

Report of the public consultation on the redevelopment of St George's Hospital, Havering

A decorative graphic consisting of a series of colored circles arranged in a diagonal line from the bottom-left to the top-right. The circles are in shades of yellow, green, and blue, with the largest circles being a vibrant blue. The circles are of varying sizes and are set against a light grey background.

Prepared for
Havering Clinical Commissioning Group

Document revision history

Date	Version	Revision	Comment	Author / Editor
17/05/13	0.1	First draft		Rowan Taylor
18/05/13	0.2	Second draft		Don Neame
20/05/13	0.3	Third draft		Rowan Taylor
23/05/13	0.4	Addition of information on borough of respondent and section on "Common issues raised". Minor formatting changes made.		Rowan Taylor
31/05/13	0.5	Minor edits following comments/ clarifications from CCG		Rowan Taylor
03/06/13	0.6	Addition of executive summary		Rowan Taylor

Document approval

Date	Version	Revision	Role of approver	Approver

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Executive summary

Havering Clinical Commissioning Group wants local people to get the health and social care they need as easily and conveniently as possible, at home or closer to their homes, rather than in a hospital. The CCG wants to help people to live as well and as independently as possible for as long as possible. Havering's population is projected to rise by nearly 10% over the next four years. The borough already has one of the largest populations of older people in London, and the projected increases in these older people are even greater than in younger groups.

The CCG believes that a centre of excellence for older people, with a multi-disciplinary team led by local GPs providing care tailored to individual needs in purpose-built facilities, would help to keep older people well and active and would reduce the need for hospital admittance. The CCG thinks the St George's site, currently under-utilised, offers an opportunity to create such a centre of excellence and has now consulted with the public on a range of options for the site, developed following discussions with local stakeholders, patients and the public. This public consultation took place between 18 February 2013 and 12 May 2013.

A thousand printed consultation documents were distributed to key stakeholders such as councillors, local MPs, health partners and patient and voluntary groups. Local GP surgeries and libraries were asked to make copies of the document available to the public. The document, questionnaire and strategic outline case were also available online. Two drop-in sessions were held at libraries to enable local people to discuss the proposals with NHS staff and GPs, and a public meeting, attended by around 60 people, took place towards the end of the consultation period.

A total of 126 written responses to the consultation were received: 108 questionnaires and 18 letters or emails. Key findings included:

- Support for building a new health centre on the St George's site was high, at 95% of questionnaire respondents.
- Respondents felt it was important that local people should not have to travel out of the borough for outpatient services and believed the increasing and aging population meant the need for services would grow rather than reduce.
- Almost all questionnaire respondents thought it was important to have diagnostic tests (95%) and services for older people (93%) on the site.
- Fifty seven per cent of questionnaire respondents, including the North East London Foundation Trust (the main local provider of NHS community services), supported the CCG's preferred option.
- The main reason given for not supporting the preferred option was that people wanted beds on the site, but there was no real agreement as to which of the consultation options that included beds was most preferred.
- There were some common issues indirectly related to the subject of the consultation: the sale of the site and what it might be used for; where any new health centre would be positioned on the site; and preserving or using the old buildings.

No formal response was received from the local council, any of the local MPs or the acute hospital trust, however one MP showed his support on his website, and the council and hospital trust both indicated - outside the consultation period, however - that they supported the CCG's preferred option.

Background

St George's Hospital in Hornchurch was built in the 1930s as a community hospital. The buildings are in need of expensive repairs, which would cost around £12million, and are also not suitable for the delivery of 21st century healthcare. Over the past ten years, the number of services providing direct patient care on the site has fallen due to the introduction of new ways of working and because of the unsuitability of the site. In October 2012 all staff and services were relocated from the site for health and safety reasons and the site is currently unoccupied.

Discussions about the future of the site have been on-going for many years, led by the commissioner at that time, Havering Primary Care Trust (PCT). A strategic outline case (SOC) for the redevelopment of the site was developed in 2012 and the board of the local PCT cluster (NHS North East London and the City) approved a public consultation and the development of a more detailed outline business case. Havering Clinical Commissioning Group (CCG) is now taking forward this work.

The site is 11.9 hectares (29.3 acres) and is owned by the NHS. Most of it is unused and over half has never been built on. The CCG would require around 10% of the site for any of the proposed options and the sale of the remaining land, now owned by NHS Property Services Ltd, would raise enough to fund the redevelopment.

The population of the London Borough of Havering is around 234,600.

The vision for local health services

The CCG wants local people to get the health and social care they need as easily and conveniently as possible, at home or closer to their homes, rather than in a hospital or care home. The CCG wants to help people live independently for as long as possible.

The CCG is working closely with health and social care partners across Havering and the neighbouring boroughs of Redbridge and Barking and Dagenham to make sure that health and social care services are joined up and integrated with each other to improve the service to the individual patient. This alliance is called the *integrated care coalition*.

