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National Specialised Commissioning Team (NSCT)

Testing assumptions for future
patient flows and manageable
clinical networks

*Final report
October 2011*

*Workstreams 3 & 4:
Parents and the general
public*

Workstreams 3&4

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Executive summary:

Parent survey & interviews and general public focus groups

Evidence base:

- 172 responses to a postal survey (response rate of 25%) by parents from the 22* postcode areas identified by NSCT for testing and 21 telephone interviews with parents (*Workstream 3*); and
- Focus groups with 102 members of the general public recruited from across the 22 postcodes identified for further exploration by NSCT (*Workstream 4*).

**22 postcode areas:*

Bradford, Brighton, Coventry, Doncaster, Dorchester, Guildford, Hemel Hempstead, Hereford, Huddersfield, Halifax, Hull, Leeds, Lincoln, Nottingham, Oxford, Peterborough, Reading, Redhill, Sheffield, Slough, Wakefield and Worcester

Parent and general public feedback

Referral/patient flows

- Across the parents surveyed and the general public who participated in focus groups, the majority of individuals identified paediatric cardiac centres as preferred centres to travel to, in line with assumptions made by the Safe and Sustainable (S&S) review for Options A – D. That said, there were a common set of postcode areas for specific options where the paediatric cardiac centres identified as preferred centres to travel to by the majority of parents and the public, did not match assumptions made by S&S. In total there were eight such postcode areas: *Coventry, Leeds, Wakefield, Brighton, Doncaster, Reading, Sheffield & Nottingham.*
- These postcode areas were ones where the majority of parents and the consensus from members of the general public (from said postcode areas) was that their preferred centre was not in line with S&S assumptions. However, that is not to say that many also indicated if told/advised to go to an alternative centre they would not do so, although there was more reluctance amongst members of the public to consider travelling to Newcastle as a centre.
- If the preference of the parents and the public were factored into assumptions of patient flows, they may have implications for projected levels of activity at in particular the Newcastle centre under Options A, B and C – ***see table overleaf.***

- As per the table overleaf, there are also implications for the Leicester centre under Option A, Bristol and Southampton centres under Option B and Leeds under Option D.

Travel times

- When parents were asked to prioritise factors influencing choice of cardiac surgical centre, travel time was prioritised below factors such as: *Reputation of the centre; Recommendation from a GP or other healthcare professional; Availability of the surgical team and Previous experience of using the centre.*
- While the general public highlighted: *Ability to see the same team of doctors and nurses; Hospital having a good reputation and Availability and price of car parking facilities,* as the factors that mattered to them.
- Given the smaller number of centres proposed under the four S&S options, as expected a lower proportion of parents estimated that they would be within one hour of a paediatric cardiac surgical centre under Options A – D when compared to current travel arrangements.
- The majority of parents indicated travelling to centres by their own private transport. Most members of the public who participated in focus groups also indicated that they would travel to centres by car.
- Less than 10% of focus group participants indicated that they would use public transport if accessing surgery, although nearly 20% stated that they might use public transport when travelling for an outpatient appointment – ***see table overleaf.***

Overview of parent and general public feedback

Referrals/patient flows					Key factors identified by parents influencing choice of cardiac surgical centre	Key factors identified by the general public as influencing choice of cardiac surgical centre
✓ = majority parents/public agree with S&S assumptions	Postcode areas highlighted where parents & public prefer not to flow to S&S assumed centres					
	Option A	Option B	Option C	Option D		
Freeman, Newcastle	Leeds Wakefield	Leeds Wakefield Doncaster Sheffield	Leeds Wakefield Doncaster Sheffield	N/A	1. Reputation of centre 2. Recommendation from a GP or other healthcare professional 3. The surgical team available 4. Previous experience of using centre <i>These factors were the ones most commonly identified as influencing their current centre and preferred centre under the different S&S options.</i>	1.Ability to see the same team of doctors and nurses each time 2.The hospital has a good reputation 3.Availability and price of car parking facilities 4.Ability to spend enough time with doctors and nurses 5.The hospital has good facilities 6.Part of a network, where you could go to a local hospital for outpatient appointments and a specialist centre for surgery
Alder Hey, Liverpool	✓	✓	✓	✓		
Glenfield, Leicester	Coventry	N/A	N/A	N/A		
Birmingham	✓	✓	✓	✓		
Bristol	✓	Reading	✓	✓		
London x 2	✓	✓	✓	✓		
S/hampton	N/A	Brighton	N/A	N/A		
Leeds	N/A	N/A	N/A	Nottingham		

Managed clinical networks

	Option A	Option B	Option C	Option D
Parents who stated that they would prefer to have outpatient appointments and ongoing management of care at a local hospital	56 (44%)	51 (43%)	52 (46%)	52 (39%)
Parents who stated that they would prefer to have all care at the specialist centre	67 (53%)	59 (50%)	54 (48%)	70 (53%)
Parents who did not indicate where they would prefer their child to receive care	4 (3%)	8 (7%)	7 (6%)	11 (8%)
Parents who indicated that the existence of a managed clinical network would change their choice of preferred main centre under this option	6 (5%)	7 (6%)	7 (6%)	6 (5%)

Travel times

- In terms of mode of travel, 142 parents (83%) indicated that they had access to their own car for either all or part of their journey.
 - 104 parents (61%) travelled to their current centre solely using their own car whilst a further 38 parents (22%) indicated that they used their own car, plus one or two other modes of transport.
 - Most focus group participants indicated that they would travel by car. Less than 10% of participants indicated that they would use public transport to access one of the current centres if travelling for surgery.
- Source: PwC survey of parents and focus groups with the public*

Parent and general public feedback

- Members of the general public identified how S&S options could be made more amenable and accessible, as follows.

Travel Issues:

- Financial assistance with additional travel costs over and above distance to nearest hospital and help with car parking (no charge, reduced rates or vouchers);
- Affordable overnight accommodation; and an ambulance or personal transport for those in very remote areas.

Information Issues:

- More information on travel times, distances and routes to centres; as well as in terms of specialists available, waiting times and facilities to enable decision making;
- Flexible visiting times, ideally to fit with off-peak public transport; and accessible information and better co-ordination of public transport options.

Managed clinical networks

- In terms of managed clinical networks, while both parents and the general public were positive about the concept of these, there was more of a preference from parents to access all care at a specialist centre.

Managed clinical networks

Views from parents

- Parents were asked whether they would prefer to have outpatient appointments and ongoing management of care at their preferred centre under each of the options or at a more local centre. A slightly higher proportion wished to access all care at a specialist centre.
- 48 – 53% of parents across the four options indicated they would prefer to have all care at a specialist centre whereas 39 – 46% stated they would prefer to have outpatient appointments and ongoing management of care at a local hospital.

“It would depend if you would be seeing the same surgeon, if you could see the same surgeon or cardiologist as at the specialist centre then I would go to a local hospital, otherwise I would probably just travel.” (Quote from parent)

“I would worry a lot about continuity of care and transfer of patient notes.” (Quote from parent)

Views from members of the general public

- Overall networks were considered a good idea and members of the public felt that it was more desirable to have care managed locally rather than travelling to a specialist centre on several occasions for all aspects of care.

Factors to consider to help support networks

- Members of the general public identified three key themes to help support the successful functioning of clinical networks, as follows:
 - Continuity of care within the team of health professionals.
 - Continuous and strong communication between the specialist centre and local care provider, supported by technology (e.g. email, video-conferencing).
 - Ability to meet the surgeon prior to an inpatient admission and ideally for one follow-up.

Executive summary:

Parent survey & interviews (Workstream 3)

Evidence base:

- 688 questionnaires were sent to parents of service users across the 22 postcodes areas identified by NSCT.
- These 688 were determined with the assistance of the paediatric cardiac centres and sought to identify parents who had children receiving a range of services and over varying time periods.
- 172 responses were received representing a response rate of 25%.
- 21 depth interviews were also undertaken with parents of current service users across the 22 postcode areas to obtain qualitative information on service use and the potential options.

Options A – D: where parents would choose (analysed on the basis of parent’s current postcode)

Option A	<ul style="list-style-type: none">• All parents from 11 of the 22 postcode areas selected the centres which would be expected under S&S.• Some parents from the remaining 11 postcode areas did not identify centres assumed by S&S. Of these 11, there were six (<i>Coventry, Doncaster, Dorchester, Leeds, Sheffield and Wakefield</i>), where the majority of responding parents did not identify the S&S assumed centres. Further details on the preferred centres of parents in these postcode areas can be found on slide 26.
Option B	<ul style="list-style-type: none">• All parents from six of the 22 postcode areas selected the centres as per S&S.• Some parents from the remaining 16 postcode areas did not identify centres assumed by S&S. Of these 16, there were 11 (<i>Brighton, Doncaster, Dorchester, Guildford, Hemel Hempstead, Leeds, Reading, Redhill, Sheffield, Slough and Wakefield</i>) where the majority of responding parents did not identify the S&S assumed centres. Further details on the preferred centres of parents in these postcode areas can be found on slide 27.
Option C	<ul style="list-style-type: none">• All parents from 12 of the 22 postcode areas selected the centres which would be expected under S&S.• Some parents from the remaining 10 postcode areas did not identify centres assumed by S&S. Of these 10, there were five (<i>Doncaster, Dorchester, Leeds, Sheffield and Wakefield</i>) where the majority of responding parents did not identify the S&S assumed centres. Further details on the preferred centres of parents in these postcode areas can be found on slide 28.
Option D	<ul style="list-style-type: none">• All parents from 16 of the 22 postcode areas selected the centres which would be expected under S&S.• Some parents from the remaining six postcode areas did not identify centres assumed by S&S. Of these six, there were two (<i>Dorchester and Nottingham</i>) where the majority of responding parents did not identify the S&S assumed centres. Further details on the preferred centres of parents in these postcode areas can be found on slide 29.

Options and clinical networks: parents feedback on changes in travel times under Options A – D and views on managed clinical networks

Options A – D and travel times

- Travel time was less important to parents in choosing a surgical centre, with factors such as reputation of the centre, recommendation from a GP or other healthcare professional and the surgical team available chosen as the most important factor by a greater number of parents.
- Given the smaller number of surgical centres which would be available in the four options in the future, as expected a lower proportion of parents estimated that they would be within one hour of a paediatric cardiac surgical centre under Options A – D when compared to current arrangements.
- 51% of parents indicated that currently they were within one hour travel distance to their current centre, while for the four options, this would change to 26% (Option A), 19% (Option B), 15% (Option C) and 37% (Option D).

“You don't expect everything to be on your doorstep so the fact it's only an hour away is great for us, but I wouldn't really want to go much further, especially in the case of an emergency.” (Quote from parent)

Views of clinical networks

- Parents were asked whether they would prefer to have outpatient appointments and ongoing management of care at their preferred centre under each of the options or at a more local centre. A slightly higher proportion wished to access all care at a specialist centre.
- 48 – 53% of parents across the four options indicated they would prefer to have all care at a specialist centre whereas 39 – 46% stated they would prefer to have outpatient appointments and ongoing management of care at a local hospital.

