

Your Care, Your Future

Access and Patient Experience Panel Report

19 August 2016

Attendees

The expert panel consisted of representatives from both Herts Valleys Clinical Commissioning Group (HVCCG) and West Hertfordshire Hospitals NHS Trust (WHHT), including staffside representatives, as well as patient representatives. A full list of scoring panel members and non-scoring facilitators is provided at Appendix A.

Summary of discussions

Welcome, introduction and overview of session

Juliet Rodgers, Associate Director, Communications and Engagement, HVCCG, welcomed attendees to the event. She outlined some background information about the *Your Care, Your Future* programme, through which more care will be delivered closer to home, and explained that the focus of this session was the future of acute services. Juliet explained that a long list of potential estate options was being considered and that the output from this session would be combined with the outputs from a separate Deliverability Panel in order to identify a short list of options for detailed financial analysis.

Helen Brown, Director of Strategy and Corporate Services for WHHT, explained that each of the estate options being considered are underpinned by the same clinical service model. She acknowledged that there are currently a large number of patients in acute hospitals who don't need to be there but explained that the *Your Care, Your Future* programme is seeking to resolve this problem by making improvements in the provision of step-down beds and home care. The programme has, however, investigated whether 24/7 consultant-led care should be provided at more than one site in West Hertfordshire. A Clinical Model Panel was held in early August to discuss this question and there was strong feeling from clinicians that it would be difficult to sustain. In the agreed clinical service model, emergency and specialised care will therefore be provided from a single acute site, but planned care may be either co-located with emergency and specialised care or provided from a separate site.

Evaluation criteria

Helen Brown described the evaluation criteria and sub-criteria which would be used by the panel to score the estate options:

Criteria	Sub-criteria	Description
Access	Accessibility	The extent to which the option will impact (positively or negatively) on travel times.
Quality and Patient Experience	Modern facilities	The extent to which the option is likely to meet building regulations, provide flexibility for the future and ease of maintenance.

	Workforce attraction and retention	The extent to which the option will lead to working arrangements which will be attractive to staff – and hence a positive impact on recruitment and retention of the workforce.
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She explained that these criteria were based on those used previously in the *Your Care, Your Future* programme and had been amended following discussions at the stakeholder event on 18th July.

Helen explained that the panel would score aspects of the options separately and these scores would be combined later:

- Accessibility scores would be based on the location of the sites in each option, with the scores for the emergency and specialised care site and the planned care site each weighted by the relative volume of activity.
- Modern facilities scores would be based on the build quality of the sites in each option, with the scores for the emergency and specialised care site and the planned care site each weighted by the relative size of the buildings in terms of floor space.

Accessibility

Helen Brown introduced the evaluation exercise for the Accessibility criterion and presented the options which would be considered.

Two options were considered for the location of the Emergency and Specialised Care site and three options were considered for the location of the Planned Care site:

Emergency and Specialised Care	Central greenfield site: Near J20 of M25, close to Kings Langley
	Watford General Hospital site
Planned Care	Central greenfield site: Near J20 of M25, close to Kings Langley
	Watford General Hospital site
	St Albans City Hospital site

Chris Nightingale from PA Consulting outlined the analysis which had been conducted to determine forecast travel times under each option. He explained that the analysis assessed travel times from Lower Layer Super Output Areas (LSOAs) to hospital sites and that LSOAs are geographical areas with consistent population sizes. The analysis therefore takes account of population density. The analysis considered all hospital sites in the local area and assumed patients would travel to the hospital with the lowest travel time, and so the catchment area for each hospital site changes between options. The travel times quoted were the travel times to the hospital with the lowest travel time from each LSOA, rather than the travel times to the hospital site being assessed. Travel times by car and by public transport were considered separately, but travel times by ambulance under blue light were not considered.

The analysis has been based on the current road and public transport infrastructure, so did not take account of the new road or London Underground station at Watford, nor any changes which would potentially be put in place for a greenfield site.

To the extent that the new road and rail infrastructure planned for the Watford General Hospital / Watford Health Campus site this is considered, broadly, to benefit all options equally – this is on the basis that it will improve travel times both into and out of Watford.

Outputs from the analysis

The travel analysis presented showed that average car travel times would be marginally lower if the Emergency and Specialised Care site was located on the Watford General Hospital Site than if it was located on the greenfield site. Public transport travel times would, however, be very similar for both sites.