Case for change

There is a need to provide more NHS services in the community, targeted at those most in need, helping them to live as well and independently as possible for as long as possible.

As described in the SOC, Havering has a population of 234, 600. This is projected to rise by nearly 10% over the next four years, higher than the projected rise in neighbouring boroughs and across England. The borough has one of the largest older populations in London, with 21% at retirement age and 9% aged 75 or over. Both figures are above the London average. Population projections suggest the 90+ age group will increase by 135% from 2010 to 2025, seeing a year on year rapid increase. All 60+ age groups will have increased considerably by the same date, but it is the oldest age group that will grow the fastest.

The projected increase in the older population is likely to result in larger numbers of residents experiencing long term conditions, placing further demand on local hospitals and health and social care services. Thirty nine thousand people in Havering are already estimated to have one or more long term

health conditions. Within this group around 1,200 older people have particularly complex health and social care needs, with around 900 older people accounting for 38% of all emergency bed days.

In Havering a smaller proportion of people receive community services and nursing care than in England generally. Emergency admissions to hospital are costly compared to other types of care. Some of these admissions could be avoided with appropriate management of the health condition in the community (e.g. by a GP, community service or at home). In Havering, admissions like this cost nearly £15million per year and benchmarking exercises suggest that reductions of about 20% in such admissions are possible.

Readmission rates in Havering have risen more than 4% over the last 10 years. This is in line with national trends, however when emergency readmissions are analysed by age, Havering has consistently had a significantly higher (worse) percentage of older people (aged 75+) who are readmitted to hospital in an emergency within 28 days of discharge (compared with England).

The CCG believes that a centre of excellence for older people, with a multi-disciplinary team led by local GPs providing care tailored to individual needs in purpose-built facilities, will help to keep older people well and active and will reduce the need for hospital admittance.

The state of the buildings on the St George's site means they cannot continue to be used for the delivery of healthcare unless a significant amount (around £12million) is spent on repairs and statutory compliance works. They are not currently being used but still cost taxpayers' money to keep secure.

The site is currently under-utilised in terms of service provision, and even after allowing for a new health facility, the majority of the site will be surplus to requirements. The health centre is likely to use some 10% of the total developable area. The site is an asset which could achieve a significant capital receipt for the NHS and which could be used to fund the new development.

The case for change is described in more detail in the SOC on the Havering CCG website:

www.haveringccg.nhs.uk

Pre-consultation engagement

In 2010, Havering PCT held a series of public meetings and talked to local people and partners about building a new health facility on the site. The general view from respondents was that they wanted to keep a health facility on the site.

In March 2012, local GPs came together to discuss the vision for health services in Havering. This then led to further discussions between NHS clinicians and staff, with input from the local council, about how the St George's site would fit into that vision. Local people and patients told clinicians and NHS staff that their care is not always properly joined up (integrated) across different organisations.

Local patients and voluntary sector organisations have also been involved in the integrated care coalition and identified five key priorities for the coalition, to improve services:

- Greater coordination of care
- Services that are more proactive and responsive to the needs of patients and carers
- Improved access, particularly for frail elderly patients
- Better communication and available information
- Improved support for the needs of the very vulnerable

Those priorities are fundamental to the CCG's plans for the redevelopment of the St George's site and underpin their proposals for the site.

The commissioners (the CCG but also the PCT before it) have talked to local NHS and council partners on an on-going basis over the years about the possibilities for the site. They have sought the views of local representatives, such as councillors (for example on the health scrutiny committee), the local health and wellbeing board and local MPs. These representatives have emphasised the need to have a wide range of services on the site, especially diagnostic services and services focussing on older people.

The proposals

The consultation describes a shortlist of options for the St George's Hospital site. These options involve a combination of some or all of the following three services delivered either in new buildings or repaired old buildings:

- **Integrated health and social care services**, including both:
 - a centre of excellence for older people (which would include an integrated unit for frail elders, led by GPs and bringing together a team of specialists from different disciplines), and
 - an assessment and diagnostic centre (which would give local people access to specialist tests and clinics, such as blood tests, ultrasound and heart screening)
- **a GP practice** providing a full range of primary care services
- **inpatient facilities** (for patients who might need to occupy a bed for at least one night, but who do not need to be in a full hospital setting)

There are a number of factors in common between the options.

- **All the options, including doing nothing** (or the bare minimum of repairs), would involve a sale and commercial redevelopment of the site.
- **All the options, including doing nothing**, propose keeping enough space on the site for rehabilitation beds, should a separate future public consultation decide the site should include these.
- **All the options, including doing nothing**, propose moving all the adult outpatient services that were on the site up to October 2012 back onto the site.
- **None of the options, including doing nothing**, propose moving the small number of children's outpatient services on the site up to October 2012 back onto the site.
- **All the options, apart from doing nothing**, include a new build development. The options differ in what might be in that new build.