“It would depend if you would be seeing the same surgeon, if you could see the same surgeon or cardiologist as at the specialist centre then I would go to a local hospital, otherwise I would probably just travel.” (Quote from parent)

Executive summary: General public focus groups (Workstream 4)

Evidence base:

- Participants were recruited from across the 22 postcodes identified for further exploration by NSCT.
- In total 102 individuals took part in the focus groups.
- Recruitment criteria sought to get a range of participants from the general public in terms of age, gender and socio-economic background.

Options A – D: where the public would choose as a preferred centre

Option A	<ul style="list-style-type: none">Focus group participants from 17 of the 22 postcode areas did identify centres assumed by S&S as their preferred centres. However, this was not the case in five postcode areas (<i>Coventry, Lincoln, Peterborough, Leeds and Wakefield</i>), with the public not having centres assumed by S&S (<i>Leicester and Newcastle</i>) as their preferred choice.
Option B	<ul style="list-style-type: none">Participants did identify centres assumed by S&S in 13 postcode areas. Focus group participants from nine of the 22 postcode areas (<i>Lincoln, Hull, Wakefield, Leeds, Sheffield, Doncaster, Reading, Oxford and Brighton</i>) did not identify centres (<i>Birmingham, Newcastle and Southampton</i>) assumed by S&S to be their chosen centre to travel to.
Option C	<ul style="list-style-type: none">Focus group participants from 16 of the 22 postcode areas did identify centres assumed by S&S as their preferred centres. However, this was not the case in six postcode areas (<i>Lincoln, Doncaster, Hull, Wakefield, Leeds and Sheffield</i>), with the public not having centres assumed by S&S (<i>Birmingham and Newcastle</i>) as their preferred choice.
Option D	<ul style="list-style-type: none">Generally focus group participants agreed with the assumptions being made in this option with only one of the 22 postcode areas (<i>Nottingham</i>) not identifying the centres (<i>Leeds</i>) assumed by S&S to be their chosen one to travel to.There was some concern expressed about the national geographical spread of centres in this option, particularly taking into consideration the absence of the centre in Newcastle.

Clinical networks: would the public be supportive of these?

Views on clinical networks

- Overall networks were considered a good idea and participants felt that it was more desirable to have care managed locally rather than travelling to a specialist centre on several occasions for all aspects of care.
- However focus group participants from three of the 22 postcode areas (*Nottingham, Huddersfield and Worcester*) indicated that they would prefer to travel to the specialist centres under one or more of the options.

Factors to consider to help support networks

- Focus group participants identified three key themes to help support the successful functioning of clinical networks, as follows:
 - Continuity of care within the team of health professionals.
 - Continuous and strong communication between the specialist centre and local care provider, supported by technology (e.g. email, video-conferencing).
 - Ability to meet the surgeon prior to an inpatient admission and ideally for one follow-up.

Introduction and approach

Introduction to the study

- PricewaterhouseCoopers LLP (PwC) was appointed by the National Specialised Commissioning Team (NSCT) to undertake a study on future patient flows and manageable clinical networks, as part of the *Safe and Sustainable* (S&S) review of children’s congenital cardiac surgery in England.
- The study sought to examine the assumptions on patient flows that have been made across 22 postcode areas (diagram opposite) in England, under the four service reconfiguration options (Options A – D) which have been identified as part of this review (see Appendix). These assumptions have been informed by analysis of travel times (patients travelling to their nearest centre) and a consideration of current clinical networks.
- Key stakeholders involved in the project have been clinicians (Workstream 2), parents of services users (Workstream 3) and members of the general public (Workstream 4).

Bradford	Brighton
Coventry	Doncaster
Dorchester	Guildford
Halifax	Hemel Hempstead
Hereford	Huddersfield
Hull	Leeds
Lincoln	Nottingham
Oxford	Peterborough
Reading	Redhill
Sheffield	Slough
Wakefield	Worcester

Findings: survey and telephone interviews with parents

- Approach to parent survey & interviews
- Findings from parent survey & interviews

An approach involving Trust Information Managers in the distribution of questionnaires was adopted to protect the anonymity and confidentiality of patients...

- In order to comply with data protection legislation and to protect the confidentiality and anonymity of patients and their parents, a multi-stage approach to distributing questionnaires was undertaken in order to help ensure that confidential patient details were not shared outside of the NHS.
- This process involved:
 - PwC distributing information on the sampling criteria of patients to Trust Information Managers in a number of the existing paediatric cardiac surgical centres * which have treated patients from at least one of the 22 postcode areas being examined. At this stage, the sample included all patients who lived in one of the 22 postcode areas, had an inpatient admission and/or outpatient appointment in the last two years and was not deceased).
 - Trust managers returning a list of all patients meeting the sampling criteria on an anonymised basis to PwC.
- PwC selecting a sample from each centre, seeking coverage across the key sampling criteria (including postcode districts within postcode areas) and on a proportionate basis across the 22 postcode areas – details of the final sample was then returned to each Trust Information Manager so that patient details (name and address) could be matched back into the data file.
- Trust Information Managers organised for identified parents to be sent a pack containing either a questionnaire for return by post or a letter requesting their participation in a telephone interview. Due to confidentiality issues and to minimise the burden placed on Trust staff, no reminders for participation were issued to parents.

** Eight centres participated in providing details as the identified 22 postcode areas, mapped most directly to these centres.*

Overview of questions used for surveys and telephone discussions with parents of current service users

- The table below provides a summary of the key questions which were covered in both the postal survey and the topic guide used for the depth telephone interviews with parents.

Section	Description
Background information	Parents were asked to provide some background information including their postcode, the gender and age of their child, along with the age at which the child was referred.
Views on current centre	Parents were asked to indicate the centre(s) which they were currently accessing (including any outreach clinics), the types of services which they have used, the mode(s) of transport which they usually use to access the paediatric cardiac surgical centre and the time which this takes.
Exploring the four options	Each of the options were explored in turn, asking parents where they would choose to go in each scenario and the main factors which influenced their decision. This section also explored the mode of transport which parents would use to reach the selected centre under each option and the estimated time taken to reach the chosen centre.
Managed clinical networks	Parents were asked whether they would prefer to access outpatient appointments and ongoing management of care locally or at the specialist centre under each option, and whether the existence of network arrangements would change their choice of centre under any of the options.
Other comments	Parents were also asked to note any other comments specific to this work around testing assumptions on patient flows and managed clinical networks under the four options, or any suggestions as to how the centres or options could be improved.

- For note, in discussing options with parents (and the public), the surgical centres talked about were as per those specific centres named for Options A – D in S&S (see Appendix).
- The remainder of this section sets out in detail the findings from the survey of parents, supported by quotes from those parents who participated in telephone interviews.

Further detail on telephone discussions with parents of current service users

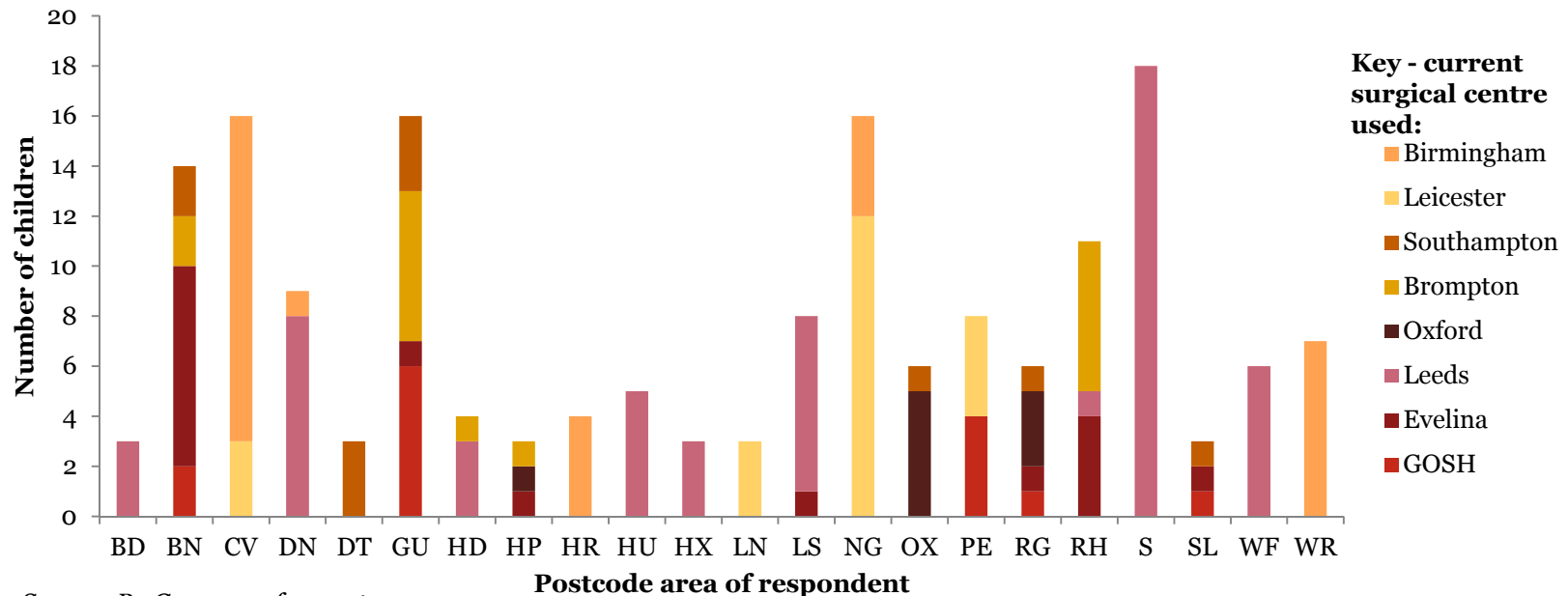
- In total, 21 parents participated in a depth telephone interview aimed at exploring in further detail their experience of their current centre, views on the four options and to explore the concept of managed clinical networks. The purpose of these telephone interviews was to supplement the data gathered via the survey of parents and also to provide a qualitative understanding of the issues which were identified via the survey.
- Quotes from parents have been used to illustrate some of the key findings in the remaining section of this report, however in addition to this, the table below provides a further summary of views expressed by parents during these telephone interviews.

