

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care (Overview and Scrutiny) Select Committee
Date:	18 September 2018
Title:	Outpatient, X-ray and community midwifery services in Whitehill and Bordon: Reprovision of services from alternative locations
Report From:	Alex Whitfield, Chief Executive Officer, Hampshire Hospitals NHS Foundation Trust

1. Purpose of Report

- 1.1. The purpose of this report is to bring to HASC Hampshire Hospitals NHS Foundation Trust's (HHFT) further recommendations following the original HASC paper in May regarding the proposal for outpatient services delivered in Whitehill and Bordon.
- 1.2. In addition, it outlines the results of the engagement exercise, the CCG's progress on sourcing alternative local provision and HHFT's revised proposals to reprovide services from alternative locations (see section 6).
- 1.3. As outlined in the report to HASC dated 17 May 2018 HHFT no longer feels able to sustain efficient, economically viable outpatient, community midwifery and x-ray services from Chase Community Hospital. This is due to a declining share of outpatient activity; the small number of attendances; the cost of renting space at Chase Community Hospital relative to the activity delivered, and the relative distance of Bordon from HHFT's main sites.
- 1.4. These drivers for change were evidenced in the paper of 17 May 2018 where HHFT proposed a re-provision of the services from alternative locations.
- 1.5. HHFT originally gave notice of its intention to relocate these services to the CCG in February 2018.
- 1.6. In response to the May paper and their concerns, HASC asked HHFT and South Eastern Hampshire CCG to return this report addressing the following:
 - An update on CCG plans for alternative local provision (See section 5)
 - Further analysis of public transport travel times and costs from Bordon to other healthcare delivery locations; (See sections 3 and 4)
 - Evidence of engagement with public, affected patients and GPs and the results of the engagement exercise (See section 4 and the Appendix)
 - The views of local GP referrers (See section 8)
 - Further consideration of the impact on service users (See sections 4, 6 and 7)

2. Contextual Information

- 2.1. Hampshire Hospitals NHS Foundation Trust (HHFT) runs the hospitals in Andover, Basingstoke and Winchester. It also runs outpatient, x-ray and community midwifery in other locations including Alton and Whitehill and Bordon. Outpatient and x-ray services run from Chase Community Hospital. This is also the base for community midwifery team who provide services from the hospital as well as home visits.
- 2.2. Following the May HASC the Community Midwifery service is in the process of transfer to Royal Surrey County Hospital NHS Foundation Trust who are already delivering this service locally.
- 2.3. In 2017/18 the number of outpatient attendances HHFT delivered (regardless of delivery location) for patients registered to one of the Whitehill and Bordon practices was 9,090 or about 1.5% of the Trust total.
- 2.4. In total HHFT delivered 602,457 outpatient attendances across all of our sites during the same period. The activity delivered at the Chase Community Hospital (2,382) therefore represents about 0.39% of the Trust total.
- 2.5. In 2017/18 HHFT received 3,918 referrals from the GP practices in Whitehill and Bordon. For the 9,090 outpatient attendances from these referrals (both new and follow-up), around 74% were seen at our main hospitals or locations other than Whitehill and Bordon. 26% were seen locally in Chase Community Hospital.
- 2.6. The outpatient services currently provided at Whitehill and Bordon are run by medical and nursing staff and clinics are across five main specialties at differing frequencies between Mondays and Fridays. X-ray (plain film only) is provided across two sessions held on Mondays and Thursdays.
- 2.7. The table below shows a summary of the outpatient attendances in Whitehill and Bordon in 2017/18 by specialty. This activity represents 1,440 individual patients.

Attendance Type	Clinic Specialty Description	Total attendances (2017/18)
First	Audiological Medicine	64
	Ent	113
	Maxillo-Facial Surgery	43
	Ophthalmology	250
	Orthoptics	55
	Paediatrics	242
First total		767
Follow-up	Audiological Medicine	190
	Ent	102
	Maxillo-Facial Surgery	45
	Ophthalmology	652
	Orthoptics	164
	Paediatrics	462
Follow-up total		1,615
Total number of attendances		2,382

- 2.8. The x-ray service at Chase Community Hospital performed 1,816 examinations 2017/18 for around 1,280 individual patients (some individual patients have multiple x-ray examinations.)
- 2.9. In total over the course of 12 months HHFT typically provide around 167,000 x-ray examinations across all of its sites. The activity delivered at Chase Community Hospital therefore represents about 1% of the Trust total.
- 2.10. HHFT's 'Market Share' (i.e. the percentage of new outpatient appointments for Whitehill and Bordon patients that are provided by HHFT) has fallen. It has fallen to just 22.8% at the end of 2017/18 from 29.2% in 2015/16. Therefore 77% of first outpatient attendances are provided by other Trusts.

