

Collaborative Executive

Date: 6th October 2025

Agenda item (& enc.): Enc. X (Item X)

TITLE OF REPORT:	Black Country Elective Surgical Hubs - Engagement Report		
PURPOSE OF REPORT:	To provide insight into the views expressed by local public, patients, staff and stakeholders during the elective care engagement period.		
AUTHOR(S) OF REPORT:	Laura Broster, Group Director of Communications (DGFT/ SWB)		
MANAGEMENT LEAD/SIGNED OFF BY:	Sohaib Khalid, BCPC Managing Director		
KEY POINTS:	The following are the key points to note: ▪ A public involvement exercise has been commissioned as part of our requirements in meeting the national service change processes. ▪ Oluvus undertook a range of activities engaging the local population on the BCPC's proposed programme of Clinical Service Transformation. ▪ An "Engagement Report" has been established highlighting the key findings for subsequent action, inclusion and progression. ▪ Some key next steps are identified for consideration, including sharing the outputs with HOSC's and commissioners as required.		
REQUIRED ACTION(S):	The Collaborative Executive are asked to: a) RECEIVE the engagement report from Olovus & NOTE the key findings from the public involvement exercise, outlined in section 2. b) SUPPORT & ENDORSE the proposed mitigating responses to the range of key areas for consideration identified in Appendix A c) APPROVE the range of next steps identified in section 3		
CONFLICTS OF INTEREST:	There are no known areas of conflict between partners regarding the engagement activities.		
DELIVERY OF WHICH BCPC WORK PLAN PRIORITY:	This activity supports a key aspect of the agreed BCPC Clinical Service Transformation programme, and specifically the transformation priority of the BC Elective Hub (Sandwell)		
ACTION REQUIRED:	☐ Assurance ☒ Endorsement / Support ☐ Approval ☐ For Information	REPORT JOURNEY	☐ Partner Trusts ☐ Clinical Network ☐ Clinical Leads Group ☐ Collaborative Executive ☐ Other: _____
Possible implications identified in the paper:			
Financial	Developing services which meet local need will help to improve productivity. This engagement supports the redesign of services which offer improved VFM. There may be some financial implications to deliver the mitigating actions to issues raised in the Public Involvement Exercise.		

Risk Assurance Framework	By undertaking this public Involvement exercise, the BCPC (on behalf of its constituent partners) has managed a possible risk of non-compliance with the national process for service change.
Policy and Legal Obligations	NHS Trusts have a legal duty to involve local people and patients in the development of services.
Health Inequalities	Understanding the barriers to access will help us to reduce health inequalities
Workforce Inequalities	Not Applicable
Governance	Not Applicable
Other Implications (e.g. HR, Estates, IT, Quality)	There are likely to be some operational implications to implementing the mitigating actions from this public involvement exercise.

1. PURPOSE

- 1.1 The Black Country Provider Collaborative ran a six-week engagement exercise to gather views from patients, residents, and stakeholders on:
 - Creating surgical hubs at Sandwell Hospital (general surgery, gynaecology, orthopaedics) and another in the north (orthopaedics).
 - How to use freed-up hospital space for specialist services
- 1.2 This report sets out the key findings, considerations and suggested responses to these and a series of recommendation to move this work forwards.

2. SUMMARY

- 2.1 The Black Country Provider Collaborative (BCPC) commissioned [Olovus](#) to devise and deliver a programme of engagement to seek the views of patients, carers, local people, and other stakeholders on a range of BCPC's proposed ideas about the future of some of its elective care services.
- 2.2 The full report (Attached Enclosure) sets out:
 - Information about the BCPC
 - The drivers for engaging local people in shaping the potential future of some local elective care services
 - The engagement methodology adopted
 - Analysis of feedback gathered from each engagement activity.
- 2.3 In summary, 690 people took part in the engagement period, which ran for six weeks from Mid-June 2025. The activity included surveys, focus groups, stakeholder interviews and targeted community group discussions.
- 2.4 Highlighted below are some of the engagement key findings:
 - a) **Support for surgical hubs**
 - Majority supported hubs if they cut waiting times.
 - **57%** of Black Country residents and **65%** of the targeted Dudley waiting list patients would travel for quicker care.
 - A further **25%** and **18%** would consider it but had travel concerns.
 - b) **Barriers and concerns**
 - Travel and equity issues were the main concerns.
 - Reported barriers included arranging support (37%), travel costs (30%), poor public transport (25%), no personal transport (21%).
 - Concerns were strongest among older adults, deprived areas, those with disabilities, and non-car owners.
 - Strong preference (**86%**) for pre- and post-op care to remain local.
 - Worries about staffing and continuity of care.
 - c) **Use of local hospital space**
 - Strong backing for specialist local services (cancer, cardiac, mental health, diagnostics).
 - 66% rated this "very important," 26% "somewhat important."
 - Benefits were seen as reducing travel and improving efficiency.

d) **Demographics**

- 50% of Black Country residents live in the most deprived 20% of England.
- 25% of households lack a car.
- Higher ethnic diversity in Sandwell, Walsall, Wolverhampton.
- Dudley has older population; many older adults struggle with digital access.