Section	Quotes from parents
Views on current centre	<ul style="list-style-type: none"> • <i>“Anything I have to say about [Hospital A] would be very positive. We were so worried about the whole thing, the staff were so very good and I only have good things to say. Under the circumstances it was the best experience it could have been.”</i> • <i>“The staff were phenomenal, I couldn’t say enough about them.”</i>
Views on the four options	<ul style="list-style-type: none"> • <i>“We agree in principal that there should be a reduced number of centres for better care. The location is an issue for some people, it’s OK for us as we have good family networks but for others it would be more difficult to travel.”</i> • <i>“I am unhappy with the options that have been proposed, but I agree in principal with the review.”</i>
Managed clinical networks	<ul style="list-style-type: none"> • <i>“A local centre is imperative.”</i> • <i>“I would worry a lot about continuity of care and transfer of patient notes.”</i> • <i>“I really would want to see the experts from the surgical centre, but it’s so much easier when it is closer to home.”</i>
Other comments	<ul style="list-style-type: none"> • <i>“We have no qualms with treatment or outpatient checks but it just seems a big thing to go to [City A]. It would seem more ‘normal’ to go to [Town A] as other children from school go to [Hospital in Town A] for appointments, so it’s more normal for the child. It’s a psychological thing I suppose.”</i> • <i>“It is so hard for parents already without the added stress of additional travel time.”</i> • <i>“Most parents would travel anywhere for the health of their children but there needs to be a balance between the distance travelled and the care of the child as it affects them being far from home.”</i>

688 questionnaires were sent to parents of service users across the 22 postcode areas...

- 688 questionnaires were sent to parents and in total, 172 responses were received – this represents a response rate of 25%.
- The chart below shows the 22 postcode areas (see overleaf for detail of postcodes and abbreviations) and analyses the 172 parent responses by the paediatric cardiac centres currently being attended. For example, of the 15 parents contacted from Guildford (GU), six were currently attending GOSH, a further five the Brompton, three Southampton and one Evelina.

Current surgical centre used by respondents by postcode area



Source: PwC survey of parents

n=172

Most parents who responded were from the Coventry, Guildford Nottingham and Sheffield postcode areas, in line with the profile of referrals from the 22 postcode areas being considered...

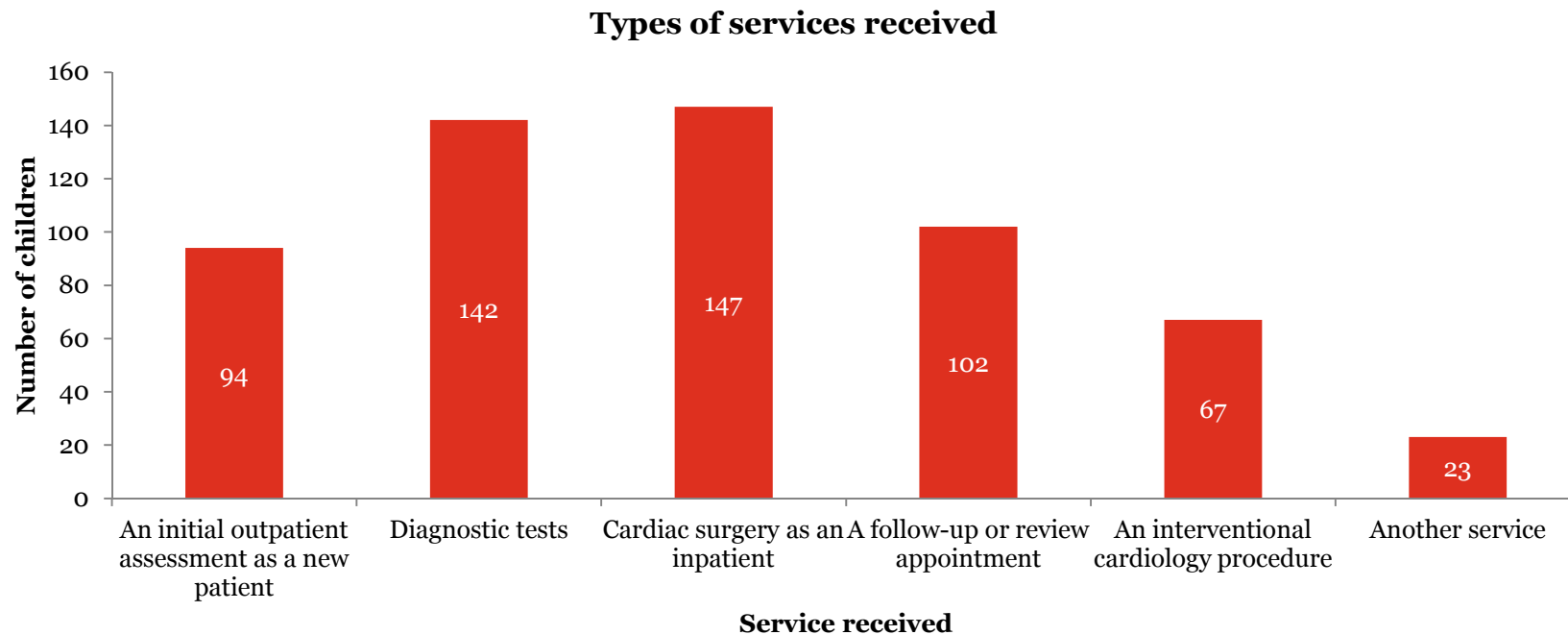
- The 172 parents who responded to the survey came from across the range of 22 postcodes being examined, as shown in the table.
- Of the 172 respondents to the survey, 100 (58.1%) parents had a son who had used paediatric cardiac surgical services whilst 71 (41.3%) had a daughter who had used these services.
- Most (107 of 172, or 62.2%) of these children were referred to the service more than two years ago.
- 40 children (23.3%) had been referred between one and two years ago.
- 16 children (9.8%) had been referred between six months and one year ago.
- Eight children (4.9%) had been referred less than six months ago.
- **Please note: not all of the 172 respondents answered all of the questions within the survey. Therefore the value of ‘n’ varies for some of the findings.**

Postcode area	% of responses	Postcode area	% of responses
Bradford (BD)	3 (1.7%)	Lincoln (LN)	3 (1.7%)
Brighton (BN)	14 (8.1%)	Leeds (LS)	8 (4.7%)
Coventry (CV)	16 (9.3%)	Nottingham (NG)	16 (9.3%)
Doncaster (DN)	9 (5.2%)	Oxford (OX)	6 (3.5%)
Dorchester (DT)	3 (1.7%)	Peterborough (PE)	8 (4.7%)
Guildford (GU)	16 (9.3%)	Reading (RG)	6 (3.5%)
Huddersfield (HD)	4 (2.3%)	Redhill (RH)	11 (6.4%)
Hemel Hempstead (HP)	3 (1.7%)	Sheffield (S)	18 (10.5%)
Hereford (HR)	4 (2.3%)	Slough (SL)	3 (1.7%)
Hull (HU)	5 (2.9%)	Wakefield (WF)	6 (3.5%)
Halifax (HX)	3 (1.7%)	Worcester (WR)	7 (4.1%)

Source: PwC survey of parents
n=172

Children had accessed a range of services as part of their treatment, from appointments and diagnostic tests through to cardiac surgery...

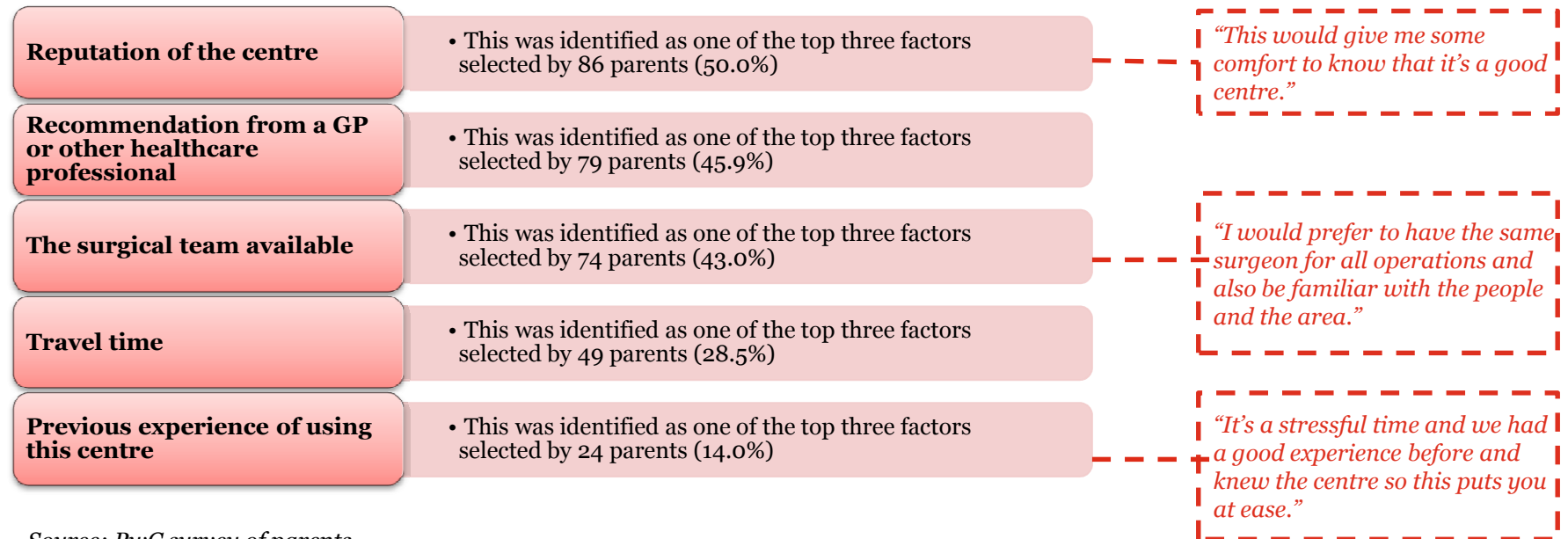
- Respondents indicated that their children had received a range of services in relation to paediatric cardiac surgery since the time of their referral, as shown in the chart below.
- Most (147 or 85.5%) indicated that their child had received cardiac surgery as an inpatient and/or diagnostic tests (142 or 82.6%).



Source: PwC survey of parents
n=172

Reputation was the factor which influenced the choice of current cardiac surgical centre amongst parents...

- Parents were asked to indicate up to three factors which most influenced their decision to use the current centre where their child is receiving paediatric cardiac surgical services. The figure below shows the five most commonly cited factors.
- It should be noted that 33 parents (19.2%) also cited other reasons in response to this question.
- Fewer than 15 parents (9.1%) selected the following factors within their “top three”: ease of access to the motorway network, availability of car parking, availability of public transport and cost of travel.



Source: PwC survey of parents
n=172

Over 90% of parents could access their current centre in under two hours, and over 80% of parents used their own car for all or part of this journey...

