

SWL CCGs

Inpatient Mental Health Services in South West London Consultation Report



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1. Introduction

In late 2014, SWL CCGs (South West London Clinical Commissioning Groups) in conjunction with NHS England and South West London and St George's Mental Health NHS Trust, completed a consultation regarding proposals to develop new inpatient mental health services. The consultation closed on 21st December 2014.

This report provides a summary of the quantitative and qualitative responses submitted by consultees.

Background

The five south west London CCGs and NHS England held a public consultation between September and December 2014 about inpatient services, and some specialised services, provided by South West London and St George's Mental Health NHS Trust. The consultation sought views on the future use of facilities at Springfield Hospital in Tooting, Tolworth Hospital in Kingston and Queen Mary's Hospital in Roehampton.

The consultation stated that most of the existing mental health inpatient facilities in south west London are old, not suitable for modernisation, not designed for today's mental health care and very expensive to maintain. It is believed they do not provide a good, supportive environment for patients and carers. They also make it harder for frontline staff to deliver high quality care. The proposed changes to mental health inpatient services aim to improve the quality of clinical care and the experience for service users and carers, bringing local services in line with current guidance and best practice.

The Analysis and Reporting

Participate was commissioned to undertake the analysis of the responses collected via the online response form, FREEPOST response forms, emails, letters, consultation events and other feedback. In addition, Participate undertake an independent evaluation of the consultation events.

Participate primarily completed the following tasks:

- The analysis of all responses against each proposal
- Coding of responses to extract key themes that emerge from the consultation responses

- Analysis of quantitative responses to the consultation form
- Independent evaluation of the consultation events.

To aid the analysis of the qualitative responses Participate created a coding framework. Code frames were then constructed and responses assigned to different response categories. This process allows for the thematic interpretation of the responses as well as the identification of opportunities, alternative ideas and risks.

2. Main Findings

The following sets out the main findings from the SWL CCGs' consultation on 'Inpatient Mental Health Services in South West London'.

2.1 Data Analysis

The following findings are based upon the combined analysis of the themes to have emerged from the survey responses, emailed documents, letters, feedback from other meetings/forums and the main consultation events.

PLEASE NOTE: In terms of the percentage levels of agreement/disagreement with the proposals, these relate only to the survey responses. The main themes to have emerged, however, relate to all forms of feedback. It is important not to give too much weight to the survey percentages alone as these do not capture in entirety the range of concerns and issues raised through other routes.

2.2 Consultation Activity

The following table outlines all activity to have been undertaken during the consultation. This activity has been logged and the log has been passed to SWL CCGs. All feedback provided from this activity has been analysed to feed into the consultation report and the raw data has been passed to SWL CCGs to review.

Table 1a Analysis of Consultation Participants – by type of activity		
	Base no.	%
Survey Activity – Type of Respondent: (n=283 completed surveys)		
Local Resident	74	26%
NHS Professional	72	25%
Service User	63	22%
Carer	46	16%
Politician	2	1%
Councillor	2	1%
Other	27	10%

Table 1a Analysis of Consultation Participants – by type of activity		
	Base no.	%
Consultation Events – Participants per event (n=191 participants across 5 events)		
Merton	48	25%
Wandsworth	46	24%
Richmond	43	23%
Kingston	36	19%
Sutton	18	9%
Letters and Emails Activity – Type of respondents (n=76 uploaded responses)		
Service Users & Carers	16	21%
Community Groups/Voluntary Organisations (eg. Healthwatch / Fircroft Trust / MIND / RETHINK)	10	13%
Springfield Hospital (eg. Bluebell Ward/Deaf Services/CAMHS)	9	12%
General Public / Residents Association / Readership Group	4	5%
CCG / MH Commissioners	4	5%
MP / Councillor	4	5%
SWLSTG	3	4%
UNISON	2	3%
Other	20	26%
Meetings & Forums Activity – Type of group (n= 74 meetings/forums recorded)		
Service User / Carer Group	16	22%
Mixed Stakeholder Group (61 attended the 5 Pre-Consultation Meetings)	11	15%
MP / Councillor Meeting	10	14%
Community Groups (EVOLVE, MIND, SONIC, FOCUS, HEALTHWATCH, FAMILY CENTRE)	9	12%
BME / Equality & Diversity / LGBT Group / Democratic services (approx. 55 in attendance at the Black MH Group)	6	8%
General Public / Resident's Forum	5	7%
CCG Meeting	4	5%
Overview (HOSC, Wellbeing Board)	4	5%
Other (GPs, Housing, NHS England)	6	8%
Other	3	4%
Other Activity (phone, press, online, twitter) – Type of respondent (n=30)		
General Public	11	37%
CCG / GP	4	13%
MP / Councillor	2	7%
Twitter Campaign	2	7%
Other (Service user, Police, Residents Forum, Church, Council)	11	37%