3. Transport issues and travel times

- 3.1. Transport for Whitehill and Bordon patients travelling to any healthcare setting is problematic. Whitehill and Bordon patients being treated at any acute hospital site (regardless of the provider) face, in most cases, a long car or bus journey.
- 3.2. Journeys to either Basingstoke or Winchester represent some of the longest amongst all the local hospitals. The transport issues faced by Whitehill and Bordon patients are further discussed in section 4.
- 3.3. The weekday public transport travel times below are taken from Traveline south west journey planner assuming a start point of High Street, Bordon. Only routes using buses have been shown to reflect as much of a 'door to door' travel time as possible although not all bus routes have a stop at the destination hospital. The weekday travel times by car have also been included.

Weekday (one way) Travel Times		Public Transport		Car	
		AM	PM	AM	PM
From Bordon (GU35 0AY) to:	Postcode	Journey time hh:mm		Journey time hh:mm	
Royal Hampshire County Hospital (HHFT)	SO22 5DG	01:42	01:55	00:50	00:55
Basingstoke and North Hampshire Hospital (HHFT)	RG24 9NA	01:55	02:25	00:53	00:45
Alton Community Hospital (HHFT / SHFT)	GU34 1RJ	00:46	00:55	00:19	00:20
Royal Surrey County Hospital (RSCHFT)	GU2 7XX	01:32	01:34	00:48	00:27
Queen Alexandra Hospital (PHT)	PO6 3LY	01:49	02:51	00:43	00:35
Frimley Park Hospital (FHFT)	GU16 7UJ	01:34	01:49	00:50	00:38
Haslemere Community Hospital (RSCHFT and others)	GU27 2BJ	00:48	00:48	00:25	00:26

- 3.4. Alton remains the nearest alternative delivery locations for the outpatient and x-ray services currently provided from Chase Community Hospital. 74% of appointments provided by HHFT for patients registered with a Whitehill and Bordon GP are currently seen in Basingstoke, Alton or Winchester.

- 3.5. Costs of public **transport by bus** are highly variable depending on the passenger. Excluding concessions or where passengers have access to free bus travel, the cost of return bus journeys from Bordon to the bus stops closest to the hospitals listed above range from £7.15 to £14.80.
- 3.6. **Transport by taxi** is expensive and a local company quote in the region of £45 for a one way journey to Basingstoke Hospital from Whitehill and Bordon.
- 3.7. The Whitehill and Bordon **Voluntary Car Service** has non-mandatory suggested contributions and this stands at £23 for a return journey to Basingstoke Hospital.
- 3.8. The CCGs across Hampshire commissions and manages the contract for **NHS-funded non-emergency transport** which is free. However, patients must meet strict eligibility criteria to access the service.
- 3.9. Reported issues with access to transport are also discussed in Section 4

4. The public engagement exercise

- 4.1. HHFT, with support from the CCG, undertook an engagement exercise starting in May 2018. Trust (and, in most cases, CCG) representatives attended face to face meetings with a wide range of local groups and circulated an online survey which was disseminated through local groups, patient clinics at the Chase hospital, via the Trust and CCG website, through their networks and released to the local press.
- 4.2. In addition Alex Whitfield discussed the proposals with Cllrs. Ferris Cowper and Claire Chester as well as attending a meeting with the Senior Management Team of East Hampshire District Council.
- 4.3. The Trust is currently making arrangements to meet with the elected members of East Hampshire District Council and Whitehill and Bordon Town Council.

Results of the Face to Face discussions

- 4.4. HHFT met with a wide range of local community groups to discuss the situation and listen to feedback and concerns. The majority of meetings were also attended by a representative from South Eastern Hampshire CCG.