The benefits to local people of the different options were assessed and scored. The cost of each option was also considered to see which one was best value for money. This appraisal process also considered the benefits and costs of doing nothing (or the bare minimum of repairs).

As a result of this assessment, the CCG identified a preferred option (option 3 below). Details of the processes and the scoring are contained in the SOC on www.haveringccg.nhs.uk

- | | | | |
|-----------------|---|-----------------|---|
| Option 1 | New build on site for a range of integrated services. No GP surgery on site. | Option 4 | The same as option 1 <i>and</i> with inpatient facilities in the new build. |
| Option 2 | New build on site for a GP surgery, with a range of integrated services accommodated in current (repaired) buildings. | Option 5 | The same as option 2 <i>and</i> with inpatient facilities in the new build. |
| Option 3 | New build on site for a range of integrated services and a GP surgery.*
Preferred option. | Option 6 | The same as option 3 <i>and</i> with inpatient facilities in the new build. |

*with the option of an extended integrated care management service where the health and social care team would manage a short inpatient stay onsite with the primary objective to enable the person to return home as soon as possible.

Governance and responsibilities

Governance

Havering CCG established a steering group to take forward the work regarding the St George's Hospital site. This steering group includes senior managers and clinical directors from the CCG and representatives from the London Borough of Havering (adult social care and public health) and the CCG's patient engagement reference forum, with support from the North and East London Commissioning Support Unit (CSU). The steering group signed off the SOC and agreed that a public consultation should take place to ensure the views of local people and other key stakeholders were taken into account when developing an outline business case.

The CCG has also recently established a delivery board for this work, consisting of clinical directors and CCG senior management, with local council representatives and CSU support. The role of the board is to oversee the development of the outline business case (OBC) for the St Georges Hospital redevelopment project. The steering group advises the delivery board and the delivery board is accountable to Havering CCG governing body.

This report on the public consultation was discussed in draft by the steering group on 29 May 2013 and will also be considered by the delivery board on 12 June 2013, which will make recommendations to the CCG governing body about next steps. It is intended that Havering CCG's governing body will consider the report and make decisions about the way forward for the redevelopment of the site at its meeting on 26 June 2013.

Policy overview

NHS bodies have two overarching legal duties to involve and consult:

Duty to promote public involvement and consultation under section 242, NHS Act 2006, as amended

The duty applies specifically where there are changes proposed in the way in which services are delivered, or in the range of services available. The duty applies to all NHS providers, including foundation trusts and any independent providers, profit making or social enterprises, which are commissioned by the NHS.

Duty to consult with local authority under section 244, NHS Act 2006, as amended

The duty requires NHS bodies to consult with the local authority on proposed changes which are considered to constitute a substantial variation or development to a health service. This is additional to the duty to involve or consult under section 242. (Note: the Act has been amended so that it no longer specifies it must be the overview and scrutiny committee, sometimes known as the health scrutiny committee or HSC, as the particular part of the local authority that must be consulted).

In addition to the statutory duties outlined above, the NHS must also have regard to the guidance published by the Secretary of State, including the **four tests for reconfiguration** introduced in 2010:

- GP commissioning support
- Patient and public engagement
- Clinical evidence base
- Choice and competition

Evidence of how the service changes meets the four tests is required ahead of any consultation on reconfiguring services.

Structure of the consultation

The consultation started on Monday 18 February 2013 and ended on Sunday 12 May 2013. It lasted for 12 weeks. Postal responses received on the morning of Monday 13 May 2013 were included, so that no one was disadvantaged by there being no postal delivery at the weekend.

Consultation document, questionnaire and materials

A total of 1000 printed consultation documents were distributed throughout the consultation period. The consultation document, questionnaire and SOC were available on the CCG website throughout the consultation period, easily accessed from a link on the homepage. In addition hard copies were available as requested.

On the consultation launch date, emails were sent to key stakeholders with a link to the consultation page on the CCG website and information on how to respond. These stakeholders included influencers such as MPs and Havering Council health scrutiny committee members, health partners, patient and voluntary groups, and other stakeholders such as GPs. A further email was sent to key stakeholders on 29 April 2013 to encourage attendance at the public meeting on 1 May 2013.

Printed consultation documents with questionnaires were sent to all Havering MPs, GP surgeries and libraries in mid-March and again in mid-April. All Havering GP surgeries and libraries were asked to display the consultation document prominently. Key voluntary organisations such as Havering LINKs and HAVCO also received a set of consultation documents early in the consultation period, as did schools near the St George's site. Havering councillors received printed copies of the consultation document and questionnaire through the scrutiny officer at the London Borough of Havering, early in the consultation period and then on request.

Consultation documents were distributed to the public at the drop-in sessions held at Hornchurch Library and Romford Central Library, as well as at the public meeting held at Hornchurch Library.

