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Engagement analysis report:

Elective care services

A report for the Black Country Provider Collaborative

September 2025

Contents

Executive summary

The Black Country Provider Collaborative (BCPC), which includes four partner NHS trusts, commissioned a six-week engagement program to gather feedback from patients, the public, and stakeholders on proposals for elective care services.

The engagement sought views on elective care services including feedback on BCPC's proposal to create an elective surgical hub at Sandwell Hospital for general surgery, gynaecology, and orthopaedics for Sandwell and Dudley residents and a similar hub providing orthopaedic procedures for people in the north of the Black Country.

The BCPC also wanted to ask local residents how the space freed up in the four hospitals by the relocation of services could be used, exploring the idea of bringing some services together and creating new specialist services that local people currently travel outside the area to access.

The six-week engagement programme included patient and public surveys, online focus groups, stakeholder interviews, and focus groups facilitated by community and voluntary organisations. 690 individuals responded to the engagement.

Key findings

Support for surgical hubs

A majority of respondents supported the idea of surgical hubs if it meant shorter waiting times.

- 57% of Black Country residents and 65% of Dudley waiting list patients said they would prefer to travel to a surgical hub if it meant being treated sooner.
- An additional 25% of Black Country residents and 18% of Dudley waiting list patients would consider it, but travel was a concern.

Barriers and concerns

Despite the general support, significant concerns were raised about travel and equity.

- Travel barriers were cited by many, with the most frequent being difficulty arranging support from family/friends (37%), travel costs (30%), poor public transport (25%), and lack of personal transport (21%).
- These concerns were particularly acute for individuals from Walsall and Wolverhampton, people with limited mobility, those from highly deprived areas, and those without a car.
- There was a strong feeling that the hubs might worsen health inequalities, potentially benefiting those who can travel while disadvantaging those who cannot. This was especially noted in qualitative feedback from older adults in Dudley who found traveling outside their borough stressful.

- Other key concerns included staffing shortages and ensuring adequate pre- and post-operative care, with a strong preference (86% of Black Country residents) for these check-ups to remain at local hospitals.

Use of repurposed hospital space

There was strong support for using the space freed up at local hospitals to develop new specialist services that are not currently available in the Black Country.

- 66% of residents considered having local specialist services "very important," with an additional 26% finding it "somewhat important."
- Suggested services which would benefit from being closer to home included cancer, cardiac, mental health, and diagnostic services. Respondents noted that this approach would reduce travel time and costs for patients and lead to more efficient use of resources.

Respondent demographics

The engagement received feedback from 690 individuals through surveys, focus groups, interviews, and community discussions.

- Socioeconomic challenges: The Black Country is a significantly deprived area, with 50% of the population living in the top 20% most deprived areas in England. 25% of households do not own a car, which directly impacts access to healthcare services.
- Racial and ethnic diversity: Sandwell, Walsall, and Wolverhampton have a higher percentage of people from ethnic minority backgrounds than the national average (14%). The population in Dudley from ethnic minorities backgrounds is in line with the national average.
- Age-related Issues: The report highlights a higher-than-average population of people over 65 in Dudley (20.4%), with 72.8% of this age group finding digital technology difficult to use, creating a barrier to online services.

Next steps and recommendations

The report suggests that the BCPC must carefully consider the identified barriers, particularly regarding patient access and transport. Recommendations include:

- Developing practical support measures to mitigate travel difficulties, such as improving patient transport services and ensuring affordable parking.
- Implementing a comprehensive communication plan to provide clear, accessible information about the changes and patient support options.
- Being transparent about how waiting lists will be managed to alleviate concerns about patients being "pushed down" the list.

- Prioritising the development of local pre- and post-operative care services to support patient recovery and reduce travel burden.
- Using data to determine which specialist services are most needed to fill the space at local hospitals effectively.

Over the next few months September – October 2025, the findings from the engagement will be shared with the BCPC executive, those developing the business case for change and the Black Country ICB. A copy of the report will also be shared with Health Scrutiny Committees at the local authorities. It is anticipated that the insight will help initiate conversations with trusts as to how the insight can help shape delivery.

1 Introduction

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 the BCPC's developing ideas about the future of some of its elective care services.

This report 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.

The BCPC commissioned Olovus to manage an engagement programme with local people and communities. The feedback gathered from this activity will be used to inform decisions about the future of elective surgery in the Black Country.

2 Background

The BCPC was formed in late 2020, in line with the national *Working Together* (2022) policy, to promote better partnership working between the four local providers of acute and community services:

- The Dudley Group NHS Foundation Trust
- The Royal Wolverhampton NHS Trust
- Sandwell and West Birmingham NHS Trust
- Walsall Healthcare NHS Trust.

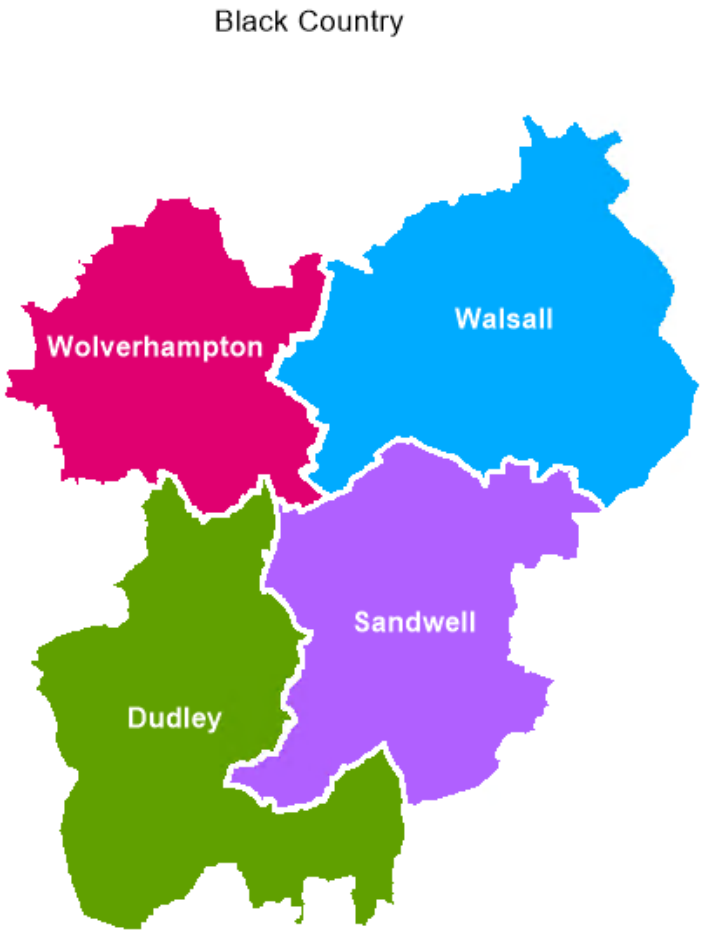

Figure 1 Map of the main areas served by the Black Country Provider Collaborative

The BCPC faces a number of challenges, including:

- growing waiting lists for elective care services, exacerbated by the Covid pandemic
- the need to improve cancer outcomes locally
- stretching targets for services to improve performance as set out in the 2024/25 NHS Planning Guidance.
- the need to increase productivity (doing more with the resources already in place)

The national drive to improve operational delivery and structural changes to commissioning and oversight arrangements via NHS England has emphasised the importance of local systems moving forward at pace to address the issues facing their NHS services.

For the BCPC that means:

- reducing elective care waiting times so 65% of patients are seen in less than 18 weeks;
- improving performance against the 62-day cancer target to 75%; and
- improving performance against the 28-day cancer target for faster diagnosis to 80%.

NHS England has also emphasised the importance of health services operating more effectively and efficiently in using resources, including increasing elective capacity and maximising the use of accredited elective care hubs.

NHS England's elective care transformation programme aims to help reduce the time people are waiting for planned care, and the Getting it Right First Time (GiRFT) programme has made a number of recommendations that services across England are adopting to make elective care more effective and efficient, and ultimately improve care for patients.

Often, people waiting for treatments face delays or cancelled procedures due to theatres and staff being diverted to care for patients with urgent or emergency needs. So, one of the GiRFT recommendations is to separate services that provide planned routine surgical procedures from those that provide unplanned or emergency care.

The Black Country largely has sufficient resources to meet the needs of local people, whether that is staff with the specialist skills to deliver care, or the buildings and equipment needed for modern health services. However, they are not currently always in the right places at the right time to provide the most effective and efficient care for local people.

To address the increasing waiting lists, the BCPC and Black Country Integrated Care Board (ICB) have considered the local position, including current resources, and worked through the GiRFT recommendations to identify opportunities to improve the current position for Black Country residents.

As a result, the BCPC, with the support of the ICB, is working on a series of ideas for improving local elective care services to:

- better manage the rising demand for care
- improve patients' experience and access to services
- foster more integrated patient-centred care.

The ideas aim to make the best use of local health resources, as well as free up capacity to develop new specialist services, which local people currently have to travel out of the Black Country to access.

As ideas for elective care services are at different stages of development, it was agreed to take a two-stage approach to the engagement.

Stage One focused on seeking views on the development of an elective surgical hub at Sandwell Hospital to provide a range of general surgery, gynaecology, and orthopaedic procedures for the people of Sandwell and Dudley.

Stage Two focused on seeking views on:

- the potential development of a similar surgical hub to provide orthopaedic procedures for people living in the north of the Black Country, and
- how to make the best use of space at the four local hospitals that would be freed up if these developments went ahead. The BCPC is considering how best to use that capacity by bringing services together and/or developing specialist services that Black Country residents currently have to travel outside the area to access.

The programme of engagement built on previous conversations with residents, including a survey conducted by the ICB for the development of its Joint Forward Plan, which can be found at www.blackcountry.icb.nhs.uk

2 Methodology

2.1 Situation review

2.1.1 Overview

Olovus prepared a situation review to provide a summary of elective care services in the Black Country, and an overview of engagement previously undertaken with patients and the public around some of these services. Its main goal was to develop a programme of engagement to inform future proposals and help the BCPC improve patient access, choice, and clinical quality. This section shares a summary of the situation review, with the full review included as Appendix 1.

2.1.2 Local context

The Black Country has a population of 1.26 million and faces significant health challenges. Key issues include:

- **Deprivation:** 50% of the population lives in the top 20% most deprived areas in England. Additionally, 25% of households do not have a car, which impacts travel and access to services.
- **Health inequalities:** The region has higher-than-average rates of infant mortality, obesity (43% of children and 69% of adults), and premature deaths from cardiovascular and respiratory diseases.
- **Demographics:** The area is a multicultural region with a higher percentage of people from ethnic minority backgrounds than the national average in three of the four boroughs (Sandwell, Walsall, and Wolverhampton).

2.1.3 Key themes

A review of existing patient feedback highlighted four main areas of concern:

1. **Travel:** While many people are willing to travel for quicker treatment or specialised care, a higher than average proportion of the population doesn't have a car, making transport to appointments a major challenge.
2. **Health literacy:** Patients with low health literacy struggle to understand their care options and navigate the system, which can negatively affect their health outcomes.
3. **Communication:** Patients reported problems with appointment cancellations and difficulty reaching the right departments for information.
4. **Waiting times:** The Black Country currently has around 250,000 people waiting for elective treatments, and this number is expected to grow by around 4% per year.

While the longest waits (over 104 weeks) have been eliminated, many people are still waiting months for treatment.

Olovus used this review to develop a six-week engagement programme, which included patient and public surveys, online focus groups, stakeholder interviews, and focus groups facilitated by community and voluntary organisations.

2.2 Engagement activity

Engagement began on 16 June 2025. The majority of engagement activities were conducted concurrently over a six week period.

Prior to the start of engagement activities, and in line with Section 23 Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, the Health Overview and Scrutiny Committees of the following local authorities were contacted:

- Dudley Metropolitan Borough Council
- Sandwell Metropolitan Borough Council
- Walsall Metropolitan Borough Council
- City of Wolverhampton Council
- Birmingham City Council
- Staffordshire County Council.

They were informed of the ideas being considered by the BCPC and how the duty to involve would be discharged. Informal feedback was received from the committees who supported the engagement approach, and who wished to be kept updated on the feedback received once the programme was complete.

The engagement consisted of:

- a survey for Dudley residents waiting for general surgery, gynaecology, and orthopaedic procedures who could be treated at the elective care hub at Sandwell Hospital
- a survey for Black Country residents
- focus groups with Black Country residents
- interviews with key stakeholders
- microgrants for local community and voluntary sector organisations to engage with their networks through focus groups.

2.2.1 Survey for Dudley residents on the waiting list

The BCPC has secured funding for the development of an elective care hub at Sandwell Hospital. As the movement of any service to this site would primarily impact patients living in Dudley, it was decided to specifically survey Dudley residents waiting for those services

identified by BCPC and local clinicians as the most appropriate to move, these were general surgery, gynaecology, and orthopaedic procedures.

A survey was developed to:

- inform Dudley residents about the development of an elective surgical hub at Sandwell Hospital and other potential service developments that its creation could unlock
- seek their views on the potential services development ideas
- understand the impact of the potential developments on patients
- highlight any barriers to using the hub and other possible service developments, which could then be addressed in taking forward the ideas.

The BCPC identified and invited those on waiting lists for general surgery, gynaecological and orthopaedic procedures to complete the online survey. Trust volunteers also took paper copies of the survey to relevant outpatient clinics operated by Dudley Group NHS Foundation Trust. A telephone number was available in case patients needed support in completing the survey.

The survey questions can be found in Appendix 2.

2.2.2 Survey for Black Country residents

A second online survey was created and shared widely with local people in line with a communication plan developed to support the engagement programme.

A telephone number was provided to support patients in completing the survey.

The survey questions can be found in Appendix 3.

2.2.3 Focus groups for Black Country residents

People who completed either survey could also express interest in attending one of four online focus groups to find out more about the BCPC's ideas and share their views.

More than 40 people signed up via the two surveys to attend the online focus groups. Invitations and joining instructions were sent to everyone who signed up. A total of seven people attended, including patient representatives and some who worked in NHS services.

The focus groups were held on:

- Tuesday 1 July 2025, 10-11.30 am
- Tuesday 1 July 2025, 3 - 4.30 pm
- Wednesday 9 July 2025, 2-3.30 pm
- Tuesday 15 July 2025, 2-3.30 pm.

Each focus group started with a short presentation that set out:

- An overview of the Black Country health system
- Information about the BCPC

- Policy context for the potential service developments
- Key drivers for the developments
- BCPC's ambitions
- Highlights of improvements made to date
- Outline of ideas
- Possible benefits.

These focus groups provided the opportunity to explore the points in depth. Attendees were given the opportunity to ask questions about the presentation before the group focused on responding to three questions (The focus group facilitator's guide can be found at Appendix 4). At the end of the discussion, attendees were given time to share whether they thought there was anything else the BCPC should consider in developing its ideas.

2.2.4 Interviews with key stakeholders

The BCPC identified representatives of Healthwatch, a neighbouring ICB, and local GPs from across the Black Country to be invited to take part in individual 20-minute online interviews to gather views on the elective surgical hubs and potential service developments they could unlock.

Interviews were conducted with three representatives of local Healthwatch groups and a senior member of a neighbouring ICB. Four GP leaders were identified and invited to contribute, but did not respond to the request for an interview.

The interview questions can be found in Appendix 5.

2.2.5 Community focus groups

Ten microgrants were made available to local community and voluntary sector organisations to enable them to engage with people in their networks. The BCPC was keen to gather the views of seldom-heard local people and those representing groups with protected characteristics.

A total of 13 organisations applied for the microgrants, and a process was undertaken to assess each application against a set of key criteria, to ensure as wide a range of people as possible were engaged from all parts of the Black Country.

Successful organisations were invited to an information session on 4 August 2025 where they were taken through the requirements and to enable them to ask questions about the process. Each organisation was provided with a recording of the session and a facilitator's pack to support the range of engagement activities they had planned.

The organisations were each asked to engage six to eight people from their networks in a discussion around some key questions (Appendix 6) and make notes of the views that were shared.

The deadline for feedback was extended to September 1, 2025 to allow organisations sufficient time to complete their work. We thank those community organisations who were able to meet the tight timescales and provide us with valuable feedback.

2.3 Data protection

Participants' data was processed on the basis of consent. The data provided has been processed only for the purposes of managing and reporting on the engagement. All data is held in line with the latest data protection regulations. Every effort has been made to ensure that individuals cannot be identified in this report.

Participants were informed of the data processing statement each time they provided information.

2.4 Quality assurance

Quality assurance was a systematic part of the engagement management. The BCPC appointed a specialist public and patient consultation practitioner, Olovus, to deliver the engagement activity.

Olovus followed a best practice engagement management approach, using tried and tested methods for delivering engagement activities. A key element of the management approach is conducting regular progress reviews to identify, acknowledge, and act upon issues that arose and to discuss and agree on actions.

Analysis of the feedback received has been carried out and quality assured by Olovus' experienced, qualified research analysts who are members of the Market Research Society and Social Research Association.

2.5 Publicity and promotion

A comprehensive communication plan was developed and implemented in partnership with communication representatives from the four NHS trusts that make up the BCPC and the ICB. It included:

- Social media messaging throughout the period of engagement
- Information posted on the BCPC website with links to the trusts' sites. This enabled information to be translated into the community language/large font, and other formats
- Letters to patients on current waiting lists
- Reminder text to patients on waiting lists
- Media release
- Posters in outpatient waiting areas
- Information in the ICB's regular briefings to GPs
- Information shared with key stakeholders, including local Healthwatch groups

- Support telephone line to help patients complete the online survey
- Responses to email queries e.g. from MPs.

