

Day Case Surgery Feedback Report



Contents	Page Number
1.0 Executive Summary.....	3
2.0 Introduction.....	3
3.0 Background.....	4
4.0 Overall Aims.....	4
5.0 Methodology.....	4 - 5
6.0 Findings Summary.....	5
6.1 Feedback from in-person public meeting.....	5
6.2 Feedback from online public meeting.....	5 – 6
7.0 Feedback from survey findings.....	6
8.0 Common themes.....	6-8
9.0 Stakeholder responses.....	8 - 12
10.0 Summary of Communications and Engagement Activity.....	12 - 13
11.0 Next Steps.....	14 - 15
12.0 Conclusion.....	15
Appendices.....	16 - 27

1. Executive Summary

- 1.1 When Midland Metropolitan University Hospital opens its doors, we will be delivering care differently across the Trust. The good news is that a lot of the outpatient care, day-case surgery and routine diagnostics will remain at the Sandwell and City Hospital sites, which will also house wards for recovery and rehabilitation.
- 1.2 In preparation for that the Sandwell and West Birmingham NHS Trust Board agreed that changes need to be made to the way several services are provided. This includes the way in which we currently provide day case surgery. The full report presents an overview of the proposed changes and the communications and engagement approach taken and includes detailed information on the views expressed during the ‘formal conversation’ period.
- 1.3 4,735 questions were completed and returned. Of these 4,663 respondents:
- 3,850 (82.56%) were patients/local people
 - 551 (11.82%) were carers or relatives of someone who has used/ is using services currently
 - 92 (1.97%) expressed an interest in the subject matter
 - 21 (0.45%) worked/support a local voluntary/community sector organisation
 - 87 (1.87%) work for the Trust
 - 62 (1.33%) responses were received from people who selected ‘other’
- 1.4 The questionnaire asked people to indicate whether they understood why we are locating certain specialties of day surgery on to a single site and across the 3,667 of people who responded to this question, 1,661 **(45.30%) respondents indicated that they understood.**
- 1.5 From the questionnaire data 414 (16.07%) of respondents agreed with the proposal to locate certain specialties of day surgery on a single site, with 588 (21.65%) of respondents partially agreeing to the proposal.

2.0 Introduction

- 2.1 This report provides an overview of the communications and engagement activity around the proposed changes to day surgery required as part of the delivery of the new Midland Metropolitan University Hospital (MMUH).
- 2.2 The findings will be used to support the on-going redesign process for MMUH and will directly inform changes to day case surgery.
- 2.3 Further information on the new Midland Metropolitan University Hospital and how patients and the public can get involved with the work of the Trust can be found here:
www.swbh.nhs.uk

3. Background

- 3.1 It is difficult to talk about any proposed changes without talking about the new hospital, and this is exactly what the team did. At each event a brief MMUH familiarisation presentation was given to ensure participants were updated around on the progress of the new hospital.

This stimulated a great deal of general interest in the hospital and this is evidence in the feedback collected.

4. Overall Aims

4.1 The overall aims of

patient and public involvement activity were to understand:

- General awareness of the new hospital
- People's understanding of why we are proposing the changes
- People's views on the proposed changes
- Whether they agree or not
- What method of transport they use/d to attend one of our local hospitals?
- What impact the proposed changes might have on them and their family
- How we might support them if we make the changes
- How people want to be communicated with or engaged in the future

4.2 Feedback gained through communications and engagement activities will be considered throughout the design and delivery process.

5. Methodology

5.1 Engaging People in the Formal Conversation

5.1.1 In order to present as rounded and robust set of insights as possible, several connected strands of activity were used to ensure widespread awareness and to gather as much feedback as possible between 7th March and 15th April 2022 (6 weeks).

5.1.2 This includes both qualitative and quantitative methods as follows:

1. Formal presentations to the Birmingham and Sandwell Joint Health Overview and Scrutiny Committee; the Black Country and West Birmingham (BCWB) Provider Collaborative; the BCWB Elective Care Board; the BCWB Strategic Commissioning Committee; the Sandwell and West Birmingham Local Commissioning Boards.
2. In-person engagement event and conversations to allow people the opportunity to hear about the proposed changes to day surgery and familiarise themselves with MMUH. The event was attended by a 100 people from across Sandwell and West Birmingham and was reflective of many of our communities.
3. The Head of Public and Community Engagement and Trust volunteers encouraged and supported patients and family members to complete the questionnaire by undertaking visits to outpatient clinics at Sandwell General Hospital and The Birmingham Treatment Centre.
4. On-line public engagement event to allow people the opportunity to hear about the proposed changes to day surgery and familiarise themselves with MMUH. The event was attended by 25 people from across Sandwell and West Birmingham.
5. Targeted conversations for example through Sandwell Consortium and Chinese Community Centre to ensure that those communities which suffer some of the worse

health inequalities had the opportunity to listen to the proposed changes and comment accordingly.