- Most parents (87 or 51.5%) indicated that travel times to their current centre were under one hour ($n=169$).
 - A further 69 parents (40.8%) indicated that their travel time was between one and two hours.
 - Only 13 parents (7.7%) indicated that their current travel time was two hours or longer.
- 121 parents (70.8%) used a single mode of transport to reach the current centre whilst the remaining 50 parents (29.2%) used multiple modes of transport ($n=171$).
 - In terms of mode of travel, 142 parents (82.6%) indicated that they have access to their own car to reach the current centre, either for all or part of this journey.
 - 104 parents (60.5%) travelled to the current centre solely using their own car whilst a further 38 parents (22.1%) indicated that they used their own car, plus one or two other modes of transport.
 - Six parents (3.5%) travelled to the current centre solely via a car belonging to a friend or family member whilst a further eight parents (4.7%) used this mode of transport for part of their journey.
- Nine parents (5.2%) travelled to the centre solely using public transport (bus or train) whilst a further 51 parents (29.7%) used public transport for part of their journey.

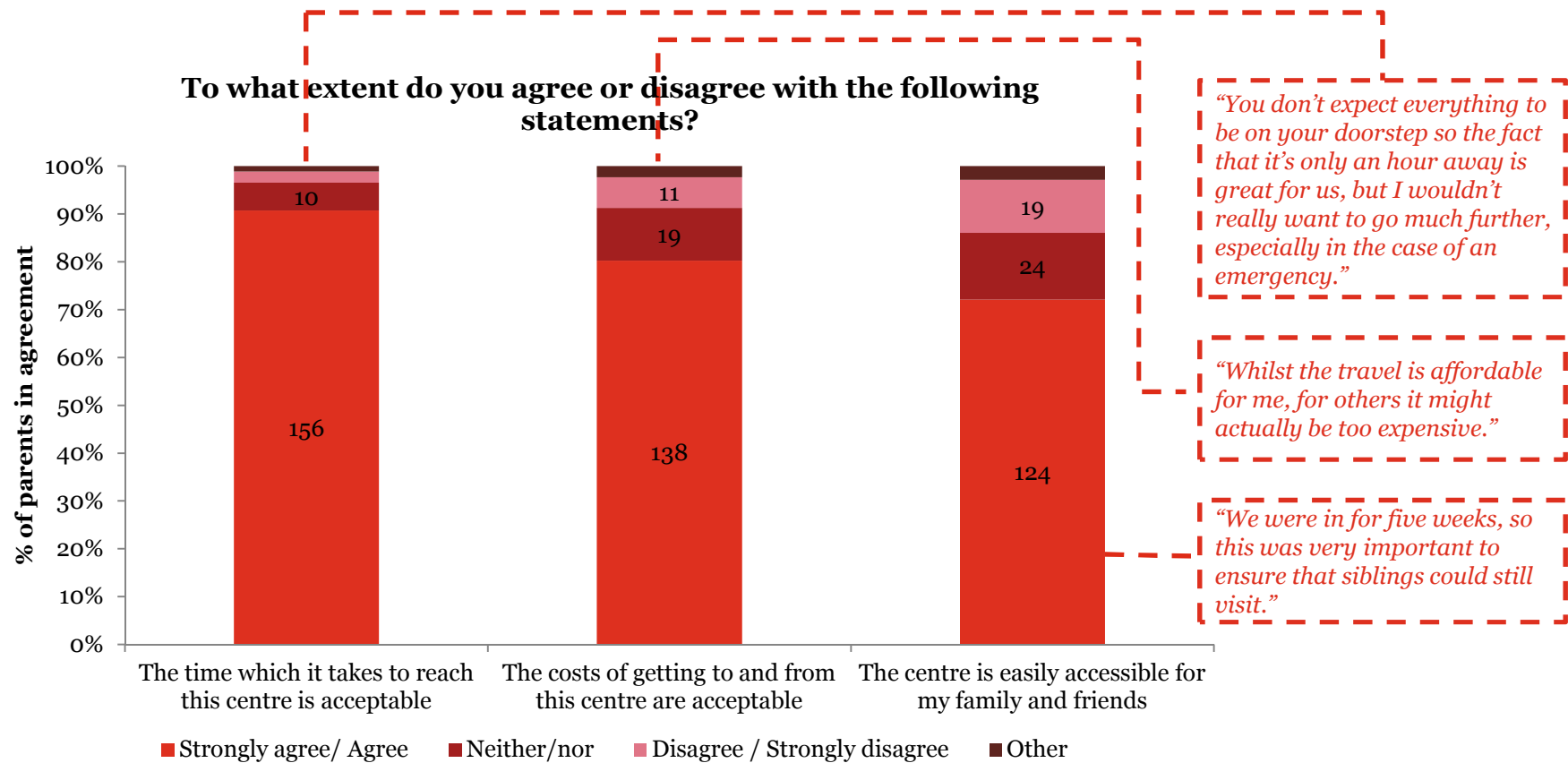
“It’s just easier to drive, it doesn’t take as long.”

“We live in a rural location so it would take three hours by public transport and I wouldn’t do it with a sick child.”

“We don’t drive to the hospital due to car parking and also we only have one car – if it’s an early appointment my husband needs the car to take the other children to school.”

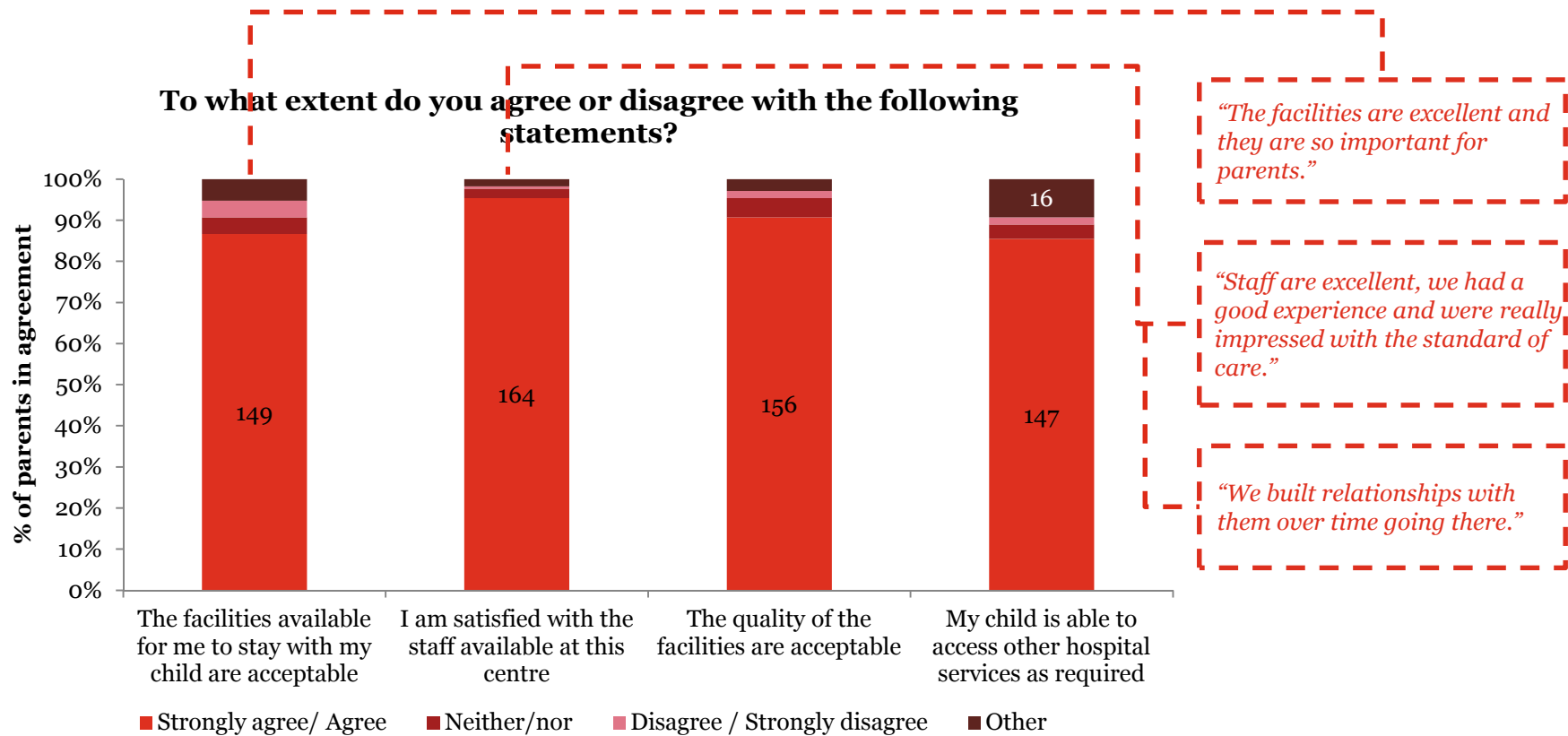
(Quotes from parents)

Parents were most satisfied with the staff available at the current centres whilst they were less satisfied with the accessibility of the centre for their friends and family (i)...



Source: PwC survey of parents
n=172

Parents were most satisfied with the staff available at the current centres whilst they were less satisfied with the accessibility of the centre for their friends and family (ii)...



Source: PwC survey of parents
n=172

Under Option A, the research showed that parents in 11 of the 22 postcode selected the centres which would be expected under S&S...

- In 11 of the 22 postcode areas (BD, BN, HP, HR, HX, LN, OX, RG, RH, SL and WR), parents selected the centres which would be expected under S&S. For the remaining 11 this was not the case and the exceptions to this are highlighted in red in the table below.
- For example, of the four respondents from Hull, three (75%) indicated that they would prefer to travel to Newcastle under Option A (assumed S&S centre), whilst one (25%) indicated that they would prefer to travel to Liverpool.

Paediatric cardiac surgical centre selected by parent under Option A

Postcode area	Liverpool	Birmingham	GOSH	Evelina	Newcastle	Bristol	Leicester	Total (%)
Coventry (CV)	-	13 (81%)	-	-	-	-	3 (19%)	16 (100%)
Doncaster (DN)	1 (14%)	3 (43%)	-	-	2 (29%)	-	1 (14%)	7 (100%)
Dorchester (DT)	-	-	1 (33%)	1 (33%)	-	1 (33%)	-	3 (100%)
Guildford (GU)	-	1 (8%)	9 (69%)	3 (23%)	-	-	-	13 (100%)
Huddersfield (HD)	-	-	-	-	-	-	1 (100%)	1 (100%)
Hull (HU)	1 (25%)	-	-	-	3 (75%)	-	-	4 (100%)
Leeds (LS)	3 (100%)	-	-	-	-	-	-	3 (100%)
Nottingham (NG)	-	3 (19%)	-	-	-	-	13 (81%)	16 (100%)
Peterborough (PE)	-	-	3 (43%)	-	-	-	4 (57%)	7 (100%)
Sheffield (S)	2 (25%)	2 (25%)	2 (25%)	-	1 (13%)	-	1 (13%)	8 (100%)
Wakefield (WF)	3 (100%)	-	-	-	-	-	-	3 (100%)

Source: PwC survey of parents

n=127

Under Option B, the research showed that parents in six of the 22 postcodes selected the centres which would be expected under S&S...