3 Who responded

Overall feedback was received from 690 individuals.

A breakdown of the demographic profiles of participants who filled in the surveys can be found in Appendix 7.

Engagement activity	No. of individuals
Survey for Dudley residents waiting for general surgery, gynaecology and orthopaedic procedures	66
Survey for Black Country residents	503
Focus groups with Black Country residents x 4	7
Interviews with key stakeholders	4
Microgrants with 9 local community and voluntary sector organisations *	110
Total	690

Table 1 Breakdown of the participants

*The following community and voluntary groups successfully applied for microgrants to engage with their networks on behalf of the BCPC:

Community group	About
NICS Wellbeing CIC	Supports the mental health and wellbeing of individuals and communities, particularly those with lived experience of neurodivergence, mental health challenges and additional needs across the Black Country
NTGG Wellington Road Community Project	Works with marginalised groups in the community to provide social, recreational, educational and health awareness activities to empower and improve lives.
African French Speaking Community Support (AFSCS)	Engages with asylum seekers and refugees, particularly those of African origin living in the Black Country.
Healthwatch Walsall	Independent champion for health and social care enabling citizens to have their voice heard
Dudley Crossroads	Provides respite care to informal carers.
Good Shepherd Services	Works with the most disadvantaged people in our community including people experiencing homelessness, people with multiple and complex needs, asylum seekers, and people experiencing poverty and destitution.
Ethnic Minority Council	Exists to amplify the voices of minoritised communities, build community leadership, and promote health, equity, and inclusion.
Thomas Pocklington Trust - Birmingham and Black Country Sight loss Councils	Uses lived experience and local knowledge to make our world more accessible and inclusive. Our volunteers work in collaboration with businesses, service providers

	and community organisations to create this positive change.
Mentoring West Midlands - unable to take part due to staffing issues	Specialises in work with high risk offenders and have delivered services to this hard to reach group with a main focus on violence reduction.
Zebra Access CIO	Provides culturally competent services to Deaf, Deafblind, and Hard of Hearing individuals across the Black Country.

Table 2 Participating groups

4 Analysis of the survey for Dudley waiting list patients

4.1 Respondent sample

The survey targeted Dudley patients who are waiting for gynaecological, orthopaedic or general surgery procedures and would have to travel to use the elective surgical hub at Sandwell.

66 individuals responded to the survey; 58% (n=38) were from Dudley, with much smaller proportions from Wolverhampton (8%; n=5), Sandwell (6%; n=4) and Birmingham (3%; n=2). Notably, 21% (n=14) did not provide a postcode or sufficient information to determine their location and 5% (n=3) resided outside of the Black Country.

Note: Figures have been rounded to the nearest whole number, for this reason, total responses to questions may not add up to 100% (i.e. 99 or 101%).

Geographical location	No.	%
Dudley	38	58%
Unknown	14	21%
Wolverhampton	5	8%
Sandwell	4	6%
Outside of Black Country	3	5%
Birmingham	2	3%
Total	66	101%

Table 3 What is the first part of your postcode?

A full breakdown of the equality monitoring information collected is available in the Appendix 7 with a summary provided here. These proportions exclude those who did not respond to the questions.

- 58% (n=32) were female and 35% (n=19) male. One respondent identified as trans-female and three reported that they prefer to self-describe.
- One respondent stated that their gender identity does not match their sex registered at birth.
- Approximately two thirds were aged 55 or over (62%; n=31) with most falling within the 65-to-74-year age category (30%; n=15).
- 31% (n=16) have a disability.
- 70% (n=37) identified as White - English, Welsh, Scottish, Northern Irish, British, whilst 9% (n=5) were Asian, 9% (n=5) Black, 6% (n=3) Mixed and 6% White Irish or other.
- 42% (n=22) were married, 25% (n=13) single and 13% (n=7) widowed or surviving partner from a civil partnership.

- Most identified Christianity as their religion (66%; n=33), whilst 22% (n=11) had no religion.
- 16% identified their sexuality as: asexual, bisexual or other (n=7).

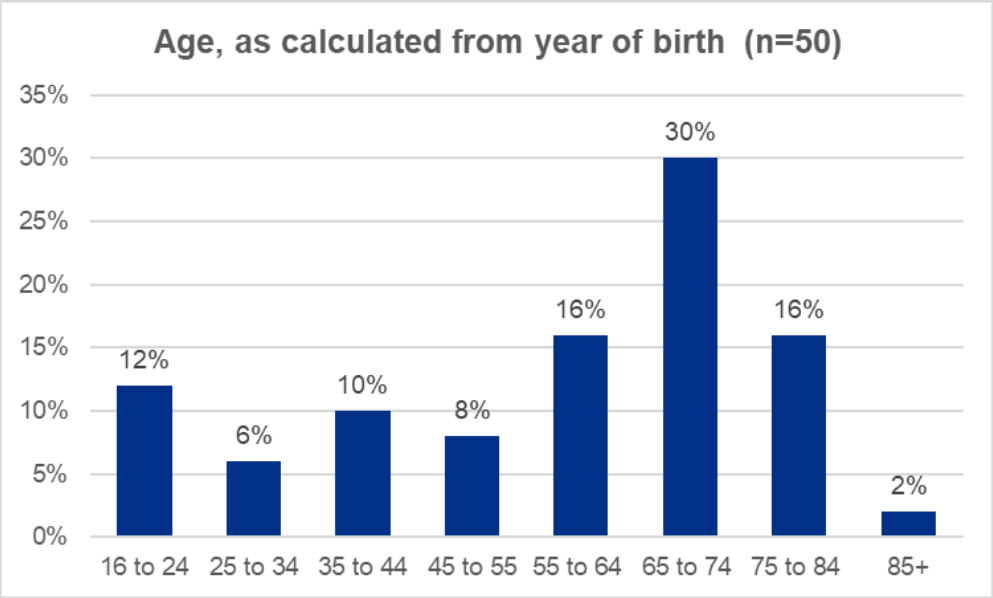

Figure 2 Q - What year were you born in?

4.2 Survey findings

The following section provides an overview of the findings from the survey. Due to the small sample size and the number of people who chose not to respond to the equality monitoring section, further analysis by area or demographic group was not possible.

4.2.1 Experiences of elective surgery

39% (n=26) experienced delays in receiving elective surgery in the Black Country. Of these, a quarter waited 3-6 months (n=6), a quarter 6-12 months and half (n=13) over 12 months.

Delays in receiving elective surgery	No.	%
Yes	26	39%
No	29	44%
Not sure	11	17%
Total	**66**	**100%**

Table 4 Q - Have you experienced delays in receiving elective (planned) surgery in the Black Country?

Length of delay	No.	%
Less than 3 months	1	4%
3–6 months	6	23%
6–12 months	6	23%
Over a year	13	50%
Total	**26**	**100%**

Table 5 Q – If yes, how long did you have to wait?

4.2.2 Views on elective surgical hubs

Participants were asked about their willingness to travel to a surgical hub for a routine elective procedure in exchange for a shorter wait.

- 65% (n=43) indicated a preference for earlier treatment, even if it required travel to a surgical hub.
- 18% (n=12) were open to travelling to a surgical hub but noted concerns about the travel itself.
- 17% (n=11) preferred receiving treatment at their local hospital, despite potentially longer wait times.

4.2.3 Travel concerns

Participants were asked to identify the primary barriers to travel. Of those who responded, nearly half (48%; n=32) indicated they had no concerns regarding travel.

In contrast, 20% (n=13) stated that they experienced the barrier of lack of personal transport, 14% (n=9) cost of travel, 14% (n=9) difficulty arranging support from family/friends and 12% (n=8) poor public transport options. Additionally, mobility or accessibility issues were a concern for 9% (n=6).

Barriers to travel	No.	%
I'm not concerned about travel	32	48%
Lack of personal transport	13	20%
Cost of travel	9	14%
Difficulty arranging support from family/friends	9	14%
Poor public transport options	8	12%
Mobility or accessibility issues	6	9%
Other (including parking, distance and concerns relating to permission from care home)	3	5%

Table 6 Q - If travel is a concern, what would be the main barrier for you? (Select all that apply.) Percentages are calculated as a proportion of the total sample size (n=66). As respondents were able to select more than one response, percentages do not equate

4.2.4 Travel distances

Respondents were asked how much further than they travel currently would they be prepared to travel for quicker elective surgery. 33% (n=22) said they would travel up to 5 miles, 27% (n=18) up to 10 miles, and 26% (n=17) more than 10 miles. 14% (n=9) were not willing to travel beyond 10 miles.

Travel distances	No.	%
Up to 5 miles	22	33%
Up to 10 miles	18	27%
More than 10 miles	17	26%
I would not travel more than 10 miles	9	14%
Total	66	100%

Table 7 Q - How much further than you travel now, would you be willing to travel for quicker access to elective surgery?

4.2.5 Check-up appointments

Respondents were asked how important it is for them to have their check-ups before and after surgery at their local hospital rather than a surgical hub.

Most respondents (82%; n=54) indicated that it was very important (52%; n=34) or somewhat important (30%; n=20) for them to have their check-ups at their local hospital. A much smaller proportion did not consider this aspect important (18%; n=12).

Location of pre- and post-surgery check-ups	No.	%
Very important	34	52%
Somewhat important	20	30%
Not very important	6	9%
Not important at all	6	9%
Total	66	100%

Table 8 Q - You would be offered check-ups before and after your surgery at your local hospital, rather than at a surgical hub. How important is this to you?

4.2.6 Patient choice and preferences

Respondents were asked how important choice is to them. 86% (n=54) indicated this was either very (57%; n=36) or somewhat (29%; n=18) important to them – suggesting that

most respondents place a high value on having the autonomy to select their treatment location.

In contrast, 14% (n=9) did not consider this aspect as important and were less concerned about having the choice of where to receive their treatment.

How important is this choice to you?	No.	%
Very important	36	57%
Somewhat important	18	29%
Not very important	5	8%
Not important at all	4	6%
Total	63	100%

Table 9 Q - Under the NHS Constitution, patients have the right to choose where they receive their treatment. How important is this choice to you?

4.2.7 Non-emergency operations and appointments

In terms of factors influencing their choice for non-emergency operations or appointments, 55% (n=36) prioritised the shortest waiting time, 36% (n=24) the reputation of the hospital or surgical team, 18% (n=12) proximity to home and 17% (n=11) availability of specialist services. Of least importance was previous experience with a particular hospital (9%; n=6).

Non-emergency operations or appointments	No.	%
Shortest waiting time	36	55%
Reputation of the hospital/surgical team	24	36%
Proximity to home	12	18%
Availability of specialist services	11	17%
Previous experience with a particular hospital	6	9%

Table 10 Q - If you needed a non-emergency operation or appointment that can be planned in advance (elective surgery), what would be the most important factor in choosing where to receive treatment? (Select up to 2). Percentages are calculated as a proportion

4.3 Additional comments

Additional survey comments related to individuals' personal experiences, concerns, and preferences regarding the factors that influence their choice of hospital or treatment location for elective surgeries.

Key themes include:

- Concerns about hospital parking and accessibility, especially for those with mobility issues.
- The importance of patient choice in selecting both hospital and consultant, with some respondents highlighting a lack of awareness about this option among patients.
- A preference for continuity of care, such as staying with the same consultant or not having to travel to a different hospital for treatment.
- Support for proposed changes to improve access and reduce pain for patients awaiting surgery.

5 Analysis of the survey for Black Country residents

5.1 Respondent sample

A total of 503 individuals participated in the survey. Of these, 388 were from the Black Country, while 10 respondents resided in areas adjacent to or on the edge of the Black Country. There were 15 responses from outside the Black Country area, and 90 participants did not provide a postcode or sufficient information to determine their location.

Note: Where percentages have been calculated, they have been rounded to the nearest whole number, for this reason, total responses to questions may not add up to 100% (i.e. 99 or 101%).

A full breakdown of the demographic information collected is available in Appendix 7 with a summary provided here. These proportions exclude those who did not answer the question and those who responded 'prefer not to say'.

Among the 413 respondents who provided a postcode, the majority resided in Dudley (55%; n=229), followed by 16% (n=68) in Sandwell, 14% (n=58) in Wolverhampton, and 8% (n=33) in Walsall. The remaining 6% were in regions either outside or bordering the Black Country.

- 78% (n=318) identified as female and 21% (n=87) male. One respondent identified as a trans-male, and two respondents reported that their gender differs from the one assigned at birth.
- 10% (n=38) identified their sexuality as: asexual, bisexual, celibate, gay man or gay woman, or other.
- The majority (93%; n=373) identified as English, Welsh, Scottish, Northern Irish or British and 7% (n=30) were from other ethnic groups.
- Most identified Christianity as their religion (55%; n=201), whilst 38% (n=139) identified no religion.
- 23% (n=89) have a disability.
- 62% (n=246) were married and 13% (n=50) identified as single.
- Most were aged 55 to 64 years (33%; n=131).

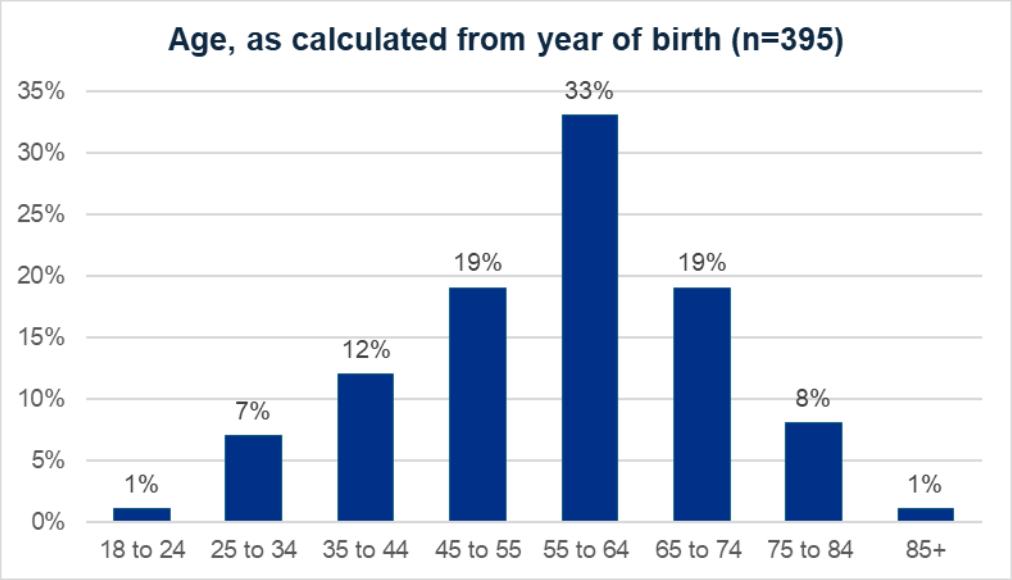

Figure 3 Q - What year were you born?

5.1.1 How respondents to the survey self-identified

Most (59%; n=295) identified themselves as a resident of the Black Country, with 239 of these 295 respondents providing a Black Country postcode.

A quarter came from either: staff from one of the four Black Country Provider Collaborative trusts (16%; n=82), health and care partners (7%; n=36), or GPs in the area (1%; n=6).

Patients waiting for planned operations or their carers made up 10% (n=48), with 41 of these 48 respondents providing a Black Country postcode.

The remaining 5% were either residents (4%; n=21) or healthcare professionals (1%; n=7) from outside the area.

Self-identification	No.	%
A resident of the Black Country	295	59%
A member of staff at one of the four trusts in the Black Country Provider Collaborative	82	16%
A patient currently waiting for a planned operation	48	10%
A health and care partner in the Black Country	36	7%
A resident outside of the Black Country	21	4%
A healthcare professional outside of the Black Country	7	1%
A carer of a patient currently waiting for a planned operation	8	2%
A GP in the Black Country	6	1%
Total	**503**	**100%**

Table 11 Q - Please tick the description that best describes you

5.1.2 Your experience with elective care

43% (n=214) reported experiencing delays in their elective surgeries.

The following demographic groups were more likely to have experienced delays in their elective surgeries:

- Respondents from Wolverhampton (50%; n=29)
- Male respondents (49%; n=43)
- Those with a disability (50%; n=43).

Respondents aged 65 years and over were less likely to report delays (35%, n=38).

Experiencing delays	No.	%
Yes	214	43%
No	257	51%
Not sure	44	9%
Total	**503**	**100%**

Table 12 Q - Have you or a family member experienced delays in receiving elective (planned) surgery in the Black Country?

Of the 214 people who reported experiencing delays in their elective surgeries, three-quarters (74%; n=159) waited over 6 months.

The following observations were recorded from the various demographic groups:

- Respondents from Dudley were less likely to wait over a year (35%; n=34).
- More males reported waiting 6–12 months (42%; n=18) and fewer waited over a year (26%; n=11) than females.
- 50% (n=8) of those aged 18 to 34 reported waiting over a year, compared to 29% (n=11) of those aged 65 and over.
- People with a disability were less likely to report waiting over a year (30%; n=13).

Waiting times	No.	%
Less than 3 months	15	7%
3 – 6 months	40	19%
6 – 12 months	80	37%
Over a year	79	37%
Total	**214**	**100%**

Table 13 Q - How long did you (or they) wait?

5.1.3 Views on elective surgical hubs

Participants were asked about their willingness to travel to a surgical hub for a routine elective procedure in exchange for a shorter wait.

- 57% (n=288) indicated a preference for earlier treatment, even if it required traveling to a surgical hub.