6. An online survey to collect both qualitative and quantitative feedback from members of the public, current and previous patients, people with caring responsibilities, staff, and other stakeholders. There were 4735 responses to the online survey.
7. A PR and social media campaign widely promoted all the above opportunities for involvement up to and during the 6-week period.

5.1.3 The conversation phase was informed by both the Equality Impact Assessment and detailed data analysis undertaken by our business intelligence team.

6. Findings summary

6.0 Feedback from the Public Meeting

6.1 The meeting was held at the CAP centre, Smethwick on 7th April and was attended by 102 people. Members of the surgical team were present on the day to present the background and context for the change and to answer any questions. It was a positive meeting with no outright concerns about the proposed changes being made. It was clear however, that the new hospital was the focus of peoples questions on the day and not day surgery. This was reflected in the questions which included:

- The opening date of the MMUH
- A welcome team at the entrance of the hospital to guide visitors
- Access for wheelchair users
- Would there be wards at the BTC?
- Will there be more than one A&E?
- What is the location for A&E?
- Number of car park spaces for disabled drivers
- Will Neurosurgery be at MMUH?
- Where will paediatrics and physiotherapy be located?
- Questions regarding new equipment and bariatric patients

6.2 Feedback from the online meeting

6.2.1 To ensure everyone had an opportunity to participant we added in an online meeting, which was held on the 12th April and attended by 25 people. Once again members of the surgical team were present to take people through the background and context for the proposed changes. As with the in person meeting a great deal of the conversation was centred around MMUH. Questions and common themes on the day included:

- When will the new hospital open?
- Where will deaths be referred to when MMUH opens? If Sandwell, this will put additional strain on the service, as this been considered?
- Is the new hospital fully accessible?
- Will there be volunteers available to direct patients to their appointments?
- If there is an emergency, how do I get down from upstairs to ground floor?

- Will there be prayer facilities and are they shared?
- Will there be adequately sized gowns for larger people?
- Will there be bariatric beds and toilet facilities?
- Will the mortuaries remain on all hospital sites?
- What happens if a day case surgery requires overnight stay and they're at one of the treatment centres?
- Where will maternity services be located?

7.0 Feedback from online survey findings

7.1 This section of the report summaries feedback from the online survey which sought feedback from patients, carers, the public, staff, and wider stakeholders on the proposal for day case surgery. In total, 4735 surveys were completed, and postcode data shows respondents were from across our footprint.

7.1 The survey was available both online and in hard copy format and consisted of 16 questions. A short animation promoted the survey, along with a link promoted through our various social media platforms directing people to our website where the conversation document and survey were available.

8.0 Common Themes

8.1 Three questions within the survey gave respondents the opportunity to share what impact the changes might have on them and their families and how we might support them through the change, and any other comments they wished to share with us.

8.2 This section of the report provides a high-level summary of the common themes from the communications and engagement activity. Detailed analysis is included in the appendices at the end of the report.

8.3 Several common themes were identified through qualitative discussions. These themes are summarised below:

8.3.1 Communication and information

- Work with the media more to get the messages out to more people
- More information about what is staying at Sandwell and City hospitals
- More information about the new hospital
- Use plain language to explain changes

8.3.2 Travel and access

- Further away, increase in taxi fare becomes difficult for many local people
- Increase time of family and friends as surgery could be further away – adds more stress
- Improve public transport route to new hospital
- Might result in patients not attending for their appointment

Time and money the biggest issues

As a disabled person. I don't have access to a car or carer. I have to use public transport which can be difficult. I can't always afford taxis as I'm also on benefits. I don't know how to get there on my own, it has taken me 45 minutes to an hour on public transport or £10 in a taxi. I also have a disabled son. This means I have to find someone to escort him while I have treatment.

8.3.3 Workforce

- Can see benefits of having specialities on different site
- Positive change for staff

Day surgery on a single site with concentrate skill and resources which will make treatment outcomes much better. However, patients may have to travel much further, and this will be expensive to travel to and therefore impractical for some people

The logic of staffing one site is obvious, but the logistics of getting there for some may offsets the advantage gained

8.3.4 Better patient care/experience

- Will be easier for patients to access
- Probably cut down on waiting times for patients and easier for relatives who bring and collect patients
- Consistency of care
- Receiving care in the right place is important to me
- Receive quicker treatment
- Shorter waiting times for surgery

Save confusion of which hospital to go to

I am hoping for a shorter waiting time for surgery, and a better recovery time, improve surgical techniques, that will aid improved quality of service and improved overall health, mental well-being and mobility

The use of one site reduces possible patient confusion regarding which site to attend, concentrates expertise in one place and will provide greater service efficiency and is more cost effective.