2.5 The public involvement exercise highlighted a range of key issues that the BCPC should consider as part of their transformation efforts, which can be found in Appendix A.

2.6 In short these were of no surprise given the earlier exercise undertaken by the BC ICB in 2024, and include:

- Access to transport
- Communication and information
- Waiting lists
- Support while waiting
- Pre-and post-operative care
- Patient Choice
- Staffing
- Information Systems

2.7 For each of these issues some mitigating actions are suggested / proposed in Appendix A.

3. NEXT STEPS

3.1 With the Public Involvement Exercise now complete there are a range of key next steps requiring progression, which include:

- **Local Action** - the host Trust(s) (in this case DGFT & SWBT) should review, consider and confirm arrangements to address the issues raised through the public involvement exercise
- **Business Case(s)** – the outputs of the Public Involvement exercise should be incorporated into the respective business cases clearly articulating the responses to any concerns raised.
- **Health Scrutiny Committees** – As the public involvement exercise was approved by the HOSC's, the output should be presented to ensure that there is comfort, confidence, and assurance in both the process, outputs and way forward.
- **Commissioners & Regulator** - Share the key findings from the public involvement exercise with both the BC ICB and NHS WM to assure compliance with any service change processes.

3.2 In addition, it is evident that as priorities service transformation develop it will be important to:

- Seek an engagement delivery partner to continue to support the BCPC with independent advice moving forwards.
- Scope out and plan the next phase of public and stakeholder involvement to inform pre-consultation service plans / business cases for:
 - Potential Vascular services consolidation.
 - Potential Breast services consolidation.

- Ensure this work builds on learning from the surgical hub engagement, with a focus on:
 - Early and targeted engagement with seldom-heard groups.
 - Clear communication of service change drivers and benefits.
 - Transparent management of patient concerns around access, equity, and continuity of care.

4. REQUIRED ACTIONS

4.1 The Collaborative Executive is asked to:

- a. **RECEIVE** the engagement report from Olovus & **NOTE** the key findings from the public involvement exercise, outlined in section 2.
- b. **SUPPORT & ENDORSE** the proposed mitigating responses to the range of key areas for consideration identified in Appendix A.
- c. **APPROVE** the range of next steps identified in section 3

Appendix A – Summary of identified issues and proposed mitigating actions

Theme	Issue	Proposed Mitigating Action
Access and transport	Ensure travel is not a barrier by improving patient transport, public transport, and affordable parking. Hubs should be inclusively designed for people with disabilities to reduce anxiety and improve accessibility	- Commission a transport impact assessment for hub sites. - Work with local councils and transport providers to improve routes and timetables. - Explore enhanced patient transport services and car parking concessions. - Apply inclusive design standards to hub facilities
Communication and information	Provide clear, accessible, multi-format information about the hubs, reasons for change, patient choice, transport, and entitlements. Messaging must emphasise patient benefit rather than cost-saving, and reach groups with low digital access or language barriers	- Develop a comprehensive communications plan highlighting patient benefits, not cost savings. - Use multiple formats (letters, texts, website, Easy Read, translations) to reach all groups. - Provide clear patient choice information and support for those with limited digital access
Waiting lists:	Be transparent about how waiting lists will be managed to prevent patients feeling “pushed down”	- Publish transparent criteria for waiting list management across all trusts. - Regularly update patients on expected wait times. - Monitor hub capacity closely to prevent bottlenecks and ensure benefits realisation. - Ensure regular communication with patients on progress. - Provide emotional wellbeing resources and signposting.
Support while waiting	Offer clear updates to those on waiting lists regarding times, timely access to pain management and community support, and emotional reassurance to reduce stress during delays	
Pre- and post-operative care	Maintain local check-ups (strongly preferred by residents), provide clear surgical information, ensure reasonable discharge times, and signpost to physiotherapy, mental health, and home care support	- Guarantee local pre- and post-op appointments wherever possible. - Establish a patient helpline/contact point for surgery queries. - Coordinate discharge processes to avoid late-night discharges
Patient choice	Enable flexible scheduling with accessible channels for booking and rescheduling, including day/evening options.	- Invest in flexible booking systems (phone, online, in-person). - Offer extended clinic hours (day/evening/weekend). - Actively promote patient rights to choose location and provider
Staffing	Develop a cross-Black Country workforce strategy to address shortages and manage service relocation impacts.	- Develop a Black Country workforce strategy aligned to hub implementation. - Engage staff in service planning and relocation decisions
Information systems	Implement shared care records to support continuity and integration across hospital, community, and social care.	