- 25% (n=128) were open to travelling to a surgical hub but noted concerns about the travel itself.
- 17% (n=87) preferred receiving treatment at their local hospital, despite potentially longer wait times.

The following observations were recorded from the various demographic groups:

- Respondents from Dudley were more likely to say they would prefer treatment at their local hospital, even if it meant waiting longer for treatment (23%; n=53), compared to respondents from Sandwell, Walsall, and Wolverhampton combined (8%, n=13).
- Respondents from Sandwell were more likely to say they would prefer to be treated sooner even if they needed to travel (75%; n=51), compared to respondents from other parts of the Black Country.
- Respondents from Walsall and Wolverhampton were more likely to report that travel could be a concern (36%; n=12 & 34%; n=20 respectively).

5.1.4 Travel concerns

Participants were asked to identify the main barriers to travel to which 38% (n=190) indicated they had no concerns regarding travel.

In contrast, 37% (n=185) reported difficulty arranging support from family or friends, while 21% (n=107) cited a lack of personal transport. Additionally, 30% (n=14) noted cost as a concern, and 25% (n=125) identified poor public transport as a barrier.

The following observations were recorded from the various demographic groups:

- The following demographic groups reported lower levels of concern about travel:
  - Respondents from Sandwell (49%; n=33).
  - Respondents aged 55–64 (43%; n=56), and those aged 65 years and over (45%; n=49).
  - Respondents without a disability (43%; n=133).
- Individuals aged 18–34 (42%; n=14) and 35–54 (47%; n=57) were more likely to indicate difficulty obtaining support from family and friends.
- More females (19%; n=62) and people aged 18–34 (33%; n=11) reported lacking personal transport.
- Travel costs were reported as a concern by 52% of respondents aged 18–34 (n=17), and by 30% (n=9) of respondents from non-white ethnic groups.
- 36% (n=31) of people with a disability reported mobility or access issues.
-

Barriers to travel	No.	%
I'm not concerned about travel	190	38%
Difficulty arranging support from family/friends	185	37%
Cost of travel	149	30%
Poor public transport options	125	25%

Barriers to travel	No.	%
Lack of personal transport	107	21%
Mobility or accessibility issues	75	15%
Total	**503**	**100%**

Table 14 Q - If travel is a concern, what would be the main barrier for you? (Select all that apply.)

Thirty-nine survey respondents shared additional travel concerns, which have been summarised in the themes below.

Note: All open-ended survey responses were thematically coded into overarching themes and sub-themes; selected quotes have been included to illustrate key findings.

Travel time and distance (12 mentions) - the time it takes to travel and the distance to the hospital are major concerns. Respondents mentioned the stress and inconvenience of long journeys, especially when dealing with traffic. The added travel time is particularly challenging for those with young families or those who must rely on public transport.

> *"Time it would take to travel, time is precious when you have a young family"*
>
> Female, 35-44, Dudley

Parking and accessibility (11 mentions) - many respondents highlighted the difficulty of finding parking, and the associated costs of parking as barriers.

> *“Ease of parking and cost of parking when travelling to a hospital site by car”*
>
> Female, 45-54, Not Black Country Resident

> *“Ability to park (and at a reasonable price) would also concern me.”*
>
> Male, 45-54, Dudley

Preference for local treatment (5 mentions) - some expressed their preference for being treated locally. Many respondents emphasised the importance of having access to healthcare services close to home and expressed reluctance to travel to other hospitals.

> *"I would rather be treated in my own locality"*
>
> Female, 55-64, Dudley

> *"Prefer to travel only in the locality of Dudley / Russells Hall / Amblecote"*
>
> Female, 65-74, Dudley

Personal circumstances (4 mentions) - individual situations, such as not being able to drive or having to rely on others for transportation, were highlighted as was the financial strain of taxi journeys and the discomfort experienced during these trips.

> *"Unfortunately, my wife does not drive. When I've had procedures, this has meant taxi journeys. It's not so much the cost but this could be a factor as I seem to be*

struggling more financially lately, but the indignity and discomfort I was in previously"

Male, 45-54, Sandwell

"At present it is not a barrier as I can drive or could ask my husband to drive me"

Female, 65-74, Sandwell

Environmental (4 mentions) - some people were concerned about the higher volume of traffic connected to longer journeys, and the impact on the carbon footprint.

“More cars travelling longer distances creates more traffic.”

Female, 45-54, Dudley

“carbon footprint to have to travel further”

Female, 55-64, Dudley

Stress and anxiety (3 mentions) - the stress and anxiety associated with travelling further distances, especially for medical appointments, were mentioned, particularly around challenging journeys and increased traffic.

"Added stress of travelling further"

Female, 45-54, adjacent to / on the edge of the Black Country

Follow-up and post-surgical care (3 mentions) - concerns about the accessibility of follow-up appointments and post-surgical care were also noted. Respondents worried about the difficulties in getting to these appointments if they were located far from home.

"Restricted access to post surgical care and care if I were to have a complication"

Male, 35-44, Dudley

Public transport (2 mentions) - the availability and reliability of public transport were mentioned. Some respondents noted that getting to certain hospitals is more difficult due to poor public transport links, which can be a considerable barrier for those without access to a car.

"Many people would struggle getting to some places due to lack of good public transport"

Female, 65-74, Sandwell

5.1.5 Travel distances

Respondents were asked how much further they would travel for quicker elective surgery. About 35% (n=177) would go up to 5 miles further, 30% (n=153) up to 10 miles, and 24% (n=123) more than 10 miles; 10% (n=50) would not travel beyond 10 miles.

The following observations were recorded from the various demographic groups:

- Respondents from Wolverhampton and Walsall were prepared to travel further for elective surgery. 41% (n=24) of Wolverhampton respondents would travel up to 10 miles further, while 36% from Walsall (n=12) would travel more than 10 miles further.
- Men were more likely to be prepared to travel further for elective care, with 31% (n=27) saying they would travel more than 10 miles further. Women were more likely to say they would travel up to 5 miles (35%, n=111), compared to men (29%, n=25).
- Respondents from non-white ethnic groups were also more likely to say they would travel further for elective surgery, with 37% (n=11) saying they would travel more than 10 miles further.

Travel distances	No.	%
Up to 5 miles	177	35%
Up to 10 miles	153	30%
More than 10 miles	123	24%
I would not travel more than 10 miles	50	10%
Total	**503**	**100%**

Table 15 Q - How much further than you travel now, would you be willing to travel for quicker access to elective surgery?

5.1.6 Check-up appointments

Respondents were asked to tell us how important it is for them to have their check-ups before and after surgery at their local hospital rather than a surgical hub. The survey responses revealed a clear preference.

Most respondents (86%) indicated that it was very important (63%; n=315) or somewhat important (24%; n=120) for them to have their check-ups at their local hospital.

On the other hand, a smaller proportion of respondents did not consider this aspect important (14%; n=68).

The following observations were recorded from the various demographic groups:

- Respondents from Sandwell were more likely to say that local check-ups appointments were not very or at all important to them (22%, n=15), indicating they would be prepared to travel for them.
- Local check-up appointments were more important for female respondents (88%; n=260 rating it very or somewhat important).

Location of pre- and post-surgery check-ups	No.	%
Not important at all	18	4%
Not very important	50	10%
Somewhat important	120	24%

Very important	315	63%
Total	**503**	**100%**

Table 16 Q - You would be offered check-ups before and after your surgery at your local hospital, rather than at a surgical hub. How important is this to you?

5.1.7 Moving services

A third (37%; n=173) said relocating the service would not affect their attendance. The remaining two-thirds felt it would be somewhat harder (38%; n=179) or much harder (21%; n=100) to attend, while 4% (n=17) stated it would make attendance impossible.

The following observations were recorded from the various demographic groups:

- Respondents from Dudley were more likely to report moving the service would make it much harder or impossible to attend (33%; n=75) whereas respondents from Walsall felt it would make it somewhat harder or have no impact (94%; n=33).
- Female respondents were more likely to report that moving the service would make it much harder or impossible to attend (28%; n=89) whereas males felt it would make it somewhat harder or have no impact (90%; n=78).
- Respondents from non-white ethnic groups felt it would make it somewhat harder or have no impact if the service was moved (93%; n=28).

Ability to attend at a new location	No.	%
No impact	173	37%
Somewhat harder	179	38%
Much harder	100	21%
Impossible	17	4%
Total	**469**	**100%**

Table 17 Q - If the service moved to a new location, how would this affect your ability to attend?

Respondents were asked to tell us about any challenges they may face if the service was moved. In total, 331 respondents provided a response, which have been summarised in the themes below.

Travel time and distance (141 mentions) - the added travel time and the stress associated with travelling to a new site was identified as something that could be challenging for some.

> *"Journeys are stressful as it is so to go further for something when you are already worried makes things worse."*
>
> Female, 35-44, Dudley

> *"Longer travel times creates more stress."*
>
> Female, 45-54, Dudley

Some people identified challenges of a longer travel time when they had other family or work commitments.

"Finding childcare to fit around a longer appointment window to include travelling"

Female, 34-44, Dudley

"Increase the amount of time it takes to travel when I am relied upon to take care of grandchildren and also collect them from their schools."

Female, 55-64, Dudley

Some individuals identified longer travel times during periods of illness as a concern, whether travelling by car or using public transportation.

"When you're ill, you don't want to travel miles in pain and unwell"

Female, age unknown, Dudley

"The thought of having to travel on public transport to an unfamiliar town when I'm unwell is horrible."

Female, 75-84, Dudley

Personal circumstances (88 mentions) - respondents also mentioned situations such as not having the ability to drive or relying on others for transportation. For individuals dependent on others, their work and family circumstances were considered as well.

"I would rely on finding a lift from friends and relatives who work"

Male, 75-84, Dudley

"Family member would have to arrange time off work to support with driving"

Female, 55-64, Sandwell

Parking and accessibility (53 mentions) - one of the main concerns raised by respondents is the ease of parking when travelling to a hospital site by car, including the availability of parking spaces and the convenience of finding a spot.

"Parking availability, especially blue badge parking"

Male, 65-74, Dudley

"Uncertainty of location etc and parking facilities"

Male, 65-74, unknown location

In addition to the availability of parking, the cost associated with parking is another concern.

"Travelling by car means the requirement of affordable car parking spaces."

Female, 75-84, Wolverhampton

Public transport (47 mentions) - the current state of public transport was mentioned by many respondents, with many commenting on its reliability.

"…the public transport system from there is dire!"

Female, 55-64, Dudley

"I rely on public transport on the whole and as this is quite unreliable this would be concerning."

Female, age unknown, Wolverhampton

Some people said that limited or indirect public transport to hospital sites makes it harder to reach certain hospitals, creating barriers to healthcare access.

"Poor transport links and I can't drive. I also won't be able to afford a taxi. So, I will be denied health care."

Female, 45-54, Dudley

The cost of public transport was identified as a barrier to accessing the new hospital site, with several participants reporting that it would be unaffordable for them, particularly in relation to taxi fares.

"I would have to rely on hospital transport as I wouldn't be able to afford taxis."

Female, 65-74, Sandwell

Preference for local treatment (42 mentions) - there is a strong preference for being treated locally among many with respondents emphasising the importance of having access to healthcare services close to home.

"Because knowing my local hospital means I can forward plan regarding parking with mobility issues"

Female, 65-74, Dudley

"Yes, having access to our hospital in close and very important for our community"

Female, age unknown, Dudley

In addition to the preference for local treatment, there is also a reluctance to travel to other hospitals.

"As I'm disabled, I would not be prepared to travel to another hospital. I have enough problems without worrying about transport to a hospital out of the region"

Female, 65-74, Dudley

> *"I want to use my local hospital. I do not want to travel to Birmingham. Dudley has served me well over the years and that's where I wish to continue my appointments and services… It is imperative that local people get local services."*
>
> Female, 55-64, Wolverhampton

There was also mention of how hospitals must be connected through shared information systems if there was the expectation of patients travelling to alternative hospital sites, to ensure seamless patient care and prevent unnecessary suffering caused by gaps in communication.

> *"Hospitals do not communicate with each other, records at one hospital cannot be seen by another, so if you are rushed into A&E at your local hospital they cannot see any information regarding whatever you have had done at another hospital… So until you have a linked up computerised system accessible by all hospitals and healthcare providers for all areas covered by having places like you are suggesting, it's not fully integrated and the dots need to be joined up to allow the system to work efficiently."*
>
> Female, 55-64, Dudley

Location of new hospital sites (14 mentions) - many respondents expressed how their concerns about travel and accessibility would depend heavily on the location of the new hospital site. Since they were not aware of the specific site, they were uncertain about how changes might affect their ability to attend appointments and receive support from family or friends.

> *"It depends on where the services would be provided and how accessible these are considering things like public transport to get to an appointment and parking so family could take me home afterwards."*
>
> Female, 35-44, Dudley

Follow-up and post-surgical care (14 mentions) - concerns about the accessibility of follow-up appointments and post-surgical care were also noted. Respondents worried about the difficulties in getting to these appointments if they were located far from home, and the continuity of care if they were provided at different locations.

> *"… I'd rather stay where I've had my surgery for my follow up appointment"*
>
> Female, 55-64, adjacent / edge of the Black Country

> *"It would fragment my care if my operation was performed by a different team from the people who had seen me in outpatients, and also from the team who saw me for a check-up after. And what happens if I have a postoperative complication. Who deals with it?"*
>
> Female, 55-64, Dudley

5.1.8 Specialist services

Respondents were asked about the importance of having specialist services available locally as opposed to travelling outside the area. The responses indicate that participants generally favour local services.

Two-thirds (66%; n=300) indicated that it is very important for them to have specialist services available locally. An additional 26% (n=117) found it somewhat important.

On the other hand, a smaller proportion of respondents did not consider this aspect as important. Specifically, 6% (n=28) felt it is not very important, and 2% (n=10) felt it is not important at all.

The following demographic groups were more likely to see local services as very important:

- Female respondents (70%; n=223).
- Respondents aged 35 – 54 (74%; n=89).
- Respondents with a disability (72%; n=62).

Respondents were asked to tell us why they responded to this question as they did. In total, 318 respondents provided a response, which have been summarised in the themes below. Themes are grouped by responses to the prior question - important or not important to have local specialist services.

Respondents who consider it important to have local specialist services (n=292)

Travel and accessibility (129 mentions) - many respondents emphasised the importance of having medical services nearby due to the convenience and ease of access it provides. They highlighted that travelling long distances, especially for those who are unwell or elderly, can be a significant burden.

> *"A lot of patients don't want to travel far. Especially unwell patients or the elderly. They may not be able to drive any more due to their conditions and find public transport difficult also"*
>
> Female, 25-34, Walsall

Preference for a local service and continuity of care (125 mentions) - the continuity of care and familiarity with local healthcare providers were important factors for many. They expressed a preference for receiving treatment from familiar healthcare professionals and facilities.

> *"Having had breast cancer surgery, treatment and support from the superb team at Russell's Hall (my local hospital), the continuity of care and support including visiting a consistent location is invaluable during a hugely traumatic time."*
>
> Female, 65-74, Dudley

> *"A local team get to know and understand you, you feel cared for, it's convenient and more cost effective for the individual"*

Female, 55-64, Dudley

Travelling in poor health or older age (45 mentions) - mobility issues and the physical strain of travelling were also highlighted. Respondents pointed out that travelling long distances can be particularly challenging for some people, including people in pain or with severe health conditions.

"Patient would be in a lot of pain and feeling really unwell after being discharged so a longer journey being jolted about under these circumstances causes extra suffering."

Female, 45-54, Wolverhampton

There was also particular concern for older patients, who would find it more challenging to travel further.

“I’m fairly mobile but I appreciate it’s harder for frail older people or those with disabilities”

P38, male, 55-64, Wolverhampton

Impact on mental health (28 mentions) - the stress and anxiety associated with travelling long distances for medical treatment were also common concerns. Respondents noted that the thought of travelling far for treatment can have negative effects on mental health.

"The feeling of dread, the stress of travelling long distances and the thought of where my treatment might take place can have mental health issues."

Female, 65-74, Sandwell

"Extra travel can cause extra stress when someone is already going through a difficult time"

Female, 45-54, Dudley

Cost of travel (24 mentions) - the cost of travelling was identified as a barrier to travelling further for medical services. Many respondents pointed out that not everyone has access to a car or can afford the costs associated with public transport or taxis.

"Not everyone has access to a car or can afford public transport costs to go further than they already have to travel. Cost of living is rising rapidly and wages are not, I feel that it would be a barrier to health care for those less fortunate."

Female, 35-44, Dudley

Support from friends and family (19 mentions) - the importance of having support from family and friends during medical treatment was another recurring theme. Respondents emphasised that having services available locally allows for better support from friends and family members.

"Patients need support from family and friends which is more likely to be available if services are kept locally"

Female, 45-54, Dudley

Respondents who consider it not important to have local specialist services (n=26)

Transport and access (11 mentions) - although some respondents identified they have access to transport and are capable of travelling, they acknowledged that not all patients have the same level of mobility and support.

"I am mobile, have access to transport, can be accompanied if necessary and have £s to travel."

Female, 55-64, Dudley

Timely high-quality care (7 mentions) - some respondents mentioned the importance of receiving timely and high-quality care over the convenience of proximity. They expressed a willingness to travel if it meant they could access specialised services and expertise that could lead to better health outcomes.

"Important thing is to get my operation carried [out] at the earliest convenience."

Male, 55-64, Dudley

"Relief from pain is more important than having to travel."