8.3.5 By far the biggest concern that respondents had was around potential increase in travel time and costs. Almost every additional comment received talked about their concern for the additional travel costs and the distance they may have to travel and the inconvenience on family and friends.

8.3.6 When asked how we might support people. The following themes emerged:

- Better communication and information
- Free transport between hospitals
- Assistance with additional travel/fuel costs
- Free parking
- More flexible care including evenings and weekends
- Clear signage in and around hospitals

8.3.7 The following 6 questions allow us to understand more about the people who responded to the survey. In any engagement activity it is important to reach as many people as possible and allow them the opportunity to respond. Throughout the process the responses to these questions were monitored and used to ensure that the survey reached individuals and communities who might be greater affected by the proposed changes.

9.0 Stakeholder Views

9.1 As an NHS provider we have a responsibility, by law, to ensure that patients and/ or the public are involved in certain decisions that affect the planning and delivery of NHS services. As a broad (and slightly imperfect) rule of thumb, such decisions usually fall under the remit of Section 242 if a service provision is changing *from the service-users perspective*. As an example, if a new service is being planned, or if an existing service changes its opening times or location, then these would almost certainly fall under the remit of Section 242. If appropriate involvement is not undertaken, then Section 242 (commonly known as the "Duty to Involve") provides a legal recourse through which these decisions can be challenged and potentially overturned via a judicial review. While Section 242 has far-reaching implications, it is at heart about embedding good decision-making practice by ensuring that the service-user's point of view is considered when planning or changing services.

9.2 This following section presents an overview of stakeholders engaged and responses given.

9.2.1 Joint Health Overview and Scrutiny Committee (JHOSC)

9.2.3 Overview and Scrutiny helps to ensure local public services are delivered effectively, efficiently and in the best interest of residents. It is an important mechanism through which public accountability can be exercised. The primary role scrutiny is to hold local decisions makers to account and to help improve local services by:

- Reviewing and challenging decisions taken by the council and its partners (e.g., NHS, police)
- Undertaking investigations into services or policy areas which are of interest or concern to people Sandwell and Birmingham

- Making evidence-based recommendations to improve services provided by the council and partner organisations

9.2.4 Scrutiny has wide ranging powers to investigate areas of local interest. To assist investigations scrutiny has the right to access local documents, can question decision takers, call in expert witnesses or hear evidence from other local stakeholders (e.g., residents, businesses or community groups). Investigations are not restricted to council run services, as any area of interest to the local community may be investigated by scrutiny councillors.

9.2.5 The Trust first attended JHOSC in November 2021 and again in February 2022 to share an update around MMUH and the Acute Care Model. The proposed plans for day surgery were discussed as part of that MMUH presentation. At that time JHOSC asked the trust to prepare and implement a public consultation and present the findings of the public consultation to a future JHOSC.

9.3 Black Country and West Birmingham Strategic Commissioning Committee

9.3.1 In a similar way to NHS Providers the Clinical Commissioning Group has a statutory duty in relation to public involvement and consultation.

9.3.2 CCGs have several statutory duties. Section 14Z2 of the NHS Act 2006, as amended by the Health and Social Care Act 2012 - covers the duties in relation to public involvement and consultation by CCGs when commissioning health and care services. Including their responsibility to ensure that arrangements to secure that individual to whom the services are being or may provided are involved (whether by being consulted or provided with information or in other ways).

9.3.3 A report was presented to the Committee outlining proposed allocation of day case surgical activity at Sandwell and West Birmingham Hospitals Trust once the Midland Metropolitan University Hospital (MMUH) opens.

9.3.4 In response to several questions raised, the Trust surgical team representative informed the committee that general surgery is 25% of all surgery carried out. The committee were also advised that theatre sessions have been matched to activity and gave assurance that these will meet the demand with additional sessions being held at MMUH for electives.

9.3.5 Transport was raised a potential concern and the committee were advised that work is being done to look at transport infrastructure and route mapping.

9.3.6 The committee queried whether the reconfiguration outlined would be done within the existing resources. More information on the financial implications for the CCG would be required if this was not the case.

9.3.7 The committee were asked to approve the commencement of a formal conversation with patients and JHOSC in relation to the proposed changes. This was agreed and the committee requested to receive the insights of the formal conversation and associated recommendations for action by the Trust as a result of the formal conversation.