Participant profiles

- The demographic data was not captured at the five main consultation events, however, the evaluators felt that at most events there was little diversity to represent the local areas but the make-up of the groups may have been more reflective of informed stakeholders. At the Wandsworth event, feedback was captured from a group of deaf stakeholders.
- In terms of the survey, there were 283 responses in total. Not all of the respondents chose to answer all questions:
 - 90% (237 out of 264) of respondents did so on a personal rather than organisational basis
 - 30% (74 out of 245) of respondents were local residents, 30% (72 out of 245) NHS professionals, 26% (63 out of 245) service users and 19% (46 out of 245) carers
 - 73% (183 out of 251) were aged 45 years plus
 - 76% (183 out of 241) considered themselves not to have a disability
 - 59% (148 out of 250) were female
 - 76% (188 out of 247) were White British
 - 79% (192 out of 242) do not have children under the age of 18
 - 34% (68 out of 201) were from Kingston, 23% (46 out of 201) were from Wandsworth, 15% (30 out of 201) from Sutton, 14% (29 out of 201) from Richmond and 14% (29 out of 201) from Merton.
- In addition, other channels were used to consult with a wide range of stakeholders across the five boroughs including service users, carers, local residents, organisations, staff and other informed stakeholders. These channels included:
 - Emails/letters – 215 received (76 of which contained uploaded responses)
 - Meetings – 74 held
 - Phone calls – 18 calls taken
 - Post – 16 documents received
 - Twitter – 6 posts logged
 - Press – 5 pieces of coverage
 - Newsletter – 3 articles
 - Online – 2 pieces of feedback logged
- Having cross tabulated the data, the themes were mainly consistent across all groups. Where groups represented the specific services outlined within the proposals, the

feedback from these has been analysed separately to feed into the findings. All groups were concerned about travel and access, however, these concerns were stronger in localities such as Richmond, Sutton and Merton.

2.3 Feedback on the Proposals

The levels of agreement/disagreement with the proposals were not captured at the events and through other feedback. However, 'likes' 'dislikes' and 'questions' were captured for each proposal at the main consultation events. In addition, concerns and issues were captured through the other forms of feedback. The following findings are therefore based upon a combination of the levels of agreement/disagreement captured through the survey and key themes from the qualitative (survey free text and discussions) findings from all forms of feedback.

Proposal to redevelop inpatient services

- 77% (213 out of 277) of respondents either agreed or strongly agreed with the proposal. 15% (41 out of 277) either strongly disagreed or disagreed and 10% (27 out of 277) neither agreed nor disagreed.
- However those who did agree through the survey, did so with caveats in terms of wanting to ensure that the best fit for all is achieved in terms of access.
- The main theme to emerge across all activity was that the current facilities are unsuitable as they are old, depressing, not fit for purpose, offer little staff interaction, poor privacy and are not holistic.
- However, some respondents felt that the current facilities could be refurbished rather than being completely redeveloped.
- In terms of disagreement with the proposals, the main theme regarded concerns over access and travel with respondents questioning how service users, carers and staff would be able to access any redeveloped services especially from the Sutton and Richmond areas.
- There were concerns that not all of the boroughs would have a satisfactory provision if services were removed from Queen Mary's Hospital.
- Respondents and participants also suggested that investment should be made into staff and services, rather than buildings, to ensure high quality care.
- There were also concerns about how any development would be funded and whether the proposals were actually a cost-cutting exercise potentially resulting in fewer beds and poorer access.

- Investment in robust community services was also seen as key in line with any inpatient redevelopment.