Male, 55-64, Wolverhampton

Expertise of healthcare (6 mentions) - the preference for specialised expertise was a recurrent theme. Respondents preferred to travel to facilities where their medical needs could be addressed by dedicated and experienced staff.

"Expertise in one place is what I would want not a department that treats my problem twice a year."

Male, 75-84, Walsall

"Always go to a specialist who does the work daily rather than one a month."

Male, 75-84, Walsall

5.1.9 Patient choice and preferences

Respondents were told how, under the NHS Constitution, patients have the right to choose where they receive their treatment. They were then asked to tell us how important this choice is to them.

A combined total of 95% of participants indicated this was either very (73%; n=329) or somewhat (22%; n=98) important to them. This suggests most respondents place a high value on having the autonomy to select their treatment location.

A smaller portion of the respondents did not consider this aspect as important. Specifically, 5% (n=21) indicated that it is not very important, and 1% (n=3) stated that it is not important at all. This indicates that 6% of the participants are less concerned about having the choice of where to receive their treatment.

The following demographic groups were more likely to find the right to choose choice as very important:

- 81% (n=47) of Wolverhampton residents.
- 79% (n=250) of female respondents.
- 83% (n=25) of respondents from non-white ethnic groups.

5.1.10 Non-emergency operations and appointments

When choosing where to receive elective treatment, 54% (n=244) considered hospital or surgical team reputation most important. Shortest waiting time was also a key factor for 52% (n=235), while 36% (n=163) prioritised proximity to home. Specialist services influenced 17% (n=77), and 14% (n=62) cited previous experience with a hospital.

The following observations were recorded from the various demographic groups:

- The reputation of the hospital/surgical team was more important to:
    - Walsall residents (64%; n=21).
    - Female respondents (56%; n=178).
    - Respondents aged between 35–54 (60%; n=73).
- Shorter waiting times were more important to:
    - Sandwell residents (65%; n=44).
    - Male respondents (59%; n=51).
    - Respondents from non-white ethnic groups (77%; n=23).
- Proximity to home was also more important to female respondents (37%; n=119).

Non-emergency operations or appointments	No.	%
Reputation of the hospital/surgical team	244	54%
Shortest waiting time	235	52%
Proximity to home	163	36%
Availability of specialist services	77	17%

Previous experience with a particular hospital	62	14%
Total	**448**	**100%**

Table 17: Q - If you needed a non-emergency operation or appointment that can be planned in advance (elective surgery), what would be the most important factor in choosing where to receive treatment? (Select up to 2)

5.1.11 Communication and engagement

Respondents were asked how they prefer to receive updates about changes to elective surgery services in the Black Country. Most (75%; n=332) want letters or emails from their GP or hospital. Nearly half (49%; n=216) prefer the NHS website, 38% (n=168) prefer social media, 22% (n=95) local media, and 18% (n=79) community meetings or events.

The following observations were recorded from the various demographic groups:

- The following respondents were more likely to select letters/emails from their GP or hospital.
    - Respondents from Walsall (85%, n=28) and Wolverhampton (78%; n=45).
    - Males (86%, n=75).
    - People aged between 55–64 years old (79%; n=104).
- More women than men suggested the NHS Website (52%; n=165) or social media updates (42%; n=133).

31 survey respondents shared additional feedback for this question, which has been summarised below:

- NHS App (9 mentions)
- Via text (5 mentions)
- By email (4 mentions)
- Through NHS staff communications and briefings (4 mentions)
- Posters/leaflets / flyers (2 mentions)
- Via social media (1 mention)
- Letter (1 mention)
- Public meetings (1 mention)

Other feedback was provided through this question, including:

- Receiving tailored information from trusted partners.
- Local level communication tactics.
- Ensuring communications are accessible for the Deaf community.
- Through all methods of communication.
- Through non-GP local primary care specialists.
- Minimise the carbon footprint of communications (for example - through receiving emails / text).

When asked how they would prefer to share their views about these changes, the vast majority (92%; n=406) said through completing a survey.

Other suggestions included through attending an in-person discussion session (22%; n=96), attending an online public information session (18%; n=79), or through a voluntary

or community group (9%; n=41). A small percentage, 3% (n=15) were not interested in sharing their views further.

5.1.12 Final thoughts and comments

Respondents were asked to share any final thoughts about the proposed changes. In total, 157 respondents provided a response, which have been summarised in the themes below.

Level of support for the proposal (55 mentions) - final survey comments showed support and opposition for the proposal.

There was a large proportion of survey respondents who used the final question to share their support for this proposal and felt the proposed changes would bring significant benefits to both patients and hospitals.

> *"I would support any action that reduced costs and made efficient use of NHS services, while also providing centres of excellence for patients."*
>
> Female, 75-84, adjacent to / edge of the Black Country

In contrast, some respondents used the final question to express their lack of support for the proposal.

> *"I don't agree that all these services have to be moved further out. Why can't they be set up in all areas"*
>
> Female, 65-74, Wolverhampton

Suggestions for improvement (48 mentions) - respondents expressed hope that the NHS would consider the feedback provided by both the public and staff prior to making any final decisions.

> *"Listen to staff, all levels."*
>
> Female, 55-64, Wolverhampton

Others provided suggestions for improving the proposed changes. They emphasised the need for a balanced approach that considers both the benefits of centralised services and the importance of local access.

> "Hubs need to be resourced with fully qualified staff and equipment, including a specialist to carry out surgery. Aftercare care support is also extremely important."
>
> Female, 65-74, Walsall

> *"There must be a balance between centres of excellence dealing with highly specialised relatively low volume elective care and having the most common high volume elective care procedures available close to home."*
>
> Male, 65-74, Wolverhampton

Communication and transparency (47 mentions) - the need for clear communication and transparency regarding the proposed changes was a common theme. Respondents emphasised the importance of keeping patients informed about the changes and their potential impact.

> *"Clearer information about expected waiting times would be helpful - even if the wait is 5 years, at least then as a patient you know where you stand."*
>
> Female, 35-44, Dudley

Impact on vulnerable populations (36 mentions) - potential adverse effects on vulnerable populations were noted. Respondents indicated that the proposed changes may have a disproportionate impact on the elderly and other at-risk groups.

> *"It would also be helpful to ensure that any centralisation of services does not create barriers for vulnerable groups or people who rely on local care."*
>
> Male, 18-24, Dudley

Concerns about accessibility and convenience (33 mentions) - many respondents expressed concerns about the accessibility and convenience of the proposed changes. They emphasised the importance of having services available locally to avoid the burden of travelling long distances, especially for those who are unwell or elderly.

> *"Appalling that this is even being considered why should Dudley residents travel when we have a perfectly good hospital that is accessible to all locally"*
>
> Male, 55-64, Dudley

Importance of continuity of care (33 mentions) - some respondents valued seeing the same staff at familiar healthcare locations, preferring continuity of care.

> *"Speaking from experience. I don't know how I would have coped if I hadn't been able to go to the Breast Care Team at Russell's Hall Hospital... You need the comfort that it is easy to get there and you are seeing your named nurses and team."*
>
> Female, age unknown, Dudley

Financial and logistical barriers (28 mentions) - financial constraints and logistical challenges were frequently mentioned as barriers to travelling for medical services. Many respondents pointed out that not everyone has access to a car or can afford the costs associated with public transport or taxis.

> “Wherever the elective surgery happens please consider parking, costs to park and public transport links as it is stressful enough attending for surgery without having to think about whether you/your driver can park when you get there, how much you will be charged and whether you can get home relatively easily if using public transport.”
>
> Female, 45-54, Sandwell

6 Analysis of the focus groups

The following provides an overview of the four online focus groups that were held with a total of seven people attending.

6.1 Patient considerations

Participants identified key concerns that those awaiting elective procedures have and felt were important for the BCPC to consider.

Quick access – patients want quick access to elective procedures; they do not want extensive waits, especially when in pain. There was noted to be a lack of general awareness about the opportunities available for patients that might potentially reduce their waiting times (i.e. NHS e-Referral Service / 'Choose and Book'), particularly among those with no/limited digital access.

> *"But I know if I say I want to get this surgery done as soon as possible, I will go anywhere for you to do it for me. What can you do? There are opportunities like Choose and Book and things like that. And I don't think a lot of patients are aware of that."*

Communication whilst waiting – it was noted that whilst on waiting lists, patients receive limited/no information about what is happening or what the processes are. Additionally, individuals are often unsure about whom to contact for clarification or to discuss their condition, aside from the GP.

> *"They don't know if they're moving up or down or where they're going"*

Access to pain management clinics and other community services – waiting lists for pain management clinics were considered an issue, with many patients waiting for lengthy periods whilst in pain.

6.2 Views on the development of elective surgical hubs

Participants were asked their views on the development of an elective surgical hub at Sandwell Hospital, and a similar hub which would offer orthopaedic procedures for people living in the north of the Black Country.

It was agreed that having specialist centres for elective procedures was a good idea, with identified benefits including reduced waiting times, fewer cancellations, and greater clinical expertise.

> *"I think everybody would probably say if I've got to travel an extra 10 miles, but it means that I can get my knee done in a few months rather than waiting 18 months, then I think it's a no-brainer. So I think people would actually go for that."*

Several concerns were however noted, with accessibility identified as a fundamental issue underlying each.

Patient access and transport concerns – this was a particular concern for those with limited mobility / who are frail, those with a disability, those without access to a car, those from areas of high deprivation, and those with caring responsibilities.

For some, travelling to one of the hubs may involve a considerable amount of travel / time, not only for the patient, but for family members/carers. It was noted that it is not uncommon for people in the Black Country to not have travelled outside of the borough in which they live.

Public transport was considered variable throughout the Black Country, with connectivity dependent on location. Additionally, individuals face challenges of travelling to public transport stops / stations, cost and availability, if having to access early morning appointments, for example. It was noted that an older person's bus pass can only be used after a certain time (9.30 am).

> *"Accessibility is the most important, you know. I mean, there's no point in saying to me I've got to get to some where in Sandwell from where I live in Walsall Wood for 9 am."*

Patient choice and widening health inequalities – there is concern that the development of surgical hubs may have an adverse effect on health inequalities, as patients who can travel might receive elective procedures faster than those unable to access a hub. Participants discussed how the BCPC/trusts need to ensure that if a patient's preference is to go somewhere else with a shorter waiting list, but for different reasons they can't access that location, measures are put in place to support their individual needs.

> *"For somebody that can afford to go somewhere further, their health outcome is going to be better than somebody that perhaps financially or for whatever different reason can't or won't travel."*

Discharge processes – questions were asked as to how patients would be discharged from the surgical hubs and what support would be put into place to help those with transport difficulties return home. For some patients, it was questioned whether this would mean a discharge to their local hospital. Careful consideration was felt to be needed to ensure that patients are not discharged at reasonable times of the day.

Post-operative care – there was agreement that providing pre- and post-operative appointments locally would be beneficial and would help improve accessibility. There were suggestions to utilise local facilities like GP practices / primary care hubs or community centres to reduce the need for hospital visits.

It was queried as to what would happen with patients who deteriorate once at home (i.e. where would their care be escalated to?) and whether each of the places has appropriate social care available to support patients in the post-operative period.

> *"I think we can utilise a lot of other places for postoperative care as long as, obviously it's clear."*

"Listening to friends talking about how long they're waiting, how often they get their surgery put off, or how often they get their triage appointments put off, and then if they can be seen at a GP surgery afterwards, it would be so much better."

"So, as health, we can obviously organise ourselves, but have each of the places got that appropriate social care package in place for people?"

6.3 Views on space created in hospitals in the Black Country

Participants were asked to share their ideas about what the space could be used for at the four hospitals in the Black Country, if the elective surgical hubs were to go ahead.

There was some discussion about bringing specialist services, such as cancer, renal, and urology care back into the area, to reduce travel for patients with significant illness.

"It would be good if we could free up some space for a couple of beds that we could use for acute dialysis."

It was suggested that data should be used to help understand where the priority should be, i.e. what services people have to travel the most for.

Staff members stressed the importance of reviewing the workforce in each trust, with the suggestion to create a wider people strategy for the Black Country. There were concerns about staff shortages, backfill of posts whilst staff are being moved, and travel implications. It was also felt that an effort needs to be made to clear the backlog of procedures that can't be undertaken at the hubs.

"I know that in Dudley, their orthopaedic surgeon workforce is a lot smaller than Wolverhampton's, and they've got the expectation to be covering trauma as well as planned care. Unless we're going to grow some more surgeons or learn how to cut people in half, they can't be in two places at once, can they? I think it's further thought around the investment in the workforce as well for me."

6.4 Considerations for the BCPC

Patient access and transport

Accessibility of the hubs is the greatest concern for those who participated in the discussions. It was highlighted that consideration should be given to whether plans for surgical hubs should proceed if these issues remain unresolved.

It was suggested that a community transport system would help overcome some of the difficulties/anxieties people might have about travelling.

Some queried whether the Ring and Ride service is still in operation (no promotion has been seen for a long time) and whether patients can claim transport by private taxi.

Communication and information

Patient communication and information were raised consistently throughout the discussions. Areas for improvement were identified, and suggestions as to how effective communication is needed to support any future changes. Discussions related to communications with regard to:

- What the Collaborative is, why changes are being made (i.e., the benefits,) and what this means for local provision and people.
- Updating patients on elective waiting lists, i.e., what is happening, what the processes are, and the point of contact for queries.
- Patient choice options, such as the NHS e-Referral Service.
- Transport options and patient entitlements (including patient transport services, car parking discounts, reimbursement of travel costs).

"Is the Collaborative being communicated in the right way to patients?"

"Importance of explaining clearly and straightforwardly why these changes are being done and how people will benefit, otherwise perceived as taking away what's happening locally."

"If somebody needs XY&Z support, this is realistically, you know, logistically and financially what we can provide to people."

Information systems and sharing patient information

There was discussion about personalised care and the need for shared care records to enhance patient experiences and ensure seamless transition between primary, secondary, community, and social care. It was felt essential that this be embedded from the outset.

Waiting lists for elective procedures

Participants queried how the waiting lists for the hubs would operate and how patients would be prioritised. There was concern that patients would be pushed further down the list with greater demand for these combined sites. Providing assurance as to how that process is managed was considered key.

Additionally, it was felt important to ensure that these hubs are not overwhelmed when set up, with demand being transferred from four hospitals to hub sites.

Whilst waiting for elective procedures, timely access to pain management clinics and other community services (i.e. occupational therapists, physiotherapists) to ensure patients feel supported throughout their wait and that action is taken to prevent falls, was also discussed.

"Is it likely that I could fall even further down that waiting list and actually be waiting longer?"

"That's just my worry is overloading the hubs and sort of creating a further problem instead of solving one."

7 Analysis from stakeholder interviews

The following provides an overview of the key discussion points from the three interviews conducted with senior management staff from the Healthwatch organisations across the Black Country, and a Head of Planned Care from a neighbouring ICB.

7.1 Views on the development of elective surgical hubs

Interviewees were asked for their views on the development of an elective surgical hub at Sandwell Hospital and a similar hub, which could offer orthopaedic procedures for people living in the north of the Black Country.

Two clear benefits of the approach were identified: shorter waiting times and access to better quality care with specialised teams in one place.

Drawing on experiences from other elective surgery hubs, one interviewee highlighted how these facilities have significantly increased elective capacity, reduced treatment backlogs, improved waiting times and reduced length of stay for patients.

They explained how the BCPC has less independent sector orthopaedic capacity than in Birmingham and Solihull, therefore setting up such a hub at Sandwell Hospital would benefit patients and be more central for Dudley, Walsall and Wolverhampton patients too. Although patient journey times may in some circumstances increase, patients will be travelling to access overall better-quality care.

> *"Streamlining services makes absolute sense given the geography. With a population of 1.3m it probably can't sustain scattered specialist services within each speciality if they want to ensure patients have access to the skills, quality and specialisms they need"*

Several concerns were however raised, with accessibility identified as a fundamental issue underlying each.

Patient access and transport concerns - concerns were raised about the availability and efficiency of public transport, especially on weekends and with limited bus services in areas such as Cannock, increased costs of travel, and availability and expense of parking at the new locations.

There was apprehension that the approach would disproportionately benefit Sandwell residents, while those living in Dudley would be disadvantaged due greater travel distances. Concerns extended to relatives / other visitors who would also be accessing the facility, but who would not have access to transport services available to patients.

There was concern that there will be an increase in Did Not Attend (DNA) rates owing to travel issues, which would undermine the hubs' intended positive impact on patient access and resources.

Clarity was sought on the location of the hub in the north of the Black Country with questions asked as to whether it will genuinely serve the entire region effectively, and suggestion that a more central location might be of greater benefit to ensure equitable

access. Limited public transport access in the north of the Black Country was noted, especially for early morning appointments.

Widening health inequalities - there was concern that the development of surgical hubs may affect health equity, especially for individuals who face challenges in accessing services or who do not speak English as their first language.

Centralisation vs localisation - the centralisation of services was noted to be moving away from providing care closer to home, an approach preferred by many. Concern was raised about losing local facilities for a new, potentially less convenient hub, with suggestions to maintain facilities like Russell's Hall in Dudley.

Post-operative care - concerns were raised with regards to continuity of care in the post-operative period. The need for clear care plans and ownership of follow-up responsibility was highlighted, as well as providing transparency to patients about where follow-up care may be carried out.

7.2 Views on space created in hospitals in the Black Country

Interviewees were asked to share their ideas about what the space could be used for at the four hospitals in the Black Country, if the elective surgical hubs were to go ahead.