Emergency and Specialised Care		Watford	Greenfield
Road travel	Average travel time	15 min	19 min
	90 th percentile	22 min	24 min
Public transport	Average travel time	39 min	38 min
	90 th percentile	57 min	57 min

For planned care, the travel analysis presented showed that average car travel times would be very similar if the Planned Care site was located on the Watford General Hospital Site or St Albans City Hospital site, but slightly higher if it was located on the greenfield site. For public transport, travel times would be very similar if the Planned Care site was located on the Watford General Hospital Site or greenfield site, but slightly higher if it was located on the St Albans City Hospital site.

Planned Care		Watford	Greenfield	St Albans
Road travel	Average travel time	16 min	19 min	16 min
	90 th percentile	22 min	24 min	22 min
Public transport	Average travel time	39 min	38 min	43 min
	90 th percentile	57 min	56 min	57 min

Main discussion points

It was noted by patient representatives that the analysis assumed that the majority of patients from Hemel Hempstead and St Albans currently go to Luton and Dunstable University Hospital for emergency care. This is because it has a lower travel time from those areas than to Watford General Hospital. They stated that in fact the majority of those patients would access the Watford General Hospital site. Chris Nightingale explained that these areas are included within the average travel time analysis and that because the difference in travel time between Luton and Dunstable University Hospital and Watford General Hospital from these locations was very small this would be unlikely to impact upon the outputs of the analysis significantly, but that further analysis would be conducted to confirm that this was the case.

NOTE: This analysis has been completed - see additional slides attached to updated data pack. This confirms that 'switching off' all other sites within the model does not change the relative

difference in accessibility to the Greenfield site vs the Watford site; although it does result in marginally longer average travel times for all sites / options.

There was a discussion on potential impact of a move to the greenfield site to the 'catchment' area of the hospital. One of the GP representatives noted that in his view it would not have a significant impact on planned care catchment as the location of outpatients is more material than the local of the actual surgery in determining patient choice. For emergency care it was acknowledged that moving the hospital might result in some residents from the south of the current catchment switching to an alternative hospital site. Ambulance services are required to take patients to the nearest hospital. The data pack shows how flows would change if all patients access their nearest hospital. Patient choice / GP referral patterns are likely to mean that not all activity would switch.

One patient representative queried whether a hospital located in a conurbation would always achieve lower travel times than a central greenfield site because the analysis was weighted by population density. It was noted that given the higher population density to the south of the HVCCG area means that average travel times overall will be lower for Watford than for sites that are further north.

It was noted that travel times to the Watford General Hospital site are likely to improve once the new road and Underground station were complete, but that these improvements would also benefit people travelling from Watford to the greenfield site or St Albans.

After the discussion, panel members were invited to score the two options for the location of the Emergency and Specialised Care site and the three options for the location of the Planned Care site from 1-5 against the Accessibility criterion previously described. The scores are set out in Appendix B.

Modern facilities

Helen Brown introduced the evaluation exercise for the Modern facilities criterion and presented the four options which would be considered:

Build quality	Features
New build (100% new build)	<ul style="list-style-type: none"> • The estate will be optimised for purpose, and will exactly match clinicians' needs (including service adjacencies and spatial arrangements). • Quality of environment will be optimal with views and daylight maximised in the build – and will improve the look and feel for patients and staff. • Clinical, environmental & sustainability standards met – and easier to maintain. • Provides 50% single rooms and four bed bays, all with en suite bathrooms • Providing the best range of facilities including a multi-storey care park in ideal location, and lift numbers.