Option 1 to provide services at Springfield and Tolworth

- 62% (172 out of 276) either agreed or strongly agreed with Option 1. 26% (73 out of 276) either strongly disagreed or disagreed and 13% (35 out of 276) neither agreed nor disagreed.
- Those in agreement across all activity felt that Option 1 will reduce costs, enable better quality care across 2 sites, give necessary 'critical mass' for professionals to learn from each other, will develop centres of excellence and will enable investment in fit for purpose facilities.
- Some respondents/participants felt that Option 1 should also ensure that there would be adequate investment in community services to enable good local access across all boroughs and enhanced link up to inpatient services.
- There were also concerns raised about Queen Mary's hospital in terms of its suitability to provide inpatient mental health services in the long term, meaning that Option 1 was seen as more favourable by some.
- Some respondents felt that the development of Option 1 would be an ideal opportunity for the Trust to be at the 'forefront' of mental health services and demonstrate its commitment to mental health and recovery.
- Disagreement with Option 1 was mainly due to concerns in regard to travel and access, again with concerns raised about the Sutton, Richmond and Barnes areas.
- Some respondents suggested that services should remain at Barnes hospital.
- There were also concerns raised about staff losing their inner London weighting on their salary, which it was felt may encourage more staff to leave the Trust.
- Those that disagreed with Option 1 were also concerned about losing services from Queen Mary's Hospital and therefore preferred Option 2 for the reasons indicated below.

Option 2 to provide services at Springfield, Tolworth and Queen Mary's

- 56% (155 out of 278) either disagreed or strongly disagreed with Option 2, 16% (44 out of 278) were unsure and nearly 30% (81 out of 278) agreed or strongly agreed.

- Those that disagreed with Option 2 across all activity felt that it would mean staff would be 'spread too thinly' across three sites and they felt that Option 1 would enable better care with a concentration of expertise.
- Concerns were also raised about Queen Mary's suitability to provide inpatient mental health services and that the 'three ward' rule would put strain across three sites.
- Investment into Queen Mary's when it is a PFI was also seen as a poor use of funding by some and they would prefer to see investment in new fit for purpose facilities.
- However, some respondents agreed with Option 2 as it would make best use of the PFI.
- Those that agreed with Option 2 felt that Queen Mary's currently offers a high level of care that would be missed by service users.
- It was also felt that three sites would give better access for patients across the borough as poor public transport and congested road networks are seen as an issue for services users and their families.
- It was seen as important to all that any redevelopment would not mean a reduction in beds and therefore, the three site option was perceived as offering a commitment to bed numbers.

Proposal to move children's services

- 56% (150 out of 270) of respondents either agreed or strongly agreed with the proposal, 26% (70 out of 270) were unsure and 19% (52 out of 270) either disagreed or strongly disagreed.
- Those that did agree across all activity, did so with caveats as they wanted to ensure travel was taken into account so that families could see their children.
- Sustained local access of community services was seen as important, as was consultation with parents on any changes to services and the provision of suitable outdoor space for children.
- Feedback from some parent groups focused on the need to improve the environment for children as it was felt that the current CAMHs service is good, but the facilities are too clinical in look and feel.
- It was also felt that the service for under 12s is minimal and it was asked how this would be addressed.

- Separating adult services from children's services was seen as preferable to some, as long as it didn't impede on services already at Tolworth.
- Those that were unsure, mainly felt that they didn't hold enough knowledge or experience of the services to comment.
- Disagreement was mainly due to the CAMHs service already being in place in Springfield.
- It was felt that it should remain as it is, because it is viewed by some to be an excellent service with a good relationship with Wandsworth Education (that staff the schools). The schools have had excellent Ofsted reports and there were concerns that there would be no guarantee that this service would be replicated by Kingston Education.
- It was also stated that children's services link into some adult provisions, such as deaf services and therefore they need to be co-located.
- Travel and access were key concerns as it was felt that there would be poor links at Tolworth and it would be expensive for families to travel.

Proposal to move deaf services

- 42% (113 out of 267) of respondents either agreed or strongly agreed with the proposal, 40% (107 out of 267) were unsure and 20% (52 out of 267) either disagreed or strongly disagreed.
- Those that did agree, felt that Tolworth may have better facilities with more outdoor space.
- The high percentage of people who were unsure felt that they did not have enough experience to comment.
- Even though the survey results gave overall agreement, there was strong disagreement from service users and other informed stakeholders throughout all other activity
- It was felt that services should remain in Springfield Hospital because parking, transport and location are better.
- It was also felt that the location is also safer and there were concerns about moving interpreters and other deaf staff.
- There were further concerns about travel and access, plus being able to link to the community outreach services.

- In addition, a local population of deaf service users has been built around Springfield and local residents are accustomed to helping these users. It was felt it would therefore be detrimental to move the service to Tolworth.