Date:	Groups Attended:
7 th June	Pinehill PPG
8 th June	Whitehill and Bordon Health & Care Services Stakeholder Board
18 th June	U3A
27 th June	Wednesday @ Whitehill club
27 th June	Carers Network
4 th July	Disability Action Group
5 th July	RVS Lunch club
9 th July	Badgerswood & Forest Surgery PPG
27 th July	Whitehill and Bordon League of Friends

- 4.5. A representative from HHFT also met with a group of local GPs and section 8 summarises their views
- 4.6. During the face to face engagement exercise **five very clear common issues and concerns emerged**: strength of feeling about the Chase Community Hospital and how the community is served; transport issues; the growth in population locally; lack of choice; and that local provision is more important than who provides it. The following is a summary of the feedback expressed through the community engagement meetings.
- 4.7. **Strength of Feeling**: The people of Whitehill and Bordon care passionately about the retention of local services and any proposal to relocate services away from the Chase is seen as a further erosion of local health provision. The Chase is very much viewed as an under-used public asset whose future is of great concern to the population of Whitehill and Bordon.
- 4.8. Although not associated with HHFT, the engagement exercise noted a number of issues that contributed to this feeling. These included the closure of inpatient beds and the uncertainty around the timescales and level of service provision of the proposed new health hub.
- 4.9. **Transport**: Whitehill and Bordon is poorly served and public transport to any hospital site is extremely difficult involving lengthy journeys and bus changes.
- 4.10. Getting to any acute hospital by public transport is difficult and not conducive to flexible appointment times or those with special travel needs. Any additional requirement to travel to alternative sites would put pressure on existing travel options. Volunteer car services, for instance, already feel under great pressure where volunteers are already in short supply. A trip to the hospital in Basingstoke lasts at least four hours and often longer and removes a driver from local journeys. Transport and travel times and costs are outlined in section 3.
- 4.11. **Whitehill and Bordon is growing**: It is felt that the issue that HHFT faces of reduced referrals and small numbers attending local clinics could be a short term problem given the expanding population of Whitehill and Bordon.
- 4.12. **Lack of Choice**: On top of the proposed relocation having an immediate impact on choice, patients do not feel as if they are given the choice to attend the Chase where provision exists. This issue was common to all the services at the Chase, not just those provided by HHFT.
- 4.13. **Local provision is more important than who provides it**: Attendees felt strongly that local provision was most important. If HHFT relocates services then it is essential that the CCG finds alternative local provision. Only a proportion of those we spoke to saw HHFT as their local hospital. The survey results support both of these conclusions.

Results of the Survey

- 4.14. The survey findings are included as Appendix 1 to this report. There were 452 respondents and the key findings of the survey were as follows:
- 4.15. That the majority of respondents (54%) consider Royal Surrey County Hospital to be their main District General Hospital (DGH) with around 30% of respondents considering Basingstoke and North Hampshire Hospital (HHFT) to be their local DGH.
- 4.16. Around 45% of respondents found their journeys to their chosen DGH difficult or very difficult. And around 18% consider the journey to Alton difficult or very difficult.

- 4.17. That being seen in a location that was local to them was an extremely important factor in accessing health care. This is confirmed by the result that around 80% of respondents would not choose to travel more than 20 miles to access their healthcare.
- 4.18. That 76% of respondents drive their own car when accessing healthcare
- 4.19. That 88% of respondents would approve or strongly approve of the same service being provided by another provider.
- 4.20. Appendix 1 also contains a sample of verbatim comments made by the survey respondents.

Summary of other engagement meetings

- 4.21. The following issues were raised in discussions with councillors and officers of East Hampshire District Council.
- 4.22. That although concerned about the provision of local health care, the proposed health hub will be beneficial and that local authorities were very supportive of it containing a number of key health services
- 4.23. That they remain concerned about our decision but understand HHFT's position. Nonetheless HHFT should continue work with the commissioners and potential alternative providers to minimise impact.

5. Progress on securing alternative provision (Provided by South Eastern Hampshire CCG)

- 5.1. South Eastern Hampshire CCG has been considering alternative arrangements for the services provided by HHFT at Chase Community Hospital. This has included meetings and discussions with potential alternative providers including Care UK, Royal Surrey County Hospital (RSCH) and Portsmouth Hospitals NHS Trust. HHFT has fully supported these discussions providing detailed information on clinic activity, the types of cases seen and facilities available at the community hospital.
- 5.2. The following tables detail each of the services, the outcome of discussions to date and proposed new arrangements. A table is also included outlining additional or changes to current services for Chase Community Hospital (not provided by HHFT)

