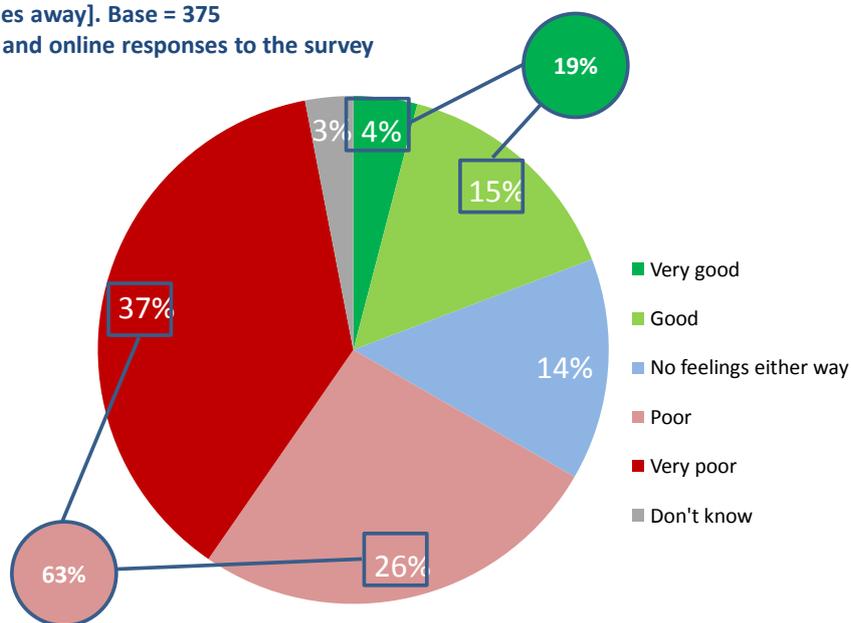
In addition to the two Centres, respondents to the survey were asked for their views on other aspects of the proposals.

Moving outpatient clinics

The first involved the redistribution of outpatient clinics from Orpington to other hospitals across Bromley.

Q7a. How do you feel about these further proposals for the future delivery of health services in Orpington?
 - Moving hospital outpatient clinics from Orpington hospital to the Princess Royal University Hospital (PRUH) [2.8 miles away] or moving some to Queen Mary's, Sidcup (QMS) [5.3 miles away] and Beckenham Beacon [8.6 miles away]. Base = 375

Includes postal and online responses to the survey



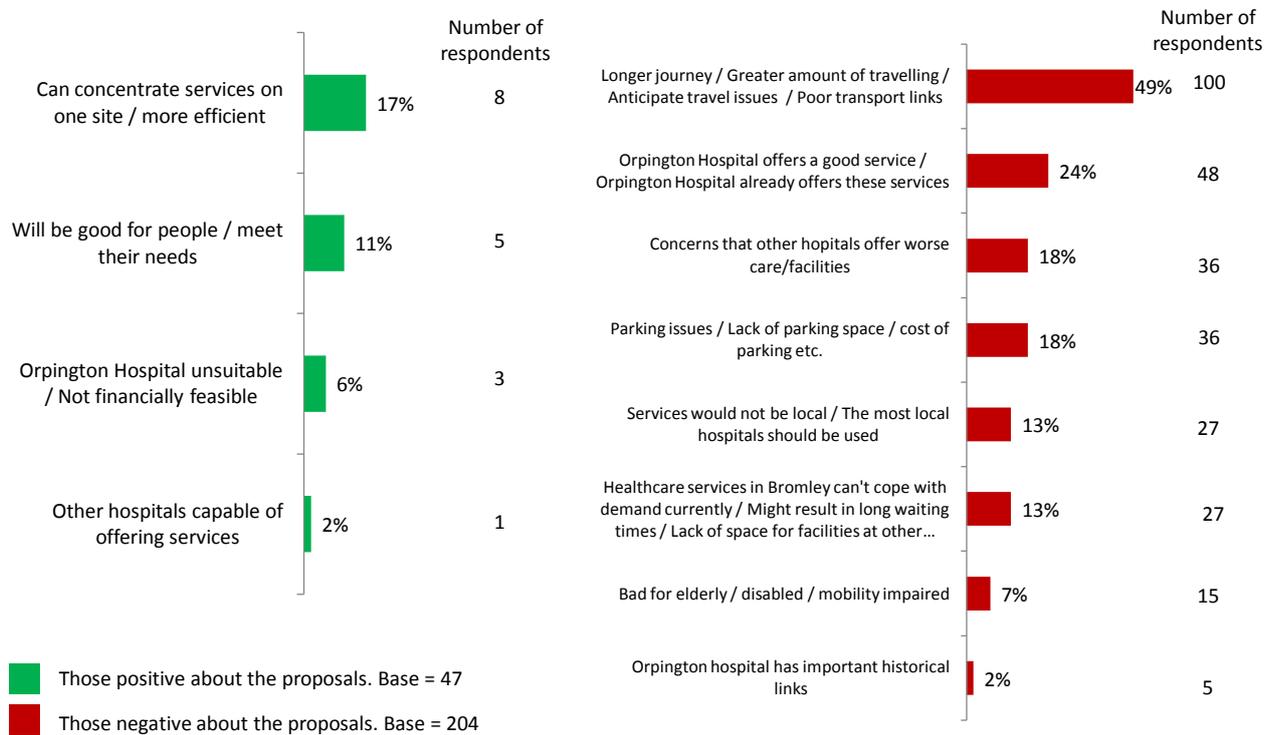
Future delivery of health services in Orpington: moving hospital outpatient clinics

Just 19% of respondents answering this question thought this was a good idea. A higher proportion of those completing the easy-read questionnaire were positive about this proposal, with half saying this was a good idea. Respondents in the 30-44 age bracket were also more likely (35%) to regard this as a good idea than respondents in the 45-60 and 60+ age brackets. In addition, one anonymous petition explicitly objected to this facet of the proposals, which it described as the “*wholesale transfer of clinics*”.

Q7a. How do you feel about these further proposals for the future delivery of health services in Orpington?

Q7ai. What are the reasons for your response?

Includes postal, online and easy-read versions of the survey



Positive and negative views on moving hospital outpatient clinics

The reasons given by those who thought this proposal was a good idea included the fact that this would enable resources and expertise to be concentrated on one site (17%); that this would mean healthcare would meet people’s needs (11%); that this would be more appropriate than keeping Orpington Hospital open, both from a quality of care perspective and a financial one (6%); and that the other hospitals could offer good quality care for patients (2%).

Specialist care is best provided at a small number of centres with more expertise, and would support a troubled Trust.

Yes - move to the PRUH. Not point in having Orpington Hospital and the PRUH - if only 2.8 miles apart! Total waste of resources

The majority of respondents, however, were not in support of this idea. Unsurprisingly, the issues individuals seemed to be most concerned about included accessibility, travel and parking, with two instances of white mail and a petition also mentioning potential problems of accessibility and particularly parking at other hospitals. Almost half of those responding to the survey anticipated this option would entail greater amounts of travel, with 18% also expressing concerns about parking at other hospitals. A number of respondents spontaneously stated that this proposal would have implications for those with mobility problems and the elderly (7%), which perhaps also carries some resonance with the fact that dissatisfaction with this proposal increased with respondents’ age.

Difficult access. Parking at Orpington Hospital is adequate but a nightmare at the PRUH and Beckenham Beacon. We would need taxis to get to these places, as my husband cannot get on to buses.

People in Orpington want and need their health services to be provided in their local area. Orpington Hospital is on many local bus routes and is nearer the train station than the PRUH. It can be difficult for elderly patients and for a parent with young children to travel distances.

In addition to accessibility problems, some respondents expressed worries about the quality of care offered by other hospitals (18%), and that if demand for their services were to increase they would not be able to cope (13%). Almost one-quarter (24%) felt Orpington Hospital already offers these services at a good standard and should continue to be used. In addition to these responses there were three pieces of white mail that expressed the same sentiment, and a response from a clinician who had concerns that this may have ramifications for delivering joined up healthcare across disciplines.

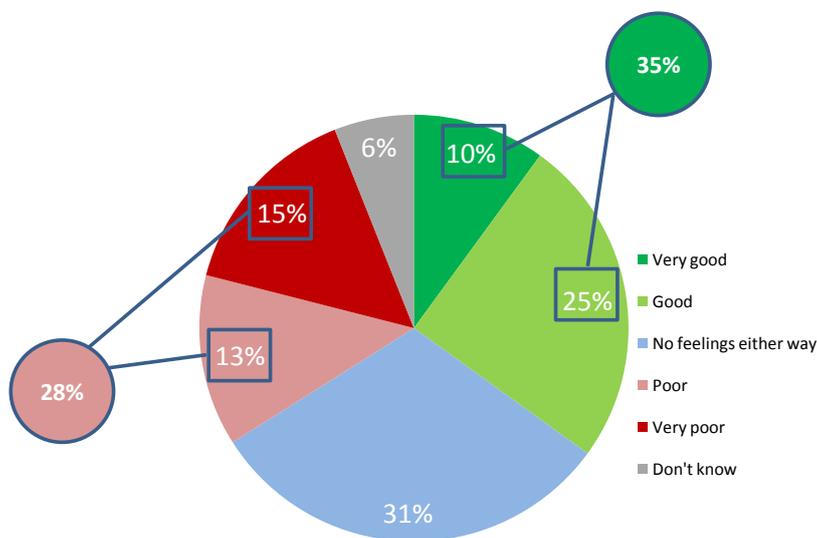
Orpington Hospital has a very good reputation whereas the PRUH doesn't. It would make the situation worse not better.

From my experience the PRUH and the Beacon are already running at full capacity. The transport links to the PRUH in Farnborough are appalling. People who need to travel to the Beacon by car struggle to find somewhere to park. Orpington Hospital is a great facility - why close it?