Proposal to move Obsessive Compulsive Disorder and Body Dysmorphia

- 44% (117 out of 265) of respondents either agreed or strongly agreed with the proposal, 40% (105 out of 265) were unsure and 16% (44 out of 265) either disagreed or strongly disagreed.
- Again high levels of uncertainty were due to no knowledge or experience of the service.
- Those that agreed did so as they felt that Tolworth would offer more outdoor space and that the current facilities are not fit for purpose.
- Some users stated that they found the old Victorian facilities depressing.
- Those that disagreed, felt that access would be an issue and travel would be more difficult if services were moved to Tolworth.
- There were concerns about moving the Seacole Ward for OCD (which was stated to be the only ward that provides 24/7 support for OCD and BDD in the UK) in terms of impact on specialist staff.
- It was also felt that the service should be provided from where service users felt was most suitable.
- Further concerns were raised about ensuring this wouldn't mean a cut back in inpatient bed numbers and that continued links to community services needed to be ensured.

Proposal for older people's services either at Tolworth or Springfield

- 59% (120 out of 204) preferred Tolworth. 46% (93 out of 204) preferred Springfield. It should be noted that some respondents ticked both which is why the total is higher than 100%.
- It was felt that Tolworth would offer a better provision as it's a smaller site with better links to community services.
- It was also felt that Tolworth is quieter and the facilities offer a better environment.
- Those that preferred Springfield did so as they felt it was a more accessible location and that it would be better to separate older people's services from children's services, which are also being proposed to move to Tolworth.

- There was also strong feedback which questioned why services couldn't remain at both sites to give better overall access and more beds considering the older population is growing in numbers.
- It was felt that a one site option would only work if the necessary investment was made into community services and residential care to support older people with mental health conditions so that they are not admitted to inpatient care.
- It was also asked why services to support the physical health of adults with mental health problems of all ages have been neglected, when support has been given nationally and locally to dementia care for patients in acute hospitals.

2.4 Consultation Process and Questions

- Throughout all dialogue methods people questioned how long the redevelopment will take. What will happen to wards that work well? How will adequate staffing be ensured? How will the right mix of skills and facilities be decided? How will community services be supported? What will be done to ensure satisfactory travel arrangements and good access to services? What will happen during the transition period to minimise disruption? In terms of the consultation process, people asked how specific service users have been consulted. Has the voluntary sector been included? What facts and figures are the proposals based upon? Have carers and staff been consulted?

2.5 Main Consultation Events Evaluation

- Overall the consultation events were found to be inclusive, with helpful staff and questions answered. However, it was noted that complex language and jargon was often used. The facilitators, whilst helpful, were obviously not wholly objective to the process and didn't always manage the discussion groups well enough to ensure all were involved.

2.6 Emails, letters and Other Forums

- A number of very detailed responses have been submitted which we strongly advise are viewed by SWL CCGs along with the raw data from the events and surveys. The log of all activity and submissions has also been submitted to SWL CCGs.

3. Survey Findings

The following sets out the quantitative findings (levels of agreement/disagreement with proposals) and the tables of qualitative findings (key themes to have emerged from the free text responses) to the official consultation survey.

3.1. Data Analysis Process

The following thematic tables and summary of qualitative findings are based upon 283 consultation feedback form responses. Not all respondents chose to answer all questions.

PLEASE NOTE: Some respondents have answered the formal feedback form and emailed a document which mirrors their response in some aspects. Therefore, emailed document responses are separated.

The thematic tables detailed within our findings aim to extract the most common themes to come from the qualitative insight (freetext responses). However, these should not be viewed in isolation as although they infer the most common type of feedback they do not convey the level of detail in some of the responses received. We therefore also advise that the raw data is reviewed by the decision-making panel.

Each response is multi-coded for the number of themes it contains.