Service / Clinic	What does HHFT currently provide in Whitehill and Bordon?	How will this be re-provided by HHFT?	Could a different provider provide this in Whitehill & Bordon?	Will this service move to the new health hub?
ENT	HHFT have provided one clinic a month providing around 230 appointments a year	Patients choosing HHFT as their provider will be offered an appointment at Alton Community Hospital or Basingstoke / Winchester	Discussions are underway between HHFT, RSCH and the CCG regarding RSCH potentially providing this service from a local GP practice. HHFT will not relocate its clinics until the new provider service is in place or March 31, 2019 (whichever is soonest)	This will be discussed with the new provider
Audiology	Around one audiology clinic a week providing around 260 appointments a year	Patients choosing HHFT as their provider will be offered an appointment at Alton Community Hospital or Basingstoke / Winchester	The number of patients using this service is very low so the CCG is seeking clarification about the service provision, for example does it primarily provide battery replacement and repairs which could potentially be provided at another location or by post. HHFT will not relocate its clinics until the new provider service is in place or March 31, 2019 (whichever is soonest)	This will be determined when the service provision is clarified
Maxillo Facial	Just less than one clinic a month seeing around 48 patients a year	Patients choosing HHFT as their provider will be offered an appointment at Alton Community Hospital or Basingstoke / Winchester	Alternative providers have confirmed that the activity is too low to deliver a sustainable service. HHFT will not relocate their service until March 31, 2019	This service will not move to the new health hub

Service / Clinic	What does HHFT currently provide in Whitehill and Bordon?	How will this be re-provided by HHFT?	Could a different provider provide this in Whitehill & Bordon?	Will this service move to the new health hub?
Paediatrics services (general paediatrics, hearing clinics, child development and physiotherapy)	These clinics provide around 20 new and 39 follow-up appointments each month	Patients choosing HHFT as their provider will be offered an appointment at Alton, either in the Community Hospital or a GP practice, or Basingstoke / Winchester	<p>Alternative providers have confirmed that the activity is too low to deliver a sustainable service. HHFT will not relocate their service until March 31, 2019.</p> <p>The CCG and potential alternative providers are discussing the possibility of providing paediatric physiotherapy</p> <p>HHFT will not relocate their service until March 31, 2019</p>	This service will not move to the new health hub
X-Ray	Some x-ray services twice a week seeing about 1,300 patients every year	HHFT x-ray services in Alton are walk-in accessed by GP referral. Patients from Whitehill and Bordon are able to choose this service	<p>Alternative providers have confirmed that the activity is too low to deliver a sustainable service</p> <p>HHFT has proposed it gradually withdraws the service by June 30, 2019 pending certain conditions being met.</p> <p>The CCG will keep diagnostic provision under review as the town develops and will explore opportunities for a service that works across a wider area</p>	This will be included in future discussions

Service / Clinic	What does HHFT currently provide in Whitehill and Bordon?	How will this be re-provided by HHFT?	Could a different provider provide this in Whitehill & Bordon?	Will this service move to the new health hub?
Midwifery	Pre and post-natal care for all local women, although over 80% chose to give birth at Frimley and Surrey hospitals	Where women choose to be referred to HHFT, they will continue to provide care in line with patient choice from their Alton base.	Following the May HASC arrangements have been put in place for RSCH to take over the case load in Whitehill and Bordon including providing pre and post-natal care to the women who chose to give birth with them. This is being provided in the local community. There is a commitment from them to keep the pre and post-natal care local (either at Chase Community Hospital or in GP surgeries)	Yes as it will transfer either from Chase or with the GP services
Ophthalmology	These clinics provide one clinic a week seeing an average of 75 appointments per month	Patients choosing HHFT as their provider will be offered an appointment at Alton, either in the Community Hospital or a GP practice, or Basingstoke / Winchester	RSCH has confirmed with the CCG that it will provide a like for like service from Badgerswood GP practice. HHFT will not relocate its clinics until the new provider service is in place or March 31, 2019 (whichever is soonest)	This will be discussed with RSCH as part of the health hub plans

Additional or changes to current services for Chase Community Hospital (not provided by HHFT)				
Service	How is/has this service been provided?	How has/is this service changed/ changing?	Is the service provided in Whitehill and Bordon	Will this service move to the new health hub?
Physiotherapy	Patients used to travel to Haselemere	Southern Health NHS Foundation Trust now provides this service at Chase Community Hospital	Yes, with the service being provided at Chase Community Hospital	This will relocate to the health hub

Additional or changes to current services for Chase Community Hospital (not provided by HHFT)				
Service	How is/has this service been provided?	How has/is this service changed/ changing?	Is the service provided in Whitehill and Bordon	Will this service move to the new health hub?
Podiatry	Patients used to travel to Haselmere	Solent NHS Trust now provides this service at Chase Community Hospital	Yes, with the service being provided at Chase Community Hospital	This will relocate to the health hub
Phlebotomy	Currently provided at Chase Community Hospital as a bookable service	The CCG is currently procuring a GP led service which will include bookable appointments. This new service will replace the existing service in January 2019 in local GP practices	Yes, with the service being provided in GP practices	Discussions are underway