The consultation document was written in plain English and no requests were made for it to be made available in any other format, such as different languages, Braille or 'easy-read'. PowerPoint slides were developed for the CCG to present the proposals to the Havering Health Scrutiny Committee.

Advertisements were placed in the local press at the beginning and towards the end of the consultation (on 22 February 2013 and 26 April 2013) to publicise the consultation and to direct readers' attention to the website and contact details for more information. A further advertisement was placed on 19 April 2013 to publicise the public meeting on 1 May 2013, outlining the communications activity that had already taken place.

A media release was sent to local media when the consultation launched to publicise the consultation and drop-in sessions, as well as directing people to the website and other sources of information. A further media release was issued at the beginning of May, which reported on the public meeting which had taken place and reminded people of the closing date. The consultation launch, drop-in sessions and public meeting were covered in the local newspaper, the Romford Recorder. There was also a small piece in the local free newspaper, the Yellow Advertiser, promoting the 1 May meeting.

Consultation activities

Two drop-in sessions were held at local libraries – Hornchurch Library on 14 March 2013, and Romford Central Library on 2 April 2013 – for local people to talk on an individual basis to senior clinicians and staff from the CCG about the proposals. This was an opportunity for visitors to raise queries and discuss the proposals. Attendees were also able to complete the questionnaire as part of that discussion.

About 100 members of the public talked to CCG staff and GPs at Hornchurch Library and around 50 people did so at the drop-in session at Romford.

A public meeting took place towards the end of the consultation on 1 May 2013. About 60 members of the public attended to hear a presentation from a panel of CCG senior managers, who then answered questions from the public.

The CCG Chair met with Jon Cruddas, MP for Dagenham and Rainham, on 19 April 2013 and discussed a range of local issues, including the proposals for the St George's Hospital site.

The Havering Council Health Scrutiny Committee (HSC) was briefed by the CCG Chief Operating Officer on the consultation plans and the proposals for the site at its meeting on 7 February 2013 (before the consultation started). The committee was updated on 26 March 2013. A concern was raised by the HSC about whether the consultation had been sufficiently widely publicised. As a response to this, a further advertisement was placed in the local paper and the public meeting on 1 May was arranged. The 18 April 2013 HSC meeting also received a progress update.

About five general queries were raised by members of the public about the St George's Hospital site during the consultation period and responses were sent to them.

Responses to the consultation

The consultation in numbers

Total number of responses: 126

- Questionnaires (printed and emailed): 108
- Letter/email responses: 18

People who engaged at drop-ins and/or attended meetings: over 200

- Drop-in session in Hornchurch Library, 14 March: around 100 people engaged
- Drop-in session in Romford Central Library, 2 April: around 50 engaged
- Public meeting in Hornchurch Library, 1 May: around 60 attended

Website downloads: 364

- Consultation document: 219
- Questionnaire: 145

Who responded to the consultation?

Response type	Total
Responses to the questionnaire: <ul style="list-style-type: none"> • 95 individuals • 6 organisations or groups • 2 on behalf of an organisation and individually • 5 did not say 	108
Responses as letters or emails: <ul style="list-style-type: none"> • 14 individuals • 4 groups 	18
Capacity in which individuals were responding (people could choose more than one option)	
<ul style="list-style-type: none"> • 84 local residents • 34 service users • 16 carers • 12 others • 2 did not say 	

The groups or organisations which responded were:

- The Macular Society Havering Support Group (questionnaire)
- Hyland Independent Community Action Group (questionnaire)
- North East London Foundation Trust (questionnaire)
- Friends of St George's (questionnaire)
- Residents' Association Group, London Borough of Havering (letter)
- Sight Action (Havering) (email)
- Hornchurch Residents' Association (email)
- Havering Vision Strategy Group (email)

In some cases the respondent said they were responding on behalf of a group (rather than as an individual) but did not indicate what that group was. This means that the numbers in the table are higher than the number of groups listed above.

The demographic information below relates to individuals who completed the questionnaire, as those who sent in letters or emails did not give us these details about themselves. Percentages are given after the actual numbers. Where these do not total 108 (100%), the remainder are those who did not respond or preferred not to say. It should be noted that the numbers are too small to be statistically significant.

Respondent	Total
Male	41 (38%)
Female	52 (48%)
NHS employee	14 (13%)
Not employed by NHS	80 (74%)
Age	
Under 26	None
26-40	6 (6%)
41-65	38 (35%)
Over 65	55 (51%)
Ethnic background	
White (of these, most were white British)	87 (81%)
Asian British	2 (2%)
Indian	1 (1%)
Irish	1 (1%)
Mixed (white and Asian)	1 (1%)
Belief or religion	
Agnostic	3 (3%)
Atheism	2 (2%)
Buddhism	1 (1%)
Christianity	67 (62%)
Hinduism	1 (1%)
Other	1 (1%)
Borough or area	
Brentwood	3 (3%)
Havering	92 (85%)
Redbridge	1 (1%)

Analysis of responses to the questionnaire

A consultation exercise is a very valuable way to gather opinions about a wide-ranging topic. However when interpreting the responses, it is important to note that whilst the consultation was open to everyone:

- the respondents were self-selecting, and certain types of people may have been more likely to contribute than others
- the responses therefore cannot be assumed to be representative of the population as a whole.