Dermatology

Another proposal respondents were invited to comment on was that of creating a specialist Dermatology department at Queen Mary's, Sidcup.

Q7b. How do you feel about these further proposals for the future delivery of health services in Orpington? - Creating a specialist Dermatology service at Queen Mary's, Sidcup to deal with more complex skin conditions. Base = 363
Includes postal and online responses to the survey



Future delivery of health services in Orpington: specialist Dermatology service at Queen Mary's

There were higher levels of support for this proposal than the redistribution of outpatient services to other hospitals although there was also a much higher proportion of respondents that had no feelings either way (almost one-third).

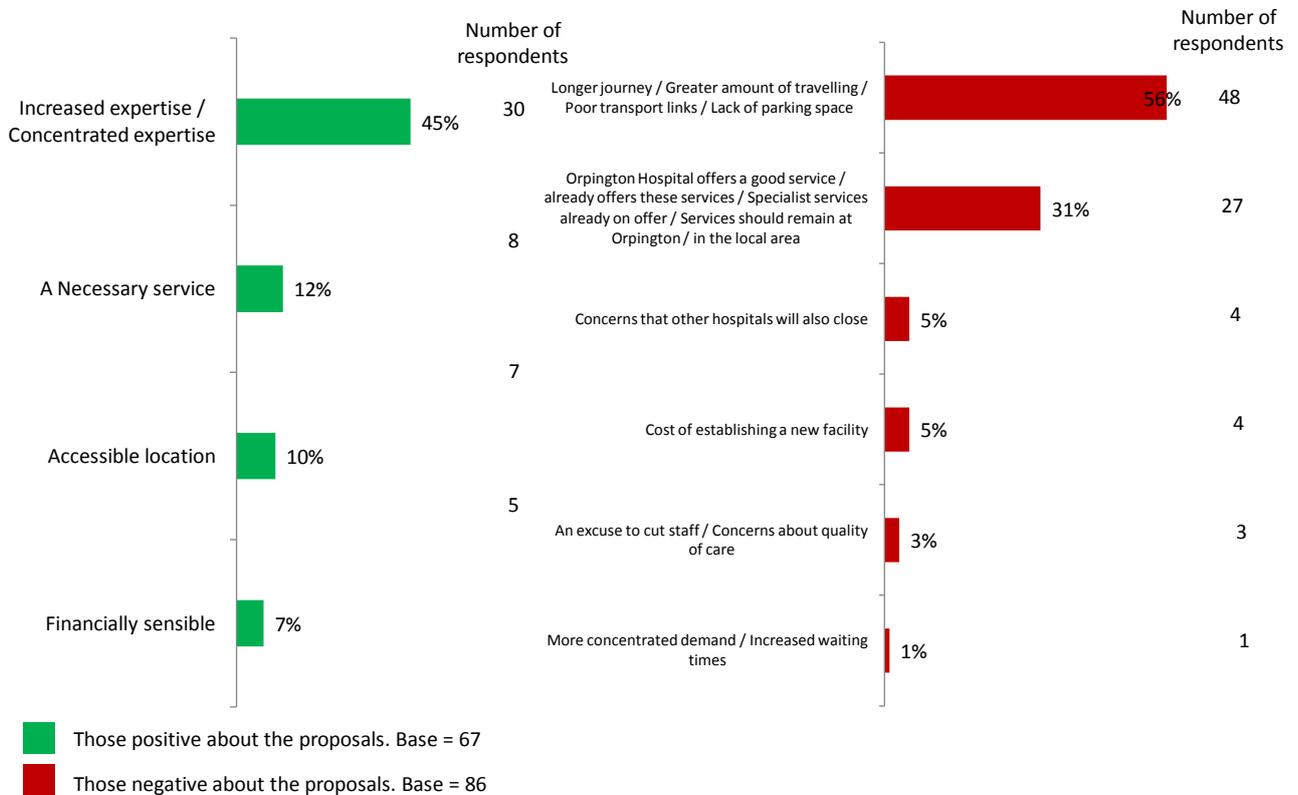
Amongst the reasons given in support of creating a specialist Dermatology service was the point that this would result in concentrated expertise (45%). 12% also said that this was a necessary service that would benefit from being delivered in this way. One-tenth of those positive about the proposition and who answered this question gave the reason that the location was accessible. There was a further piece of white mail that also felt this way. Finally 7% of respondents thought it was a financially sensible proposal.

May be worth travelling for super treatment for complex conditions.

Better specialist service in fewer centres is a good idea, and more cost effective.

Q7b. How do you feel about these further proposals for the future delivery of health services in Orpington? - Creating a specialist Dermatology service at Queen Mary's, Sidcup to deal with more complex skin conditions. Q7bi. Why do you say that?

Includes postal, online and easy-read versions of the survey



Positive and negative views about a specialist Dermatology service at Queen Mary's

Amongst those that were dissatisfied with this proposal was over half (51%) of those who have used dermatology services in the Orpington area in the past year. Based on the reasons given for disliking this proposal, it would seem that respondents' objections related mainly to the fact that existing services were of sufficient quality and in an accessible location within Orpington. Other concerns that respondents raised related to the quality of care that would be offered, in terms of cuts being made (3%), concentrating demand for services in one place and therefore extending waiting times (1%) and even concerns that Queen Mary's itself is at risk of closure (5%).

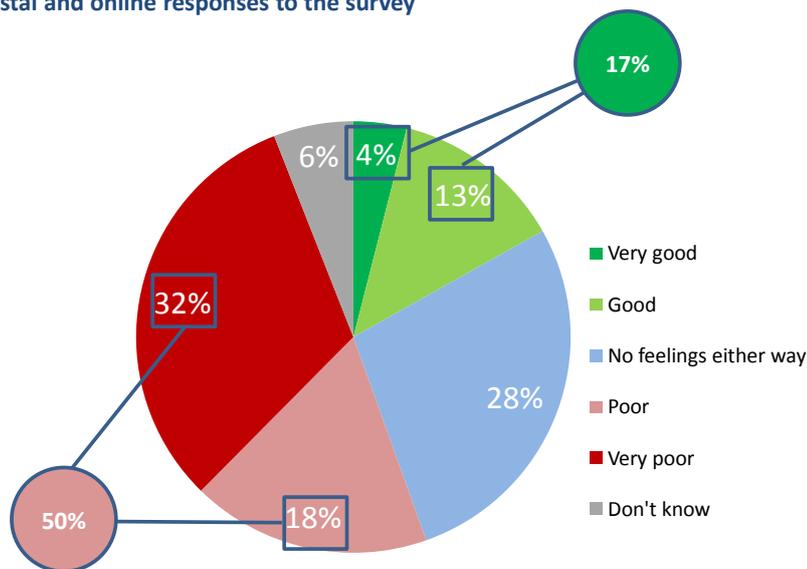
I went to the service at Orpington Hospital - it is already a specialist service with specialist doctors and nurses.

You already have the clinic at Orpington. Travelling across to Sidcup would be a real struggle for someone without a car. At the moment, the borough has a good geographical spread of hospitals: Beckenham, Farnborough, Orpington and Sidcup. Losing Orpington would leave a huge population without access to truly local healthcare.

Hydrotherapy

Another proposition included in the survey was that of moving hydrotherapy to various sites both within and outside of Bromley.

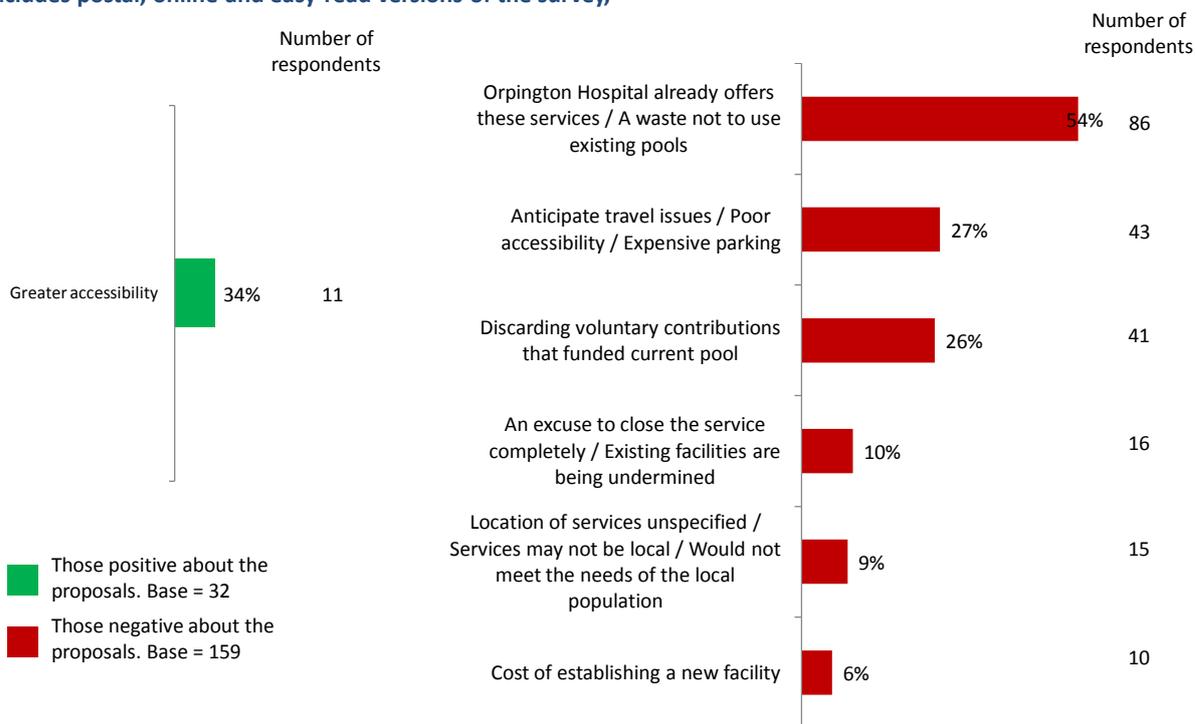
Q7c. How do you feel about these further proposals for the future delivery of health services in Orpington? - Moving hydrotherapy to various locations both within and outside of Bromley. Base = 366
Includes postal and online responses to the survey



Future delivery of health services in Orpington: moving Hydrotherapy

As the chart shows, just 16% of respondents to the survey were in favour of this idea. Support was much higher in responses to the easy-read survey, where 12 were in favour of the proposal and just 4 against.