6. HHFT's revised proposal

6.1. In the light of certain issues HHFT has, in part, revised its proposal.

6.2. In making its revised proposal HHFT recognises and notes the following:

- The considerable issues Whitehill and Bordon residents face in accessing locally-provided healthcare
- The great strength of feeling about local health services at the Chase Community Hospital and in the local area
- The lack of adequate public transport links
- The uncertainties surrounding the future healthcare provision provided by the proposed health hub and what it might contain
- That no health funding is available to replace the x-ray machine
- That alternative providers will need time to build their service

6.3. However, HHFT would also highlight and note the following:

- That the CCG has provided credible plans for reprovision of some of the services

- That HHFT continues to provide services in Whitehill and Bordon that are financially and operationally unsustainable
- That 74% of HHFT attendances by Whitehill and Bordon practices already attend their appointments at Alton, Basingstoke or Winchester
- That around 70% of new outpatient attendances by patients registered with a Whitehill and Bordon GP practice are already provided by other Trusts
- That HHFT gave the CCG notice of its intention to relocate services in February 2018 and we continue to provide services beyond the 6 month notice period that is strictly required

6.4. Taking these points into account HHFT proposes the following:

- 6.5. That for the remaining **outpatient clinics** (Audiology, Ophthalmology (including orthoptics), Maxillo-facial surgery and Paediatrics) it **extends its notice period to more than 12 months**. Therefore these clinics will not relocate until **31st March 2019** or earlier where alternative local provision is in place. HHFT views a 13 month notice period as sufficient time for the CCG to source alternative local provision.
- 6.6. With certain conditions, **X-ray services** will continue to be provided by HHFT **until the end of June 2019**, a full 18 months since notice was given. HHFT also proposes a more gradual transfer going down to one day a week from 1st April 2019.
- 6.7. However, given the occupancy charges levied by NHS Property Services (i.e. HHFT is required to pay for the space when it is not using it) we propose that from 1 January 2019 HHFT is only charged for 2 days per week.
- 6.8. This requires the consent of the CCG who would need to fund the charges of the unused days. This is being considered by the CCG.
- 6.9. If this is not possible then it is with regret that HHFT would also relocate x-ray services from 31st March 2019.
- 6.10. HHFT reiterates its willingness to transfer the x-ray equipment to a new provider at no cost. HHFT is also committed to discussing the transfer of any existing outpatient equipment to smooth the transition and equipment lists have been provided.
- 6.11. Regardless of the proposed reprovision of services patients wishing to do so can continue to be referred to HHFT and will be offered appointments in alternative locations. HHFT will continue to plan to provide the relocated capacity at Alton Community Hospital where possible.

7. Impact on patient choice

- 7.1. The impact on choice was outlined in the May HASC paper. Nonetheless, HHFT still recognises that this proposed change will affect patient choice for around 26% of HHFT's outpatient appointments that are for patients registered with one of the Whitehill and Bordon practices.
- 7.2. This level of impact will continue to be felt while referral patterns remain unchanged and a similar proportion of patients choose to be referred to HHFT or their GPs refer to the Trust.

7.3. However, the full impact on patient choice is variable and includes issues such as whether the service referred to falls within the services where the CCG have commissioned alternative local provision. It also depends on the continuation of existing referral patterns. It is acknowledged that a higher percentage of patients can access services closer to home should more referrals be made to, for instance, Royal Surrey County Hospital. This is something that the GPs have acknowledged.

8. Clinical support

8.1. The plans have been discussed at the Trust's Executive Committee meeting where it was supported by the Chief Medical Officer and Medical Directors

8.2. The plans have also been shared with local GPs and commissioners.

8.3. During engagement with GP practices they report that the reasons why referrals to HHFT have fallen include the opening of the tunnel making journey times to Guildford easier and an increase of other providers working in the local area.

8.4. Nonetheless the GPs remain concerned about the further loss of local provision. However they also recognise the inherent sustainability difficulties caused by GP referrals being shared across the four local acute providers of HHFT, Royal Surrey, QA Portsmouth and Frimley Park. This means that no one acute provider finds it easy to sustain services in Whitehill and Bordon.

8.5. The practices believe that it should be possible to commission alternative local providers. They nonetheless recommend that HHFT align their relocation with alternative providers starting in the local area. HHFT has tried to reflect this in its revised proposal and the GPs are extremely willing to work with the CCG to achieve the best outcomes.