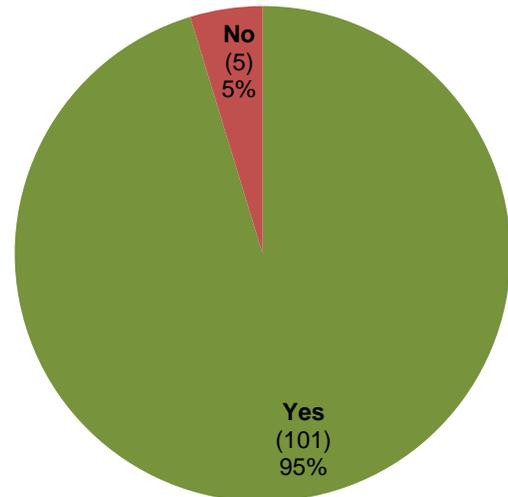
Typically with consultations, there can be a tendency for responses to come from those more likely to consider themselves affected and particularly from anyone who believes they will be negatively impacted upon by the implementation of proposals.

In the following analysis the comments given in letters or responses that covered more than one question have been attributed to the most relevant question.

Question 1

Do you think we should build a new health centre on the St George's site?

Support from those completing the questionnaire for a new health centre on the site was high, at 95%. Commenting on the reason for their support, respondents were clear they thought such a health facility was needed locally (concern was expressed about having to travel out of the borough for services), due to the growing and aging population and because current services are already under pressure.



The growing population, particularly of retired people, needs more health and social care facilities.

Female aged 41-65

Queen's hospital is vastly over used and under manned. New facilities needed to cope with the new housing/families in the area

Female, 41-65

NELFT would be supportive of a new health centre on the St Georges Site. Having reviewed your consultation documentation and would support the development of a centre of excellence for older people with access to diagnostics.

North East London Foundation Trust (NELFT)

The point was made that the location was geographically suitable for the borough with transport links.

It is a strategically geographical site for supporting community health services, more or less in the centre of Havering. It is served by a quite reasonable public transport system (both bus and train services).

Friends of St George's

There was some concern about the way in which the scheme could be implemented.

...not a private development as Queen's which incurs interest and profit.

Male aged over 65

This concern about how the proposal could be implemented (rather than disagreement on the principle of a health centre on the site) was mentioned by two of those not supporting the proposal. Two other respondents disagreed with the proposal of a health centre, preferring either an urgent care centre / minor injury unit or a retirement village to serve the elderly population.

I have ticked the NO box above because I don't have enough information to decide. There are too many unanswered questions about the proposals... I believe the NHS should not keep disposing of its ground assets as it has done in the past. The local population is growing rapidly and we will need another hospital in the future.

Male aged 41-65

Money should be spent refurbishing existing buildings £15 million is not a lot of money

Male aged over 65

Question 2

What do you think is important to have on the St George's site?

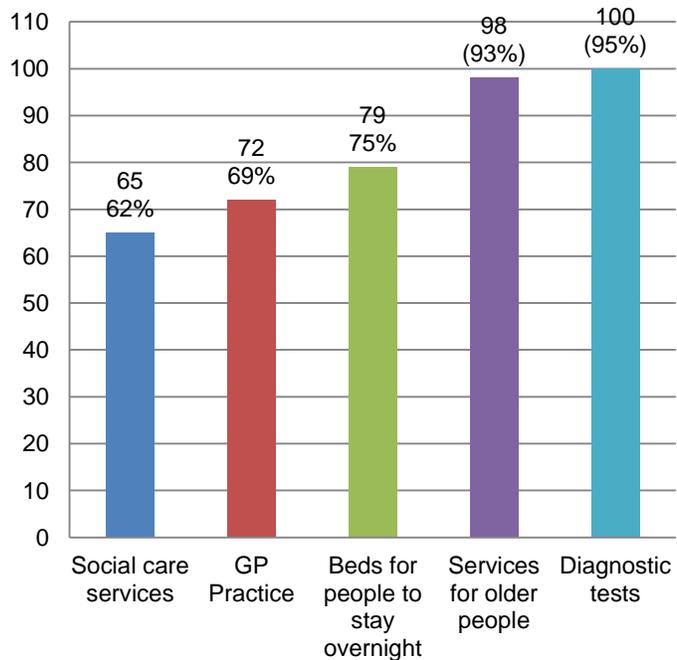
Question 2 asked respondents which of five options they wished to see on the St George's site. Respondents were allowed to tick all they thought important. There was also an opportunity for respondents to indicate other services they wished to see on the site.