Q7c. How do you feel about these further proposals for the future delivery of health services in Orpington? - Moving hydrotherapy to various locations both within and outside of Bromley.
Q7ci. What are the reasons for your response?
 Includes postal, online and easy-read versions of the survey,



Positive and negative views on moving Hydrotherapy

The only reason given by (2) easy-read respondents was that this would make hydrotherapy more accessible.

Hydrotherapy must still be accessible for patients but it doesn't need to be accessible in many parts of the borough. One centre is enough.

Half (50%) of respondents to this question thought it was a bad idea. As with dermatology, those that had used hydrotherapy in Orpington in the past year and answered this question (7) thought that the proposal was 'Very Poor'.

Whilst overall one-third of those who were positive about the change gave the reason that this would provide greater accessibility, there were a proportion of respondents (27% of those against the change) plus two instances of white mail that thought this would cause issues of accessibility.

As the name "Hydrotherapy Pool" indicates that users have mobility problems, having to transfer to another site "somewhere in Bromley" would be very inconvenient.

The predominant objection (mentioned by 54% of those against the proposal), however, was that Orpington Hospital already provides this service and that it would be a waste of resource to close this facility; additionally 6% raised the issue of the cost of investing in a new facility. Six pieces of white mail also made this point. One-quarter (26%) further made the point that the hydrotherapy

pool at Orpington had been funded by public donations and that these would be discarded in the event of the Hospital closing – a point also made in a petition signed by 80 individuals.

Why move the hydrotherapy facility to another location when we have a first class Hydrotherapy Pool at Orpington Hospital? This Pool, which forms a vital and essential part of the hydrotherapy facility, has been built mainly due to the considerable efforts of local people in raising the required funding and I feel that this proposal is deeply offensive to them.

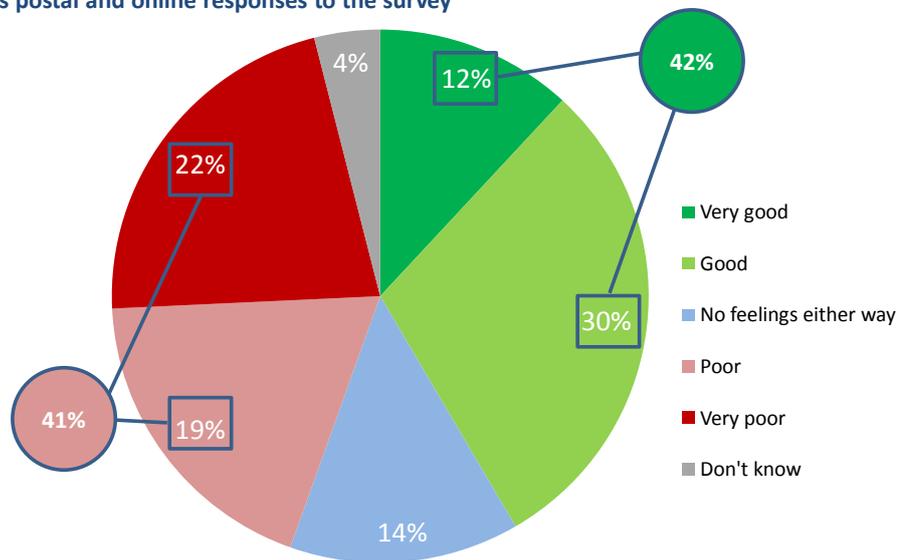
Moving hydrotherapy would be a real shame as the facilities at Orpington Hospital for this are currently outstanding.

Intermediate care

One other proposal respondents commented on was that of delivering more intermediate care in the community. Opinion was split down the middle as to whether this was a good proposal or not.

Q7d. How do you feel about these further proposals for the future delivery of health services in Orpington? - delivering more intermediate care in the community (in people's homes) and reducing the number of intermediate care beds from 62 to 42, to take account of this. This will be supported by community services. Base = 363

Includes postal and online responses to the survey



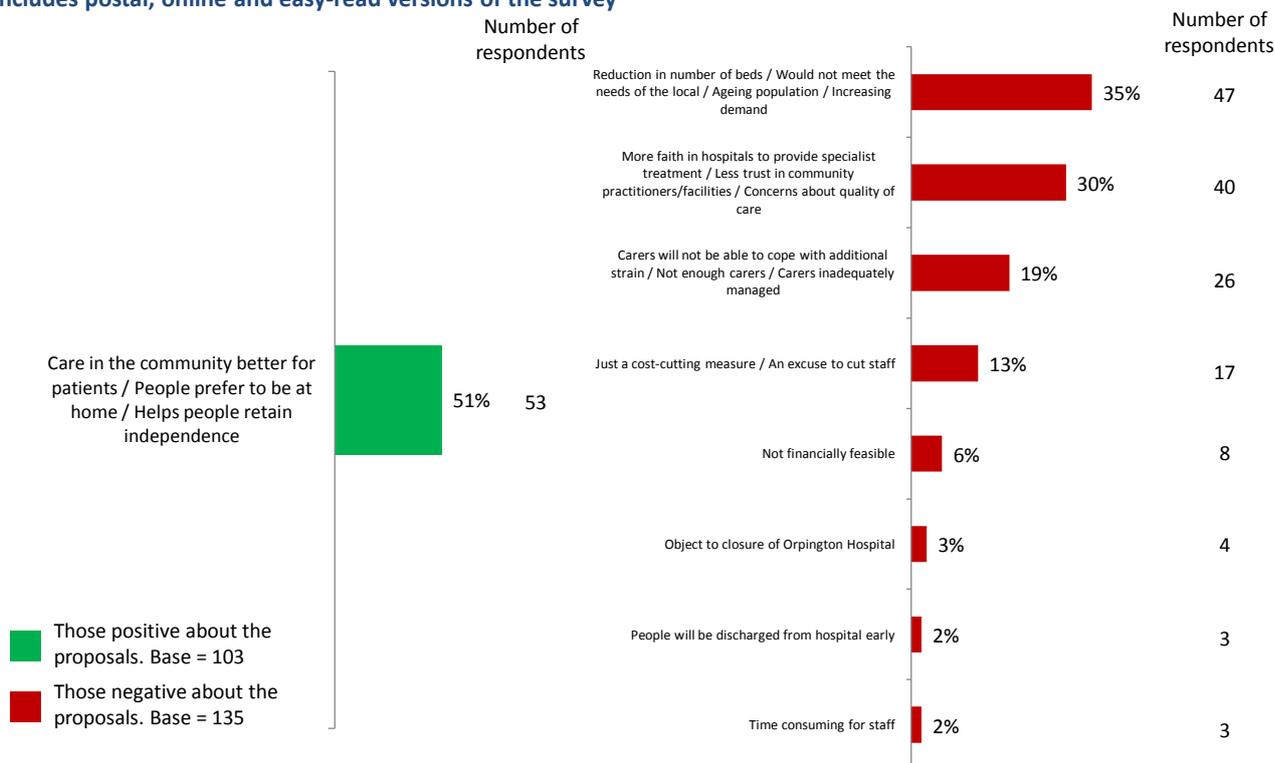
Future delivery of health services in Orpington: delivering more intermediate care in the community

Levels of support were highest amongst those aged over 60 (44%) than any other age group. Unsurprisingly, over half of those that were positive about community health services at Question 1 were in favour of delivering intermediate care in this way. Another group that was in favour of

this proposal (44%) was those who said they felt their ongoing health concern could be better supported. Furthermore of the eight respondents that had received intermediate care in the community and who answered this question, three thought the proposal was a good idea, and one thought it was poor. Interestingly, however, almost one-third (30%) of those that were negative about moving outpatient services to other hospitals at Q7a were positive about providing intermediate care in the community. This seems to reaffirm the assumption that respondents generally were concerned about the accessibility of health services and felt that they ought to be provided nearer to home rather than at other hospitals in the borough.

Q7d. How do you feel about delivering more intermediate care in the community (in people's homes) and reducing the number of intermediate care beds from 62 to 42, to take account of this. This will be supported by community services.
Q7di. What are the reasons for your response?

Includes postal, online and easy-read versions of the survey



Further context on views on providing more intermediate care in the community

There was also a feeling amongst half (51%) of those responding to the survey and in favour of the proposal that care in the community would be beneficial for patients. This was supported by a piece of white mail that expressed the same sentiment.

My personal recent experience is that recovery / comfort is better at home than in a hospital which tends to have disturbed sleep in wards, poor food (at least in PRUH it was atrocious) and a more familiar and welcome ambience.

Keeping people in their own homes with support is preferable for financial, psychological and comfort reasons.