8.6. The practices also recognise that more concerted joint working to direct referrals to fewer acute providers could increase the viability of local services. The proposals of HHFT to relocate and the upcoming health hub plans provide an opportunity to change referral patterns. However, patient choice will continue to take primacy.

9. Progress and next steps

9.1. Pending the views of the HASC HHFT, working closely with CCG, will implement the proposals above to the timescales stated.

9.2. HHFT will continue to work with the CCG, GPs and alternative providers to ensure the transfer of care for those patients who choose not to be referred to HHFT is smooth. This will include organising a smooth transfer of capacity in the local area.

10. Conclusion

10.1. The proposal to re-provide the outpatient and x-ray services from Whitehill and Bordon to alternative locations is made because it is no longer possible for HHFT to provide these services in an efficient and sustainable way. Work has progressed to ensure that re-provision plans are in place and that an extended notice period assists with the transition from one provider to the other.

Appendix 1: Survey Results

RESULTS OF SURVEY REGARDING HHFT SERVICES AT THE CHASE HOSPITAL Whitehill and Bordon Survey undertaken 1 July - 28 August 2018

METHODOLOGY

The online survey was circulated within the Chase Community Hospital and to patients, to community and local groups, via the CCG, a notice issued to the press and publicised on the HHFT website. This survey was supported by face to face meetings with community groups. A printed version was made available on request.

FINDINGS

The total number of respondents was 452. The wording used here paraphrases the question wording and the percentages and the numbers are shown.

Responses to questions

1. Have you been a patient of services run by HHFT at the Chase community hospital in the last 2 years?

Answer Choices	Responses	
Yes	65.71%	297
No	0.00%	0
No	0.44%	2
No	32.08%	145
Don't know	0.88%	4
Prefer not to say	0.88%	4

2. If so, which clinics have you attended?

Audiology	7.99%	27
ENT (ear, nose and throat)	5.03%	17
Maxillo-facial	0.59%	2
Ophthalmology	7.40%	25
Paediatrics	8.88%	30
X-Ray	27.22%	92
Community midwifery	13.61%	46
Don't know	3.85%	13
Prefer not to say	6.51%	22
Other (please specify)	18.93%	64

3. Have you attended clinics not provided by HHFT?

Yes	65.27%	295
No	30.97%	140

Don't know	2.65%	12
Prefer not to say	1.11%	5

4. Do you live in Whitehill and Bordon area?

Yes	90.73%	411
No	7.51%	34
Prefer not to say	1.77%	8

5. What hospitals have you attended in the last 2 years?

Frimley Park Hospital	23.11%	101
Basingstoke and North Hampshire Hospital	40.27%	176
Royal Hampshire County Hospital, Winchester	4.12%	18
Royal Surrey County Hospital	56.52%	247
Alton Community Hospital	32.04%	140
Chase Community Hospital	63.16%	276
Queen Alexandra Hospital, Portsmouth	21.51%	94
Other (please specify)	12.36%	54

6. Which hospital do you consider to be your main District General Hospital?

Frimley Park Hospital	14.29%	65
Basingstoke and North Hampshire Hospital	29.23%	133
Royal Hampshire County Hospital, Winchester	1.32%	6
Royal Surrey County Hospital	54.07%	246
Queen Alexandra Hospital, Portsmouth	11.87%	54
Other (please specify)	1.54%	7

7. How do you rate the journey to your DGH?

Very easy	6.64%	30
Easy	14.38%	65
Neither easy nor difficult	34.51%	156
Difficult	32.52%	147
Very difficult	12.61%	57

8. Thinking about when you have been referred to a hospital consultant, what do you consider the most important factors? Rank 1-5 (1 is most important)

	1		2		3		4		5
Being seen by the right specialist with	52.51 %	13 6	15.44 %	40	6.18%	1 6	10.42%	2 7	15.44%

the right skills/ expertise									
Being seen by the healthcare provider of my choice	9.06%	27	21.14 %	63	20.13%	6 0	13.76%	4 1	35.91%
Being seen in a timely way, with minimum wait for an appointment	10.12 %	26	32.30 %	83	28.79%	7 4	20.62%	5 3	8.17%
A location where there are other hospital services that I may need such as blood tests and x-rays	14.33 %	42	20.14 %	59	24.23%	7 1	30.38%	8 9	10.92%
A location that is local to me	41.46 %	16 5	15.83 %	63	16.08%	6 4	9.80%	3 9	16.83%