Bringing specialist services into the area was felt to be a positive - making healthcare easier for people to access, directly addressing the geographical inequalities in provision, and providing the most clinically effective and resilient services.

> *"It is the shape of things to come for NHS trusts, thinking about the Black Country geography it makes sense to consolidate / centralise services."*

The centralisation of specialist services was viewed as beneficial in terms of attracting the right calibre of clinicians, however another interviewee expressed concerns about the availability of clinical expertise. They provided the example of urology in Wolverhampton which was considered to not be a safe service for staffing reasons.

A suggestion was put forward to provide podiatry services where people currently struggle to get local appointments.

7.3 Considerations for the BCPC

Various issues were flagged that were felt important for the BCPC to consider.

Accessibility and travel

Consideration is felt to be needed for those who would be using the hubs. It was noted that the BCPC must anticipate and mitigate the stresses and practical challenges that would be faced by patients and caregivers, ensuring they feel informed, supported and confident in receiving care. The example was given of providing clear information about transport options, including how to book patient transport and the criteria for eligibility.

It was noted that the BCPC needs to consider that in metropolitan areas patients may not understand the issues related to increased travel time as services are generally concentrated in those areas, whereas in rural areas people generally already face greater distances.

> *"Although in mileage terms, hospitals may be relatively close together, it can be quite a challenge to get to some sites depending on where you live"*

Patient communication

There was a call for accessible information on the rationale for the hubs, how the hubs will operate, and what patients can expect at every stage.

It was noted that one of the key challenges will be getting the message across that the changes are not about cost-saving but about *"providing the best services they can for the population, so people don't have to travel too much further".*

The importance of clear, well-communicated pathways was also discussed including practical considerations for access i.e. availability of wheelchairs and information on how to book, drop-off points; and pre-procedure instructions to post-surgery plans e.g. follow-up at local sites, coordinated appointments for results and physiotherapy, to ensure a holistic approach to the patient's entire journey.

Inter-trust and departmental alignment

Effective communication and alignment between different hospital and community teams is needed to avoid patient confusion and ensure continuity e.g. discharge planning, care packages, follow-up appointments. It was noted that IT systems must be robust and connected to support seamless communication.

Support whilst waiting

Depending on how long patients are waiting, they may need extra clinical / potential harm reviews. It was suggested that the BCPC should consider how to support primary care to support their patients while they are waiting (Birmingham and Solihull have a web page which covers a lot of the different issues patients have while waiting - Your hospital appointment: NHS Birmingham and Solihull)

Staffing implications

Consideration is needed of the impact the changes will have on staff including potential longer working hours, increased workload, travel and expense, and training requirements for new IT systems or procedures. Additionally, the BCPC should evaluate how much of each specialty they can effectively provide at each site, as spreading clinicians thinly across multiple locations can impact the quality of care.

Patient choice and flexibility

Interviewees discussed how patients want more control over their appointments with the current fixed scheduling system perceived to be insufficient. It was noted that patients want:

- options to choose and reschedule appointments at convenient times, as with blood tests.
- clear information on available slots and whether follow-ups occur at the hospital or in the community.
- multiple ways to rebook - telephone, app, or internet - to meet diverse needs.
- simple, accessible contact options for appointment management.

8 Insight from community focus groups

The following provides an overview of the insights gathered from the nine focus groups carried out by local community and voluntary sector organisations. In total, 110 people participated in these discussions.

8.1 Participant sample

The table below shows the nine community and voluntary sector organisations that participated in the engagement including details of the individuals engaged with.

Equality and monitoring information was collected for all groups apart from the Thomas Pocklington Trust.

Organisation Name	Community engaged with	No. of participants
NICS Wellbeing CIC	Individuals with lived experience of neurodivergence, mental health challenges and additional needs across the Black Country	10
NTGG Wellington Road Community Project	Seniors group (majority over 60 years)	10
African French Speaking Community Support (AFSCS)	Asylum seekers and refugees, particularly those of African origin living in the Black Country	22
Healthwatch Walsall	Individuals with autism or a learning disability	9
Dudley Crossroads	Informal carers, mostly aged over 65 years	6
Good Shepherd Services	Homeless and Women's groups that include individuals from various ethnic and cultural backgrounds.	24
Ethnic Minority Council	People facing language and cultural barriers, older South Asian men	11
Thomas Pocklington Trust - Birmingham and Black Country Sight Loss Councils	Blind and Partially Sighted individuals (BPS)	10
Zebra Access CIO	Deaf and hard of hearing community with various backgrounds	8
Total		**110**

Table 18 Participating groups

Of the participants who provided equality and monitoring information:

- 61% (n=54) resided within Wolverhampton, 26% (n=23) in Sandwell, 6% (n=5) in Dudley and 4% (n=4) in Walsall. The remaining 3% (n=3) resided outside of Black Country.
- 51% (n=50) identified as female and 29% (n=49) as male. All indicated that their gender matched their sex registered at birth.
- 17% (n=11) were aged under 35 years, 23% (n=15) 35-44 years, 32% (n=21) 45–64 years and 28% (n=18) 65 or over.
- 32% (n=28) stated having a disability.
- 44% (n=44) identified as White English, Irish or other, 30% (n=30) as Black / Black British, 14% (n=14) as Asian / Asian British, 10% (n=10) as Mixed and 2% (n=2) as other.
- Participants were most commonly single (40%; n=35) or married (28%; n=25).
- 98% (n=81) identified as heterosexual or straight and 2% (n=2) as other (asexual or gay man).

Note: A handful of participants selected 'prefer not to answer' or did not respond to different questions. These participants were excluded from the calculations.

8.2 Views on the development of elective surgical hubs

Participants were asked their views on the development of an elective surgical hub at Sandwell Hospital, and a similar hub which would offer orthopaedic procedures for people living in the north of the Black Country.

Most participants welcomed the idea of developing two elective surgical hubs, with identified benefits for patients including:

- Fairer access
- Reduced transport costs (negates the need for people to travel outside of the Black Country for elective procedures)
- Reduced waiting times
- Fewer cancellations
- Better health outcomes
- Better quality and more efficient care with specialist facilities and resources in one place
- Inclusion of gynaecological care, which participants in the African French Speaking Community Support (AFSCS) group felt is often overlooked.

It was noted that the approach would benefit the NHS by improving staffing efficiency, generating jobs, attracting staff, and easing hospital pressure.

> *"As someone who struggles with mobility, having everything in one place would make a huge difference for me." (Good Shepherd)*

"I think the idea of a local hub is brilliant. It could really help with quicker assessments, diagnosis, and even minor procedures like keyhole surgery." (Good Shepherd)

Several concerns with the approach were raised and are discussed below.

Location of the hubs – some felt the development of a second hub in the north of the Black Country would be beneficial in terms of providing individuals with more options and providing fairer access. However, questions were raised regarding why this hub would only offer orthopaedic procedures rather than matching the range of services available at Sandwell Hospital, as well as where the hub would be located.

There were concerns that people living in Wolverhampton would be disadvantaged with further travel, with some suggesting that the hubs should be more evenly distributed across the Black Country.

Familiarity of location was important for some, particularly for older individuals and those from ethnic minority groups, who discussed how accessing services in familiar areas makes them feel safer and at ease.

"Why not spread services more evenly across Black Country?" (AFSCS)

"Why should Wolverhampton always be the one that has to travel furthest?" (NICS Wellbeing)

Patient access and transport concerns – although many identified the benefits that the development of the hubs would bring, accessibility is a key concern.

There was strong feeling that the hubs would benefit those who can travel easily, but disadvantage those who would struggle such as the most vulnerable (e.g. those with poor mobility / ill health, those on a low income and those with no family support) and those living the furthest distance away (i.e. those living in Wolverhampton) and/or in rural areas. There was concern that this would contribute to health inequality.

"Favour those who can travel easily, leaving out the most vulnerable" (AFSCS)

"I support the idea but worry about how accessible it will be for people who don't drive or live far away" (Good Shepherd)

"If it helps reduce the waiting list, I'm there, but don't forget those of us in Wolverhampton who can't easily get there." (NICS Wellbeing)

While most groups identified the benefits of the approach and raised concerns about travel for others, the informal carers who engaged in the Dudley Crossroads focus group (all over the age of 65 years) noted that travelling outside of Dudley would be too far and stressful for them to travel, with many already finding it difficult to travel to their local hospital. They explained that travelling by taxi would be too expensive and requested that the Collaborative consider people's travel concerns and re-think moving services.

"Local people need local services – what is the point of creating space at hospitals for other purposes instead of local people being able to use hospitals for the services they require" (Dudley Crossroads)

The same concerns about travel were held by a handful of participants from other groups, who acknowledged that the travel would be too difficult or costly, especially if they were required to attend the hub on multiple occasions.

> *"For me it's not just the operation, it's the travel there and back and all the appointments before. That's where I struggle." (NICS Wellbeing)*

> *"I don't drive, and paying for taxis or two buses just to get to an appointment isn't affordable for me." (NICS Wellbeing)*

Patient transport services were therefore discussed in most groups and how these need to be explored to provide better options for people who can't travel.

> *"Would hospital transport be available and would it go from say Dudley to Walsall?" (Dudley Crossroads)*

> *"If you can get to the hospital they won't give you access to patient transport, if it is too hard, they just won't go to appointments" (Thomas Pocklington Trust)*

Other suggestions relating to travel and transport included:

- Collection points for buses and taxis at the hubs.
- Collaboration with West Midlands Transport to create good bus links between the hospitals/hubs.
- Plenty of car parking spaces within walking distance and reasonable parking costs.
- Adequate number of disabled bays.

Staffing and increased demand at Sandwell Hospital – it was questioned whether there are enough staff to support the approach, with feeling that significant effort and investment is needed to ensure adequate numbers of suitably qualified staff.

Additionally, there was concern that the development of the hub at Sandwell Hospital, will lead to the hospital, and staff, becoming overwhelmed.

> *"Would the more experienced / trained staff work in the hospital setting, and the less qualified / junior members work in the community spaces? Community hubs, could lead to poor treatments/outcomes for patients" (NTCG)*

> *"Sounds positive, but I worry about whether Sandwell Hospital has enough staff to cope with the extra work." (AFSCS)*

8.3 Additional patient considerations

Participants raised several other considerations important to people awaiting elective surgery.

Communication and support whilst waiting – some commented on their personal experiences of waiting for elective procedures and how their mental health dipped during this time. Many reported feeling "forgotten".

The importance of transparency was highlighted; informing people how waiting lists are managed and how long they can expect to wait, which some felt would help build trust.

Older adults suggested that the BCPC should consider the age, health condition, genetic disposition and vulnerability of the patient in terms of their mental health and family support system when deciding on timescale for arranging elective surgery.

Providing practical advice, access to pain management and emotional and mental health support to help people manage the uncertainty and anxiety that can be experienced while they are waiting was considered imperative, aspects that it is felt are overlooked.

> *"Transparency in how waiting lists are managed would really help restore trust on the NHS. Without it, many will think it's just reshuffling the same problems." (AFSCS)*

> *"I have personal experience on this and therefore I suggest that patients should have clearer timelines and updates, not just long periods of silence. That's a priority for me and it doesn't cost to improve." (AFSCS)*

> *"Waiting for a procedure is stressful enough, I wish there was more support for anxiety during that time" (Good Shepard)*

> *"I've felt really alone while waiting for surgery, some emotional support would go a long way" (Good Shepard)*

Pre- and post-operative care – some discussed the importance of pre- and post-operative care and ensuring that these are key parts of service provision. The inclusion of onsite physiotherapy and rehabilitation services was discussed by those in the Ethnic Minority Council, as it was felt that this would help facilitate patient recovery.

Prior to surgery, participants discussed the importance of receiving clear information regarding the surgical process, including what to expect during the operation, guidelines for normal recovery, and indicators for when to seek medical advice.

Other suggestions included dedicated points of contact or helplines to ensure that patients can address any questions or concerns and making sure that patients are fully aware of all available post-operative support options, such as physiotherapy, mental health services, home care, or specialist equipment.

It was noted that outpatient support must also extend into the community, acknowledging that some may lack personal support networks to oversee their wellbeing.

To avoid having to travel to the hubs for post-operative checks, a few suggested that it would be beneficial to offer these locally.

> *"I'd feel safer knowing I could have my check-ups in Wolverhampton and only travel for the actual surgery." (NICS Wellbeing)*

Accessibility of the hubs – individuals who are Blind or Partially Sighted (BPS), Deaf, Deafblind and Hard of Hearing and those with a learning disability noted the significance of inclusive and accessible building design. They highlighted the following points, with some expressing their desire to participate in the design of the buildings:

- Wheelchair access (i.e. accessible ramps, lifts, toilets, rooms)

- Easy to follow, dyslexia-friendly signage (i.e. clearly numbered / named wards and consultation rooms)
- Fire access – visually noticeable and not audio-based
- Good lighting (inside & outside)
- Sensory-friendly, quiet waiting areas.
- Knowing that a building is accessible for their needs, reduces anxiety about going to new locations / services.

"The collaborative should make accessibility for disabled patients a top of the list." (AFSCS)

"Waiting rooms are overwhelming. If they had a quiet area, I'd feel like I could cope with going." (NICS Wellbeing)

Communication formats - several suggestions were made to improve communication formats for patients, such as providing information through letters, texts, or online resources and ensuring accessibility for those with reading or language difficulties. It was also suggested that there should be a helpline (phone / text) for people to communicate directly with the hub.

A couple of comments were made about the use of digital technology and ensuring that people who cannot use and/or feel uncomfortable using this technology are not discriminated against in anyway.

"I have seen a move to digitalisation within the NHS. Technology like online booking could speed things up. At the same time, digital tools might exclude elderly patients. A careful consideration is needed in this area." (AFSCS)

"I don't feel comfortable using online systems to talk to my doctor, it's not the same as being there in person" (Good Shepherd)

Flexibility – several comments were made about the flexibility of the service and ensuring that both day and evening appointments are available.

It was additionally noted that accommodations need to be made for some patients to access appointments, the examples being people with a learning disability who can take longer to get ready in the morning, and carers who need to get themselves and their cared for person ready.

Inclusivity and accessibility for different patient groups - some specific considerations were made by individuals from different focus groups. These were mainly related to accessibility and communication. A recurring theme for all was ensuring staff have the training and experience of supporting people with additional needs and communication difficulties.

Deaf, Deafblind and Hard of Hearing - participants highlighted the need for ensuring fully accessible appointments i.e. through the booking of British Sign Language (BSL) interpreters. There was also discussion about an App for BSL users (to communicate via sign language and receive information in BSL) and having vibrating pagers in waiting rooms.

As sourcing BSL interpreters can be difficult, a suggestion was made of making one of the hubs deaf-friendly, equipped with in-house interpreters and a hearing loop. However, others felt this approach might reduce options and raise accessibility issues.

Blind and Partially Sighted (BPS) – participants highlighted several different factors for ensuring services are fully accessible for BPS people:

- Hub staff to be aware of BPS people (i.e. flag on system).
- All correspondence to be in an accessible format -
    - Accessible digital or printed information - suggested liaison with organisations such as 'All Format provider' to assist with accessibility for formatting. PDF files (sent by email) cannot be read by most assistive technology.
    - Ensure that parents / guardians who are BPS get their children's correspondence in an accessible format.
- Visual impairment awareness training for all staff and volunteers.
- More appointments available for BPS who need further clarification / reassurance.
- Guides to direct BPS people on arrival to the hub.

> *"Challenges start at the first point of contact (appointment letter) for a BPS patient, then factor in even travelling to the hospital and then navigating to the department" (Thomas Pocklington Trust)*

Learning disability – for individuals with a learning disability it was felt essential to keep them informed at all parts of their journey, including how long they can expect to wait.

Face-to-face communication aids understanding and enables carers to seek clarification as needed. In some cases, it may be necessary for the carer to remain at the hub during the procedure, with overnight accommodation available if required.

Any written information must be easy-to-read and in large print and available in Makaton / video for those who are unable to read.

Staff must be fully aware of a patient's needs and ensure they are met. Learning disability passports should be read and used.

> *"Need someone to be able to explain what is happening and for them to be able to understand what is going on at every stage to remove the fear factor" (Healthwatch Walsall)*

Ethnic minority groups - Participants from ethnic minority groups highlighted the importance of culturally-sensitive services, for example, providing the option of seeing a same-gender clinician. It was questioned whether it would be possible for the model to use local community spaces such as faith organisations to support accessibility.

Lesbian, Gay, Bisexual, Transgender, Queer or Questioning and other (LGBTQ+) – respondents from the community shared that they often worry about how staff will treat them (non-verbal communication) and want clear reassurance of respect and inclusivity.

8.4 Views on space created in hospitals in the Black Country

Participants were asked to share their ideas about what the space could be used for at the four hospitals in the Black Country, if the elective surgical hubs were to go ahead.

Participants perceived this to be a great idea, identifying benefits such as improved access to specialist services alleviating the necessity for people having to travel outside of the Black County / to other cities for care and making better use of resources (staff and equipment). There were also comments about the approach improving public confidence in the NHS.

> *"I think bringing specialist services into the community is a brilliant idea. It would make things easier for people in Wolverhampton and create more NHS jobs too." (Good Shepherd)*

> *"Setting up new specialist services to accommodate people within the Black Country is a good thing and this is something I will support and recommend." (AFSCS)*

> *"I've had to travel far for my treatment. If we had that here, it would take so much stress away." (NICS Wellbeing)*

In terms of what the space could be used for, some made specific suggestions and a few suggested that decision-makers need to investigate the services which currently require extensive travel to patients.