3.2 Profile of Respondents

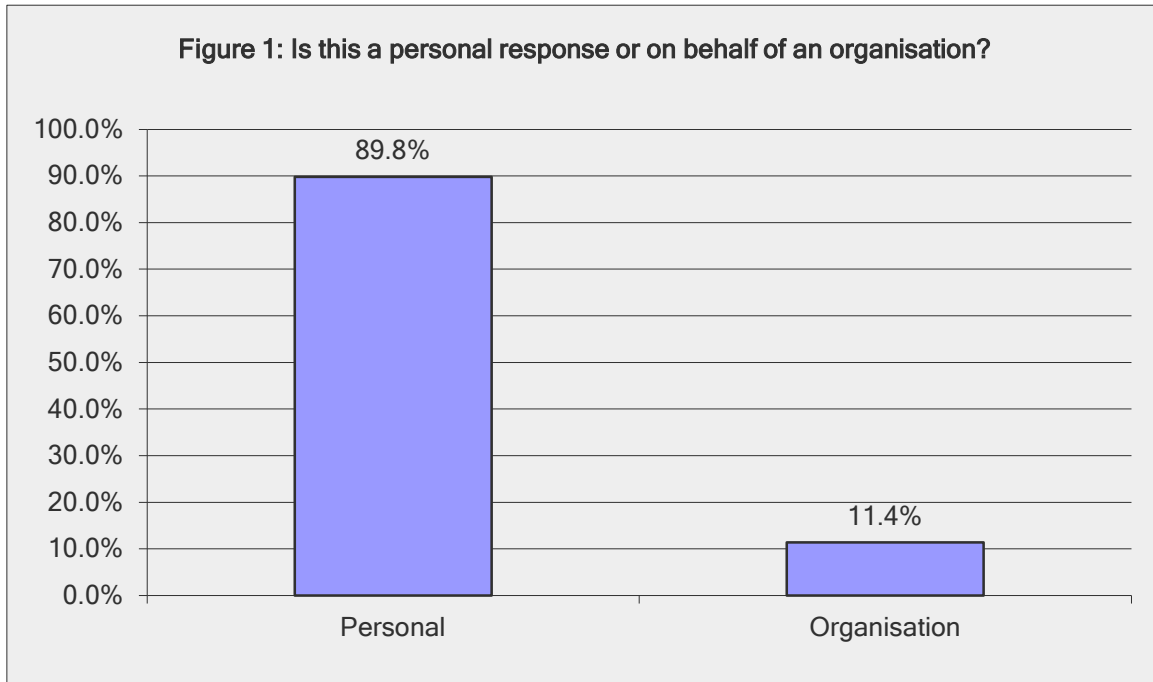


Figure 1 - Base: 264 responses

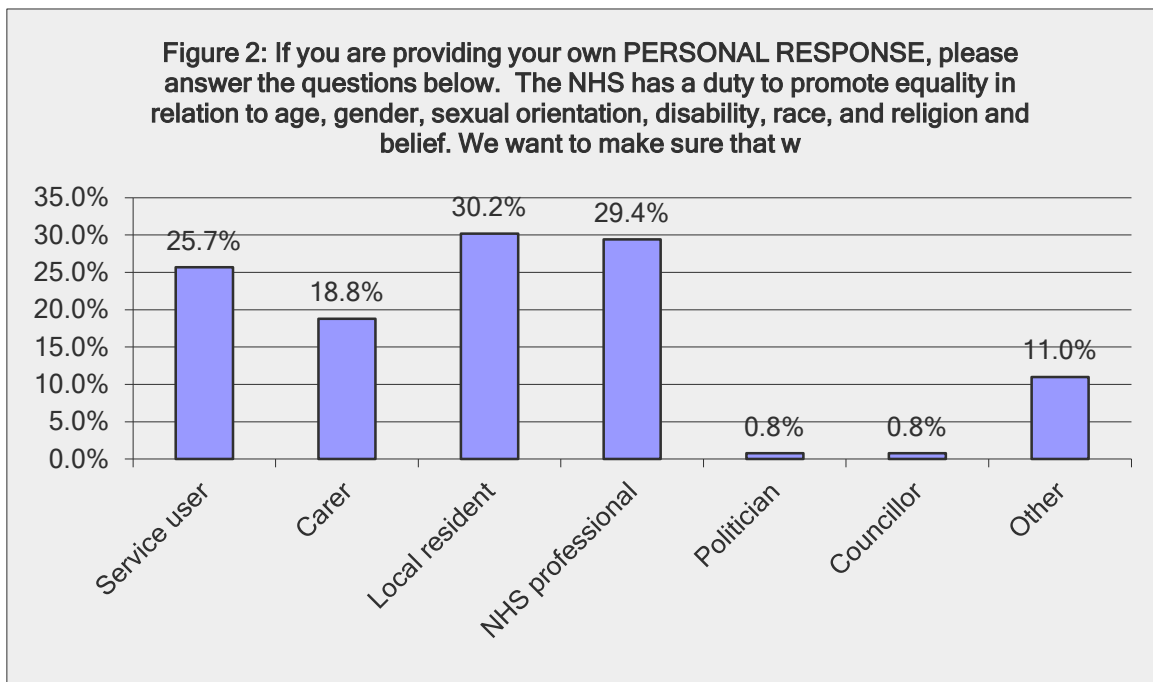