9.3.8 In addition to the key stakeholders above the proposed changes to day surgery were also presented for information to the following partnership meetings for information.

- Acute Care Provider Collaborative
- Black Country and West Birmingham Elective Care Board, and
- Sandwell and West Birmingham Locality Commissioning Boards

9.3.9 Other key stakeholders included the local voluntary, community, social enterprise and faith-based sector. As part of the formal conversation, we informed up to 2,000 local organisations with the assistance of Birmingham Voluntary Services Council and Sandwell Council of Voluntary Organisations and worked with Sandwell Consortium to proactively engage people who's first language was not English and who may experience greater health inequality.

9.4 Sandwell Consortium

9.4.1 We worked closely with Sandwell Consortium throughout the formal conversation period, who gave us access to their members and delivery partners. Many of whom not only handed out surveys on our behalf but ran workshops and smaller focus groups to capture the views of people who use their services and facilities.

9.5 African Caribbean Resource Centre (ACRC)

9.5.1 Thirty-eight participants took part in 2 workshops held over 2 days (25th April and the 27th of April). They were aged between 65 and 84, the majority of which were from the Black or Black British Caribbean communities.

9.5.2 When asked what impact they believe the changes will have on them and their family, friends etc. just under ½ of the participants stated they preferred to have their surgery at Sandwell as their family members lived close by and would be able to provide transport and visit. With other participants stating that City would be their preference, for similar reasons.

9.5.3 Several participants stated that the change in location would be a longer journey via public transport and taxi and would increase cost.

9.5.4 When asked how we might support them through the proposed changes, the following views were captured:

- Understand the layout of the new hospital so that patients and their families new which part of the hospital their day surgery would take place.
- Public transport routes need to be improved to the new hospital.
- Free parking to offset additional travel costs
- Provide a day room/waiting area for relatives, so that the family could stay on site and wait for their relative. Be on hand for emotional support.

9.5.5 Participants expressed the following concerns:

- Worried about day surgery waiting times increasing

- Would the changes bring additional pressure on the trust and if so, would day surgery revert to the original arrangements. Would MMUH be able to increase capacity, or would patients have to travel to the QE?

9.6 Bangladeshi Women's Association (BWA)

9.6.1 Six women from BWA took part in the survey during Ramadan has they felt it was important for their views to be heard.

9.6.2 The women aged between 18 – 84, from Asian – Asian British backgrounds all agreed that the main issue from their perspective was going to be the extended travel time and the cost associated with that. Asked how we might support them they made the following comments:

- Up to date information on changes
- Minimise cancelled surgery's
- Provide some sort of transport between sites

9.6.3 When asked if they had any other comments. They participants spoke of the following:

- Parking is too expensive at hospital
- Not enough parking at Sandwell Hospital
- Distance from car park to entrance at the new hospital needs to be a shorter walk
- Open the new hospital. It is taking too long to build!

9.7.1 Bangladeshi Islamic Centre (BIC)

9.7.2 Twelve members of BIC participated in the conversation during Ramadan. They were aged between 35- 54, from Asian, Asian British backgrounds. When asked what impact they felt it would have on them or their families, they shared the following:

- Positive impact, more professional service, better quality, less waiting times
- Better workforce, more consultants, and les students
- Reduced waiting times
- New hospital easy to get to

9.7.2 When asked what we might do to support them through the change, they made the following suggestions:

9.7.3 Make sure relatives can visit and have somewhere to wait whilst their loved one is in surgery

- Train all staff in cultural awareness and insight
- Make sure that the complaints process is fair and easily accessible
- Make sure separate facilities for males and females
- Access to online check in, to save waiting around
- Patient care needs to be the focus

- Post-surgery care is essential

9.7.4 Finally, when asked if they had any other comments, they wished to share with us, they stated the following:

- Shorten stay in hospital sounds great, as long as people are not being sent home too early
- Make the patient and carer experience a pleasant, focus on the patient
- Allow longer visiting times, especially for serious conditions

10.0 Summary of Communications and Engagement Activities

10.1 Communications and Engagement Plan

10.1.2 The formal conversation around the proposed changes to day surgery was launched on 7th March 2022 and was supported by a communications and engagement plan encourage people to share their views with us. The communications activity signposted to many ways people could get involved and give us their feedback:

- In-person patient and public meeting
- On-line patient and public meeting
- An online Survey
- Freepost survey, enabling people who did not have access to the internet to participate
- 1:1 telephone conversation

10.1.3 A formal conversation document and a short animation were produced to communicate with local people about the proposed plans for day surgery. These information resources were shared with a wide range of stakeholders across Sandwell and West Birmingham.

