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To Board members of the CCG

Healthwatch Southampton

Comments on the Bitterne Walk-In Service consultation

Healthwatch Southampton Involvement

Healthwatch Southampton agreed to work with the CCG in order to ensure that the citizens of Southampton and others affected by the proposal could have an effective voice in the consultation and to verify and comment on the processes and procedures used.

Our work with the CCG began before the publication of the consultation documents by examining the draft documentation and commenting on it to ensure that it met the guidance on the principles of consultation issued by the cabinet office in 2013. As well as the documentation itself we were careful to ensure that the consultation process also complied.



Documentation

The review of the draft documentation resulted in discussion both by email and face-to-face and led to significant changes especially to the options available to the respondent. Mindful of the principles of consultation, we were particularly keen to ensure that the public were given the opportunity clearly to choose between closure and retention of the service. Regrettably, due to the timetable set for the consultation process, the time allocated to the interaction between the CCG and Healthwatch proved too short. Not all of our suggestions were accepted and we actually proposed a different form of words for the options but in view of the deadline and the fact that this was a considerable improvement on the original, we accepted the options given in the report. We also accept that the CCG were entitled to seek opinions of the consequence of choosing a particular option and would use that information to mitigate the consequences of a particular choice.

We were therefore content that the documentation as produced, although not including all our suggestions, was an acceptable document and conformed to the guidance. We therefore promoted the consultation on our website and by email to members encouraging them to participate.

The consultation process

It is clear that the CCG went to significant lengths to engage with as many sections of the public as possible, including those groups often considered hard to reach. We attended two of the public meetings and received feedback from some of the focus groups. Understandably, members of the CCG were present at events to present the proposal, answer question and generally inform the audience of the reasons for the preferred option. As far as we can judge adequate and accurate notes were kept at meetings. We also believe that where applicable the meetings were well chaired by an independent person. We consider the process to have been thorough and fair and in line with the guidance.

Healthwatch also wished to have access to all data that would constitute the report and we were given full access as requested. Shortly after the consultation closed members of Healthwatch held a lengthy meeting with representatives of the CCG to discuss the most appropriate way to analyse and report the data. As far as we can judge, the CCG have been completely transparent in allowing us access to this material.



The Report

Regrettably we are disappointed with the report and make the following comments, many of which were made in writing previously to the CCG but not incorporated in the final version:

- The executive summary, and significant parts of the report, do not appropriately reflect the data collected, as it has disproportionate weight put on the process of the consultation rather than the results.
- The executive summary falls far short of what we would expect from a summary. The majority of the executive summary is a statement of the CCG's position as stated in the consultation and not relevant to the results of the consultation. The most important item in the summary should be an opening statement that the clear and overwhelming majority of the public were in favour of keeping the service open. Instead it states that 'it is clear that the walk-in service is seen as a valuable resource in the local community.' This is a very watered down interpretation of the feedback.
- The 'Key Facts' and 'Feedback' leave out an important element viz. that 259 people only completed the feedback form for one option. This shows a weakness in the documentation as the wording of the feedback is 'Option' and thus it is not entirely surprising that a significant proportion of the respondents considered that they were only required to answer one of them. If you make the reasonable assumption that these people would have completed the opposite answer for the opposing option and re-analyse the data the results show that 16.8% agree to the closure of the service; 79.9% disagree; 2.8% don't know and 0.5% gave no response (CCG analysis).
- The data relating to age should make clear that although it is generally true to say that support for closure decreases with age, there is no majority for closure in any age group except possibly in those under 20. The data is given as a Percentage figure with no indication of the actual numbers of respondents. From the data we have, there were just 10 of the 1617 that were under 20. Whereas there were between 152 and 379 in all groups between 30 and 90 and 15 over 90.
- The section entitled 'Public meetings, Focus Groups etc.' contains comments for and against the proposal which are not representative of the numbers and are given nearly equal weight (5 against, 4 for). If there are 9 comments to be used a 7 against/2 for split would be more appropriate.
- We consider that undue weight has been given to the Consult and Challenge Focus group and believe it should be an appendix along with other Focus Groups. The number of attendees was 10 compared to other focus groups not included in the body of the report that had much larger numbers. In an earlier response to this comment the CCG replied:



- *'We believe that the inclusion of these items provides balance in terms of the breadth of the engagement. This is especially relevant to our duties in terms of Equality and Diversity which we need to observe. In addition, this was an area where the HOSP felt that we could do more. Our response to that concern has been to demonstrate that we have been inclusive in our engagement.'*

We reject this reason as many of the other focus groups and other engagement activities serve even better to show that the engagement observed the requirements for equality and diversity and breadth of engagement. We maintain our view that its inclusion in the body of the report is that it is vaguely supportive of closure, albeit with reservations.

- The 'Feedback from Young People.' is interesting but it is difficult to know how to interpret this data as it does not give an indication of the age range of the Young People or the number of people involved. Are these the 10 people under the age of 20 that completed the feedback form?
- For section 4.8 'Feedback from e-mails and letters from the public', the sentence 'The majority of correspondents were opposed to the closure of the Walk-in service' is very weak. It would be more representative of the feedback if it read 'overwhelming majority' or similar phrase and for that statement to be given prominence and placed at the top of the section. The correspondence shows that there is a fair amount of anger at the idea of closure and virtually no support for closure. This is not proportionately represented in the report. There is again a 50/50 split of for/against closure comments in the report which is a very unrepresentative weighting of correspondence received on the issue.

We consider that this document should be scrupulously fair in its reporting. We are extremely disappointed that our attempts to draw our concerns to the attention of the CCG have been largely ignored.

Conclusion

We are fully aware of the four tests for reconfiguration introduced in 2010 as reported in section 3.1 of the report, that you must have concern for the following:

- GP commissioning support
- Patient and public engagement
- Clinical evidence base
- The need to develop patient choice

In order for the Board to make a valid and informed decision, it is important that this report accurately presents the evidence for the patient and public engagement.



Healthwatch accepts that it is up to the Board of the CCG to determine the right course of action when it considers the balance of this against the other criteria.

In conclusion, Healthwatch Southampton considers that the Consultation was thorough and well conducted. Regrettably the report of the consultation is not complete in the analysis of the data and does not adequately reflect the evidence provided by the public of Southampton.

On behalf of the strategy group of Healthwatch Southampton,



H F Dymond MBE

Chair Healthwatch Southampton

CC:

Cllr S Bogle chair HOSP

Mark Pirnie Scrutiny Manager Southampton City Council

Cllr D. Shields chair H&WB B