> *"What specialist services do people have to travel outside the Black Country for?" (Dudley Crossroads)*

Some of the specific suggestions provided are detailed below:

- Cancer services (including counselling, support groups, activities)
- Cardiac services
- Mental health services and trauma-informed support
- Specialist children's services
- Diagnostic services
- Walk-in centres (to reduce pressure on A&E)
- Preventative health advice centres e.g. support to stop smoking, managing weight, improving mental health
- Specialist emergency trauma services
- Support for older adults e.g. memory clinic, fall prevention and mental health services
- Specialist services for D/deaf adults including mental health / dementia service and/or cochlear implant department
- Training centre for staff

Members of the AFSCS group voiced concerns about the proposed plans to create specialist services, noting that the approach may be intended as a cost-saving measure. They emphasised the importance of thorough planning, including consulting with staff to

identify effective solutions. The group indicated that it is important to see tangible actions rather than having unused spaces for extended periods and stated that only after these changes are implemented will the impact on patient outcomes become clear.

"What assurance do citizens have for the viability of this improvement?" (AFSCS)

"It's good the collaborative is looking at this now. I believe that faster elective services would mean less stress for patients waiting in pain. But I worry that this is a real optimising resources rather than just cost cutting." (AFSCS)

9 Summary of findings

9.1 Views on the development of elective surgical hubs

More than half (57%) of Black Country residents would prefer to travel to a surgical hub if it meant they could be treated sooner even if they needed to travel further. An additional 25% would consider accessing a surgical hub but travel would be a concern.

In contrast, 17% would prefer to be treated at their local hospital even if it meant a longer wait. Individuals from Walsall and Wolverhampton were more likely to report that travel would be a concern while those from Dudley would prefer to be treated at their local hospital.

For patients from Dudley who are on a waiting list, 65% would prefer to travel to be treated sooner, with an additional 18% who would consider accessing a hub but travel would be a concern. 17% would prefer treatment at their local hospital even if they had to wait longer.

Note: Notably a much smaller proportion responded to the survey for Dudley waiting list patients, caution must therefore be applied to any direct comparison in the findings from the two surveys.

	Survey for Dudley waiting list patients (n=66)	Survey for Black Country residents (n=503)
Prefer to be treated sooner even if travel required	65%	57%
Consider accessing the hub, but travel could be a concern	18%	25%
Prefer treatment at local hospital even if waiting time is longer	17%	17%

Table 19 Q - Would you be willing to travel to a surgical hub instead of your local hospital for a routine elective procedure if it meant a shorter wait?

The most frequent barriers cited by Black Country residents who felt traveling to the surgical hubs would be a concern were difficulty arranging support from family/friends (37%), cost of travel (30%), poor public transport (25%) and lack of personal transport (21%).

Respondents from Sandwell, respondents aged 55 years and over and those without a disability were less likely to report barriers to travel.

For Dudley waiting list patients, a higher proportion indicated that travel was not a concern (48% vs 38% of Black Country residents) with lower proportions identifying each of the travel barriers.

	Survey for Dudley waiting list patients (n=66)	Survey for Black Country residents (n=503)
No concerns about travel	48%	38%
Difficulty arranging support from family/friends	14%	37%
Cost of travel	14%	30%
Poor public transport options	12%	25%
Lack of personal transport	20%	21%
Mobility or accessibility issues	9%	15%

Table 20 Q - If travel is a concern, what would be the main barrier for you? As respondents were able to select more than one response, percentages do not equate to 100%.

A third (35%) of Black Country residents would travel a further 5 miles than they do currently for quicker elective care, whilst 30% would travel up to 10 miles and 24% more than 10 miles. 10% would not travel beyond 10 miles.

Respondents from Wolverhampton and Walsall were more likely to say they would travel further, as were men and those from ethnic minority groups.

For Dudley waiting list patients, 33% said they would travel up to 5 miles, 27% up to 10 miles, and 26% more than 10 miles. 14% were not willing to travel beyond 10 miles.

	Survey for Dudley waiting list patients (n=66)	Survey for Black Country residents (n=503)
Up to 5 miles	33%	35%
Up to 10 miles	27%	30%
More than 10 miles	26%	24%
Not travel more than 10 miles	14%	10%

Table 21 Q - How much further than you travel now, would you be willing to travel for quicker access to elective surgery?

For most Black Country residents (86%), having pre- and post-operative check-ups at their local hospital, rather than a surgical hub, was considered very or somewhat important (86%). For Dudley waiting list patients, a similar proportion (82%) indicated that it was very or somewhat important.

Approximately a third (37%) of Black Country residents stated that relocating elective services would not affect their attendance. However, two-thirds felt it would be somewhat harder (38%) or much harder (21%) to attend, while 4% said it would make attendance impossible. Respondents from Dudley were more likely to report that moving the service would make it much harder or impossible to attend than other Black Country areas, as were females (this question was not asked to Dudley waiting list patients).

Nearly all Black Country residents who responded to the survey considered having a choice about where they receive treatment to be very or somewhat important (95%). With hospital or surgical team reputation (54%) and short waiting times (52%) considered to be the most important factors when deciding on a location. For Dudley waiting list patients, 86% felt having the was very or somewhat important with respondents prioritising shortest waiting times (55%) and to a lesser extent reputation if the hospital or surgical team (36%).

The development of the hubs was discussed in greater detail in the qualitative engagement activities (interviews, focus groups and community discussions) with participants identifying specific benefits of the approach. These included:

- Improved access
- Reduced travel and transport costs
- Reduced waiting times
- Less cancellations
- Better health outcomes
- Better quality and more efficient care with specialist facilities and resources in one place

Several direct NHS benefits were also identified including improved staffing efficiency, the generation of new jobs, staff recruitment, and easing hospital pressure.

The greatest concern that participants have about the development of the surgical hubs is accessibility. This supports the findings presented above in terms of the proportions of survey respondents who would face travel barriers accessing care in these locations and echoes the views expressed in open response questions in the survey with Black Country residents.

Participants acknowledged that for some patients, travelling to the hubs may involve increased and more costly travel, not only for the patient, but for family members / friends / carers who would not have access to the transport services available to patients. The approach was felt to be moving away from providing care closer to home, an approach preferred by many.

Participants recognised that it is not uncommon for people in the Black Country to not have / rarely travel outside the borough in which they live. This was the case for some of the older adults who took part in a community discussion in Dudley, who discussed how travelling outside of Dudley would be too far and stressful for them to travel. Many already find it difficult to travel to their local hospital.

Public transport is considered variable throughout the Black Country, with connectivity dependent on location and time of week. Additionally, individuals face challenges of travelling to public transport stops / stations, cost and reliability.

There was a strong feeling that the hubs would benefit those who would be able to access the hubs, but disadvantage those who would struggle with travel. This was suggested to include those with limited mobility / who are frail or in poor health, those with a disability,

those without access to a car, those from areas of high deprivation, and those with caring responsibilities.

Furthermore, there was concern that the development of the hubs would disproportionately benefit Sandwell residents, while people living outside of Sandwell and at the furthest distance from the second elective hub would be disadvantaged due greater travel distances. Some felt their views would depend on the specific location of the hub in the north of Black Country, others suggested that this would be people living in Dudley and/or Wolverhampton.

Consequently, there is apprehension that the development of the hubs will have an adverse effect on health inequalities, as patients who can travel might receive elective procedures faster than those unable to access a hub.

Other concerns about the development of the hubs discussed by survey respondents and those participating in the interviews, focus groups and community discussions included:

- Location of the hubs and service provision - questions were raised regarding why the hub in the north of Black Country would only offer orthopaedic procedures rather than matching the range of services available at Sandwell Hospital. Clarity was sought on the location of this hub with questions asked as to whether it will genuinely serve the entire region effectively, with suggestion that a more central location might be of greater benefit to ensure equitable access.
- Staffing and increased demand at Sandwell Hospital - it was questioned whether there are enough staff to support the approach, with a feeling that significant effort and investment is needed to ensure adequate numbers of suitably qualified staff. There were also concerns that developing the hub at Sandwell Hospital could overwhelm the hospital and staff, with additional worries about increased workload, travel, and training due to the relocation of services and staff.
- Discharge processes and post-operative care - concerns were raised as to how individuals who experience transport difficulties will be supported to return home, and whether for some discharge would be to their local hospital. Additionally, concerns were raised with regards to continuity of care in the post-operative period, with query as to what would happen to patients who deteriorate once at home and whether each of the places has appropriate social care available to support patients in the post-operative period.

9.2 Considerations for the BCPC

Various factors were felt important for the BCPC to consider when making decisions about the future of elective surgery in the Black Country. These factors are considered important for people awaiting elective surgery.

Patient access and transport - respondents stressed that careful consideration is needed to understand the challenges that patients will face in accessing the hubs, and effective measures put in place to tackle them to prevent travel to the hubs being the reason why people cannot access quicker surgery. Participants highlighted the importance of practical support to make travel and access as smooth as possible for all patients.

Suggestions included improving patient transport services and public transport networks and ensuring ample and affordable parking close to the hubs.

Accessibility of the hubs was also highlighted as crucial, especially for people with sensory, physical or learning difficulty/disabilities. It was noted that ensuring hubs are inclusively designed helps reduce anxiety about visiting new healthcare locations.

Patient communication and information - clear and accessible patient communication emerged as a central theme. Comments related to information about the elective surgical hubs and the reasons behind the changes, patient choice options and tools, pre- and post-operative information as well as transport options and patient entitlements. Getting the message across that the changes are not about cost-saving and reaching those who are less used to travelling to access healthcare services (i.e. those living in central areas) were considered key challenges.

There was a suggestion that information needs to be accessible through multiple formats, such as letters, texts, or online resources, with attention to those facing reading or language barriers and those with no/limited digital access.

Several of the points below also highlight the importance of clear and accessible patient communication.

Management of waiting lists – it was queried how the waiting lists for the hubs would operate and how patients would be prioritised. There was concern that patients would be pushed further down the list with greater demand for these combined sites. Providing transparency as to how that process is managed was considered key. Additionally, it was felt important to ensure that these hubs are not overwhelmed when set up, with demand being transferred from four hospitals to hub sites.

Support whilst waiting – clearly informing patients about expected wait times is crucial for those awaiting elective surgery. Additionally, offering practical advice and emotional support as well as timely access to pain management clinics and other community services helps patients cope with anxiety and uncertainty during the waiting period and is important for patient wellbeing.

Pre- and post-operative care – pre- and post-operative care was identified as a priority, with participants emphasising the importance of accessible appointments to improve patient experience and recovery. Echoing the findings of the survey (86% of Black Country residents perceiving it very / somewhat important to have pre- and post-operative check-ups at their local hospital), those who took part in the focus groups and community discussions noted how offering these appointments locally would help improve accessibility.

Prior to surgery, participants discussed the importance of receiving clear information regarding the surgical process, including what to expect during the operation, guidelines for normal recovery, and indicators for when to seek medical advice. A dedicated point of contact / helpline would help patients address any questions or concerns that they have.

It was felt imperative that discharge and follow-up procedures are clearly communicated to patients to ensure transparency and continuity of care. Consideration was felt to be

needed to ensure that patients are discharged at reasonable times of the day and that comprehensive care packages are put into place to support patients in the community, particularly those with no support network. Several comments were made about making patients aware of all available post-operative support options, such as physiotherapy, mental health services, home care, or specialist equipment.

Patient choice and flexibility - participants expressed a desire for greater control over appointment scheduling, including options to choose, reschedule, and manage appointments through various accessible channels. They highlighted the importance of having appointment times that suit their individual needs, including day and evening slots.

Staffing – participants highlighted the need for careful planning, consultation with staff, and a broader workforce strategy across the Black Country to address potential staff shortages and challenges associated with the relocation of services.

Information systems and sharing patient information - there was discussion about personalised care and the need for shared care records to enhance patient experiences and ensure seamless transition between primary, secondary, community, and social care. It was felt essential that this be embedded from the outset.

9.3 Views on space created in hospitals in the Black Country

Part of the engagement focused on gathering ideas on what the space freed up by the relocation of services at the four hospitals in the Black Country, could be used for if the elective surgical hubs were to go ahead. One idea suggested by the BCPC was bringing some services together and creating new specialist services that local people currently must travel outside the area to access.

66% of Black Country residents considered it very important for them to have specialist services available locally, with an additional 26% perceiving it to be somewhat important. A smaller proportion did not consider this aspect as important; 6% perceiving it as not very important and 2% as not important at all. Female respondents, respondents aged 35-54 and respondents with a disability were more likely to view local specialist services as very important.

Numerous benefits of having local specialist services were cited by survey respondents and discussed by those participating in the qualitative engagement. These included improved access reducing travel time and costs for patients, continuity of care and familiarity with local healthcare providers, reduced stress and anxiety and the proximity of support networks.

Additionally, the approach was identified to have the following benefits for the NHS - more efficient use of resources, providing the most clinically effective and resilient services and supporting staff recruitment.

Survey respondents who did not consider having local specialist services as important discussed their preferences to receive high-quality, specialist care over the convenience of proximity.

In terms of what the space could be used for, whilst some made specific suggestions, a few suggested that data should be used to help understand where the priority should be, i.e. what services people currently travel the most for.

Some of the specific suggestions provided are detailed below:

- Cancer services
- Renal services
- Urology services
- Cardiac services
- Mental health services
- Podiatry services
- Specialist children's services
- Diagnostic services
- Walk-in centres
- Preventative health advice centres
- Specialist emergency trauma services
- Support for older adults
- Specialist services for D/deaf adults
- Training centre for staff

9.1 Barriers and challenges faced by different population groups

The situation review indicated the below barriers and challenges that were faced by different population groups in the Black Country:

9.1.1 Demographic and health-related challenges:

- Age:
    - People over 65: In Dudley, 20.4% of the population is over 65, which is higher than the national average of 18.5%. 72.8% of people over 65 found digital technology difficult to use, which is a significant barrier to accessing services.
    - Children (aged 0-15): The Black Country has more children than the national average. A major health challenge for this group is obesity, with 43% of children recorded as obese compared to the national average of 35%. The region also has some of the highest levels of infant mortality in England.
- Socio-economic Status:
    - Deprivation: The Black Country is a significantly deprived area, with 50% of the population living in the highest 20% of deprived areas in England.

    - Car ownership: 25% of households do not have a car, which creates a major barrier to travel for appointments. Most people are willing to travel, they would need to rely on public transport or friends and relatives for a lift.
- Racial and ethnic groups:
    - The Black Country is a vibrant, multicultural region with diverse communities.
    - Sandwell, Walsall, and Wolverhampton have a much higher percentage of people from ethnic minority groups than the national average of 14%. The population in Dudley from ethnic minority backgrounds matches the national average.
- Health conditions:
    - Obesity: 69% of adults are obese, compared to the national average of 64%.
    - Premature deaths: the region has high rates of premature deaths from cardiovascular disease (CVD) and respiratory issues. The mortality rate for CVD in people under 75 is 99 per 100,000, and for respiratory problems, it is 38 per 100,000.

9.1.2 Common barriers to elective care services:

The report identifies several common themes and issues that act as barriers for various population groups:

- **Travel:**
    - Barrier: 25% of households do not own a car, making it difficult to attend appointments, especially if they are located far away.
    - Patient preference: While many are willing to travel for quicker or more specialised care (81.49% for specialists and 72.32% for faster care), the lack of personal transport is a significant issue.
- **Health literacy:**
    - Barrier: A lack of health literacy makes it difficult for patients to understand treatment options, navigate health pathways, and make informed choices about their care.
    - Impact: The MSK Patient Pathway report highlighted that improved health literacy leads to better patient outcomes because they can better advocate for themselves.
- **Communication:**
    - Barrier: Patients face issues with appointment cancellations and struggle to contact the right people or departments for information.
    - Impact: This can lead to frustration and can be particularly challenging for patients who are already dealing with worsening symptoms.

- **Digital access/poverty:**
    - Barrier: Not all patients are confident with technology. A Sandwell Healthwatch survey found that 44% of people found digital technology difficult to use.
    - Impact: This is a major issue for booking appointments or communicating online. For people over 65, the number who found technology difficult to use rose to 72.8%. Additionally, 30% of people surveyed lacked access to the necessary equipment or data.
- **Waiting times:**
    - Barrier: Around 250,000 people in the Black Country are currently waiting for elective treatments.
    - Impact: While very long waits (over 104 weeks) have been eradicated, waiting times are still a concern for the community, and it is estimated that waiting lists will continue to grow by approximately 4% per year.

10 Next steps

Following the initial engagement period, the findings from the Black Country report will be shared with key stakeholders throughout September and October 2025. The report will be provided to the Black Country Provider Collaborative (BCPC) executive, the Black Country Integrated Care Board (ICB), and those developing the business case for change. Additionally, a copy will be sent to Health Scrutiny Committees at the local authorities.

This insight will be used to begin conversations with trusts about how to use these findings to shape the delivery of elective care services.

Here is a breakdown of the next steps:

- **Review findings:** The BCPC will thoroughly review all feedback from this report, with particular focus on concerns raised about travel, equity, and accessibility.
- **Inform proposals:** The insights from this review will be used to refine and shape future proposals for elective care services and the repurposing of hospital space.
- **Develop mitigation strategies:** We will work with local partners to create and implement solutions to address the identified barriers, especially for vulnerable populations.
- **Implement a comprehensive communication plan:** We will create a communication plan to provide clear, accessible information about the upcoming changes and patient support options.
- **Manage waiting lists:** We will be transparent about how waiting lists will be managed to alleviate concerns about patients being "pushed down" the list.
- **Ongoing dialogue:** We will continue to engage with stakeholders and the community as these plans progress, ensuring their views remain central to our decision-making.