Figure 2 - Base: 245 responses

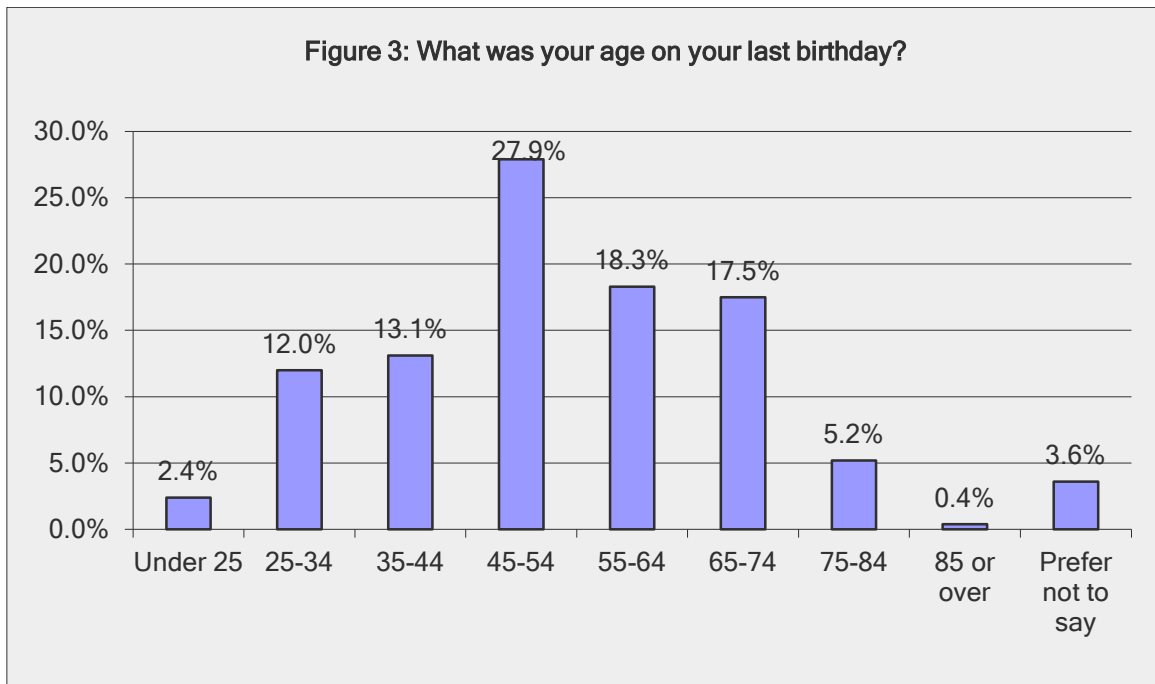


Figure 3 - Base: 251 responses

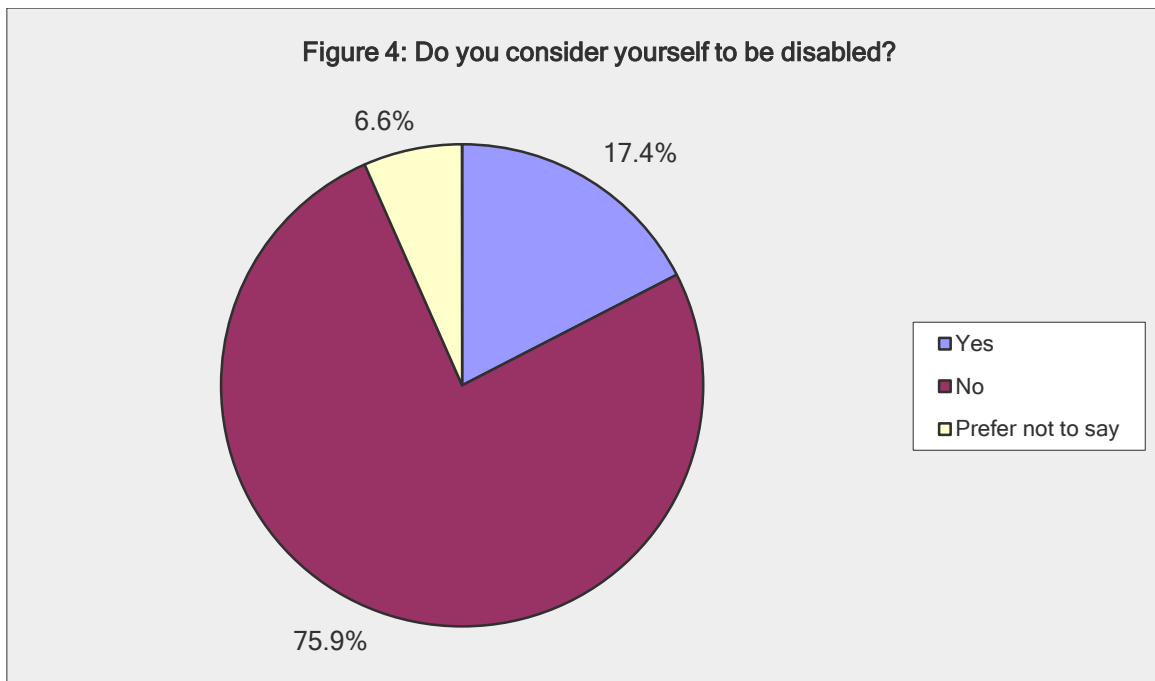