- In six of the 22 postcode areas (BD, HD, HR, HX, LN and WR), parents selected the centres which would be expected under S&S. For the remaining 16 this was not the case and the exceptions to this are highlighted in red in the table below. For example, of the seven respondents from Doncaster, two (29%) indicated that they would prefer to travel to Liverpool under Option B, whilst three (43%) would prefer Birmingham and two (29%) stated that they would travel to Newcastle.

Paediatric cardiac surgical centre selected by parent under Option B

Postcode area	Liverpool	Birmingham	GOSH	Evelina	Newcastle	Bristol	Southampton	Total
Brighton (BN)	-	-	2 (22%)	5 (56%)	-	-	2 (22%)	9 (100%)
Coventry (CV)	-	12 (86%)	1 (7%)	1 (7%)	-	-	-	14 (100%)
Doncaster (DN)	2 (29%)	3 (43%)	-	-	2 (29%)	-	-	7 (100%)
Dorchester (DT)	-	-	-	-	-	-	3 (100%)	3 (100%)
Guildford (GU)	-	-	9 (64%)	2 (14%)	-	-	3 (21%)	14 (100%)
Hemel Hempstead (HP)	-	-	1 (50%)	1 (50%)	-	-	-	2 (100%)
Hull (HU)	1 (25%)	-	-	-	3 (75%)	-	-	4 (100%)
Leeds (LS)	3 (100%)	-	-	-	-	-	-	3 (100%)
Nottingham (NG)	-	12 (92%)	-	-	1 (8%)	-	-	13 (100%)
Oxford (OX)	-	-	2 (50%)	-	-	-	2 (50%)	4 (100%)
Peterborough (PE)	-	2 (40%)	3 (60%)	-	-	-	-	5 (100%)
Reading (RG)	-	-	2 (40%)	1 (20%)	-	-	2 (40%)	5 (100%)
Redhill (RH)	-	-	2 (29%)	5 (71%)	-	-	-	7 (100%)
Sheffield (S)	3 (38%)	3 (38%)	1 (13%)	-	1 (13%)	-	-	8 (100%)
Slough (SL)	-	-	1 (33%)	1 (33%)	-	-	1 (33%)	3 (100%)
Wakefield (WF)	3 (100%)	-	-	-	-	-	-	3 (100%)

Source: PwC survey of parents

Under Option C, the research showed that parents in 12 of the 22 postcodes selected the centres which would be expected under S&S...

- In 12 of the 22 postcode areas (BD, BN, HD, HP, HR, HX, LN, OX, RG, RH, SL and WR), parents selected the centres which would be expected under S&S. For the remaining 10 this was not the case and the exceptions to this are highlighted in red in the table below.
- For example, of the 13 respondents from Nottingham, 12 (92%) indicated that they would prefer to travel to Birmingham under Option C, whilst one (8%) stated that they would prefer to travel to Newcastle.

Paediatric cardiac surgical centre selected by parent under Option C

Postcode area	Liverpool	Birmingham	GOSH	Evelina	Newcastle	Bristol	Total
Coventry (CV)	-	12 (86%)	-	2 (14%)	-	-	14 (100%)
Doncaster (DN)	2 (29%)	3 (43%)	-	-	2 (29%)	-	7 (100%)
Dorchester (DT)	-	-	1 (33%)	1 (33%)	-	1 (33%)	3 (100%)
Guildford (GU)	-	1 (8%)	9 (69%)	3 (23%)	-	-	13 (100%)
Hull (HU)	1 (25%)	-	-	-	3 (75%)	-	4 (100%)
Leeds (LS)	3 (100%)	-	-	-	-	-	3 (100%)
Nottingham (NG)	-	12 (92%)	-	-	1 (8%)	-	13 (100%)
Peterborough (PE)	-	2 (40%)	3 (60%)	-	-	-	5 (100%)
Sheffield (S)	3 (38%)	3 (38%)	1 (13%)	-	1 (13%)	-	8 (100%)
Wakefield (WF)	3 (100%)	-	-	-	-	-	3 (100%)

Source: PwC survey of parents

n=113

Under Option D, the research showed that parents in 16 of the 22 postcodes selected the centres which would be expected under S&S...

- In 16 of the 22 postcode areas (BD, BN, HD, HP, HR, HU, HX, LN, LS, OX, RG, RH, S, SL, WF and WR), parents selected the centres which would be expected under S&S. For the remaining six this was not the case and the exceptions to this are highlighted in red in the table below.
- For example, of the five respondents from Peterborough, two (40%) indicated that they would prefer to travel to Birmingham under Option D, whilst three (60%) stated that they would prefer to travel to GOSH.

Paediatric cardiac surgical centre selected by parent under Option C

Postcode area	Liverpool	Birmingham	GOSH	Evelina	Leeds	Bristol	Total
Coventry (CV)	1 (7%)	12 (84%)	-	1 (7%)	-	-	14 (100%)
Doncaster (DN)	-	1 (13%)	-	-	7 (88%)	-	8 (100%)
Dorchester (DT)	-	-	1 (33%)	1 (33%)	-	1 (33%)	3 (100%)
Guildford (GU)	-	1 (8%)	9 (69%)	3 (23%)	-	-	13 (100%)
Nottingham (NG)	-	12 (92%)	-	-	1 (8%)	-	13 (100%)
Peterborough (PE)	-	2 (40%)	3 (60%)	-	-	-	5 (100%)

Source: PwC survey of parents

n=133

The factors influencing parental choice of centre under each of the four options were broadly similar to those which influenced choice of current centre...

- Reputation of the centre was the factor which influenced the greatest number of parents for both the current centre and under each of the four options.
- Beyond this, previous experience of using the centre, the surgical team available and travel time all featured in terms of influencing parental choice of the current centre and within each of the options.
- Whilst a recommendation from a GP or other healthcare professional featured in terms of choosing the current centre, this only featured under Option D in fifth place.

“I’ve been to [Hospital A] before and I know how to get there but I have never been to [Hospital B] so it would be a bit more daunting. It would be somewhere new so I would feel easier going to [Hospital A] rather than somewhere I don’t know”.

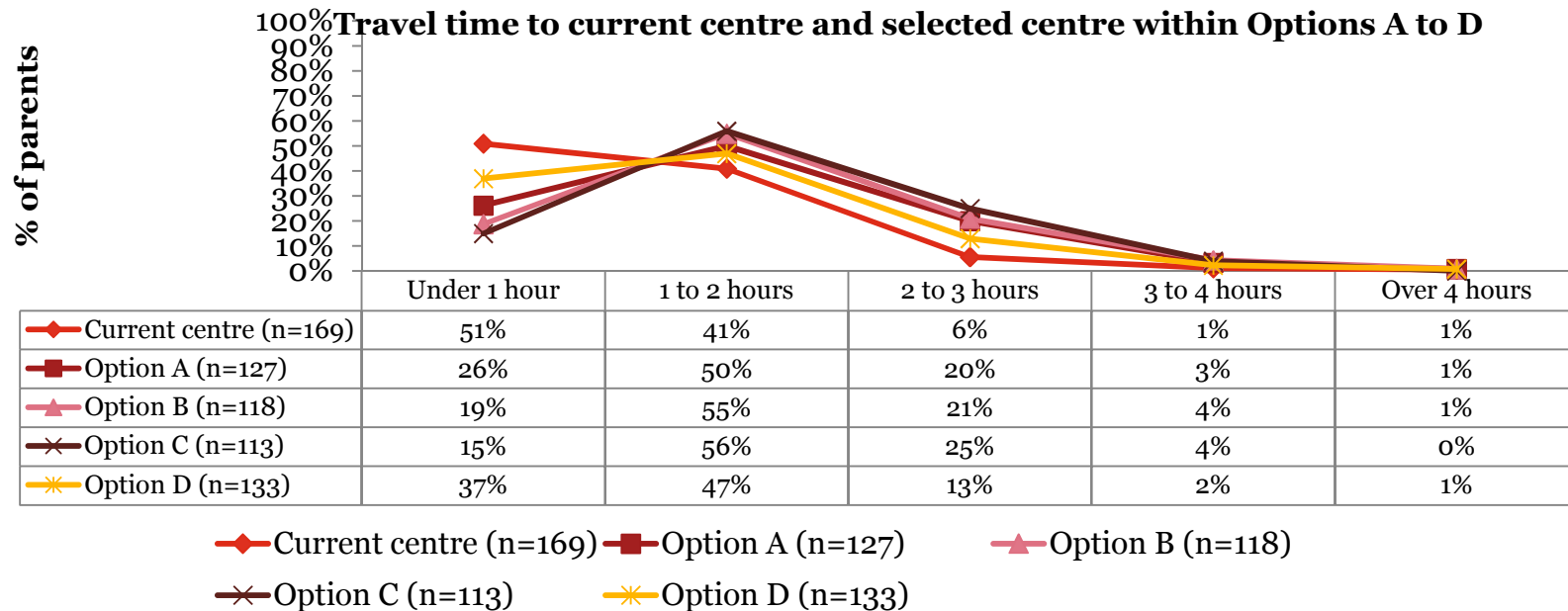
“Geography; it’s the only one within two hours of us”.

	Current centre n = 172	Option A n = 127	Option B n = 118	Option C n = 113	Option D n = 133
1	Reputation of the current centre - 86 (50.0%)	Reputation of the centre - 80 (63.0%)	Reputation of the centre - 70 (59.3%)	Reputation of the centre - 69 (61.1%)	Reputation of the centre - 77 (57.9%)
2	Recommendation from a GP or other healthcare professional - 79 (45.9%)	Previous experience of using this centre - 61 (48.0%)	The surgical team available - 54 (45.8%)	Travel time - 51 (45.1%)	Previous experience of using this centre - 68 (51.1%)
3	The surgical team available - 74 (43.0%)	The surgical team available - 61 (48.0%)	Previous experience of using this centre - 53 (44.9%)	The surgical team available - 50 (44.2%)	The surgical team available - 66 (49.6%)
4	Travel time - 49 (28.5%)	Travel time - 50 (39.4%)	Travel time - 52 (44.1%)	Previous experience of using this centre - 48 (42.5%)	Travel time - 57 (42.9%)
5	Previous experience of using this centre - 24 (14.0%)	Ease of access – motorway network - 16 (12.6%)	Ease of access – motorway network - 18 (15.3%)	Ease of access – motorway network - 16 (14.2%)	Recommendation from a GP or other healthcare professional - 12 (9.0%)

Source: PwC survey of parents

A greater proportion of parents expected to be travelling for between one and four hours to the centres under the four options than under current arrangements...