11 Appendices

Appendix 1 - Situation review

Appendix 2 - Survey with Dudley residents on the waiting list

Appendix 3 - Survey for Black Country Residents

Appendix 4 - Focus groups facilitator's guide

Appendix 5 - Interview questions

Appendix 6 - Community focus group questions

Appendix 7 - Demographic profiles

11.1 Appendix 1 – Situation review

Contents

1 Introduction

This situation review aims to provide details of the current provision of elective care services in the Black Country, and a thematic overview of the engagement already undertaken with patients and the public regarding these services.

This document, and subsequent involvement work, will support proposals to address pressures on those services now and ensure existing resources for elective care services are used effectively and efficiently in the future to support improvements to clinical quality, access and patient choice.

Olovus has been appointed to prepare this independent report and are experts in patient and public involvement in policy, strategy, service design and transformational change programmes.

This report has been carried out by reviewing the documents made available by the programme team, in addition to further insight and information found as part of the research process.

This situation review will support an engagement project which follows previous work carried out by Olovus, on behalf of Black Country ICB/BCPC.

The BCPC wants to build on the work to date and to further consider local people's views in relation to its plans for the future of local elective care services.

The following is a short list of the sources that were reviewed as part of this process:

- Black Country ICB Joint Forward Plan- 2024 refresh
- Black Country ICB - MSK Patient Pathway Report - June 2023
- Black Country Provider Collaborative website
- The Dudley Group NHS Foundation Trust website
- The Royal Wolverhampton NHS Trust website
- Sandwell and West Birmingham NHS Trust website
- Walsall Healthcare NHS Trust website
- Walsall Healthwatch - feedback from 2024 AGM
- Sandwell Healthwatch - patient experience of primary care services - December 2022

2. Local context

The Black Country has a population of 1.26 million people, with a near-even gender split of 50.2% male and 49.8% female spread across the four boroughs of Dudley, Sandwell, Walsall and Wolverhampton.

The area has significant health inequalities, which have widened since the Covid-19 pandemic. Communities are significantly more deprived than the national average with 50% of the population in the highest 20% of deprived areas in England, and 25% of households do not have a car which is slightly higher than the national average for England of 23.5%.

The Black Country is a vibrant, multicultural region with diverse communities. Nationally, 14% of the population come from ethnic minority communities. However (other than in Dudley, which matches the national average), Sandwell, Walsall and Wolverhampton have a much higher percentage of ethnic minority communities than the rest of England.

Across all areas, there are more children (aged 0-15 years) than the national average with a lower percentage of people in Sandwell, Walsall and Wolverhampton under 65. In Dudley there is a higher percentage (20.4%) of people over 65 years compared to the national average of 18.5%.

The Black Country has some of the highest levels of infant mortality in England and lower than average life expectancy, with the exception of men in Dudley who live, on average, slightly longer than their counterparts nationally.

There are higher levels of obesity in the region than the national average with 43% of children recorded as obese (compared to the national average of 35%), and 69% of adults recorded as obese (compared to 64% nationally).

The area also has high rates of premature deaths from cardiovascular disease (CVD) and respiratory issues. Mortality caused by CVD in people under the age of 75 is 99 per 100,000 of the population, and 38 per 100,000 of the population under the age of 75 die from respiratory problems.

The services under review are managed by a range of organisations across the two Integrated Care Board areas. The collaborative works across four ‘places’ supported by NHS Black Country ICB :

- Dudley
- Sandwell
- Walsall
- Wolverhampton

These places deliver services across four Trusts:

- The Dudley Group NHS Foundation Trust
- The Royal Wolverhampton NHS Trust
- Sandwell and West Birmingham NHS Trust
- Walsall Healthcare NHS Trust.

Elective treatment for patients and the public in Wolverhampton are historically also delivered at Cannock Chase Hospital, which is in Staffordshire ICB.

3. Current elective services

The Dudley Group NHS Foundation Trust currently provides a range of elective care services mainly from the Russells Hall Hospital in Dudley. They include orthopaedics, vascular, general surgery, urology; ear, nose and throat (ENT), urology, gynaecology, renal, ophthalmology and gastroenterology. It also operates Guest Outpatient Centre in Dudley and Corbett Outpatient Centre in Stourbridge.

The Royal Wolverhampton NHS Trust currently provides a range of elective care services mainly from Cannock Chase Hospital. They include orthopaedics, breast surgery, general surgery, urology, dermatology and plastics. It also provides rehabilitation services at West Park Hospital and secondary and tertiary services at New Cross Hospital.

Sandwell and Birmingham NHS Trust provides a range of elective services mainly from the Midland Metropolitan University Hospital. They include breast, cancer, ENT, gastroenterology, general surgery, gynaecology, plastics and urology. It also operates City Health Campus, Sandwell Health Campus, Birmingham & Midlands Eye Centre and Pan-Birmingham Gynaecological Cancer Centre.

Walsall Health NHS Trust provides a range of elective services mainly from Manor House Hospital. They include bariatric, cancer, ENT, ophthalmology, gastroenterology, general surgery, orthopaedics and vascular.

4. Common themes and issues

As part of the document review conducted as part of this work, the following themes and issues related to public perception of these services arose:

4.1 Travel

Travel was highlighted as of key importance throughout the information reviewed.

A survey conducted by the Black Country ICB for the development of its Joint Forward Plan found that:

- 81.49% of responders were willing to travel outside the place they live to receive treatment from a team that specialises in that type of surgery,
- 72.32% of people would be willing to travel outside the place they live to receive care more quickly.

For surgery aftercare, the majority of people wanted to receive care in the community (79.71%) or at their local hospital (68.76%). However, 60% were willing to return to the health and care setting where they had surgery.

The vast majority of people would be willing to travel up to five miles for surgery and around 60% said they would be willing to travel up to ten miles.

These results should be considered alongside the knowledge that 25% of households do not have cars, and those needing to attend sites for health care would either need to access public transport or seek the support of friends and relatives to drive them to appointments.

4.2 Health literacy

Health literacy is important to help patients make informed choices about their treatment options, as well as exercising their rights under the NHS Constitution to choose where to receive care.

The Centre for Disease Control and Prevention defines health literacy as:

- Personal health literacy - the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- Organisational health literacy - the degree to which organisations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

The MSK Patient Pathway report highlighted health literacy as an issue for a range of patients, and identified that those with high levels of health literacy gained it from a variety of sources, including having worked in the NHS or knowing people who did.

Patients with low levels of health literacy struggle to understand potential pathways, and may not be able to make informed choices about their care, The report highlights that improved health literacy leads to improved outcomes for patients who are better able to advocate for themselves

4.3 Communication

Patients reported issues with hospital appointments cancellations and being able to easily contact the right people/department for information about the cancellation or to make new appointments.

It is of note that navigating systems can require a high degree of health literacy for patients to chase up appointments, and they can be left frustrated at a time when they may also be dealing with worsening symptoms and ill-health.

Patients' willingness to choose a particular provider for care can be influenced by a range of factors, including previous poor experiences, and these may not always be known by the referring GP.

Digital access/poverty is an issue for some patients. Not all feel confident using technology to book appointments or communicate on-line. Sandwell Healthwatch found that 44% of people surveyed found digital technology difficult to use, rising to 72.8% of people over the age of 65, and 30% lacked access to equipment or data.

4.4 Waiting times

An estimated 7.5 million people in England are waiting for such procedures, and the Black Country is no exception with around 250,000 people currently waiting for elective treatments - and it is estimated that waiting lists in the area will continue to grow by approximately four per cent per year.

While the ICB reports that since July 2023 local services have eradicated very long waits for elective care i.e. no patient waiting longer than 104 weeks from referral, waiting times are still an issue for local people. Previous microgrants work has highlighted that some people worry they will not get a timely appointment for elective care if they need treatment, and those already referred for care reported waiting months for appointments.

Patients said that reducing the backlog of waiting patients should be a priority for the NHS, which is reflected in the NHS Plan for England.

5. Outline of project plan

Using this document, and in collaboration with the BCPC, Olovus will deliver a six week programme of engagement to:

- Inform key stakeholders, patients currently waiting for elective care, carers and the public about its plans for elective care services,
- seek their view on any barriers to accessing those services in the future should the proposals for change go ahead.

The engagement activity will include:

- A survey open to patients waiting for gynaecological, orthopaedic or general surgery procedures who could use an elective care surgical hub at Sandwell Hospital. As patients from Dudley are the most likely to have to travel to this new hub it was decided to focus this survey on patients living in Dudley.
- A survey of patients, carers and people living in the Black Country.
- Four focus groups for patients, carers and people living in the Black Country.
- 10 on-line interviews with key stakeholders identified by the BCPC
- 10 microgrants offered to community and voluntary sector groups to support them in engaging with their local networks.

Olovus will support the activity through:

- The development of a comprehensive engagement and communications plan using the BCPC's established communication methods to raise awareness of the proposals and engagement activities.
- Stakeholder analysis: conducting a detailed stakeholder analysis to identify and direct activities.

- Production of briefing packs and materials to support the delivery of the microgrants, focus groups and interviews.
- Analysing all the feedback gathered and producing a final report for the BCPC.

5. How the feedback will be used

The final report - and interim feedback on emerging themes - will be used by the BCPC to inform the development of a number of business cases including:

- Elective care surgical hub at Sandwell Hospital
- Elective care surgical hub to serve people living in the north of the Black Country
- potential consolidation of existing services
- Potential development of some specialist services.

11.2 Appendix 2 - Survey with Dudley residents on the waiting list

Elective surgical hub - Black Country

Introduction

Across the country around 90 elective surgical hubs have been set up to provide routine planned surgery. The Black Country Provider Collaborative (BCPC), which is made up of four local NHS trusts, has identified funding to potentially set up such a hub at Sandwell Health Campus for the people of Sandwell and Dudley.

The idea would see Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust bring together their surgical services at Sandwell Health Campus to carry out routine procedures for general surgery, orthopaedics and gynaecological procedures.

If a hub is developed the majority of surgical procedures carried out there would be day cases or, at a maximum, require a two-night stay at the hub. People having surgery at the hub would still have all their pre and post operation appointments at their local hospitals.

The BCPC is sending a survey to patients currently waiting for general surgery, orthopaedics and gynaecological procedures. As someone who is waiting for one of the procedures that could potentially be carried out at the Sandwell hub in the future, we are keen to have your views on the idea, as well as identify any barriers to patients using such a hub.

As part of a six-week period of wider engagement with local people, running from 17 June to 27 July 2025, the BCPC is also gathering views on its ideas for the future of other local elective care services. You can find out more about their ideas via the link below: https://blackcountryprovidercollaborative.nhs.uk/developments/engagement-consultations/opportunity-to-help-shape-healthcare-services/

All feedback gathered from this survey and wider engagement will be independently analysed and presented to the BCPC. Your views will inform the development of business cases to take forward ideas for improvements to local elective services.

Data processing statement

The Black Country Provider Collaborative (BCPC) has commissioned Olovus, a team of independent patient involvement and public engagement specialists, to conduct this survey and analyse the feedback on their behalf.

Rest assured, your information will be kept confidential. Olovus will process any data provided in line with the latest data protection regulations, using it solely for the analysis of this survey. Your contact details will never be shared for marketing purposes. Personal information identifying you will be retained for no more than 6 months.

For details on how Olovus uses the information you provide, your rights, and complaints, please visit: olovus.co.uk/mydata

Your experience with elective care

1. Have you experienced delays in receiving elective (planned) surgery in the Black Country?

- Yes – please go to question 2
- No – please skip to question 3
- Not sure – please skip to question 3

Delays

2. How long did you wait?

- Less than 3 months
- 3–6 months
- 6–12 months
- Over a year

Views on elective surgical hubs

Elective surgical hubs bring services together to provide routine planned surgical procedures e.g. knee and hip replacements.

3. Would you be willing to travel to a surgical hub instead of your local hospital for a routine elective procedure if it meant a shorter wait?

- Yes, I would prefer to be treated sooner even if I need to travel
- I would consider it, but travel could be a concern
- No, I would prefer treatment at my local hospital even if I have to wait longer

4. If travel is a concern, what would be the main barrier for you? (Select all that apply)

- Lack of personal transport
- Poor public transport options
- Cost of travel
- Difficulty arranging support from family/friends
- Mobility or accessibility issues
- I am not concerned about travel
- Other (please specify):

5. How much further than you travel now, would you be willing to travel for quicker access to elective surgery?

- Up to 5 miles
- Up to 10 miles
- More than 10 miles
- I would not travel more than 10 miles

6. You would be offered check-ups before and after your surgery at your local hospital, rather than having to travel to a hub. How important is this to you?

- Very important
- Somewhat important
- Not very important
- Not important at all

Patient choice and preferences

Under the NHS Constitution, patients have the right to choose where they receive their treatment.

7. How important is this choice to you?

- Very important
- Somewhat important
- Not very important
- Not important at all

8. If you needed a non-emergency operation or appointment that can be planned in advance (elective surgery), what would be the most important factor in choosing where to receive treatment? (Select up to 2)

- Shortest waiting time
- Proximity to home
- Reputation of the hospital/surgical team
- Previous experience with a particular hospital
- Availability of specialist services
- Other

Other comments

9. Is there anything else you would like to tell us?

About you

It would help us to understand your answers better if we knew a little bit about you. We gather this information to make sure that we are getting feedback from a wide range of people who use local service.

Your information is collected anonymously and cannot be used to identify you personally.

The information you provide will be protected and stored securely in line with data protection laws and will only be used for the purpose it has been collected for (helping us to analyse your feedback).

10. Please provide us with these parts of your postcode – this is used to make sure that we have gathered views from all areas and have a fair representation from all communities.

Your postcode comes in two parts. Please give us:

The first part of your postcode (e.g. **DY1** 1HR)

The number from the second part of your postcode (e.g. DY1 **1**HR)

11. What year were you born in?

12. What is your gender?

- Female
- Male
- Prefer not to say
- Prefer to self-define
- Trans Female
- Trans Male
- Prefer to self-describe (please specify):

13. Does your gender identity match the sex you were registered as at birth?

- Yes
- No
- Prefer not to say

14. What is your marital status?

- Single (never married or in a civil partnership)
- Cohabiting

- Married
- In a civil partnership
- Separated (but still married or in a civil partnership)
- Divorced or civil partnership dissolved
- Widowed or a surviving partner from a civil partnership
- Prefer not to say
- Other (please specify):

15. Do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say

16. Please describe your ethnic origin

- Asian or Asian British – any other Asian background
- Asian or Asian British – Bangladeshi
- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Black or Black British – African
- Black or Black British – any other Black background
- Black or Black British – Caribbean
- Mixed – any other background
- Mixed white and Asian
- Mixed white and Black African
- Mixed white and Black Caribbean
- Other ethnic groups e.g. Chinese
- White – English, Welsh, Scottish, Northern Irish, British
- White – Gypsy or Irish Traveller
- White Irish
- White other
- Prefer not to say
- Other (please specify):

17. What is your sexual orientation?

- Asexual
- Bisexual

- Gay man
- Gay woman or lesbian
- Heterosexual or straight
- Prefer not to say
- Other (please specify):

18. Please indicate your religion or belief

- Baha'i
- Buddhist
- Christian
- Hindu
- Jain
- Jewish
- Muslim
- Pagan
- Sikh
- Zoroastrian
- None
- Prefer not to say
- Other (please specify):

Online focus groups

As part of wider engagement about the future of local elective care services we are hosting online focus groups where we will share more details about the ideas, and we will explore in more detail your views about the potential changes.

19. Would you like to attend an online focus group?

- Yes – please go to question 26
- No – please go to question 28

20. Which online focus group would you like to attend. Please select all those you are available for.

- Tuesday 1 July 2025 10 - 11.30am
- Tuesday 1 July 2025 3 - 4.30pm
- Wednesday 9 July 2025 2 - 3.30pm
- Tuesday 15 July 2025 2 - 3.30pm

21. Please provide the following information so we can contact you about the online focus group:

Name

Email

Phone number

22. Do you consent to The Black Country Provider Collaborative keeping your details for future opportunities?

Olovus would like to pass on your contact details in case future opportunities arise with The Black Country Collaborative to involve you in the program or related initiatives. If you would like Olovus to pass on your details, please tick the box below.

- Yes, I would like to be informed about the future opportunities
- No, I would not like to be informed about future opportunities.

11.3 Appendix 3 - Survey for Black Country residents

Future of local elective care services - Black Country

Introduction

The Black Country Provider Collaborative (BCPC), which is a healthcare partnership between four local NHS trusts, is developing ideas for the future of local planned services to:

- Manage the rising demand for services
- Improve access and patient experience
- Deliver more joined up (integrated) patient-centred care.

We have identified the funding needed to potentially set up an elective (planned) care surgical hub at Sandwell Health Campus. The idea would see Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust bring together some of their surgical services at Sandwell Health Campus to carry out simple/routine procedures for general surgery, orthopaedics and gynaecology.

The BCPC is currently surveying people waiting for such procedures to gather their views on the idea and as part of a wider programme of engagement it also wants to hear from local people about what is important to them in developing ideas for the future of other elective care services.