Figure 4 - Base: 241 responses

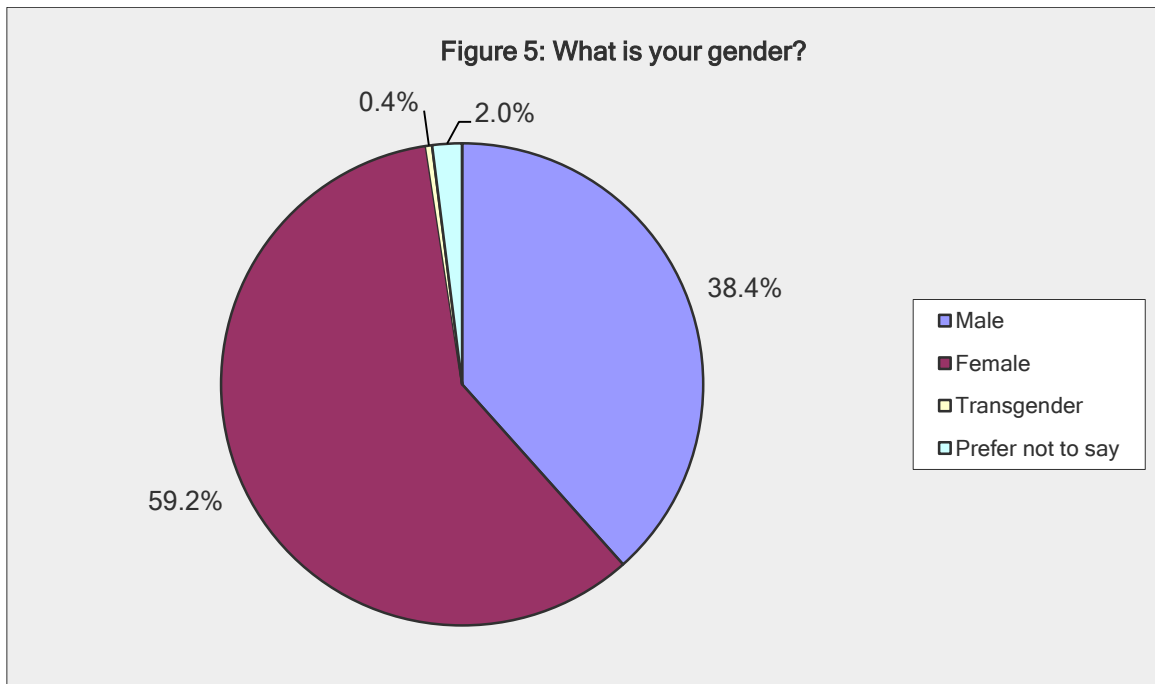


Figure 5 - Base: 250 responses