- Our website hosted a range of information about the new hospital and the proposed changes to day surgery. The short animation we produced to support the engagement process can be found here: https://youtu.be/GiagD_Gj1Qg .
- Conversation Reach

10.1.4 Using social media channels to reach local people has proved particularly successful. As you can see from the screen shots below, we reached over 14,000 people.

Post Details



Sandwell and West Birmingham NHS Trust
Published by Sandwell West-Birmingham Nhs Trust · 17 March

We want to hear YOUR views on proposed changes to where surgery will take place when our super hospital the Midland Met opens.
Go to <https://www.swbh.nhs.uk/get-involved/> to find out more details and then take our survey here: <https://www.surveymonkey.co.uk/r/SWBSurgDC...>
See more

7 likes 39 shares

Like Comment Share

Performance for your post

14104 People reached

85 Likes, comments and shares

1123 Post clicks

48 Clicks to Play | **278** Link clicks | **797** Other Clicks

VIDEO PERFORMANCE

5.8K 3-second video views | **0** 1-minute video views | **0:05** Average minutes viewed

Audience retention

Most of your audience dropped off at the 0:16 mark.

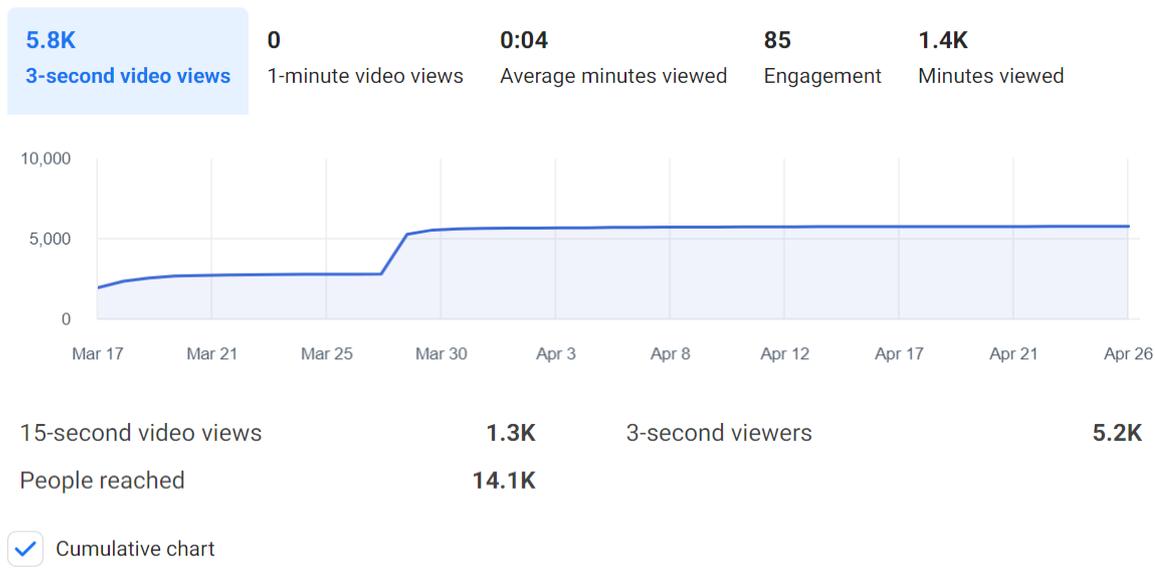
*Only including views over 15 seconds

[View More Video Details](#)

Viewer activity

How the post has performed since being published.

📅 Lifetime ⓘ



10.1.5 A public conversation document explaining the proposed plans was produced and circulated widely across Sandwell General Hospital, City Hospital and through our local networks including local community-based organisations.



SWB_Surgery Day
Case_Digital version.p

- 10.1.6 The invitation to talk to us and complete a survey on the proposed changes to day surgery was sent to and circulated through the 2 voluntary and community sector infrastructure organisations across Sandwell and West Birmingham – Birmingham Voluntary Services Council (BVSC) and Sandwell Council of Voluntary Organisations (SCVO), and through our two local Healthwatch organisations across Sandwell and Birmingham.
- 10.1.7 As a Trust we recognise the importance of the local voluntary, community, social enterprise and faith-based sectors. Many of whom received and circulated the formal conversation document and survey on our behalf and promoted and participated in the online and in-person meetings. Our particular thanks go to these organisations, many of which support local people who experience some of the worst health outcomes and whom have difficulty accessing services.
- 10.1.8 7,700 letters were sent out to current and previous patients who had had day surgery in the past 3 years. These patients were chosen at random.
- 10.1.9 Our Primary Care, Communities and Therapy Team supported the day surgery conversation by sending out a text message to patients registered with Your Health Partnership and our practice in West Birmingham at Heath Street encouraging them to complete the survey online or request a FREEPOST copy. In addition, staff at our connect centre sent out text messages to patients encouraging patients to get involved.
- 10.1.10 Internal communications extended the conversation to over 7,000 staff working at Sandwell and West Birmingham NHS Trust.
- 10.1.11 The tables below summarise the total audience reach, and levels of engagement achieved through our PR approach.