Three respondents did not tick any of the options suggested, but two of those did say what other services they thought should be on the site (rehabilitation, day care and diabetes services).

Almost everyone completing the questionnaire thought it was particularly important to have services for older people and diagnostic tests on the site. Around four out of five respondents wanted there to be some beds for people to stay overnight.

However regarding beds, NELFT commented:

In terms of the suggestion of an inpatients facility on the St Georges (site) NELFT would see this as a retrograde step. As a provider we have seen significant improvements in both quality and productivity in our community bed base following the temporary closure of the site and would welcome clinical discussions about the clinical quality benefits of providing services from



a single site within the BHR economy. NELFT is certain a central bed solution is the most affordable model of care. As we see the move from inpatient based services to community provision and a reduction in the community bed base overall, maintaining smaller bed bases will have inherent clinical risks let alone make affordability a challenge.

There were some particular suggestions regarding the services that could be offered, particularly around mental health services, integrated and community care, physiotherapy and rehabilitation, but also regarding some sort of urgent care / minor injuries unit.

There is now very clear evidence that patients with co morbid mental health problems have much worse outcomes in relation to their physical health both in general and for specific disorders (e.g. cardiovascular and respiratory, diabetes etc.). In completing our consultation response we gained views from our senior clinicians. NELFT clinicians believe in order to develop truly integrated care for older people this needs to include mental health care and care for people with dementia, along with primary care and community health services.

As a community and mental health provider of services in Havering we are fully committed to working with the CCG to develop its final model of care for older people and would very much want to see the possibility of a 24 hour site which enables community service to work over the 24 hour period to support patients in their homes.

There is a fantastic opportunity here to break down the artificial barrier between mental and physical healthcare for older people by co locating and/or integrating mental health services (including the Havering community mental health team for older people, memory services, Admiral nursing, Age concern, Dementia Advisor service, Alzheimer's society and social care); and there is the potential for this to be a model of care nationally.

If this is to be a centre of excellence for the care of older people NELFT would also advocate developing an education centre / library facilities on site for use by staff, patients and carers. There is the potential to deliver high quality education for medical, nursing, therapies, social work students as well as postgraduate education. Opportunities to develop academic / research links should be explored and the potential to work more closely with UCL partners in relation to this could also be explored.

North East London Foundation Trust (NELFT)

We feel it to be imperative that eye care facilities are included in the proposed centre particularly in respect of -"living with sight impairment in older age.

Macular Society – Havering Support Group

Also use the health centre for prevention as well as cure.

Female aged over 65

It should become a "one stop shop" including elements from the private sector as well as public, so able to address their total care needs/requirements...as well as the obvious health issues the elderly stress over what are generally small issues to the young, often because mobility makes it difficult for them to travel from place to place comparing products and services or their eyesight, dexterity to not make it easy for them to use the internet... A centre that had representatives from RNIB, Age UK , legal advice, monetary advice etc., would truly revolutionise the lives of many elderly residents, removing stress, and ensuring residents have access to the most appropriate health, care, aids, facilities and services.

Local carer aged 41-65

Grays court in Dagenham is purpose built for rehab and something similar needs to be provided in Havering

Female aged over 65

It is not fair to ask these elderly people to travel all the way to KGB and Dagenham for rehab.

Service user aged 41-65

We urgently require and need an UCC or minor injury unit. We do not have an adequate or efficient primary care system to cope with demands.

Male aged over 65

Not only a new health centre but also more community health services needed.

Male aged 41-65

Need aftercare in hospital locally. Friend was sent to Wanstead recently. Therefore no one was able to visit her.

Local resident aged over 65

I support, in particular, the provision of integrated care services for the elderly much needed and long overdue.

Female aged over 65

Would prefer to see short term beds as King Georges is a long way to travel - tube and very crowded bus!

Female aged over 65

A purpose built social centre modelled on grounds similar in concept to the day centre at hospices would also provide social interaction and exercise, which again will contribute to the whole wellbeing of the individual and help to reduce health issues especially those aggravated by loneliness. In winter it would also help with warmth, energy bills, meals etc.

Local carers aged 41-65

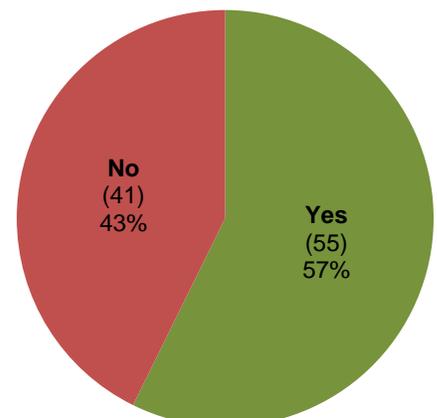
Other suggestions included a day hospital, therapy services, mental health and dementia services for older people, physiotherapy, x-ray, spinal assessment and MRI, falls teams, community services, 24/7, 365 day emergency services, a hydrotherapy pool, chest clinic, post-operative care, ophthalmic and audiology, private services for mobility aids and transportation, a minor injuries service, a polyclinic and a diabetes service.