- As shown in the graph below, a lower proportion of parents estimated that they would be within one hour of the cardiac centre under each of the options when compared to current arrangements, with the resultant impact that a greater proportion of parents would travel for between one and four hours to reach a centre.
- It should be noted that we did not seek to validate the estimates of travel time which were suggested by parents under each of the options.



Source: PwC survey of parents

A slightly higher proportion of parents wished to access all care at a specialist centre, but few parents indicated that the existence of a network would change their choice of preferred centre...

- Parents were asked to indicate whether they would prefer to have outpatient appointments and ongoing management of care at their preferred centre under each of the four options, or whether they would prefer to receive this care at a more local hospital. The findings from this are detailed below.
- There was most support for local care amongst parents in response to Option C (46.0%) and least support under Option D (39.1%).

	Option A n= 127	Option B n= 118	Option C n= 113	Option D n= 133
Parents who stated that they would prefer to have outpatient appointments and ongoing management of care at a local hospital	56 (44.1%)	51 (43.2%)	52 (46.0%)	52 (39.1%)
Parents who stated that they would prefer to have all care at the specialist centre	67 (52.8%)	59 (50.0%)	54 (47.8%)	70 (52.6%)
Parents who did not indicate where they would prefer their child to receive care	4 (3.1%)	8 (6.8%)	7 (6.2%)	11 (8.3%)
Parents who indicated that the existence of a managed clinical network would change their choice of preferred main centre under this option	6 (4.7%)	7 (5.9%)	7 (6.2%)	6 (4.5%)

Source: PwC survey of parents Please note: not all of the respondents answered the question on managed clinical networks within the survey. Therefore the value of ‘n’ varies for some of the findings.

“It would depend if seeing the same surgeon, if you could see the same surgeon or cardiologist as at the specialist centre then I would go to a local hospital, otherwise I would probably just travel.”

“I would definitely want to continue with the current network arrangement and have the appointments at [Town A] but there needs to be a continuity of care, especially with the consultants.”

“I would choose to have all appointments at the same specialist centre as [child] had a complicated history and he felt comfortable there. He was not keen to change where he was going for appointments due to the quality of care he was being given.”

Findings: general public focus groups

- Approach to general public focus groups
- Findings from general public focus groups

Recruitment for general public focus groups

Focus groups Held:	No. of participants
Coventry	9
Brighton	9
Guildford/ Redhill	11
Reading/ Slough	7
Oxford/ Hemel Hempstead	6
Huddersfield/ Halifax	6
Leeds/ Bradford/ Wakefield	11
Nottingham	6
Peterborough	6
Lincoln	5
Doncaster/ Sheffield	12
Hereford/ Worcester	9
Hull/Dorchester*	5
Total	102

** Note that discussions with members of the public in these areas were conducted by telephone.*

- Participants were recruited from across the 22 postcodes identified for further exploration by NSCT.
- In total 102 individuals took part in the focus groups. The numbers of the public recruited per postcode area, were broadly in proportion to the referral levels identified in S&S for the cohort of 22 postcode areas.
- Recruitment criteria sought to get a range of participants from the general public in terms of age, having and not having dependent children, gender and socio-economic background and also from across postcode districts within the overarching postcode areas*.
- The key exclusion criteria applied was personal or family related use of paediatric or adult cardiac surgery services or congenital cardiology or cardiology services.
- Overall, there was broad consensus of findings between those of different ages, genders and socio-economic groups – these findings are described in more detail in the sections that follow.

** Groups were undertaken largely by age band and socio economic group as our experience and that of other Market Research Society accredited organisations (e.g. Discovery Research) has found that if such groups are mixed, participants can be more reluctant to share and voice their true opinions.*

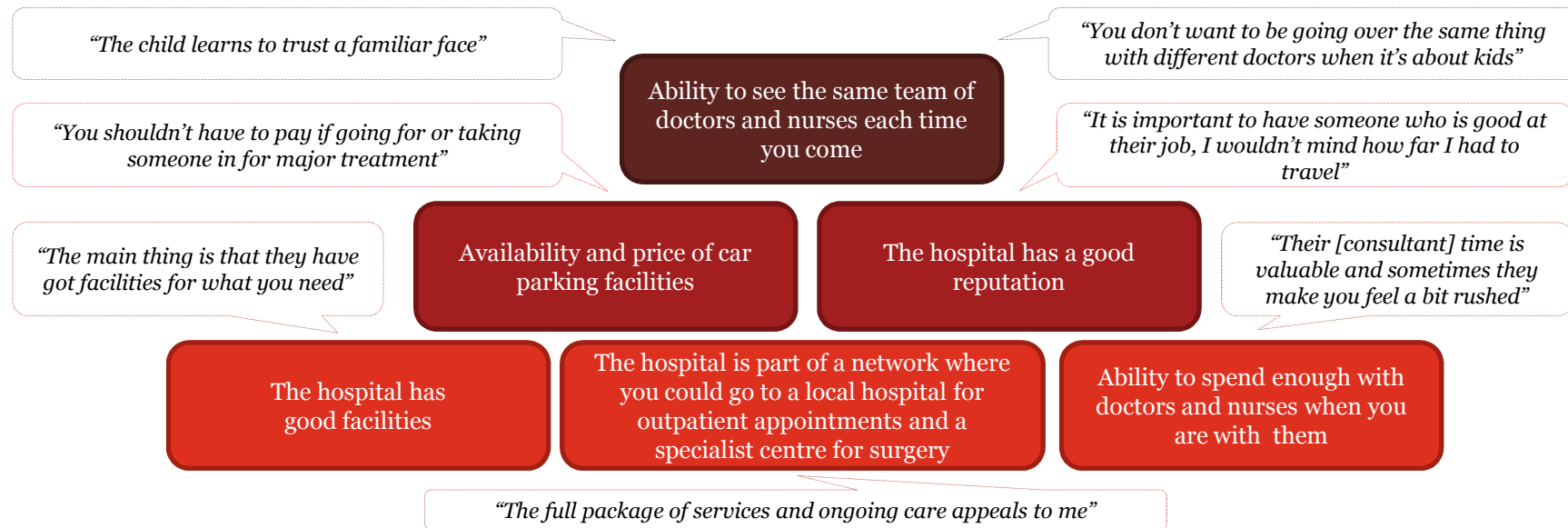
Overview of discussion guide used for focus groups with members of the general public

- The table below provides a summary of the areas discussed with members of the public across the 22 postcode areas considered as part of this study.
- For note, in discussing options with the public (and parents), the surgical centres talked about were as per those specific centres named for Options A – D in S&S (see Appendix).

Section	Description
Introduction and overview	The focus group facilitator provided an overview of the topic to be discussed including key principles of the Safe and Sustainable Review.
Warm-up discussion	Participants were asked to introduce themselves to the group and also indicate the distance they had travelled to the group and their mode of transport.
Existing centres	Views on where participants would travel under the existing arrangements were discussed, to enable comparison with the follow-on discussion of each option.
Options A, B, C and D	Each of the options were discussed in turn, firstly asking participants where they would choose to go, then moving on to discuss whether this was in line with the assumptions made by S&S. Where differences arose, the acceptability of the centres outlined for each postcode area were discussed. Their views on managed clinical networks was also sought.
Exercise - postcards	Participants were asked to note on a postcard any points which they had not mentioned already or the point(s) which they felt most strongly about over the course of the discussion. Participants were also asked to provide ideas on how options could be made more amenable/accessible.

Important factors in accessing specialised health services

- The diagram below shows the six factors (from a list of 13) which were most frequently selected by members of the public when asked to identify the factors which would be most important to them in accessing a specialised health service (such as paediatric cardiac surgery).



- In addition to this, most participants indicated that they would travel to the current centres by car. Less than 10% of participants indicated that they would use public transport to access one of the current centres if travelling for surgery, although nearly 20% stated that they might use public transport when travelling for an outpatient appointment.
- Across all of the postcode areas examined, participants were able to estimate their journey time to one of the current centres or a centre under each of the four options – in each case, the journey times indicated by participants appeared realistic.

Option A

- The table below shows the seven centres which feature in Option A, along with the assumptions that S&S have made for each of the 22 postcode areas, and where patients would potentially flow to. For postcode areas highlighted in **red**, the consensus amongst focus group members was that the S&S centre would not be their preferred choice.
- Focus group participants from five of the 22 postcode areas did not identify centres (Leicester and Newcastle) assumed by S&S to be their chosen centre.
- However, participants from the five postcodes did indicate that although they had preferred alternative centres, if their preferred alternative was not available they would travel to the S&S assumed centre.

Birmingham Hospital	Bristol Royal Hospital	GOSH or Evelina Hospital, London	Glenfield Hospital, Leicester	Alder Hey Hospital, Liverpool	Freeman Hospital, Newcastle
Hereford Worcester	Dorchester Oxford (part) Reading (part)	Brighton Guildford Hemel Hempstead Oxford (part) Reading (part) Redhill Slough	Coventry Doncaster Lincoln Nottingham Peterborough Sheffield	Bradford Halifax Huddersfield	Hull Wakefield Leeds

Option A – Feedback from postcode areas disagreeing with preferred centre NSCT assumptions

Coventry

Assumption: Leicester

Preferred choice: Birmingham

Lincoln

Assumption: Leicester

Preferred choice: Newcastle

Peterborough

Assumption: Leicester

Preferred choice: London

Wakefield

Assumption: Newcastle

Preferred choice: Liverpool

Leeds

Assumption: Newcastle

Preferred choice: Liverpool

Reasons for preferred choice:

- ***Felt to be a “natural flow”*** for example towards Birmingham and Liverpool - people travelling there for shopping or to use airports.
- ***Better transport links for certain centres*** - motorway over ‘A’ class road for Newcastle rather than Leicester.
- ***Reputation or awareness of certain centres*** over others – GOSH and Alder Hey recognised by focus group participants, not the case for Freeman Hospital in Newcastle.
- If considering ***public transport, London preferred*** – express trains to London, whereas less knowledge/information on services to other areas (e.g. Leicester).

Option B

- The table below shows the seven centres which feature in Option B, along with the assumptions that S&S have made for each of the 22 postcode areas, and where patients would potentially flow to. For postcode areas highlighted in **red**, the consensus amongst focus group members was that the S&S centre would not be their preferred choice.
- Focus group participants from nine of the 22 postcode areas did not identify centres (Birmingham, Bristol, Newcastle and Southampton) assumed by S&S to be their chosen centre.
- However, participants from the postcodes mapped to the centres in Birmingham, Bristol and Southampton did indicate that although they had preferred alternative centres, if their preferred alternative was not available they would travel to the S&S assumed centre. There was more reluctance amongst those mapped to the Newcastle centre to travel there.