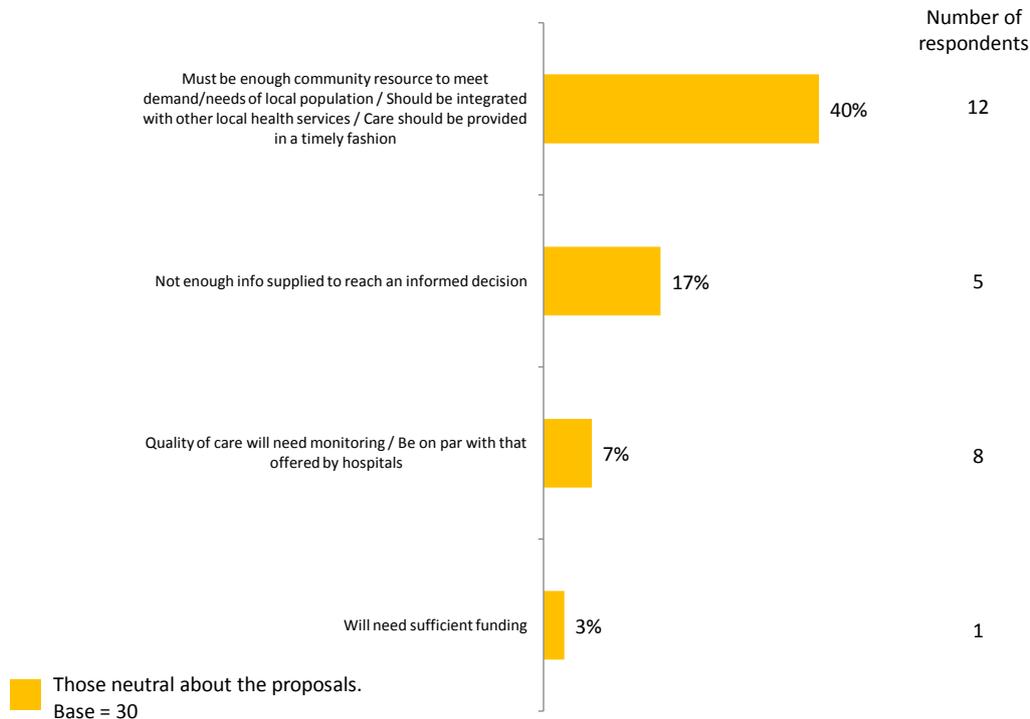
Areas where respondents had most objection to this proposal, however, included the reduction in the number of intermediate care beds (mentioned by 35%); a distrust of community resource to deliver care of the standard necessary (30%); and worries about the lack of resource at the Trust's disposal in implementing this proposal (19%). This was an especially concerning issue for those that saw this proposal as part of a larger cost-cutting exercise (13%), who wondered how good quality care could be provided at a lower cost to the Trust. Similarly, 6% thought that the level of investment required would not be feasible. Another area of concern voiced in a petition received was that this was part of an attempt to privatise health services.

I simply do not trust that this 'better' home care will be delivered. It is a very dangerously neglected area and in current financial position, it won't happen.

We all know that care is best provided in hospitals and that it is the more vulnerable and people who do not have family/friends who will suffer. They will not have people to look after them properly at home and will be relying on home visits - not good enough.

A number of responses to this question, however, were neutral about the proposal itself but wanted to take the opportunity to provide some constructive advice and things that it was felt it was important for the consultation project team to bear in mind. These neutral comments are shown in the chart below.

Q7d. How do you feel about delivering more intermediate care in the community (in people's homes) and reducing the number of intermediate care beds from 62 to 42, to take account of this. This will be supported by community services. Q7di. What are the reasons for your response? Includes postal, online and easy-read versions of the survey



Further context on views on providing more intermediate care in the community

Two-fifths (40%) of those responding to this question and who were neutral about the proposals, plus one individual that sent in white mail, stressed the importance of ensuring that there was enough community resource to administer intermediate care in people’s homes. This supports the negative responses shown above, where 19% had concerns about the amount of resource available in this respect. Some respondents (17%) felt unable to form an opinion on the matter with the information provided – which again may well reflect uncertainty about how precisely this proposal would be implemented and resourced. Another consideration some respondents (7%) wished to raise was that it was essential that the quality of care provided in the community was on par with that offered by hospitals. Again, as shown above, there were doubts about the level of care community facilities could provide; here it seems some respondents need reassurance about this proposal.

I make the general observation that it can seem fine in theory but fail in practice. This was the case with the mental health reforms which sought to move people out of institutions and into the community - but failed to provide the necessary support.

One cannot disagree with care in the home for those that warrant it. However one must have trained and ethically responsible staff. One hears so much about unreliability of time-keeping, non-arrival and lack of care. This also mandates that sufficient numbers of trained

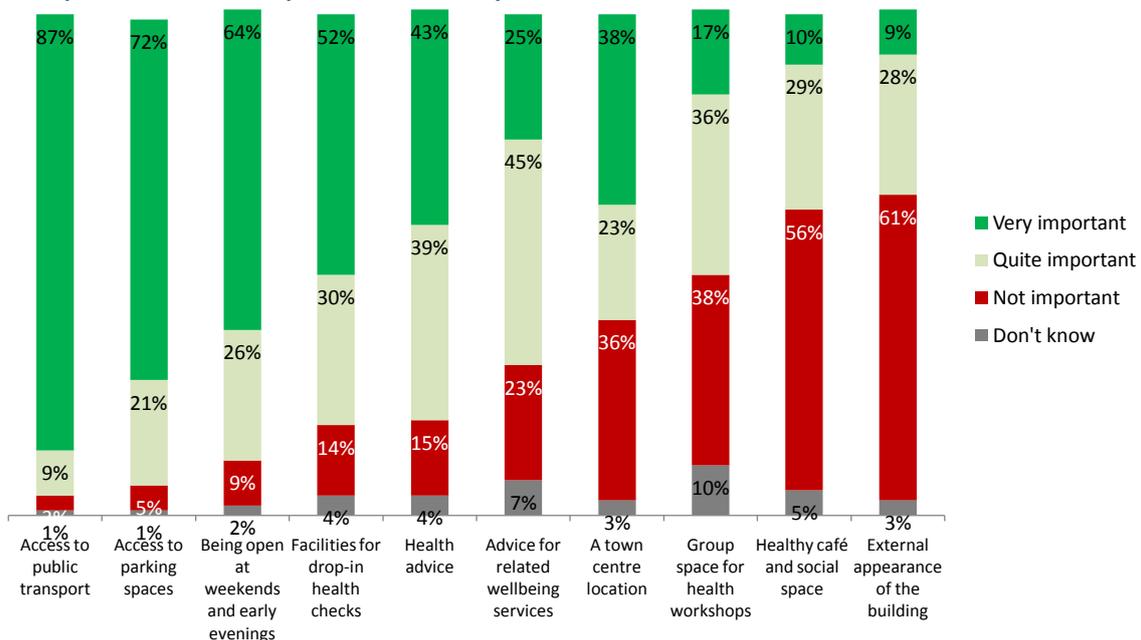
*staff are employed, with proper coverage for unforeseen absences.
Patients' records must be available for those that provide care.*

Features of a new health centre

Respondents to the survey were then asked to rate how important they felt various aspects of a new health centre would be.

Q8. The actual building for our proposed Community Health and Wellbeing centre or local health centre will be determined after our consultation on services. However, we would be interested in what you consider to be most important when looking at location and the services offered in a new community healthcare facility. Factors such as disability access will be provided, regardless of building or location. Base = 356-377

Includes postal and online responses to the survey



Which factors are most important when deciding the location of and services in a new community healthcare facility

Given respondents' strength of feeling at previous questions about the importance of having an accessible location, it is unsurprising that it appears as the most important feature of a new health centre at this question. This was also the case in the easy-read survey, where all 27 respondents said this was important for a centre to be accessible by public transport. The second most important feature for respondents at this question was parking facilities, closely followed by being open weekends and early evenings. Drop-in health checks and health advice were considered important by 82% of respondents at this question, but were more of a priority for those responding to the easy-read survey, where 22 out of 27 said they were important.

For those answering this question in the survey, 59% considered a town centre location to be important. Feeling for this was highest amongst those in favour of community health services (72%), those in the 30-44 age bracket (78%) and those in the 60+ age bracket (60%). Respondents

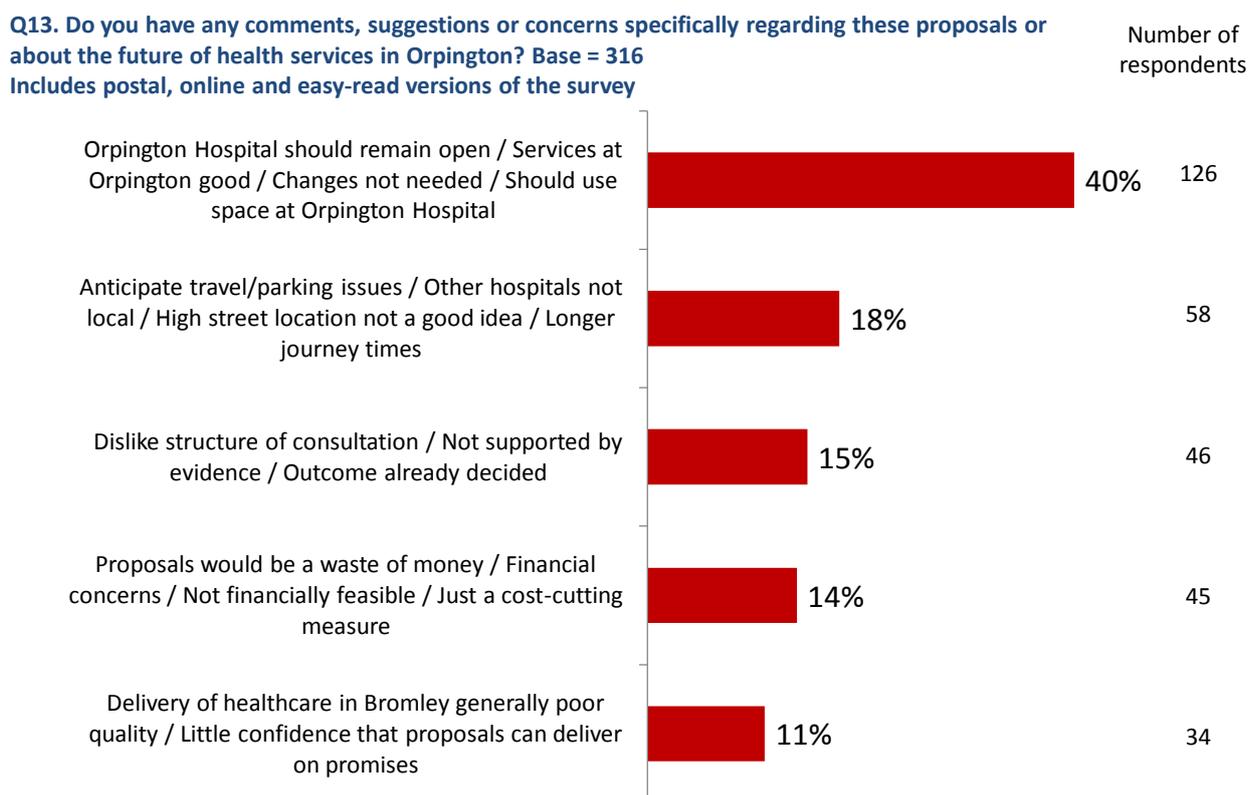
to the easy-read questionnaire were also much more likely to rate a town centre location as important, with 25 out of 27 saying so at this question.