11.0 Next Steps

- 11.1 The insight from the public conversation will be considered by the MMUH Surgical Programme Board and the Clinical Executive Group as well as the MMUH Steering Group as much of the insight and comments refers to generally to the new hospital development.
- 11.2 When asked how we might support people. The following themes emerged:

- Better communication and information
- Free transport between hospitals
- Assistance with additional travel/fuel costs
- Free parking
- More flexible care including evenings and weekends
- Clear signage in and around hospitals

11.3 The MMUH Surgical Programme Board will consider the feedback relevant to their specialty area and explore how to mitigate any associated risks or potential negative impact on our patients caused by the proposed changes.

11.4 Any appropriate findings from the public conversation will then be considered Clinical Leadership Executive and the MMUH Steering Group. After which an implementation plan will be drawn up and that along with the decision and the report findings will be shared formerly with the new Black Country and West Birmingham Integrated Care Board, the Joint Health Overview and Scrutiny Committee and shared widely with all key stakeholders and participants.

11.5 In order to ensure that we communicate the outcome of the conversation, the decision and the rationale behind the decision we will ensure that a 'report back on the formal conversation' and implementation plan is developed to ensure that those people who participated and the wider population are informed of the insight received and the outcome of the formal conversation.

12.0 In Conclusion

12.1 This report presents the findings from the formal public conversation on the proposed changes to day case surgery across Sandwell and West Birmingham Hospitals between 7th March and the 15th of April, ahead of the opening on the Midland Metropolitan University Hospital.

12.2 All the survey responses have been analysed, as have questions and comments captured during the period received by a range of groups and communities and those received by key stakeholders. A representative selection of comments and opinions have been included in the report to illustrate commonly expressed views. The report does not speculate upon the reasons for the views given, other than those stated by respondents, it simply presents a balanced summary of the responses received.

12.3 The formal conversation findings will contribute to the process to decide on the future of day case surgery, along with assessment of affordability and workforce.

12.4 It was very evident from the engagement activity undertaken during the formal conversation that further work needs to be undertaken to ensure that our local population across Sandwell and West Birmingham and beyond are not only aware of the new hospital, but understand what services and facilities will be delivered out of the Midland Metropolitan University Hospital and how to access them, and what will be provided out of the

Birmingham Treatment Centre, Sandwell Treatment Centre and what we will continue to deliver through our community services.

13.0 Appendices

Appendix 1: Survey Responses

Q1. Please tell us about you.

In total, 4663 respondents provided the capacity in which they were responding to the survey providing the following information below.

- 3,850 (82.56%) were patients/local people
 - 551 (11.82%) were carers or relatives to someone who has used/using services currently
 - 92 (1.97%) expressed an interest in the subject matter
 - 21 (0.45%) worked/support a local voluntary/community sector organisation
 - 87 (1.87%) work for the trust
 - 62 (1.33%) responses were received from people who selected 'other'

Q2. The changes proposed in this document are part of our work to deliver the Midland Metropolitan University Hospital. How aware of the new hospital are you? (Please rank 1 to 5, where 1 is no awareness and 5 is fully aware)

In total, 4684 respondents answered the question around awareness of MMUH.

	1 NO AWARENESS	2 LITTLE AWARENESS	3 AVERAGE AWARENESS	4 REASONABLY AWARE	5 FULLY AWARE	TOTAL	WEIGHTED AVERAGE
(No label)	33.35% 1,562	25.19% 1,180	15.95% 747	11.96% 560	13.56% 635	4,684	2.47

Q3. Do you understand why we want to make the proposed changes?

Just short of 29 % of respondents indicated that they understood why we wanted to make changes to day surgery. However, over 71% (3,345) of respondents responded that they did not understand.

ANSWER CHOICES	RESPONSES
Yes	28.91% 1,360
No	71.09% 3,345
TOTAL	4,705

Q4. How can we best keep you informed and involved in our work?

Most respondents preferred email as their choice around information and involvement. Which given the agenda around digital exclusion was quite surprising. Direct mail was also popular amongst respondents, with face to face proving a less favourable option.