Question 3

Our preferred option for the site is option 3. Do you support this option?

Just over half of those responding to the questionnaire supported the preferred option (option 3), although it should be noted that some of those who supported this option said they would also like beds for overnight stays on the site (effectively the same as option 6).

Of the 41 respondents to the questionnaire who did not support the preferred option, the main reason was because they wanted beds on the site (27 responses). Twelve respondents said they supported



option 6 and four respondents each supported options 4 and 5. A further seven said they wanted some beds for overnight stays, but did not indicate support for a particular option (see table below).

We would prefer Option 6, which includes a limited number of beds, to be used for hospitalisation prevention.

Friends of St George's Hospital

I think inpatient facilities are essential, to help spread some of the load for elderly patients currently using beds in Queen's because there is nowhere else to care for them.

Male aged 41-65

Option	Proposal	Summary of support
Option 1	New build on site for a range of integrated services. No GP surgery on site.	No support indicated
Option 2	New build on site for a GP surgery, with a range of integrated services accommodated in current (repaired) buildings.	No support indicated
Option 3	New build on site for a range of integrated services and a GP surgery. Preferred option.	Supported by the majority of respondents including NELFT
Option 4	The same as option 1 <i>and</i> with inpatient facilities in the new build.	4 respondents supported this option
Option 5	The same as option 2 <i>and</i> with inpatient facilities in the new build.	4 respondents supported this option
Option 6	The same as option 3 <i>and</i> with inpatient facilities in the new build.	12 respondents supported this option including Friends of St George's

Respondents also expressed views on what would happen with the rest of the site – with some concern about the possible sale of part of the site but also recognition that a sale could provide much needed funds.

...we should get things available locally before we go selling off land that will without doubt be much needed in the not too distant future. What is the long term plan to enhance Queens when it can no longer cope with demand? St Georges is a potential site already owned by the NHS.

Service user aged 41-65

If possible use existing buildings

Male aged over 65

...sell enough land to obtain the £12 million required to refurbish existing buildings and sell remaining land to developers to build an elderly person complex of warden controlled/gated village, then necessary medical facilities are easily accessible

Local resident

...there is sufficient extra land to sell commercially, to make the new centre near enough cost neutral

Friends of St George's

Respondents also commented on other options for the rest of the site and on the location of any new facilities. A number of respondents indicated that they would not support the sale of land if this meant that there would not be sufficient parking available.

The centre should be near the entrance, the Harold Wood centre is a long way from the bus stop which is difficult for patients wishing to use public transport.

Local resident

We also feel that the area of the site not allocated to the centre of excellence should be used for the development of properties for the elderly including some sheltered accommodation. So creating a mini village in keeping with the centre...It should be possible to get substantial positive PR for the area and input from a wide variety of bodies probably including the lottery and heritage funds if the designs think outside of the box with vision rather than taking the easy route. Incorporate a mini museum/exhibition within the designs that reflected the areas involvement during the WW2 would seem appropriate. It would be wonderful to see this become a centre of excellence recognised as a blue print for elderly care across the country, what a wonderful opportunity the borough has.

Friends of St George's

A number of assurances were sought, such as that the facilities would be available to people across the borough, not just those who had a GP in the centre. Also, the Friends of St George's wanted to clarify and discuss with the CCG the vision it has for volunteers and 'friends'.

Details of other responses

Eighteen responses were submitted by letter or email from a number of organisations and individuals that did not specifically address the questions posed in the questionnaire, but which gave views about the redevelopment of the site and were broadly similar to those expressed in comments on the questionnaire.

There was support for the proposals for a health centre on the site, with a focus on older people:

I am in full agreement for the proposals you have put forward for the St George's Hospital site.

Local resident, aged 41-65

This is a golden opportunity to build a medical centre of excellence that the NHS and borough can be proud of and which should provide the excellent care required by the elderly population in Havering.

Local resident

St George's should be used for Health purposes and our facilities returned to provide the care our elderly, sick and residents of Havering deserve.

Email responder, who had attended the public meeting

The Centre of excellence for older people assessment and diagnostic unit, this is excellent and great for older people.

Email responder

Two groups also broadly supported the focus on older people and suggested a particular focus on sight and sensory issues.

[We] would urge: a. that option four is pursued to include some inpatient facility, b. that a community eye health and sight loss service is developed as an integrated key component of the centre, c. that the new centre truly does develop expertise and robust collaborative services which focuses on the needs of older people.