Overall, however, the feature rated as least important was the external appearance of the building, with 37% of those responding to this question saying so. This was mirrored in the easy-read version of the survey, as the area of lowest importance for respondents. The only exceptions fell within younger respondents (aged 18-29) and BME groups, where appearance was ranked much higher.

Overall views

The final question of the survey offered respondents the chance to supply any comments, suggestions or concerns about either the proposals or health services in Orpington more generally. A number of these comments had been made consistently throughout the questionnaire.

Below are the responses that have been classified as negative with regard to the proposals:



Overall comments on the proposals: negative views

	%	Number of respondents
Proposals would not meet needs of local population / Not all services would be delivered locally / Patients would suffer / Healthcare would be impersonal	10%	32
Concerns about quality of care	9%	29
Concerned about ageing population/the elderly/dying/disabled	8%	26
No information about costs / funding	6%	19
Other hospitals would not be able to cope with additional work / patients / parking	6%	18
High street location not a good idea	5%	15
No information about parking / location / accessibility by public transport	4%	13
Cut down on administration / bureaucracy / overpaid consultants	4%	13
Staff communications / contact should be improved - better English / more courteous	2%	6
Concerned about impact on GP workload	1%	4
Some health professionals dubious about proposals	1%	3
Will take longer than five years to be implemented	1%	2

Overall comments on the proposals: negative views

The most common negative response to this question was that the existing services at Orpington Hospital should continue to be used, with 40% of those answering Question 13 stating this. Feeling on the matter was particularly high amongst the following groups:

- Those who took a negative view of delivering community-based health services generally (58%).
- Those who were not in favour of a Health and Wellbeing Centre (59%).
- Those who were against moving outpatient services to other hospitals (51%).

As has already been observed (and stated by some respondents at previous questions), however, it was sometimes the case that individuals provided negative responses in order to avoid contributing to what they perceived would be a justification for closing Orpington Hospital. For many, therefore, this was the overriding factor in their ratings throughout the survey. It was also the sentiment expressed by five pieces of white mail received.

Accessibility and amount of travel once again was one of the most frequently mentioned issues, brought up by 18% of respondents at this question and by two pieces of white mail sent as a response to the consultation. Location has been a consistent matter raised by respondents to the consultation, particularly the importance of facilities being accessible to residents in Orpington. It was also remarked at this question by 5% of respondents that a high street location was not a good idea. Additionally, 4% commented that there had been no mention of where a new centre might be based and some found it difficult to form an opinion of the proposals as a result. The

same was said by 5% of respondents at this question about information about the costs involved with any of the proposals.

The maintenance of a local facility is crucial for local people in Orpington. The current site at Orpington Hospital meets local people's needs in terms of convenient location, ease of parking. Clinical requirements for modern medicine are continually evolving. We need to think about where these are placed and to minimise the inconvenience that local people have to withstand. I really do have significant concerns about the two sites suggested at QMS & Beckenham Beacon which are not local for the people of Orpington.

I am concerned that if Orpington hospital is not financially viable and needs to close the value of this health economy should stay within the Orpington locality for the benefit of the local population.

Some respondents (6%) were dissatisfied with the quality of care offered at other hospitals in the area and their capacity to cope with increasing demand at these centres (clinically and logistically).

14% of respondents at this question had concerns about the financial feasibility and sense of the proposals. Some felt that it would be more expensive to invest in either a Health and Wellbeing Centre or Local Health Centre than maintain the existing Hospital. Some said if Orpington Hospital was delivering sufficient healthcare in its current state, it should continue to be used rather than spending money on providing some of the same services in other locations.

Present services meet the needs of Orpington patients without spending more of taxpayers' cash.

If money is to be spent on proposals then surely it would be wise to spend it on incorporating services in to this hospital using the space and facilities already there.

A number of respondents (15%) had queries after going through the consultation material, and were not convinced by the information provided in the consultation document. As already mentioned, there was some feeling that it was difficult to evaluate the proposals whilst information about location and costs were missing, and some feared Orpington Hospital was certain to be closed irrespective of the outcome of the consultation.

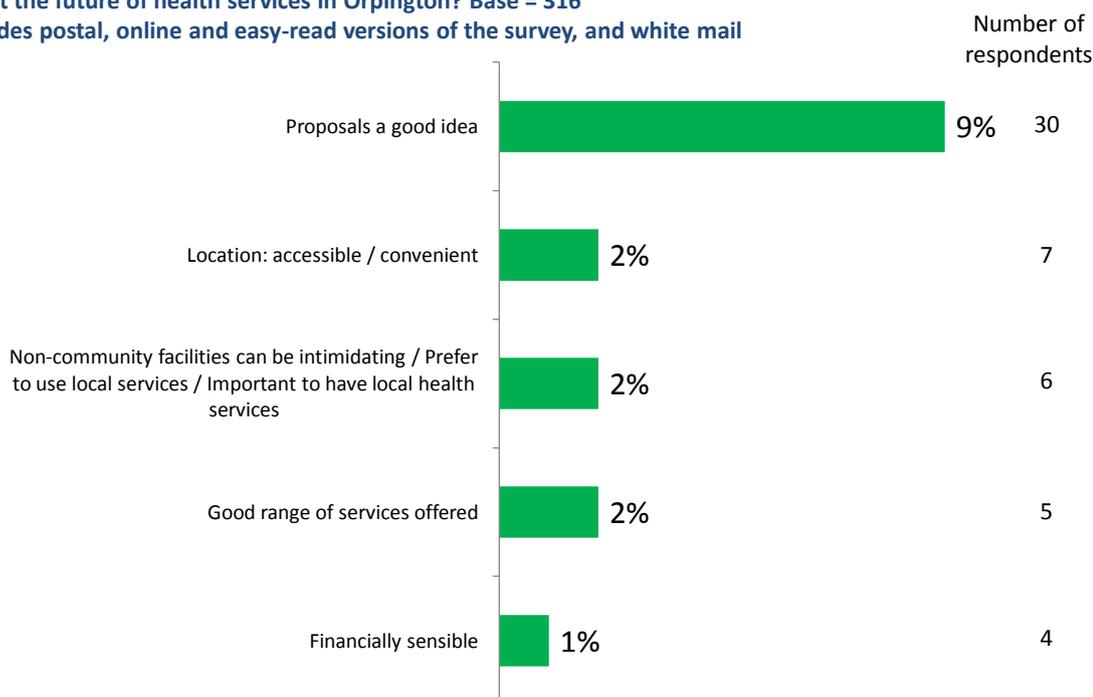
11% of respondents at this question spontaneously made positive comments about the proposals and the impact they might have. There were a number of reasons for this:

- Providing healthcare in the community might encourage or foster closer and more personalised relationships between patients and medical staff.
- It was acknowledged that community health services might take some demand for healthcare away from hospitals, giving them more opportunity to deal with emergencies and more serious treatments.

Furthermore, 9% respondents remarked on other positive aspects of the proposals. Respondents spontaneously stating that the proposals were a good idea at this question included:

- 15% of those in support of community-based health services generally.
- 18% of those aged 30-44.
- BME groups (of which 2 individuals stated this at Question 13).

Q13. Do you have any comments, suggestions or concerns specifically regarding these proposals or about the future of health services in Orpington? Base = 316
Includes postal, online and easy-read versions of the survey, and white mail



Overall comments on the proposals: positive views

Firstly there were some respondents at this question (2%) that mentioned community services would be accessible for residents in the Orpington area in terms of location. Some respondents (2%) were also positive about the possibility that the length of time spent waiting to receive services such as blood tests might be shorter than currently, and that extended opening times would make the facility very convenient. The proposed Health and Wellbeing Centre in particular was thought to provide a broad range of services, which some respondents (2%) found positive, and 2% also thought that community health services were preferable to patients and were less intimidating than hospital services.

Improved access to more services in one convenient local location delivering financial savings is the right way to go.

The Health and Wellbeing Centre seems to be the best option for keeping services under one roof.

I believe that local services, where possible, are best. I do not like visiting large general hospitals, which seem impersonal even when the staff are really supportive.

Additionally, 2% respondents made the recommendation that some reassurance be provided that if healthcare was delivered in a community setting, it would be joined up with healthcare they received in other ways (i.e. through their GP or at hospital). This might go some way to making patients feel that the care they received was personal and that their specific needs would be addressed by whichever medical professional they saw.

This would likely change the way my care is dealt with. I like to be part of a surgery that knows me and doctors I know and trust. The proposals seem very impersonal to me.

4.3 Feedback from the public events

As part of this consultation two public meetings were held in Crofton Halls, York Rise, Orpington – one on Thursday 9th August 2012 at 7pm and one on Wednesday 19th September 2012 at 2pm. The purpose of these events was to engage those who were interested in a discussion of the key issues contained in the consultation.