You can find out more about ideas for the future of local services on our website: https://blackcountryprovidercollaborative.nhs.uk/developments/engagement-consultations/opportunity-to-help-shape-healthcare-services/

All feedback gathered during the six-week period of engagement, running from 17 June to 27 July 2025, will be independently analysed and presented to the BCPC.

Your views will inform the development of business cases to take forward ideas for improvements to local elective services.

Data processing statement

The Black Country Provider Collaborative (BCPC) has commissioned Olovus, a team of independent patient involvement and public engagement specialists, to conduct this survey and analyse the feedback on their behalf.

Rest assured, your information will be kept confidential. Olovus will process any data provided in line with the latest data protection regulations, using it solely for the analysis of this survey. Your contact details will never be shared for marketing purposes. Personal information identifying you will be retained for no more than 6 months.

For details on how Olovus uses the information you provide, your rights, and complaints, please visit: olovus.co.uk/mydata

1. Please tick the description that best describes you:

- A patient currently waiting for a planned operation
- A carer of a patient currently waiting for a planned operation
- A resident of the Black Country
- A resident outside of the Black Country
- A member of staff at one of the four trusts in the BCPC
- A GP in the Black Country
- A healthcare professional outside of the Black Country
- I work for a health and care partner in the Black Country (for example, local authority, police, fire, education, community or vol sector organisation)

Your experience with elective care

2. Have you or a family member experienced delays in receiving elective (planned) surgery in the Black Country?

- Yes
- No
- Not sure

Delays

3. How long did you (or they) wait?

- Less than 3 months
- 3–6 months
- 6–12 months
- Over a year

Views on elective surgical hubs

Elective surgical hubs bring services together to provide routine planned surgical procedures e.g. knee and hip replacements.

4. Would you be willing to travel to a surgical hub instead of your local hospital for a routine elective procedure if it meant a shorter wait?

- Yes, I would prefer to be treated sooner, even if I need to travel
- I would consider it, but travel could be a concern
- No, I would prefer treatment at my local hospital, even if I have to wait longer

5. If travel is a concern, what would be the main barrier for you? (Select all that apply.)

- Lack of personal transport
- Poor public transport options
- Cost of travel
- Difficulty arranging support from family/friends
- Mobility or accessibility issues
- I'm not concerned about travel
- Other (please specify):

6. How much further than you travel now, would you be willing to travel for quicker access to elective surgery?

- Up to 5 miles
- Up to 10 miles
- More than 10 miles
- I would not travel more than 10 miles

7. You would be offered check-ups before and after your surgery at your local hospital, rather than at a surgical hub. How important is this to you?

- Very important
- Somewhat important
- Not very important
- Not important at all

Moving services

There are enough skilled staff to provide the elective services local people need, but they are currently spread across the four local hospitals in the Black Country. To make the best use of staff the NHS is looking at ideas to bring some elective care services together. This could mean some services moving from their current site to other local hospitals. We want to know how you feel about this.

8. If the service moved to a new location, how would this affect your ability to attend?

- No impact
- Somewhat harder
- Much harder
- Impossible

9. Would you face any challenges if the service moved? Please tell us about these challenges.

Specialist services

Developing elective surgical hubs could free up space at the four local hospitals. The NHS is looking at ideas to make the best use of that space and highly skilled staff to potentially develop new specialist services in the Black Country (e.g. bariatric surgery, bladder cancer treatment, breast cancer services).

10. How important do you think it is to have these services available locally instead of traveling outside the area? (10 miles or more)

- Very important
- Somewhat important
- Not very important
- Not important at all

Why do you think this?

Patient choice and preferences

Under the NHS Constitution, patients have the right to choose where they receive their treatment.

11. How important is this choice to you?

- Very important
- Somewhat important
- Not very important
- Not important at all

12. If you needed a non-emergency operation or appointment that can be planned in advance (elective surgery) , what would be the most important factor in choosing where to receive treatment? (Select up to 2)

- Shortest waiting time
- Proximity to home
- Reputation of the hospital/surgical team
- Previous experience with a particular hospital
- Availability of specialist services
- Other:

Communication and engagement

13. How would you prefer to receive information about changes to elective surgery services in the Black Country? (Select all that apply)

- NHS website
- Letters/emails from my GP or hospital
- Social media updates
- Community meetings or public events
- Local newspapers/radio
- Other (please specify):

14. The NHS is gathering feedback from patients and the public about these changes. How would you prefer to share your views? (Select all that apply)

- Completing a survey like this one
- Attending an in-person discussion session
- Attending an online public information session
- Through a voluntary or community group
- I am not interested in sharing my views

15. Is there anything else you would like to share about the proposed changes to the way elective care services are arranged in the Black Country?

About you

It would help us to understand your answers better if we knew a little bit about you. We gather this information to make sure that we are getting feedback from a wide range of people who use local service.

Your information is collected anonymously and cannot be used to identify you personally.

The information you provide will be protected and stored securely in line with data protection laws and will only be used for the purpose it has been collected for (helping us to analyse your feedback).

16. Please provide us with these parts of your postcode – this is used to make sure that we have gathered views from all areas and have a fair representation from all communities.

Your postcode comes in two parts. Please give us:

The first part of your postcode (e.g. **DY1** 1HR)

The number from the second part of your postcode (e.g. DY1 **1**HR)

17. What year were you born in?

18. What is your gender?

- Female
- Male
- Prefer not to say
- Prefer to self-define
- Trans Female
- Trans Male
- Prefer to self-describe (please specify):

19. Does your gender identity match the sex you were registered as at birth?

- Yes
- No
- Prefer not to say

20. What is your marital status?

- Single (never married or in a civil partnership)
- Cohabiting
- Married
- In a civil partnership
- Separated (but still married or in a civil partnership)
- Divorced or civil partnership dissolved
- Widowed or a surviving partner from a civil partnership
- Prefer not to say
- Other (please specify):

21. Do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say

22. Please describe your ethnic origin

- Asian or Asian British – any other Asian background
- Asian or Asian British – Bangladeshi
- Asian or Asian British – Indian
- Asian or Asian British – Pakistani

- Black or Black British – African
- Black or Black British – any other Black background
- Black or Black British – Caribbean
- Mixed – any other background
- Mixed white and Asian
- Mixed white and Black African
- Mixed white and Black Caribbean
- Other ethnic groups e.g. Chinese
- White – English, Welsh, Scottish, Northern Irish, British
- White – Gypsy or Irish Traveller
- White Irish
- White other
- Prefer not to say
- Other (please specify):

23. What is your sexual orientation?

- Asexual
- Bisexual
- Gay man
- Gay woman or lesbian
- Heterosexual or straight
- Prefer not to say
- Other (please specify):

24. Please indicate your religion or belief

- Baha'i
- Buddhist
- Christian
- Hindu
- Jain
- Jewish
- Muslim
- Pagan
- Sikh
- Zoroastrian
- None
- Prefer not to say

- Other (please specify):

Online focus groups

As part of wider engagement about the future of local elective care services we are hosting online focus groups where we will share more details about the ideas, and we will explore in more detail your views about the potential changes.

25. Would you like to attend an online focus group?

- Yes – please go to question 26
- No – please go to question 28

26. Which online focus group would you like to attend. Please select all those you are available for.

- Tuesday 1 July 2025 10 - 11.30am
- Tuesday 1 July 2025 3 - 4.30pm
- Wednesday 9 July 2025 2 - 3.30pm
- Tuesday 15 July 2025 2 - 3.30pm

27. Please provide the following information so we can contact you about the online focus group:

Name

Email

Phone number

28. Do you consent to The Black Country Provider Collaborative keeping your details for future opportunities?

Olovus would like to pass on your contact details in case future opportunities arise with The Black Country Collaborative to involve you in the program or related initiatives. If you would like Olovus to pass on your details, please tick the box below.

- Yes, I would like to be informed about the future opportunities
- No, I would not like to be informed about future opportunities.

11.4 Appendix 4 - Focus groups facilitator's guide

Facilitator Guide for Black Country Provider Collaborative focus groups on improving elective care services

1. Intro

Thank you for taking part in this focus group.

My name is…. I am from a company called Olovus. We have been appointed by the Black Country Provider Collaborative to lead this focus group, which is one of four that will be taking place over the next couple of weeks.

We're recording today's session to make sure we accurately capture all your feedback. Your individual comments will be summarized in a report, but no names will be attached to what you say, and you will not be identified in any way. You can turn your camera off if you prefer not to be on film and are free to leave the group at any time. The report will be used by the Collaborative to help shape its plans for elective care services

We will process any information you provide today in line with the latest data protection regulations, and will only use this information for this engagement activity. If you'd like to know more about who we are and our privacy notice can be found on our website (https://www.olovus.co.uk/mydata/).

Are you happy to proceed?

2. Presentation (*15 mins)*

We're going to start by showing you a short recorded presentation that will give some background information about why we're here today.

Show Sohaib's presentation

3. Questions on the presentation (*10 mins)*

Do you have any questions or comments about the presentation?

If we're not able to answer any of your questions we will get a response from the Collaborative and send it to you after today's session.

4. The future of elective care services *(10 mins per question)*

We'd like to spend the rest of our time together today asking you some questions about the Collaborative's ideas.

Q1. As we've heard from the presentation, the collaborative is thinking about opportunities to improve local elective (planned) services to improve patient access and make the best use of current resources.

Thinking about people waiting for elective procedures, what do you think are the most important factors for the collaborative to consider?
Prompt: Are there any benefits or concerns that come to mind?
Q2 The collaborative has funding to develop an elective surgical hub at Sandwell Hospital to offer a range of general surgery, gynaecology and orthopaedic procedures for people living in Sandwell and Dudley. **The collaborative is also thinking about setting up a similar hub to offer orthopaedic procedures for people living in the north of the Black Country.** **What do you think about the idea of setting up elective surgical hubs?**
Prompt: Are there any benefits or concerns that come to mind?
Q3. If two elective surgical hubs were developed they could free up space at the four hospitals in the Black Country. The collaborative is thinking about how that space could be used to bring some services together, and perhaps create new specialist services that local people currently have to travel outside the area to access. **What do you think about this idea?**
Prompt: Are there any benefits or concerns that come to mind?

5. CLOSE (*5 mins)*

We're coming to the end of our time together today.

Before we finish are there any final thoughts or comments you'd like us to share with the Collaborative?

Thank you for taking the time today to share your thoughts with us - we really do appreciate it.

Enjoy the rest of your day.

11.5 Appendix 5 - Interview questions

Each stakeholder was asked the following questions. Their responses were noted down and a transcript was sent to them for approval.

Question 1

The collaborative is thinking about opportunities to improve local elective (planned) services to improve patient access and make the best use of current resources.

Thinking about people waiting for elective procedures, what do you think are the most important factors for the collaborative to consider?

Question 2

The collaborative has funding to develop an elective surgical hub at Sandwell Hospital to offer a range of general surgery, gynaecology and orthopaedic procedures for the people of Sandwell and Dudley. What do you think about the idea?

Question 3

The collaborative is thinking about developing a similar elective care hub to provide orthopaedic procedures for people living in the north of the Black Country. What do you think about the idea?

Question 4

If two elective surgical hubs were developed they could free up space at the four hospitals in the Black Country. The collaborative is thinking about how that space could be used to bring some services together, and perhaps create new specialist services that local people currently have to travel outside the area to access. What do you think about the idea?

11.2 Appendix 6 - Community focus group questions

The ten community and voluntary sector organisations were asked to engage members of their networks in a discussion on the following questions:

Question 1

The Collaborative is thinking about opportunities to improve local elective (planned) services to improve patient access and make the best use of current resources. Thinking about people waiting for elective procedures, what do you think are the most important factors for the Collaborative to consider?

Question 2

The Collaborative has funding to develop an elective surgical hub at Sandwell Hospital to offer a range of planned general surgery, gynaecology (care of women's reproductive system) and orthopaedic procedures (bones & muscles eg hip or knee replacement) for the people of Sandwell and Dudley. It is also looking at developing a similar hub to offer orthopaedic procedures for the people living in the north of the Black Country. What do you think about the idea?

Question 3

The creation of two elective surgical hubs will free up space at the four hospitals in the Black Country. The Collaborative is looking at how it could use that space by perhaps bringing some planned services together to make the most effective use of staff and equipment, or setting up new specialist services that people currently have to travel outside of the Black Country to access. What do you think about the ideas?

11.7 Appendix 7 - Demographic profiles

Respondents to survey for Dudley patients

Category	Response	No.	%
Age range (n=50)	16 to 24	6	12%
	25 - 34	3	6%
	35 - 44	5	10%
	45 - 54	4	8%
	55 - 64	8	16%
	65 - 74	15	30%
	75 to 84	8	16%
	85+	1	2%
Category	**Response**	**No.**	**%**
What is your gender? (n=55)	Female	32	58%
	Male	19	35%
	Prefer to self-define / describe	3	5%
	Trans Female	1	2%
	Trans Male	0	0%
Category	**Response**	**No.**	**%**
Does your gender identity match the sex you were registered at birth? (n=53)	Yes	52	98%
	No	1	2%
Category	**Response**	**No.**	**%**
What is your marital status? (n=53)	Single	13	25%
	Cohabiting	3	6%
	Married	22	42%
	In a civil partnership	2	4%
	Separated	1	2%
	Divorced or civil partnership dissolved	5	9%
	Widowed or surviving partner from a civil partnership	7	13%
Category	**Response**	**No.**	**%**

Do you consider yourself to have a disability? (n=51)	Yes	16	31%
	No	35	69%
Category	**Response**	**No.**	**%**
Please describe your ethnic origin (n=53)	Asian or Asian British - any other Asian background	2	4%
	Asian or Asian British - Bangladeshi	0	0%
	Asian or Asian British - Indian	1	2%
	Asian or Asian British - Pakistani	2	4%
	Black or Black British - African	3	6%
	Black or black British - any other black background	1	2%
	Black or Black British - Caribbean	1	2%
	Mixed any other background	1	2%
	Mixed White and Asian	0	0%
	Mixed White and Black African	1	2%
	Mixed White and Black Caribbean	1	2%
	Other	0	0%
	Other ethnic groups - e.g. Chinese	0	0%
	White - English, Welsh, Scottish, Northern Irish, British	37	70%
	White - Gypsy or Irish Traveller	0	0%
	White Irish	2	4%
	White Other	1	2%
Category	**Response**	**No.**	**%**
What is your sexual orientation? (n=45)	Asexual	3	7%
	Bisexual	1	2%
	Gay man	0	0%
	Gay woman or lesbian	0	0%
	Heterosexual or straight	38	84%
	Other	3	7%
Category	**Response**	**No.**	**%**
Please indicate your religion or belief	Baha'i	0	0%
	Buddhist	1	2%

(n=50)	Christian	33	66%
	Hindu	1	2%
	Jain	0	0%
	Jewish	0	0%
	Muslim	2	4%
	Pagan	0	0%
	Sikh	0	0%
	Zoroastrian	0	0%
	Other	2	4%
	None	11	22%

Respondents to local elective care services survey - Black Country

Category	Response	No.	%
What year were you born? n=395	18-24	4	1%
	25-34	29	7%
	35-44	47	12%
	45-54	74	19%
	55-64	131	33%
	65-74	76	19%
	75-84	31	8%
	85+	3	1%
Category	**Response**	**No.**	**%**
What is your gender? n=406	Female	318	78%
	Male	87	21%
	Trans Male	1	0.2%
Category	**Response**	**No.**	**%**
Does your gender identity match the sex you were registered as at birth? n=408	Yes	406	99.5%
	No	2	0.5%
Category	**Response**	**No.**	**%**
What is your marital status? n=398	Cohabiting	36	9%
	Divorced or civil partnership dissolved	25	6%
	In a civil partnership	4	1%
	In a relationship	2	1%
	Married	246	62%
	Separated (but still married or in a civil partnership)	4	1%
	Single (never married or in a civil partnership)	50	13%

	Widowed or a surviving partner from a civil partnership	30	8%
	Other	1	0.3%
Category	**Response**	**No.**	**%**
Do you consider yourself to have a disability? n=395	Yes	89	23%
	No	306	77%
Category	**Response**	**No.**	**%**
Please describe your ethnic origin. n=403	Asian or Asian British – any other Asian background	3	1%
	Asian or Asian British – Bangladeshi	1	0.2%
	Asian or Asian British – Indian	12	3%
	Asian or Asian British – Pakistani	3	1%
	Asian Other	1	0.2%
	Black or Black British – African	2	0.5%
	Black or Black British – any other Black background	1	0.2%
	Black or Black British – Caribbean	2	0.5%
	Mixed white and Asian	2	0.5%
	Mixed white and Black Caribbean	2	0.5%
	Punjabi Sikh	1	0.2%
	White – English, Welsh, Scottish, Northern Irish, British	360	89%
	White Irish	5	1%
	White other	8	2%
Category	**Response**	**No.**	**%**
What is your sexual orientation? n=397	Asexual	7	2%
	Bisexual	12	3%
	Gay man	5	1%
	Gay woman or lesbian	6	2%
	Heterosexual or straight	359	90%
	Other	1	0.3%
	Asexual	7	2%
Category	**Response**	**No.**	**%**
Please indicate your religion or belief. n=367	Atheist	2	1%
	Christian	201	55%
	Hindu	5	1%
	Humanist	4	1%
	Jewish	1	0.3%
	Methodist	2	1%
	Muslim	5	1%
	None	139	38%

	Other	4	1%
	Pagan	3	1%
	Protestant	1	0.3%

This report has been authored by Olovus, an independent specialist in involving people and communities in health service transformation.

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The project was carried out in line with best practice industry standards for engagement.