Havering Vision Strategy Group
(representatives from primary and secondary care, social services and the voluntary sector)

In broad, general terms, our charity supports the proposal to provide a "centre of excellence for older people"... We should like to propose that the redevelopment of St George's is used as an opportunity to develop services for people with sensory (sight and hearing) and physical disability. In view of the fact that the prevalence of sensory and physical disability tends to increase with advancing age, we feel our proposal fits in quite neatly with your proposal...

Sight Action (Havering)

There was some concern expressed about how little of the land will be retained for a health facility.

I am a pensioner was shocked and disappointed to read that only 10% of the land will be used for NHS services... So much land is available and it is much needed for the older people in the borough.

Local resident

I understand that only 10% of the site is proposed to be retained for NHS use. I don't understand how this is sufficient for all the services that have been removed from the site to be able to be returned as promised.

Email responder

They should keep at least 10 acres of land as a contingency to help cope with any expansion that may be needed in the future.

Email responder

There was some recognition that the NHS would not be responsible for what was built on any of the site that was sold to developers.

As regards the sale of the majority of the site to a developer for residential housing, I appreciate this is not a NHS concern. However, I would very much hope that this site is only developed with quality family homes with restricted numbers so that the green belt can be protected from overdevelopment or inappropriate multiple dwellings.

Local resident

As a Residents Association we would keep a very close eye on proposed development and if not in keeping with the area would take the matter up with the planning authority.

Hornchurch Residents Association

Nine of the email or letter responders indicated that they were in favour of some sort of bed facility, whether this was:

Some sort of convalescence centre...

Local resident

Beds able to cope with long-term stays as well as short ones...

Email responder

Adequate bed facilities for the rehabilitation of strike patients and for elderly patients recovering from broken hips etc... the suggestion to perhaps provide some beds just for overnight stay would be totally inadequate.

Local resident

An inpatient facility for short term stay when required...

Sight Action (Havering)

A bedded unit to deal with older residents who are discharged from the acute hospital but need a few days respite before being sent home...

Hornchurch Residents Association

The wards should be refurbished or rebuilt to once again provide the specialised and invaluable care they were receiving at St George's.

Email responder

The growing elderly population of Havering need is for some of the existing buildings to be refurbished to accommodate up to 100 beds and physio for rehabilitation patients as well as social care professionals.

Email responder

We would consider some aspect of inpatient care as essential in the new provision...

Havering Vision Strategy Group

... a hotel type facility for those coming out of hospital and not ready to go home.

Email responder

Common issues raised

There were some common issues raised by respondents (across questionnaires and letters/ emails), which were issues *indirectly* related to the consultation. Of the 53 responses where such an issue could be identified, the top five were:

- **the sale of the site:** the amount that might be sold was too high; more needed to be kept for what needed to be built; more needed to be kept for what might be needed in the future; none of the site should be sold at all – 14 people (26% of 53)
- **travel out of the borough:** this was seen as a problem, especially for older people, and a reason to support a health centre on the St George's site – 13 people (25%)

- **potential use of the rest of the site:** general concern about what might be built and the impact this could have locally – 11 people (21%)
- **accessibility of the services/ buildings on the site:** the centre needed to be close to the road so it would be easily accessible by less-mobile people using public transport (not like Harold Wood Polyclinic) – five people (9%)
- **preserving/ using the old buildings:** some people said the current buildings were aesthetically pleasing and should be preserved; others wanted them to be repaired and reused as they believed this would be cheaper than building new ones - five people (9%)

Other views

It should be noted that no formal response was received from the local health scrutiny committee, Healthwatch, any of the local MPs or the local acute hospital trust.

As mentioned earlier, the HSC discussed the redevelopment at both of their meetings that took place during the consultation period. The committee was interested in the detail of any redevelopment that would take place and was keen to ensure that further engagement would take place with local people and stakeholders when drawing up any outline business case. The minutes of the HSC meeting on 26 March 2013 record that the Healthwatch chair supported the plans for the St George's site.

During his meeting with the CCG chair on 19 April 2013, local MP Jon Cruddas expressed support for the plans. This followed the posting of a news story on his website about the proposals and the consultation, in which he said:

This proposal comes as positive news amidst the recent cuts to healthcare, and the latest CQC report that slammed A&E services at Queen's. Following closures to inpatient services at St. Georges and damaging cutbacks to local clinics it is now more than ever that we need investment like this and I commend the work being done.

With very few local clinics in the Havering side of my constituency many residents have to travel further afield to Queen's, King Georges and Basildon Hospitals to receive care. I think it is great to see the limited NHS resources that are available being utilised in Havering.

He tweeted this story to his 7,000+ followers on 27 February 2013.

Barking, Havering and Redbridge University Hospitals NHS Trust did not respond to the consultation within the time period (ending 12 May 2013), however they sent an email on 16 May 2013 to express support for option 3 (the preferred option). Likewise Havering Council did not respond within the time period, but did subsequently indicate support for the preferred option.