ANSWER CHOICES	RESPONSES
Email	71.92% 2,485
Website	24.34% 841
Social Media e.g., Twitter, Facebook, YouTube	24.75% 855
Local newspaper	18.49% 639
Direct Mail e.g., letter	28.68% 991
Local Radio	10.59% 366
Face to Face	12.76% 441
Responses Other (please specify)	5.88% 203
Total Respondents: 3,455	

Q5. To what extent do you agree with the proposals to locate general surgery at one site and Trauma and Orthopaedics at the other site for day surgery?

Respondents were asked to rank their response 1 to 5, where 1 is don't agree, and 5 is fully agree.

	1 DON'T AGREE	2	3	4	5 FULLY AGREE	TOTAL	WEIGHTED AVERAGE
(No label)	21.65% 558	7.14% 184	27.12% 699	16.07% 414	28.02% 722	2,577	3.22

Q7. If you have had day case surgery in the past 3-5 years, how did you travel there?

Most respondents indicated that they travelled by car to day surgery in the past 3-5 years.

ANSWER CHOICES	RESPONSES
Car	61.38% 1,548
Taxi	13.40% 338
Public Transport	14.04% 354
Responses	11.18%

ANSWER CHOICES	RESPONSES
Other (please specify)	282
TOTAL	2,522

Q11. Please tell us your postcode?

The breakdown of postcodes is an appendix to this report.

Q12. What is your ethnic background?

Most respondents described themselves as White British. It is worth noting that a total of 2131 respondents skipped this question.

ANSWER CHOICES	RESPONSES
White - British =	67.45% 1,751
White - any other white background =	2.70% 70
White - Irish =	1.12% 29
Mixed - white/black African =	0.58% 15
Mixed - white/black Caribbean =	1.50% 39
Mixed - white/Asian =	0.89% 23
Any other mixed background =	0.31% 8
Asian or Asian British - Indian =	8.67% 225
Asian or Asian British – Pakistani	2.62% 68
Asian or Asian British - Bangladeshi =	1.54% 40
Black or Black British - Caribbean =	5.32% 138
Black or Black British - African =	1.69% 44
Any other Asian background =	1.43% 37
Any other black background =	0.42% 11
Responses	3.78%

ANSWER CHOICES	RESPONSES
Other (please specify)	98
TOTAL	2,596

Q13. Are you Female or Male?

In total, 2605 respondents answered this question, providing the following information below. Most respondents were from women.

ANSWER CHOICES	RESPONSES
Female	62.03% 1,616
Male	35.32% 920
Transgender	0.27% 7
Prefer not to say	1.80% 47
Responses Other (please specify)	0.58% 15
TOTAL	2,605

Q14. Do you have a disability?

Respondents were asked to state whether they considered themselves to have a disability or not. Most respondents who answered this question, did not consider themselves to have a disability. 2118 people preferred not to answer the question.

ANSWER CHOICES	RESPONSES
Yes	30.83% 807
No	61.65% 1,614
Prefer not to say	7.52% 197
TOTAL	2,618

Q15. What of the following age categories do you fit into?

Respondents were asked to share which age band they fall within, in order to ensure that we captured the views of a cross section of adults. Most people who completed the survey and who were happy to share their age were in the 55 – 64 age band.

ANSWER CHOICES	RESPONSES
17 or under	0.27% 7
18 - 24	1.22% 32
25 - 34	5.69% 149
35 - 44	12.23% 320
45 - 54	19.60% 513
55 - 64	27.05% 708
65 - 74	24.00% 628
75 - 84	8.79% 230
85 plus	1.15% 30
TOTAL	2,617

Q16. What is your religion/faith?

ANSWER CHOICES	RESPONSES
No religion =	24.28% 631
Buddhism =	0.58% 15
Christianity =	53.48% 1,390
Hinduism =	2.04% 53
Jewish =	0.15% 4
Islam =	8.23% 214
Sikhism	5.16% 134
Responses Other (please specify)	6.08% 158
TOTAL	2,599

Appendix 2 – Analysis of level of understanding by Ethnicity

Do you understand why we are locating day case surgery on to a single site response split by Ethnic Backgrounds				
Ethnic Background	Do you understand why we are locating day case surgery on to a single site?			
Row Labels	No	Yes	No Response	Grand Total
Any other Asian background =	26	11		37
Any other black background =	7	4		11
Any other mixed background =	5	3		8
Asian or Asian British - Bangladeshi =	27	13		40
Asian or Asian British - Indian =	145	78	2	225
Asian or Asian British - Pakistani	39	29		68
Black or Black British - African =	35	9		44
Black or Black British - Caribbean =	83	54	1	138
Mixed - white/Asian =	13	10		23
Mixed - white/black African =	7	8		15
Mixed - white/black Caribbean =	19	20		39
Other (please specify)	71	27		98
White - any other white background =	30	40		70
White - British =	859	884	8	1751
White - Irish =	11	17	1	29
Not Specified				
Grand Total	1377	1207	12	2596

