

Your Care, Your Future

Stakeholder Panel Report

20 September 2016

Attendees

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

Summary of discussions

Welcome, introduction and overview of session

David Evans, Your Care, Your Future Programme Director, Herts Valleys CCG, welcomed attendees to the event. He confirmed that the purpose of the session was to review the outputs from each of the expert panels held to date and then discuss and agree the short list of estate options which should be taken forward for more detailed financial evaluation, prior to the final preferred option being identified.

Output from expert panels

David Evans and Helen Brown, Director of Strategy and Corporate Services, WHHT, described the options appraisal process, the long list of options considered and the expert panels which had been held to assess them.

The first expert panel was the Clinical Model Panel, which considered the clinical model which would underpin all estate options. Helen Brown confirmed that there had been a strong view from clinicians that all acute in-patient beds should be centralised on the emergency and specialised care site. This was largely due to patient safety – the clinicians felt that patients should only be moved once they are medically stable. She explained that the requirement for acute hospital services would be reduced by the Your Care, Your Future programme which is delivering more care in the community setting. There was a view from a patient representative that the model needs to be built around the staff we currently have.

The output from the Access and Patient Experience Panel was discussed next. One patient representative voiced the view that the travel analysis which had been conducted was flawed because no traffic survey had been conducted. Helen Brown confirmed that the standard NHS process has been used, utilising a nationally recognised model. This was based on travel times to the nearest hospital in each scenario.

Another patient representative asked about the impact of matches at the football stadium, which happen about 20 times a year. There was then a discussion about how a relocation of hospital would impact on the catchment area of the hospital.

There was a further discussion about how the greenfield site was chosen. Helen Brown confirmed that the chosen site was clearly the best of those considered in terms of access and likely planning requirements. The other site that was considered a contender in terms of planning was too far north. A site that is too far north would increase travel times for the Watford and Three Rivers population and is considered likely to lead to increase in patient flows to London hospitals (e.g. from the south of the catchment area). This is based on a standard

NHS planning assumption that patients access their 'nearest' emergency hospital. A patient representative asked why Hemel Hempstead Hospital or St Albans City Hospital were not considered for the main emergency and specialised care site as they are no less suitable as sites than Watford. Helen Brown explained that these sites had previously been ruled out as part of the YCYF SOC process in 2015 and in the previous 'Delivering a Healthier Future' programme that originally took the decision to centralise acute and specialist care to the Watford General Hospital site. Neither site is suitable in terms of land availability, access or supporting infrastructure.

Helen Brown explained that at the Access and Patient Experience Panel all attendees had agreed that best outcome would be new build. Less than that would be a compromise.

A patient representative stated that they thought the engagement survey which had been run was inadequate. Juliet Rodgers explained that expert input and patient input, including from the reader panel, had been received.

The output from the Deliverability Panel was then discussed. A patient representative stated that it should be recognised that there is positive support for the greenfield site and that this should be reflected in the findings. It was agreed that stakeholder support is an issue for both locations.

There was a discussion about asbestos issues and Tim Duggleby, Head of Strategic Development & Compliance for WHHT, confirmed that these are factored into the financial analysis and timescales for refurbishment. There would be a need to deal with asbestos whether or not the Trust was staying on or disposing of land.

A patient representative asked about contamination at the Watford site. Tim Duggleby confirmed that the area affected by contamination is not the hospital land. The hospital land has 'normal' issues associated with a brownfield site having been built on previously.

Proposed short list for detailed financial evaluation

David Evans and Helen Brown described how the scores from the members of all panels had been combined to generate an overall non-financial score for each of the options. Sensitivity testing has been undertaken to review how different weightings impact on the final scores. The process compared equal weightings for each panel vs equal weighting for each sub criteria and showed no significant difference in the outcome depending on the approach used. In the final scores used in the value for money assessment of the options, the outputs from each panel have been weighted equally.

Panel members were asked if anyone had a view on the weighting of the criteria. No specific comments were received on the weighting. Some stakeholders expressed concerns on the scores themselves and the data that had been used to inform panel scoring (e.g. the access modelling and the some of the underpinning assumptions re deliverability of the greenfield site).

David and Helen then went on to describe how the outputs from this assessment had led to the proposed short list of eight options.

There was a discussion on why options involving a new build planned care site on separate site from the emergency and specialised care site had been rejected. Helen explained that if a decision was taken that the planned care facility should be 'new build' then the benefits of co-locating with emergency care (in a separate facility) were such that this would be considered the best option.

The patient representatives agreed with the proposed short list of eight options.

Summary and next steps

David Evans explained that the programme needed to press ahead with the preferred option once agreed and that it would be important for everyone to support the programme if it was to be successful.

There was a question about which organisation would make the final decision about the preferred option. David explained that it was a joint decision between HVCCG and WHHT, with neither being able to impose the decision on the other.

There was then a question about the Sustainability and Transformation Plan (STP) process and how this impacted decision-making. David confirmed that the preferred option or options would be fed into the submission on 21st October and that NHS E and NHS I would also need to approve the preferred option.

A patient representative stated that the proposals would not be able to go ahead if they do not have community support, so it was important that HVCCG and WHHT listen to them. David explained that this process has been presented on a regular basis to Hertfordshire's Health Scrutiny Committee whose role is to take a view on whether it is assured that the process to come to a final decision was robust, inclusive and thorough.

Another patient representative questioned whether it would be best to go to NHS E with a request for a higher amount of money and then settle for less if necessary. David explained that our submission must be credible and we need to make the best possible case we can to secure the appropriate investment in local services.

David and Helen thanked attendees for their time and confirmed the next stakeholder event would be held on 4th October.

Appendix A: Stakeholder Panel Attendees

Name	Organisation	Panel Role
David Evans	Herts Valleys CCG	Facilitator
Juliet Rodgers	Herts Valleys CCG	Facilitator
Helen Brown	West Herts Hospitals Trusts	Facilitator
Tim Duggleby	West Herts Hospitals Trusts	Facilitator
Chris Nightingale	PA Consulting	Facilitator
Sally Adams	Herts Valleys CCG	Panel member
Lesley Headland	West Herts Hospitals Trusts	Panel member
Betty Harris	Patient Representative	Panel member
John Wigley	Patient Representative	Panel member
Caroline Sutherland	Patient Representative	Panel member
Helen Clothier	Patient Representative	Panel member
John Howley	Patient Representative	Panel member
Gordon Yearwood	Patient Representative	Panel member
Ron Glatter	Patient Representative	Panel member
Edie Glatter	Patient Representative	Panel member