The first event was independently chaired by Peter Gluckman, a consultant. At this event, delegates were given an introductory presentation outlining the objectives of the consultation, the subjects covered and the planned next steps once all of the responses had been obtained. Matthew Kershaw, appointed Special Administrator at South London Healthcare Trust, also introduced himself and explained his role, as well as a consultation that he would be managing alongside that of the Orpington Health Services consultation. The event was due to progress with a presentation outlining the proposals and the need for change, and the opportunity for attendees to visit ‘market stalls’ around the room so that they could collect information on specific aspects of the proposals and how they would be affected, before concluding with an open question and answer session with the representatives from the Clinical Commissioning Group. These representatives were: Dr. Angela Bhan, Director of Public Health and Managing Director of Bromley Clinical Commissioning; Dr. Stephanie Munn, Consultant Dermatologist for South London Healthcare Trust and Clinical Lead for SLHT on this project; Dr. Andrew Parson, Chair of Bromley Clinical Commissioning; and Andrew Hardman, (Bromley Healthcare CIC Ltd).

Midway through the presentation outlining the proposals and the need for change, however, it became clear that attendees wished to proceed straight to a question and answer session. A number of individuals were particularly passionate about the matter of closing Orpington Hospital and the arguments put forward for doing so. The content of the question and answer session that ensued is described more fully below.

At the second event the session was introduced by Chair and Director of Opinion Leader, Sinéad Jefferies, who asked some introductory background questions of the panellists before questions and answers were opened up to the floor. The panellists on this occasion were as above, only Kerry Bott, Director of Quality for Bromley Healthcare took the place of Andrew Hardman. Sinéad’s initial questions related to why a review of the delivery of healthcare services was needed in the first place; what types of healthcare the proposals would cover; what would happen to intermediate care specifically (as this had been an important issue to many at the previous meeting and amongst some of those responding to the questionnaire); and what benefits there might be to moving Outpatient services to other hospitals in the area. After providing the audience with this background information, open question and answers commenced.

Across these two events, a number of points were raised that fit broadly in line with the different sections of the consultation questionnaire. There were some additional comments and queries, however, which will also be mentioned here.

Views on the proposals

Financial considerations

One aspect of the proposals that formed the focus of much discussion was how the proposals would be financed – which in turn resulted in questions about the financial case for closing Orpington Hospital and replacing it with either a Health and Wellbeing Centre or a Local Health Centre in the first place. At the second public meeting, one gentleman said that he was not certain how either one of these proposals would be more financially feasible than maintaining Orpington Hospital, especially where it would be necessary to renovate a building and furnish it with equipment. A number of others had similar doubts about the financial figures that had been cited (either in public documents or at these meetings themselves) and whether there was in fact a financial case for closing Orpington Hospital. One gentleman claimed that by his calculations, Orpington Hospital was running a debt of £0.5 million, not £2 million as had been stated at the previous public meeting. Furthermore some of those in attendance criticised the consultation document for its lack of detail about how much either of the proposals would actually cost compared to Orpington Hospital. In response to these points, members of the panel and other NHS representatives from Bromley and South London Healthcare Trust stated that it would cost £3 million in backlog maintenance a year to maintain Orpington Hospital, whilst the improvements necessary would cost an additional £7 million for new development.

There was also interest in what would happen to the funds raised by the sale of Orpington Hospital and whether it would be kept within Orpington. Furthermore there were questions about where the funds had gone from previous hospital land sales. It was explained that the funds would be collected by the Treasury and the most that South London Healthcare Trust could guarantee to retain financially from the sale of Orpington Hospital was £1 million. Any additional funds would have to be secured after the submission of a business case.

Another much-discussed and heated topic was that of Private Finance Initiatives and financial wastage within the NHS. A number of individuals at both meetings were of the opinion that PFIs were a major contributory factor to the current financial troubles of South London Healthcare Trust. PFI contracts for intermediate care as well as maintenance and cleaning were cited as areas where money was being lost unnecessarily. One gentleman said that he had witnessed financial wastage within the NHS over a number of years, and that he did not see that as a reason for closing Orpington Hospital in this instance. In fact, a number of others were in agreement that to close the facilities at Orpington Hospital would be a financial waste – particularly the hydrotherapy pool, which had been constructed out of public donations. Another person said that efforts should be focused on the clinical as opposed to the administrative side of the NHS, and that this would alleviate the Trust's financial problems more generally. Matthew Kershaw was able to address this point at the first public meeting, and said it would be part of his remit to review the PFI agreements and staffing levels.

One final point on the matter of finance was the accusation from some of those attending the public meetings that Orpington Hospital had been financially neglected in recent years – and perhaps even deliberately so.

Accessibility

Another subject that those attending the public meetings frequently raised was the location of a new Health and Wellbeing or Local Health Centre and the importance of accessibility for members of the public – particularly those in the Orpington area. Some complained that no mention of a potential new site had been made in the consultation document. Some attendees thought it was unclear where certain services, like intermediate care, for example, would be delivered. It was explained at the first meeting that a precise location could not be decided upon until this consultation had been completed and reactions to the proposals collated.

Strongest reaction came to the proposal that some outpatient services might be moved to other hospitals in Bromley, including Princess Royal University Hospital, Queen Mary's, Sidcup, and Beckenham Beacon. In the second public meeting, an introductory question and answer session between the Chair, Sinéad Jefferies, and members of the panel, sought to address questions on this matter. It was explained that the intention behind this proposal was to centralise expertise and resource, so that the quality and timeliness of healthcare that patients receive would be improved.

Some of those attending the meeting were dissatisfied with the additional travelling time that would be required to get to some of these sites and fiercely contested claims by the project team about the average journey time patients might expect. Some also raised the point that the elderly or those with mobility problems might experience difficulty getting to locations outside of Orpington. Similarly there were strong reactions to the possibility that hydrotherapy might be moved to alternative sites both within and outside of Bromley, as this would raise issues of accessibility for those who require the service.

One further aspect of the discussions around the accessibility of health services under the proposals was parking. Some attendees stated that the existing parking facilities at each of the hospitals named were insufficient and would not be able to cater for the increased number of patients they might have to deal with if the proposals were implemented. This point was acknowledged, as was the need to ensure sufficient parking was offered at the necessary sites.

Meeting patient need

Another aspect of the discussions was that of the quality of healthcare that would be provided under the proposals.

One area of concern was that of intermediate care, which under the proposals would be delivered increasingly in the community and in people's homes. Members of the consultation project team provided some evidence based on a survey of 64 intermediate care patients which concluded that patients prefer to receive treatment at home rather than in hospital. Some of those attending the meeting, however, raised the following concerns:

- Firstly, that the quality of care provided to individuals at home would not be of the same standard as that offered in hospitals.
- Secondly, that significant investment would be needed to ensure sufficient care could be offered in the community, and this was unlikely to be cost effective. One attendee gave the

example of her mother, who received intermediate care at home after a hip operation and was left in her home for six weeks before physiotherapy could be arranged for her.

- Thirdly that the number of intermediate care beds would decrease which, when faced with an ageing population, might result in there being a lack of resource to treat patients. Similarly there were concerns that patients would be discharged from hospital early to ensure there would be enough beds to meet demand.

Another area of concern was that existing hospitals in the area would not be able to cope with additional demand from individuals if outpatient services were redistributed across the borough – and some further worries that other hospitals in the area were themselves at risk of closing.

A couple of individuals at the public meetings also had comments about the value of hydrotherapy to rehabilitating patients, and the importance of maintaining hydrotherapy facilities. One gentleman disagreed with this aspect of the proposals and thought it was feasible for the facility at Orpington Hospital to be maintained.

Other questions and comments

Other areas of interest to those who attended the public meetings included:

- The consultation itself, specifically the distribution of leaflets advertising the consultation, and some households that claimed they had not received a copy.
- That provision for the delivery of healthcare would be needed before the closure of any existing facilities.
- Whether it had ever been considered to rent out space in Orpington Hospital to private healthcare providers.
- Fears that this was one step in a measure to privatise health services.

Furthermore, at the end of the second public meeting, a vote was taken as to whether those in attendance had concerns about the future of health services in Orpington. Around 90% of attendees raised their hands.

Feedback from the drop-in sessions

Throughout the consultation the project team at NHS Bromley arranged drop-in sessions for members of the public to come and ask questions or for more information about the proposals. In some instances, meetings were arranged between members of the project team and residents who wished to talk about the proposals in greater depth. The section that follows is a summary of the key questions that were asked, concerns that were voiced and comments that were made about the proposals. The drop-in sessions are being analysed separately to the large public events and stakeholder events because the nature of the sessions was different: the drop-in sessions were one-on-one and were more conversational in style, which meant that the atmosphere and the exchange of information that was possible was very different to the larger, more formal events.

Finance

One theme that those attending drop-in sessions were particularly interested in was finance. This interest could be separated into three categories:

- Whether the proposal for a new Health and Wellbeing Centre and the set-up costs that would entail would genuinely be cheaper than keeping Orpington Hospital open.
- Some confusion and lack of clarity on the financial figures cited in the consultation document and pre-consultation business case (and some dissatisfaction with the level of information provided).
- The source of any funding for the proposals, and some anxiety about Local Improvement Finance Trusts (LIFTs).

There seemed to be much support for the notion of delivering healthcare in a cost-effective way. There were doubts, however, that either of the proposals would be cheaper than making use of and maintaining the Orpington Hospital site. Some individuals asked what would happen to the equipment at Orpington Hospital and whether it would be moved into a new centre.

When referred to the pre-consultation business case for the financial summary of the proposals, some of those attending the sessions began to understand the figures that had been cited, and the comparison between the costs of keeping Orpington Hospital open versus investing in a new centre. Others, however, required further explanation of the figures to understand what they meant, and said they were dissatisfied that the costs were presented in a complex way. A small number of people said there were disparities between the figures cited in the consultation document and those in the pre-consultation business case. Others were not convinced that the costings shown were accurate.