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Appendix 3 – Analysis of extent on agreement by Ethnicity

Ethnic Background	To what extent do you agree with the proposals to locate day case surgery on to a single site?						Grand Total
	1 Don't agree	2	3	4	5 Fully Agree	No Response	
Any other Asian background =	4	2	13	6	11	1	37
Any other black background =	1	1	2	1	6		11
Any other mixed background =	1		2	2	3		8
Asian or Asian British - Bangladeshi =	8	1	16	6	8	1	40
Asian or Asian British - Indian =	38	13	62	40	65	7	225
Asian or Asian British - Pakistani	5	3	22	13	22	3	68
Black or Black British - African =	4	4	14	6	13	3	44
Black or Black British - Caribbean =	7	10	46	32	41	2	138
Mixed - white/Asian =	5	1	4	2	11		23
Mixed - white/black African =	2		4	3	6		15
Mixed - white/black Caribbean =	5	1	11	6	15	1	39
Other (please specify)	37	11	18	9	20	3	98
White - any other white background =	14	4	17	14	19	2	70
White - British =	412	131	443	268	463	34	1751
White - Irish =	4		11	4	9	1	29
Not Specified							
Grand Total	547	182	685	412	712	58	2596

Appendix 4 - Analysis of level of understanding by Gender

Do you understand why we are locating day case surgery on to a single site response split by Gender						
Gender	Do you understand why we are locating day case surgery on to a single site?					
Row Labels	No	Yes	No response	Grand Total		
Female	840	768	8	1616		
Male	501	415	4	920		
Other (please specify)	13	2		15		
Prefer not to say	33	14		47		
Transgender	4	3		7		
Not Specified						
Grand Total	1391	1202	12	2605		

Appendix 5 - Analysis of extent on agreement by Gender

Gender	To what extent do you agree with the proposals to locate day case surgery on to a single site?						
Row Labels	1 Don't agree	2	3	4	5 Fully Agree	No response	Grand Total
Female	289	117	451	270	452	37	1616
Male	229	59	222	136	254	20	920
Other (please specify)	8		5		1	1	15
Prefer not to say	20	4	11	4	7	1	47
Transgender	2	2	2	1			7
Not Specified							
Grand Total	548	182	691	411	714	59	2605

Appendix 6 – Analysis of level of understanding by Age

Age Group	Do you understand why we are locating day case surgery on to a single site?			
Row Labels	No	Yes	No response	Grand Total
17 or under =	3	4		7
18 - 24 =	15	17		32
25 - 34 =	89	58	2	149
35 - 44 =	175	145		320
45 - 54 =	264	246	3	513
55 - 64 =	365	341	2	708
65 - 74 =	347	280	1	628
75 - 84 =	119	107	4	230
85 plus	17	13		30
Not Specified				
Grand Total	1394	1211	12	2617

Appendix 7 - Analysis of extent on agreement by Age

Age Group	To what extent do you agree with the proposals to locate day case surgery on to a single site?						
Row Labels	1 Don't agree	2	3	4	5 Fully Agree	No response	Grand Total
17 or under =		1	2	3		1	7
18 - 24 =	6	1	6	7	11	1	32
25 - 34 =	21	13	49	29	33	4	149
35 - 44 =	42	21	98	63	87	9	320
45 - 54 =	97	26	144	78	160	8	513
55 - 64 =	163	50	175	118	189	13	708
65 - 74 =	162	48	161	84	160	13	628
75 - 84 =	50	21	49	28	73	9	230
85 plus	9	2	7	4	6	2	30
Not Specified							
Grand Total	550	183	691	414	719	60	2617

Appendix 8 – This table is showing respondents by ethnicity against their status

Ethnic Background	Status									
Row Labels	Community sector org/group	Carer or relative to someone	Patient/local person	Interest in the service	Work for the trust	Work for/support a local voluntary	Other (please specify)	Used/using these services	No response	Grand Total
Any other Asian background =	1	3	27		1		2	3		37
Any other black background =		1	7	1	1	1				11
Any other mixed background =		1	7							8
Asian or Asian British - Bangladeshi =		2	33	1	1	1	1	1		40
Asian or Asian British - Indian =	1	15	180	6	5		4	10	4	225
Asian or Asian British - Pakistani	1	2	54	3	1			5	2	68
Black or Black British - African =		5	25		4		3	6	1	44