<p>Redevelop (up to 50% new build)</p>	<ul style="list-style-type: none"> • The estate will be partly optimised for purpose as current building layouts constrain options. • Quality of environment will be almost as good as new build, though layout, views and daylight constrained by “fixed points” (e.g. lifts, staircases). • Clinical, environmental & sustainability standards met in part– maintenance and running costs will be more intensive. • With new build capacity, could provide 50% single rooms and four bed bays. • Provides improved facilities, though constrained by fixed points (entrances, other development work).
<p>Refurbish (up to 20% new build)</p>	<ul style="list-style-type: none"> • The estate will be not be optimised for purpose, as service adjacencies and spatial arrangements will largely remain unchanged. • Small increases in capacity may be possible for example through the use of additional ‘portakabin’ modular buildings • Quality of environment will improve with redecoration, with the aim of creating a better look and feel for the estate. Improvements will be largely cosmetic, with limited opportunity to improve the layout and location of clinical services and wards, or to improve the external environment. • Clinical, environmental & sustainability standards unchanged – though facilities will operate more reliably. • Maintains current six bed bays. • Very little improvement to facilities such as car parks and lifts.
<p>Backlog maintenance (0% new build)</p>	<ul style="list-style-type: none"> • The estate will be not be optimised for purpose, as service adjacencies and spatial arrangements remain unchanged. No increase in capacity. • Quality of environment will improve with redecoration, though much will be “back room” works not visible to the public. • Clinical, environmental & sustainability standards unchanged – though facilities will operate more reliably. • Maintains current six bed bays. • No improvement to facilities such as car parks and lifts.

Main discussion points

Attendees agreed that the new build option was clearly the best option from a quality and patient experience perspective and backlog maintenance only was the worst.

Examples of good redevelopment projects given by attendees included Oxford and Chase Farm.

After the discussion, panel members were invited to score the four build options from 1-5 against the Modern Facilities criterion previously described. The scores are set out in Appendix B.

Workforce attraction and retention

Helen Brown asked the attendees whether there were any considerations other than accessibility and modern facilities which would impact upon workforce attraction and retention. The staff side representatives stated that aspects such as house prices and provision of schools in the local area might also have an impact on workforce attraction and retention – on this basis the greenfield options might be marginally more attractive to staff than the Watford option.

Panel members agreed that the Workforce attraction and retention criterion would not be scored at this panel.

Appendix A: Access and Patient Experience Panel Attendees

Name	Organisation	Panel Role
Juliet Rodgers	Herts Valleys CCG	Non-scoring facilitator
Helen Brown	West Herts Hospitals Trusts	Non-scoring facilitator
Katie Crookbain	PA Consulting	Non-scoring facilitator
Chris Nightingale	PA Consulting	Non-scoring facilitator
Kyle McClelland	Turner & Townsend	Non-scoring facilitator
Trevor Fernandes	Herts Valleys CCG (GP)	Scoring CCG representative
Trudi Mount	Herts Valleys CCG	Scoring CCG representative
Sally Adams	Herts Valleys CCG	Scoring CCG representative
Tim Anfilogoff	Herts Valleys CCG	Scoring CCG representative
Tracey Carter	West Herts Hospitals Trusts	Scoring WHHT representative
Victoria Houghton	West Herts Hospitals Trusts	Scoring staff side representative
Lesley Headland	West Herts Hospitals Trusts	Scoring staff side representative
Helen Clothier	Patient Representative	Scoring patient representative
Kevin Minier	Patient Representative	Scoring patient representative
John Howley	Patient Representative	Scoring patient representative
Colin Barry	Patient Representative	Scoring patient representative
Edith Glatter	Patient Representative	Observer

Appendix B: Access and Patient Experience Panel Scoring Summary

The table below summarises the scores received by each option from the panel.

Panel members have been split into three groups: Trust/CCG representatives, staff side representatives and patient representatives. Each criterion was scored by panel members from 1-5 and the scores given by the panel members in each group have been summed and divided by the number of panel members in the group to give an average score.

The overall average score is calculated by summing the scores given by all panel members and dividing by the number of panel members. As each group consisted of a different number of panel members, this is not the average of the group scores.

Option	Average score by Trust / CGG representatives	Average score by staff side representatives	Average score by patient representatives	Overall average score
Accessibility – Emergency and Specialised Care				
Greenfield	4	4	3	3
Watford	4	3	4	4
Accessibility – Planned care				
Greenfield	3	3	3	3
Watford	4	3	4	4
St Albans	3	3	3	3
Modern facilities				
New build	5	5	5	5
Redevelop	3	3	3	3
Refurbish	2	2	2	2
Backlog only	1	1	1	1

For the Accessibility criterion, it can be seen that all options achieved very similar scores from all groups. Watford was scored slightly more highly overall than the other options considered for the location of both Emergency and Specialised Care and Planned Care, but this view was not consistent across all groups.

For the Modern facilities criterion, it can be seen that the new build option was scored more highly than the other options considered. All groups agreed on the ordering and relative scoring of the options.