9. How far do you consider travelling for hospital services, such as outpatients?

Within 10 miles	50.77%	230
10-20 miles	36.20%	164
20-30 miles	10.60%	48
Over 30 miles	2.43%	11

10. Have you/ your relative been offered a choice when you have been referred?

Yes	43.14%	195
No	44.69%	202
Don't know	12.17%	55

11. Which hospitals have you been referred to?

Basingstoke and North Hampshire Hospital	38.64%	170
Royal Hampshire County Hospital, Winchester	4.09%	18
Frimley Park Hospital	22.73%	100
Royal Surrey County Hospital	50.91%	224
Alton Community Hospital	20.23%	89
Chase Community Hospital	48.18%	212
Queen Alexandra Hospital, Portsmouth	13.64%	60
Other (please specify)	10.00%	44

12. What form of transport do you use?

Drive my own car	76.65%	348
Driven by taxi	1.54%	7
Driven by volunteer driver/ friend or relative	27.97%	127

Driven by patient transport	1.32%	6
Bus	11.01%	50
Walk	8.15%	37
Other (please specify)	5.73%	26

13. How do you rate the journey to your DGH?

Very easy	6.67%	30
Easy	16.00%	72
Neither easy nor difficult	38.00%	171
Difficult	30.89%	139
Very difficult	10.22%	46
Please describe why		136

14. If you travel to Alton community hospital, how you rate the journey to Alton?

Very easy	13.13%	55
Easy	32.46%	136
Neither easy nor difficult	37.95%	159
Difficult	13.13%	55
Very difficult	4.53%	19

15. If it is possible for the same service to be provided but by a different provider, how would you view this?

Strongly approve	45.68%	206
Approve	33.26%	150
Neither approve nor disapprove	17.07%	77
Disapprove	3.33%	15
Strongly disapprove	0.67%	3

16. Any other issues relating to travel we should consider?

There were 323 responses to this question. The main and most often repeated themes were:

- Difficulty in travel to any other hospital location
- Poor public transport, with limited bus times
- Cost of travel
- Difficulty travelling to and parking at other hospitals
- Growth of population in the area and concern about need for increased health services locally
- Impact of difficult transport on the elderly, those with certain conditions and those needing childcare

Sample of verbatim comments:

“The public transport to/from Bordon isn't as frequent and accessible as would be desired to meet appointment times.”

“The routes to/from other hospitals are not easy.”

“Whitehill has poor public transport and it is expensive, especially on a pension. It is difficult for young families to get to Basingstoke. More clinics should be offered at the Chase. Let people from Alton and Petersfield travel to the Chase.”

“Do another survey. This one does not allow you to mark important things. I want to see a competent physician close to home but can't mark that so your results will be skewed.”

“Bordon is being extended as an Eco town without the need to travel and sustainable transport modes. Full consideration should be given to ensuring this policy is adhered to. Bordon was promised improved health services in keeping with the promoted eco standards. Small houses with no parking cannot rely on car journeys.”

“Difficult to get to Alton hospital particularly morning. Lots of traffic and roadworks.”

“We are in a small town and buses are hourly from Monday to Friday the days I have had to get taxis to hospitals they have cost £50-£60 each way I don't have the money to afford this and my friends aren't always available to help me”

“For people who cannot drive there is no public transport that is direct. To each hospital you have to change whether it is train to bus or two separate buses”

“Public transport from Bordon to Alton is very, very limited. If you do not have a car you rely on someone giving a lift or taking a day off work to take you to appointment.”

“I am more concerned about the elderly. My mother has dementia and the travel from Bordon to any other hospital is so stressful.”

“As we get older it is more difficult to travel further. Please reconsider retaining local hospitals. With Bordon population expanding we need better and more local health service provision.”

“Being on the border of Hampshire / Surrey the services should share amenities more, being sent to Portsmouth hospital instead of the Royal Surrey just because it's in a different county is ludicrous.”

“Travelling over half hr to a large hospital with expensive parking and needing to do this frequently for myself or family members is expensive and generally involves half a day off work. The appointments I've had at chase have taken five mins to get to parking is free and I'm seen quickly and back to work within the hour, likewise for my children they miss much less school being seen locally”

“Yes public transport from Bordon to Basingstoke is horrendous. Car journey is horrendous too. We are 20mins away from the Royal Surrey yet I had to take a day of work to drive a relative to Basingstoke for a colonoscopy. Terrible journey for someone needing to really be close to a toilet”

17. Any other issues that have not been covered that we should consider?

There were 271 responses to this question. The main and most often repeated themes were:

- Concern about the population growth of the area and its health service provision
- Concern to see the community hospital fully utilised
- Desire to see other services at the Chase such as A&E/ out of hours doctors
- Lack of referral to Chase community hospital
- Concern for the retention of a local hospital / hospital services
- Difficulty in travel elsewhere

Sample of verbatim comments

“The MOST IMPORTANT thing for you to think about is the fact that Chase Hospital is there. You tell us that it is not at present used to its full potential at present BUT 4,500 new houses are being built quite literally just down the road. This will mean an extra 9,000 people plus their families to be catered for. Where will they go? Just think of the time involved travelling around the country not to mention the inconvenience and cost. Chase Hospital is there, spend money on it and update its facilities it will then be used to its full potential. Most likely even more houses will be built increasing the burden on local hospital facilities.”

“With Bordon increasing in size should you not be planning for better facilities now locally rather than moving it out of the community?”

“With a perfectly suitable local facility it would be a tragedy if Chase Hospital is not seen as the way forward. This more so in the future with the current regeneration initiatives.”

“Bordon is a hugely growing town, population will be at least doubled by the time they have finished building all the new houses. We need more medical facilities in the town, not less. Chase Hospital should be extended into a full cottage hospital with more facilities.”

“Increasing population of Whitehill and Bordon. No proposals for aforementioned services to be located at new Health Hub. Removal of services seals the fate of Chase Hospital.”

“The under use of clinics is eg ENT because you only provide one clinic a month which is full but doesn't add up to a lot of people. It's not easy to get to Alton hospital without a car. Basingstoke appointments don't even offer Chase appts sometimes”

“Why are gps not referring to chase hospital some are not even aware that it exists”

“If some services are moved, how long before more are, services such as x-ray and phlebotomy have already been changed to walk-in instead of appointment, how long before these services are completely removed at chase?”

“Out of hours doctors. We do not have much choice and are often sent over an hour away with sick children because the chase isn’t staffed and the royal Surrey cannot be booked due to postcodes!”

“Moving all departments some 9 miles away to Alton would be nonsensical bearing in mind the population in Bordon/Whitehill is to be increased by the end of 2018. This survey via on line is not good enough because not every person has a computer, a printed survey should be posted to every household”

“I have mental health issues if they are removing services it concerns me that we will lose it all together. Transport is a big problem in the area. I can’t drive due to medical issues and hospital transport is not available.”

“Some years ago an emergency out of hours doctor was stationed at the Chase hospital. I don’t know if this is still the case. But making the Chase into an out of hours doctors seems to make sense it has the space. Also minor A&E would serve its population well and take away some of the pressure on larger A&E. It is a relatively new facility and one that should not be lost, but added to. Particularly as Bordon is a so called - Health Town.”

“Closure of Xray in Chase would mean a long journey for a simple Xray. Cost of travel may be less for Basingstoke but the total cost to the patients would be immense. Nothing we say will make any difference to your decision anyway.”

Demographics of respondents

Patient	70.56%	254
Carer	3.33%	12
Parent/ guardian	19.44%	70
Prefer not to say	3.61%	13
Other (please specify)	3.06%	11

Age

0-16 years old	0.55%	2
17-24 years old	3.58%	13
25-44 years old	40.22%	146
45-64 years old	39.12%	142
65-79 years old	13.77%	50
80+ years old	1.93%	7
Prefer not to	0.83%	3

say		
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Gender

Male	19.01%	69
Female	80.17%	291
Transgender	0.00%	0
Prefer not to say	0.83%	3

Disability

Yes	10.50%	38
No	85.91%	311
Don't know	0.55%	2
Prefer not to say	3.04%	11

Ethnicity

White: English/ Welsh/ Scottish/ Northern Irish/ British	90.41%	330
White Irish	1.37%	5
White: Gypsy or Irish Traveller	0.82%	3
Other white background	2.74%	10
Black British: African	0.27%	1
Black British: Caribbean	0.00%	0
Any other black/ African/ Caribbean background	0.27%	1
Arab	0.00%	0
Asian or Asian British: Indian	0.27%	1
Asian or Asian British: Pakistani	0.00%	0
Asian or Asian British: Bangladeshi	0.00%	0
Asian or Asian British: Chinese	0.27%	1
Other Asian background	0.55%	2
Mixed: White and Black Caribbean	0.27%	1
Mixed: White and Black African	0.27%	1
Mixed: White and Asian	0.00%	0
Any other mixed/multiple ethnic background	0.55%	2
Prefer not to say	1.64%	6
Other (please specify)	0.27%	1

ENDS.