Birmingham Hospital	Bristol Royal Hospital	GOSH or Evelina Hospital, London	Alder Hey Hospital, Liverpool	Freeman Hospital, Newcastle	Southampton General Hospital
<ul style="list-style-type: none"> • Coventry • Hereford* • Lincoln • Nottingham • Worcester* 	<ul style="list-style-type: none"> • Dorchester • Oxford (part) • Reading (part) 	<ul style="list-style-type: none"> • Hemel Hempstead • Peterborough • Slough 	<ul style="list-style-type: none"> • Bradford • Halifax • Huddersfield 	<ul style="list-style-type: none"> • Doncaster • Hull • Leeds • Sheffield • Wakefield 	<ul style="list-style-type: none"> • Brighton • Guildford • Oxford (part) • Reading (part) • Redhill

Option B – Feedback from postcode areas disagreeing with preferred centre NSCT assumptions

<p>Brighton <i>Assumption: Southampton</i> <i>Preferred choice: London</i></p>	<p>Lincoln <i>Assumption: Birmingham</i> <i>Preferred choice: Newcastle</i></p>
<p>Doncaster <i>Assumption: Newcastle</i> <i>Preferred choice: Birmingham</i></p>	<p>Oxford <i>Assumption: Bristol or Southampton</i> <i>Preferred choice: London or Bristol</i></p>
<p>Hull <i>Assumption: Newcastle</i> <i>Preferred choice: Liverpool or Newcastle</i></p>	<p>Reading <i>Assumption: Bristol or Southampton</i> <i>Preferred choice: London or Bristol</i></p>
<p>Leeds <i>Assumption: Newcastle</i> <i>Preferred choice: Liverpool</i></p>	<p>Sheffield <i>Assumption: Newcastle</i> <i>Preferred choice: Birmingham</i></p>
<p>Wakefield <i>Assumption: Newcastle</i> <i>Preferred choice: Liverpool</i></p>	

Reasons for preferred choice:

- ***Felt to be a “natural flow”*** for example towards Liverpool in the northern postcode areas and towards London for Brighton.
- ***Better transport links for certain centres*** - road network to Birmingham viewed as congested, and roads to London seen as superior than those to Southampton.
- ***Reputation or awareness of certain centres*** over others – GOSH and Alder Hey recognised by focus group participants, not the case for Southampton and Newcastle.
- If considering ***public transport, London preferred*** – for some travelling to Southampton, this meant changing trains in London anyway.

Option C

- The table below shows the six centres which feature in Option C, along with the assumptions that S&S have made for each of the 22 postcode areas, and where patients would potentially flow to. For postcode areas highlighted in **red**, the consensus amongst focus group members was that the S&S centre would not be their preferred choice.
- Focus group participants from six of the 22 postcode areas did not identify centres (Birmingham and Newcastle) assumed by S&S to be their chosen centre.
- However, participants from five of these six postcodes (excluding Lincoln) did indicate that although they had preferred alternative centres, if their preferred alternative was not available they would travel to the S&S assumed centre. There was more reluctance amongst those mapped to the Newcastle centre to travel there.

Birmingham Hospital	Bristol Royal Hospital	GOSH or Evelina Hospital, London	Alder Hey Hospital, Liverpool	Freeman Hospital, Newcastle
<ul style="list-style-type: none"> • Coventry • Hereford* • Lincoln • Nottingham • Worcester* 	<ul style="list-style-type: none"> • Dorchester • Oxford (part) • Reading (part) 	<ul style="list-style-type: none"> • Brighton • Guildford • Hemel Hempstead • Oxford (part) • Peterborough • Reading (part) • Redhill • Slough 	<ul style="list-style-type: none"> • Bradford • Halifax • Huddersfield 	<ul style="list-style-type: none"> • Doncaster • Hull • Leeds • Sheffield • Wakefield

Option C – Feedback from postcode areas disagreeing with preferred centre NSCT assumptions

Doncaster

Assumption: Newcastle

Preferred choice: Birmingham

Hull

Assumption: Newcastle

Preferred choice: Liverpool or Newcastle

Leeds

Assumption: Newcastle

Preferred choice: Liverpool

Lincoln

Assumption: Birmingham

Preferred choice: Newcastle

Sheffield

Assumption: Newcastle

Preferred choice: Birmingham

Wakefield

Assumption: Newcastle

Preferred choice: Liverpool

Reasons for preferred choice:

- ***Felt to be a “natural flow”*** for example few in the northern postcode areas were familiar with the journey to Newcastle.
- ***Better transport links for certain centres*** - road network to Birmingham viewed as congested.
- ***Reputation or awareness of certain centres*** over others – Alder Hey and London centres recognised by focus group participants, not the case for Newcastle.
- If considering ***public transport, Birmingham preferred*** – as transport to Newcastle was viewed as being more expensive.

Option D

- The table below shows the six centres which feature in Option D, along with the assumptions that S&S have made for each of the 22 postcode areas, and where patients would potentially flow to. In this instance, there is only one postcode area (highlighted in **red**) where the consensus amongst focus group members was that the S&S centre was not their preferred choice.
- Only those focus group participants from one of the 22 postcode areas (Nottingham) did not identify centres (Leeds) assumed by S&S to be their chosen centre.
- However, participants from this postcode area did indicate that although they a preferred alternative centre, if their preferred alternative was not available they would travel to the S&S assumed centre.

Birmingham Hospital	Bristol Royal Hospital	GOSH or Evelina Hospital, London	Alder Hey Hospital, Liverpool	Leeds General Infirmary
<ul style="list-style-type: none"> • Coventry • Hereford • Worcester 	<ul style="list-style-type: none"> • Dorchester • Oxford (part) • Reading (part) 	<ul style="list-style-type: none"> • Brighton • Hemel Hempstead • Peterborough • Redhill • Guildford • Oxford (part) • Reading (part) • Slough 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Bradford • Halifax • Huddersfield • Nottingham • Sheffield • Doncaster • Hull • Leeds • Lincoln • Wakefield

Option D – Feedback from postcode areas disagreeing with preferred centre NSCT assumptions

Nottingham

Assumption: Leeds

Preferred choice: Birmingham

Reasons for preferred choice:

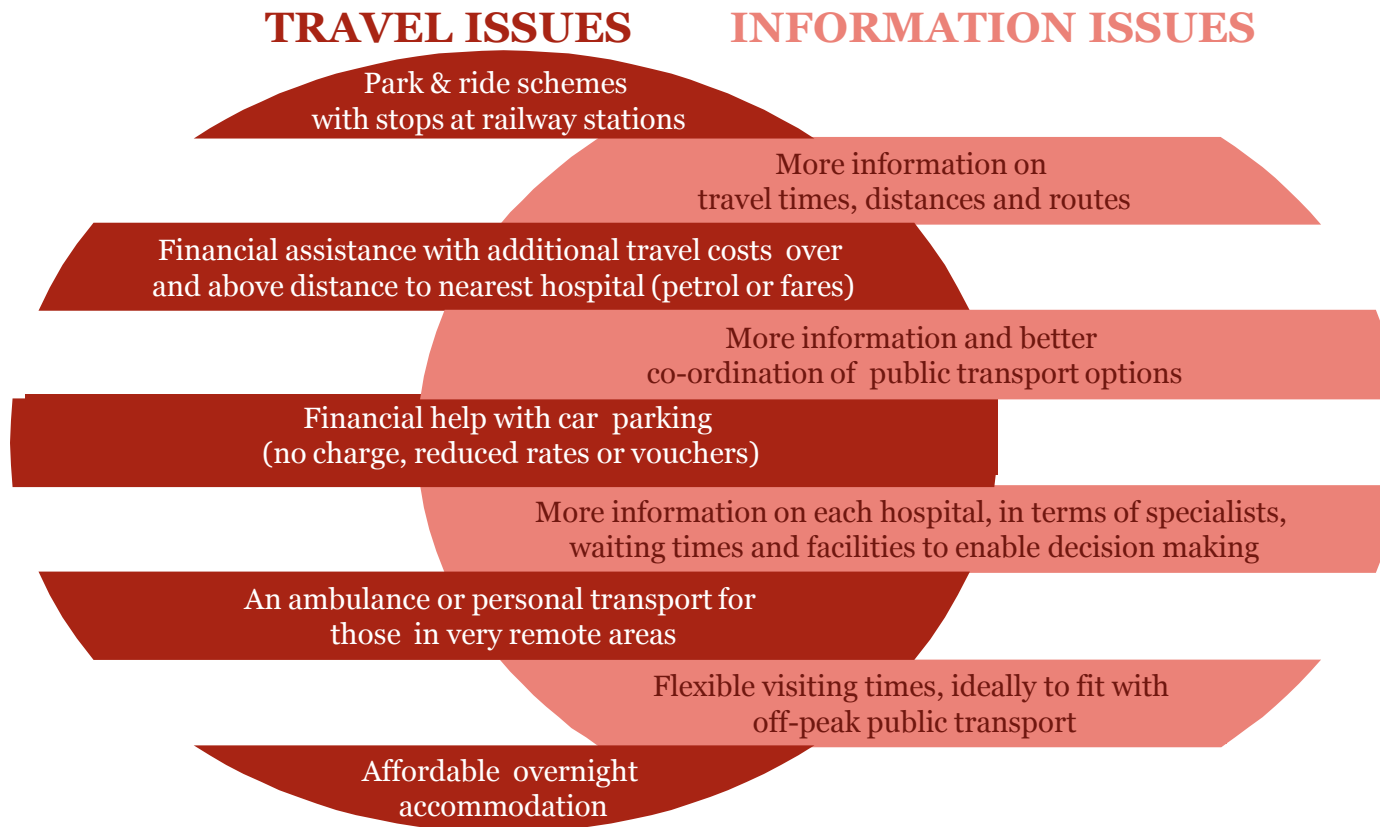
- ***Reputation of certain centres*** over others – Birmingham recognised by focus group participants as a dedicated children’s hospital, not the case for Leeds.
- ***Focus and title of certain centres*** - Concerns that Leeds is known as a Teaching Hospital, and this may mean that service users may encounter a greater number of specialists in training, rather than solely fully qualified staff.

Views from members of the public on the proposed managed clinical network arrangements...

- Overall networks were considered a good idea and participants felt that it was more desirable to have care managed locally rather than travelling to a specialist centre. Participants suggested that these networks should be supported by:
 - Continuity of care, particularly with the team of health professionals that the patient and their family sees, whether at the specialist centre or across the network.
 - Continuous and strong communication between the specialist centre and any local care providers.
 - Technology (such as email and video conferencing) to stay in touch with the specialist centre.
 - The ability to meet the surgeon before surgery takes place, and in some cases for at least one follow-up appointment.
- However, in some instances where participants lived close to one of the current specialist centres, participants stated that they would rather travel to the specialist centre and have their care all in one place. This was due to the travel time being considered reasonable as well as the desire to see the specialist team. For example:
 - Those who lived in Nottingham indicated that they would rather travel to Leicester (under Option A) for all appointments.
 - Those who lived in Huddersfield would rather travel to Leeds (under Option D).
 - Those who lived in Worcester would rather travel to Birmingham (under each of the options).