A few attendees also asked about how the proposals would be funded, and wanted some reassurance that LIFT would not resemble Private Finance Initiatives, to which other hospitals in the area are bound and which individuals felt were a major cause of the financial difficulties of South London Healthcare Trust. Members of the consultation project team assured these individuals that LIFTs were not the same as PFIs.

Some attendees were forthcoming with suggestions as to how other financial savings might be made in the area. One individual asked if it would be possible for joint ventures to be considered for the ongoing maintenance of Orpington Hospital. The same gentleman enquired as to the IT systems used by the NHS, and offered to help review the systems to ensure it was an area where overspending could be avoided.

Moving healthcare services to other hospitals and the delivery of health services in the locality

Another area that received a lot of attention in the drop-in sessions was the delivery of health services by other hospitals in the area. Some individuals were not convinced that there would be capacity at other hospitals to meet healthcare need, especially with the growing local population. Some made reference to the Princess Royal University Hospital (PRUH) specifically, mentioning they had heard it was in serious financial difficulties of its own and that the quality of care

delivered there was not of sufficient standard. One lady at a drop-in session said that the aftercare she had received from the PRUH after the death of her husband was markedly poor.

Linked to this a number of individuals were concerned about the locations from which health services would be delivered. One lady wanted reassurance that there would be some healthcare provision in the community for dermatology, and that she would not be expected to travel to Queen Mary's, Sidcup. A number of other individuals stressed the importance of having health services delivered locally. One person said that Orpington High Street would be ideal for this reason. One other individual said that the location was less important than the quality of the healthcare services.

If Orpington Hospital were to close, one gentleman said it was important that any changes should be clearly communicated with residents across the borough so they would know where to go for treatment.

Some attendees were also concerned by the prospect of a reduction in the number of intermediate care beds, but after explanations were given as to the reasons why this was proposed, a number of individuals felt more positively about the proposal.

In the course of the drop-in sessions, individuals also mentioned there were some healthcare services they felt it was important to deliver locally. In addition to dermatology (mentioned above), osteoporosis, homeopathy, X-Ray, ultrasound, allergy services and mental health (particularly dementia) were spontaneously mentioned.

Feedback from stakeholder events

In addition to the major public events and drop-in sessions, the consultation project team also arranged meetings with stakeholder groups in the area. These groups often represented particular patient groups or associations of medical experts. A list of the 17 groups with whom members of the project team met is below:

Bromley Council Health Scrutiny Sub- Committee

Bromley Council on Ageing

Bromley Learning Disability Carers' Forum

Bromley Mind

Bromley Mobility Forum

Cameo Church Group

Dermatology Patient Group

Diabetes Patient Group

Diversity Day

Experts by Experience

Orpington GP Cluster

Gypsy Traveller Health Event

Hydrotherapy Learning Disability Client Group

Kent County Council Health Overview and Scrutiny Committee

Knoll Rise Patient Participation Group

NHS Bromley AGM

South London Healthcare Trust Staff

The following is a summary of the feedback provided across these groups, and also the comments they wished to make on behalf of their members/associates. In a similar way to the drop-in sessions, these events were an opportunity for questions to be asked, concerns raised and general comment made about the proposals.

Finance

Again, finance ranked highly as an issue for many of the groups. The following queries were raised:

- That there could be greater clarity on the presentation of costs in the consultation document and in the pre-consultation business case. Specifically it was requested that a simplified comparison of the cost of keeping Orpington Hospital against both the Health and Wellbeing Centre and the Local Health Centre be provided.
- Whether the costs that had been presented were accurate, and whether it was indeed more cost effective to close Orpington Hospital.
- Concerns that the motives underlying the proposals were solely cost-related and were a move to reduce the financial deficit of South London Healthcare Trust.
- Where funding would come from to invest in the proposals (and what would happen to the money raised by the sale of Orpington Hospital).
- What the situation was with regard to there being a covenant on the Orpington Hospital land.

Members of the consultation project team at each of the meetings explained the cost implications of all the options. They were also able to explain that funds raised from the sale of Orpington Hospital would be collected centrally by the Treasury although South London Healthcare Trust would be able to apply for a proportion of the funds if it could show that it would be able to deliver healthcare in a more effective way in the future. Members of the consultation project team explained LIFT and how this would be used to raise funds to invest in the proposals. Finally it was explained to those groups that asked that there was no known covenant on the Orpington Hospital land.

After hearing individuals' questions and queries in stakeholder and public meetings, the project team published two additional briefings which were circulated to stakeholder groups and also put on the consultation website, containing further explanation of financial information.

Location

A number of groups asked whether it would be possible to make use of the existing Orpington Hospital site – one of the reasons being the ease of accessibility of the hospital. Other groups reiterated the importance of having healthcare facilities locally - particularly those groups representing individuals with mobility problems. Furthermore, Kent OSC said that, due to transport links, it was easier for some residents to travel to King's College Hospital in London than to Queen Mary's, Sidcup. Two groups suggested that an assessment be carried out on the impact the proposals would have on the travel arrangements of individuals across the borough, including those whose GP surgeries would be relocated into a new Centre. Furthermore, some groups asked how and where services would be delivered if they were not housed in a community health centre.

Parking was also mentioned as an area of concern: it was anticipated that there would be serious issues if a high street location were selected as the site for a health centre. Members of the consultation project team reassured groups that parking would be given its due attention, and that at the very least sufficient provision would be made for drop-off points and disabled parking.

Two groups stated that there was a predominant feeling and entrenched habit amongst the population of using certain healthcare facilities, and that there was a need to encourage people to change their habits and attitudes towards seeking healthcare in other locations that may, perhaps, be further away. Bromley OSC said that the quality of the healthcare services ought to be placed at the forefront of the consultation. Similarly, the attendees at one group were reassured when they were told that they could expect to be seen by the same specialists, just in a different location.

Delivery of good quality healthcare

A number of stakeholder groups wanted reassurance that the quality of care offered by either a health centre or other hospitals in the area would be sufficient. The Cameo Church Group in particular raised the point that the proposals ran the possibility of increasing demand at other hospitals which were perceived to be running at full capacity already. This, it was feared, would lead to a decline in the treatment patients could receive. The same group also posed the question as to whether a new health centre in the community would be able to cope with the demand it was likely its services would receive. After hearing the argument that the local population was ageing and also growing, some individuals were not convinced that closing a hospital and replacing it with a health centre was a good idea.

Additionally this group amongst others (including the Hydrotherapy Learning Disability Client group) stated they were concerned about the future of hospitals like Queen Mary's, Sidcup. There were high levels of awareness of the financial problems facing various hospitals across South East London and some individuals also made links with the Trust Special Administrator's (TSA) recommendations, asking how these consultation proposals would be considered alongside the TSA's. Those members of the consultation project team in attendance at this meeting said that if

hospitals were to close as part of the TSA's recommendations, the project team would ensure that alternative provision was made for those patients affected.

Delivery of specialist health services

Unsurprisingly, some stakeholder groups had comments about specific aspects of the proposals that might directly affect their clients and those affiliated with their organisation.

One such area was that of hydrotherapy. The project team met with the Hydrotherapy Learning Disability Client group, which raised a number of points that it felt ought to be considered by the project team if any of the proposals were to be implemented. One comment was that the clinical evidence cited by the project team in its justification for closing the hydrotherapy pool at Orpington Hospital was dubious to some of those attending the meeting. Similarly, this point was raised in another meeting with Bromley Learning Difficulties Carers' Forum. It was felt the argument that water-based therapy was not shown to be as effective as land-based therapy was not convincing and did not acknowledge the use of hydrotherapy by individuals with learning difficulties. Furthermore it was argued that if this were the case and hydrotherapy was shown to be less effective than land-based therapies, there would be no point in delivering hydrotherapy at all. The project representatives at this meeting said that the research had been conducted in controlled tests and was medically led.

The other major issue mentioned by a number of groups relating to hydrotherapy was the increased amount of travel service users would face in the event that the pool at Orpington would close. More significantly for the father of one hydrotherapy user, however, was the upheaval his son would experience in terms of routine, surroundings and staff. This coupled with the perception that Queen Mary's, Sidcup (where he would have to go for treatment instead) was much busier and therefore less comfortable for people with disabilities meant he was concerned about this proposal and wanted his concerns on his son's behalf to be addressed.

Finally, one group commented that to close the facility at Orpington Hospital would be a waste of resources. Members of the project team responded that it was very unfortunate that the pool was housed in a hospital that was unsustainable and could not be separated from the building and maintained by itself.

A number of other groups thought it was unfortunate that the Orpington Hospital site could not be used to deliver health services to disabled patients. Mental health services were mentioned by more than one group (Bromley Mind and Bromley Council on Ageing) as something that ought to be delivered locally; wheelchair services were another area mentioned (Bromley Council on Ageing). Generally it was felt that the proposals did not particularly address the needs of disabled residents, and it was felt there was work to be done to improve accessibility of health services for these patients. Experts by Experience stressed the importance of making all GP surgeries easy-access and installing equipment such as hoists. The Diabetes Patient group also said this was an area where members had experienced problems in the past.

Intermediate care was another area where groups raised issues and made suggestions that they felt the consultation project team ought to bear in mind. Bromley Mobility Forum and the Cameo Church Group in particular raised questions about the logistical considerations in delivering intermediate care in the community, and the importance of ensuring there was sufficient resource

to do this. Similarly, Bromley Mobility Forum was mindful that this was likely to be a source of expense, and wanted reassurance that this proposal could be delivered. Members of the project team explained that they were looking at a new model of delivering healthcare that would ensure there was enough resource to meet demand.

4.4 Petition content

Three petitions were received as responses to the consultation over this period:

- One from Pratts Bottom Women's Institute (68 signatures)
- One from The Kent West Kent Federation of Women's Institutes (86 signatures)
- An anonymous petition of individuals across Bromley and the surrounding area (780 signatures)

The content of these petitions is reproduced as an appendix to this report, however here is a summary of the sentiment expressed within these.