Ways of making the options more amenable and accessible

- Participants cited a variety of ways to make the options more amenable and accessible, although these could be broadly categorised into the themes of (i) travel issues and (ii) information issues, as shown in the diagram below. Overall, there were differing views on entitlements around accessing services, with a minority stating that they should be entitled to free travel, accommodation and personalised transport within the NHS.



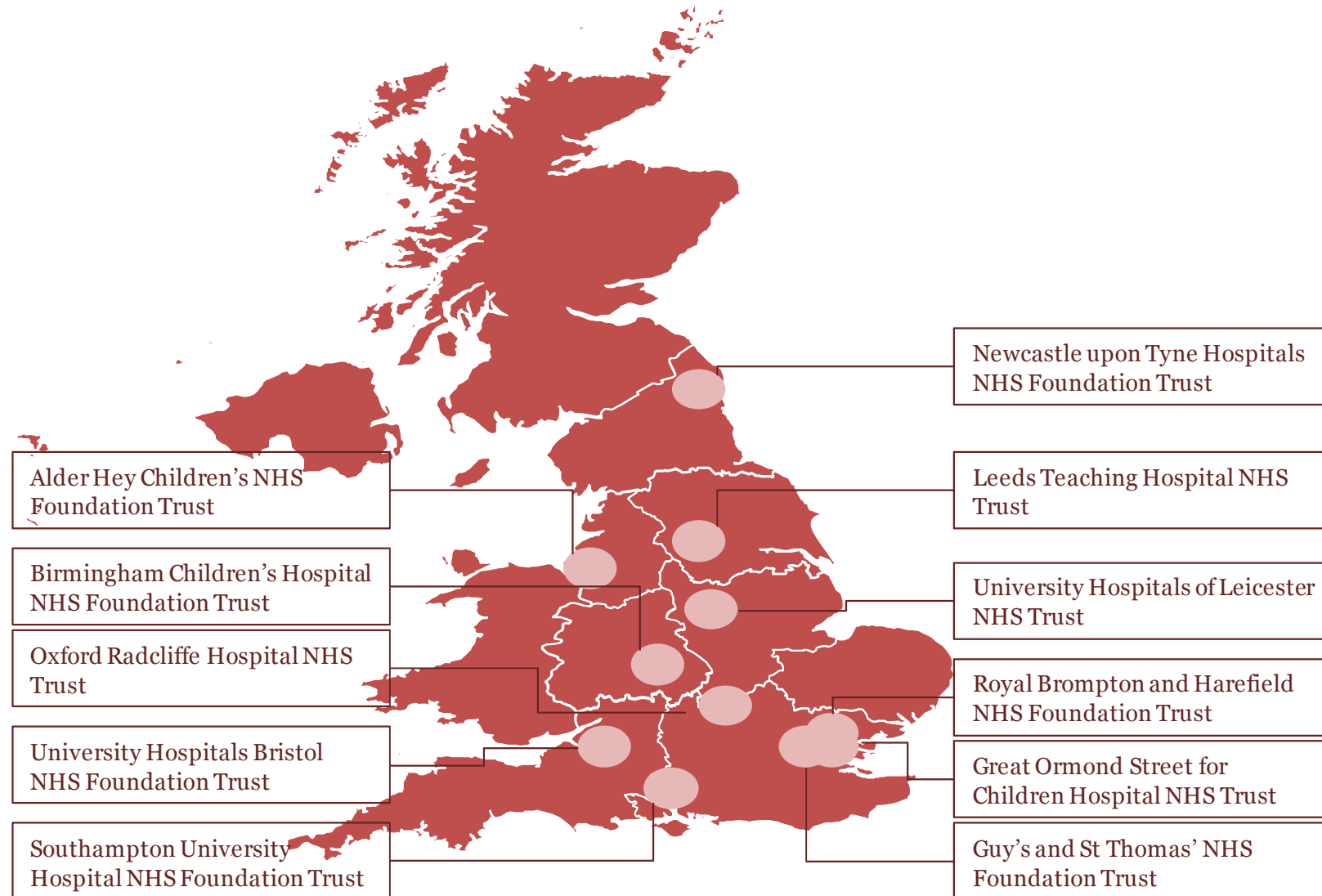
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Appendices

Safe and Sustainable Review - 11 centres focused upon...



Safe and Sustainable Review - Options A, B, C & D and associated centres...

Option A:

Seven surgical centres at:

1. Freeman Hospital, Newcastle (NUTH)
2. Alder Hey Children's Hospital, Liverpool (AH)
3. Glenfield Hospital, Leicester (UHL)
4. Birmingham Children's Hospital (BCH)
5. Bristol Royal Hospital for Children (UHB)
6. Evelina Children's Hospital, London (GSTT)
7. Great Ormond Street Hospital for Children, London (GOSH)

Option C:

Six surgical centres at:

1. Freeman Hospital, Newcastle (NUTH)
2. Alder Hey Children's Hospital, Liverpool (AH)
3. Birmingham Children's Hospital (BCH)
4. Bristol Royal Hospital for Children (UHB)
5. Evelina Children's Hospital, London (GSTT)
6. Great Ormond Street Hospital for Children, London (GOSH)

Option B:

Seven surgical centres at:

1. Freeman Hospital, Newcastle (NUTH)
2. Alder Hey Children's Hospital, Liverpool (AH)
3. Birmingham Children's Hospital (BCH)
4. Bristol Royal Hospital for Children (UHB)
5. Southampton General Hospital (SUH)
6. Evelina Children's Hospital, London (GSTT)
7. Great Ormond Street Hospital for Children, London (GOSH)

Option D:

Six surgical centres at:

1. Leeds General Infirmary (LTH)
 2. Alder Hey Children's Hospital, Liverpool (AH)
 3. Birmingham Children's Hospital (BCH)
 4. Bristol Royal Hospital for Children (UHB)
 5. Evelina Children's Hospital, London (GSTT)
 6. Great Ormond Street Hospital for Children, London (GOSH)
-

Under Option A, the research showed that most parents selected the centres which would be expected under S&S based on the centre which they are currently using...(analysis by current centre attended, rather than parent’s postcode area)

Current centre (below)	AH	BCH	GOSH	GSTT	NUTH	UHB	UHL
Alder Hey Hospital, Liverpool	-	-	-	-	-	-	-
Birmingham Hospital	-	26 (93%)	-	-	-	-	2 (7%)
Great Ormond Street Hospital	-	-	13 (100%)	-	-	-	-
Evelina Hospital, London	-	-	-	14 (100%)	-	-	-
Leeds General Infirmary	12 (43%)	4 (14%)	2 (7%)	1 (4%)	6 (21%)	-	3 (11%)
Freeman Hospital, Newcastle	-	-	-	-	-	-	-
Oxford Radcliffe Hospital	-	-	4 (100%)	-	-	-	-
Royal Brompton Hospital, London	-	-	6 (75%)	2 (25%)	-	-	-
Southampton General Hospital	-	1 (10%)	2 (20%)	5 (50%)	-	2 (20%)	-
Bristol Royal Hospital	-	-	-	-	-	-	-
Glenfield Hospital, Leicester	-	1 (5%)	-	-	-	-	21 (95%)

n = 127

Under Option B, the research showed that most parents selected the centres which would be expected under S&S based on the centre which they are currently using... (analysis by current centre attended, rather than parent's postcode area)

Current centre (below)	AH	BCH	GOSH	GSTT	NUTH	UHB	SUHT
Alder Hey Hospital, Liverpool	-	-	-	-	-	-	-
Birmingham Hospital	-	27 (100%)	-	-	-	-	-
Great Ormond Street Hospital	-	-	11 (100%)	-	-	-	-
Evelina Hospital, London	-	-	-	12 (100%)	-	-	-
Leeds General Infirmary	15 (54%)	5 (18%)	1 (4%)	1 (4%)	6 (21%)	-	-
Freeman Hospital, Newcastle	-	-	-	-	-	-	-
Oxford Radcliffe Hospital	-	-	4 (67%)	-	-	-	2 (33%)
Royal Brompton Hospital, London	-	-	6 (75%)	2 (25%)	-	-	-
Southampton General Hospital	-	-	-	-	-	-	11 (100%)
Bristol Royal Hospital	-	-	-	-	-	-	-
Glenfield Hospital, Leicester	-	11 (73%)	2 (13%)	1 (7%)	1 (7%)	-	-

n = 118

Under Option C, the research showed that most parents selected the centres which would be expected under S&S based on the centre which they are currently using... (analysis by current centre attended, rather than parent's postcode area)

Current centre (below)	AH	BCH	GOSH	GSTT	NUTH	UHB
Alder Hey Hospital, Liverpool	-	-	-	-	-	-
Birmingham Hospital	-	27 (100%)	-	-	-	-
Great Ormond Street Hospital	-	-	11 (100%)	-	-	-
Evelina Hospital, London	-	-	-	11 (100%)	-	-
Leeds General Infirmary	15 (54%)	5 (18%)	1 (4%)	1 (4%)	6 (21%)	-
Freeman Hospital, Newcastle	-	-	-	-	-	-
Oxford Radcliffe Hospital	-	-	4 (100%)	-	-	-
Royal Brompton Hospital, London	-	-	6 (75%)	2 (25%)	-	-
Southampton General Hospital	-	1 (11%)	2 (22%)	4 (44%)	-	2 (22%)
Bristol Royal Hospital	-	-	-	-	-	-
Glenfield Hospital, Leicester	-	11 (73%)	1 (7%)	2 (13%)	1 (7%)	-

Under Option D, the research showed that most parents selected the centres which would be expected under S&S based on the centre which they are currently using... (analysis by current centre attended, rather than parent's postcode area)

Current centre (below)	AH	BCH	GOSH	GSTT	LTH	UHB
Alder Hey Hospital, Liverpool	-	-	-	-	-	-
Birmingham Hospital	-	27 (100%)	-	-	-	-
Great Ormond Street Hospital	-	-	11 (100%)	-	-	-
Evelina Hospital, London	-	-	-	11 (92%)	1 (8%)	-
Leeds General Infirmary	-	-	-	1 (2%)	46 (98%)	-
Freeman Hospital, Newcastle	-	-	-	-	-	-
Oxford Radcliffe Hospital	-	-	4 (100%)	-	-	-
Royal Brompton Hospital, London	-	-	6 (75%)	2 (25%)	-	-
Southampton General Hospital	-	1 (11%)	2 (22%)	4 (44%)	-	2 (22%)
Bristol Royal Hospital	-	-	-	-	-	-
Glenfield Hospital, Leicester	1 (7%)	11 (73%)	1 (7%)	1 (7%)	1 (7%)	-

n = 133

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