The former two petitions, despite being attributed to different groups, contained the same text. These petitions expressed concern at the closure of Orpington Hospital, and like some respondents to the survey and at public meetings, referenced the hospital's historical links with the Canadian Government. These petitions also stated that the impact of closing Orpington Hospital on the local community would be considerable.

The larger, anonymous petition listed a series of objections. The first was to the closure of Orpington Hospital with the alleged intention that any revenue from the sale of the site would be used to address South London Healthcare Trust's Private Finance Initiative (PFI) debt. Other objections referenced the transfer of clinics to other hospitals which, as already seen, was not popular amongst those completing the survey. Another point made in the petition was that relocating health services at other sites across Orpington would have negative implications on parking facilities, which again was an issue for some respondents to the survey. The closure of the hydrotherapy pool, which the petition stated had been funded by local contributions, and reducing the number of intermediate care beds, were explicitly mentioned. Finally the petition criticised the consultation on the grounds that it claimed only Orpington residents would be affected rather than all those across Bromley, and objected to what it described as the privatisation of local NHS services through measures such as PFI and LIFT. The petition concluded that it wanted Orpington Hospital to be retained as well as a new Health and Wellbeing Centre being created.

5. Conclusions

Through responses to the survey, white mail, petitions and the various public meetings, a number of themes have emerged where individuals would like reassurance, or for their concerns to be addressed if any of the proposals were to come into being. This section will summarise the key themes and the points raised within each theme that may deserve particular attention and consideration by the consultation project team.

Accessibility of health services

- This was one way in which some individuals with ongoing health concerns felt their condition could be better addressed.
- It was the the basis of many respondents' objections to some aspects of the proposals - particularly where vulnerable or elderly groups were concerned.
- Accessibility by public transport and parking facilities were highly prioritised.

Quality of care delivered by community health services

- Questions were asked about whether these facilities would be able to treat patients adequately or have the capacity to deal with high numbers of patients.
- It was important to individuals that the healthcare they receive from different sources is joined up and their needs are not overlooked. The notion of a 'one stop shop' health service was supported.

Quality of care delivered by other hospitals

- There was widespread awareness of the financial problems facing other hospitals in the area, and consequently there were negative reactions to moving healthcare services to these locations.
- Some claimed to have received sub-standard healthcare in these locations in the past.
- There would need to be assurance provided that the proposed locations for the delivery of healthcare services are capable of providing high quality and sustainable healthcare.

Financial concerns

- There were some doubts over the financial basis upon which the proposals had been made.
- Greater clarification was requested, as well as presentation of figures that show it would be more sustainable to set up a new health centre rather than maintain Orpington Hospital.
- There were also doubts expressed as to whether there was much money available to invest in these proposals, which fed doubts that any promises would fall short in practice.

6. Appendices

a) Copy of the questionnaire and easy read questionnaire

Questionnaire: <http://www.selondon.nhs.uk/documents/2470.pdf>

Easy-read questionnaire: <http://www.selondon.nhs.uk/documents/2489.pdf>

b) Petition responses

Pratt's Bottom Women's Institute petition content

Please sign Pratt's Bottom's Women's Institute petition on the changes to The National Health Service in Orpington. The possible closure of Orpington Hospital is about to effect considerably the lives of not only the people of Orpington but many lives in the Bromley Primary Care Trust District and beyond. PBWI members want our local hospital to remain and serve the community in the way that it was intended by the Canadian Government.

Kent West Kent Federation of Women's Institutes petition content

Please sign Pratt's Bottom's Women's Institute petition on the changes to The National Health Service in Orpington. The possible closure of Orpington Hospital is about to effect considerably the lives of not only the people of Orpington but many lives in the Bromley Primary Care Trust District and beyond. PBWI members want our local hospital to remain and serve the community in the way that it was intended by the Canadian Government.

RESPONSE TO THE NHS "IMPROVING HEALTH SERVICES IN ORPINGTON" CONSULTATION OCT. 2012. (No. ~~8847~~)
To: NHS BROMLEY & BROMLEY (GP) CLINICAL COMMISSIONING COMMITTEE.

WE OBJECT to the **CLOSURE OF ORPINGTON HOSPITAL**; the **WITHDRAWAL** of **CLINICAL SERVICES**; and the **SELLING OFF** of the **SITE** to speculative **DEVELOPERS** to fund local Hospital PFI (Private Finance Initiative) Debt.

WE OBJECT to the **WHOLESALE TRANSFER** of **CLINICS** from **ORPINGTON HOSPITAL** to **QUEEN MARY'S, SIDCUP; PRINCESS ROYAL, FARNBOROUGH; BECKENHAM BEACON**, or elsewhere.

WE OBJECT to the **LOSS** of the **HOSPITAL'S excellent and essential HYDROTHERAPY POOL**, which only **OPENED** in 2003, **COSTING** £630,000, and which **LOCAL PEOPLE CAMPAIGNED** and **FUNDRAISED** for over several years.

WE OBJECT to the **CLOSURE** of the **BOROUGH'S LAST 40 NHS REHABILITATION BEDS** in the Hospital's Intermediate Care Unit; **CUTTING 20** of the total number to 42 **BEDS** and **PRIVATISING ALL** these to **CARE HOMES**.

WE OBJECT to the **RE-LOCATION** of **HEALTH SERVICES** to **PREMISES** in **Orpington WITHOUT PROPER PARKING** for **PATIENTS** and **ONE FIFTH** of the size of **BECKENHAM BEACON**, and the planned **PRIVATISATION** of many services.

WE OBJECT to this **BIASED & FRAUDULENT CONSULTATION EXERCISE** which pretends only **ORPINGTON** and **NOT** all **BROMLEY** residents will be affected,

WE OBJECT to the **PRIVATISATION** of **ANY LOCAL NHS SERVICES**, including **OUR LOCAL HOSPITALS** or using **PRIVATE PARTNERSHIPS** like 'P.F.I.' & 'LIFT'.

WE WANT ORPINGTON HOSPITAL and its CLINICAL SERVICES to be RETAINED, with a NEW HEALTH & WELLBEING CENTRE and GP PRACTICES.

c) Jo Johnson MP's response



Jo Johnson submission to the Orpington Health Services Consultation

The Board of Bromley Primary Care Trust (NHS Bromley) has asked interested parties to engage in a public consultation on the future of Orpington Hospital. As the Member of Parliament for the Orpington constituency, I wish to convey the strength of residents' attachment to Orpington Hospital and their strong opposition to any loss of high-quality, locally-provided healthcare in Orpington town centre. I would like to make the following points:

I welcome the opportunity for residents, patients and staff to engage on the future of healthcare in Orpington. The NHS faces the demands of fast rising life expectancy, chronic diseases and emergent technologies, and I am pleased that NHS Bromley has recognised that it will need to respond to these challenges and make healthcare more financial sustainable if the quality of health services and medical outcomes in Orpington are not to suffer in the long term.

The consultation also rightly recognises the importance of preventative care through education and awareness, specialist centres that can offer joined up services and the need to improve the quality of intermediate care provided at people's homes or in community clinics. Together, these measures can drive down long-term costs while improving outcomes and the healthcare experience for patients.

The uncertainty over the future of Orpington Hospital has increased due to the financial difficulties of South London Healthcare Trust (SLHT), which provides health services at Orpington Hospital. Saddled with burdensome private finance initiative (PFI) contracts, SLHT is adding to an historic debt of £150m at the rate of £1.3m each week. This is money straight out of the pockets of patients. History shows that trusts with weak finances risk eventually underperforming clinically and SLHT is right to seek to head off that danger.

Despite the provision of further details¹ by NHS Bromley in October 2012, I share residents' concern at the lack of clarity over the potential financial viability of Orpington Hospital and would urge NHS Bromley to provide a more robust analysis of the projected savings from the new site, as well as an explanation of why a hospital built in 1983 at a cost of £8 million faces such high refurbishment and maintenance costs. Residents also need reassurance that NHS LIFT will not repeat the mistakes of earlier PFI contracts.

¹ Improving Health Services in Orpington: Public Consultation Briefing, No2, NHS Bromley, October 2012.



Above all, I must also stress that it must be the health needs of the local community rather than financial considerations that should feature most prominently in the Board's decision-making process.

The two main options on the table are a new Health & Wellbeing Centre and a scaled down local health centre. It is essential that under either scenario, healthcare to the greatest extent remains in Orpington and not be moved to the Princess Royal, Queen Mary Sidcup or Beckenham Beacon hospitals. It is clear that the Health & Wellbeing Centre option would do far more to satisfy this demand.

Under either proposed option, it is imperative that every effort is made to ensure that the facility is easily accessible by public transport, that parking facilities are plentiful, and that it is in a safe a brightly-lit area that vulnerable people can feel confident visiting late at night. High street or community facilities are more likely to be easier places to navigate for the elderly.

I am particularly concerned by the loss of the hydrotherapy pool, which only opened nine years ago and was funded by the extraordinary generosity of local residents to the tune of £350,000. The consultation's diagnosis that fewer people are using hydrotherapy pools is contested by residents in their correspondence to me and in public meetings that I have attended. Residents have expressed great frustration at the closure of the facility and I believe that every effort should be made to secure the pool with an alternative management structure that would ensure long-term financial viability and give residents a choice between water-based and land-based therapy.

I would also strongly support the retention of a link with Canada in the name of any new health centre, in recognition of the hospital's original use as a Canadian military clinic and its funding from the Province of Ontario.

In conclusion, residents must be reassured that there will continue to be a wide and financially sustainable range of high quality local healthcare provided in Orpington itself, as identified by the Orpington Needs Assessment undertaken in September 2011 by a project team that included representatives from SLHT, NHS SE London, NHS Bromley, Clinical Commissioning and patient groups.