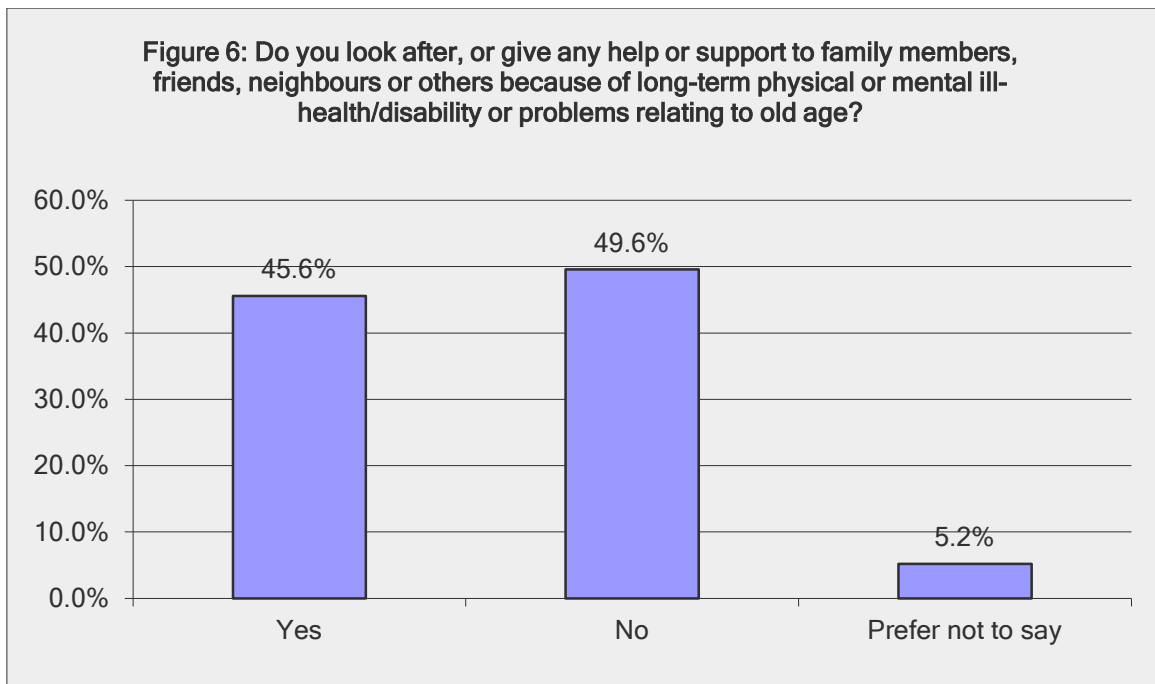


Figure 6 - Base: 248 responses

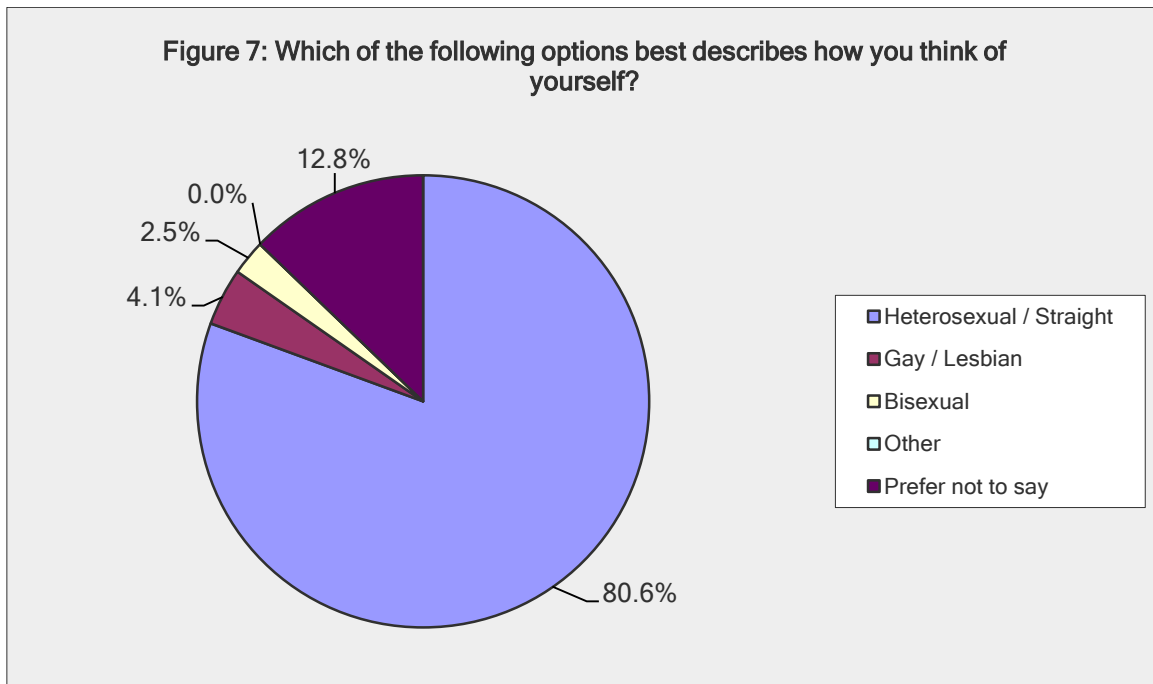


Figure 7 - Base: 242 responses

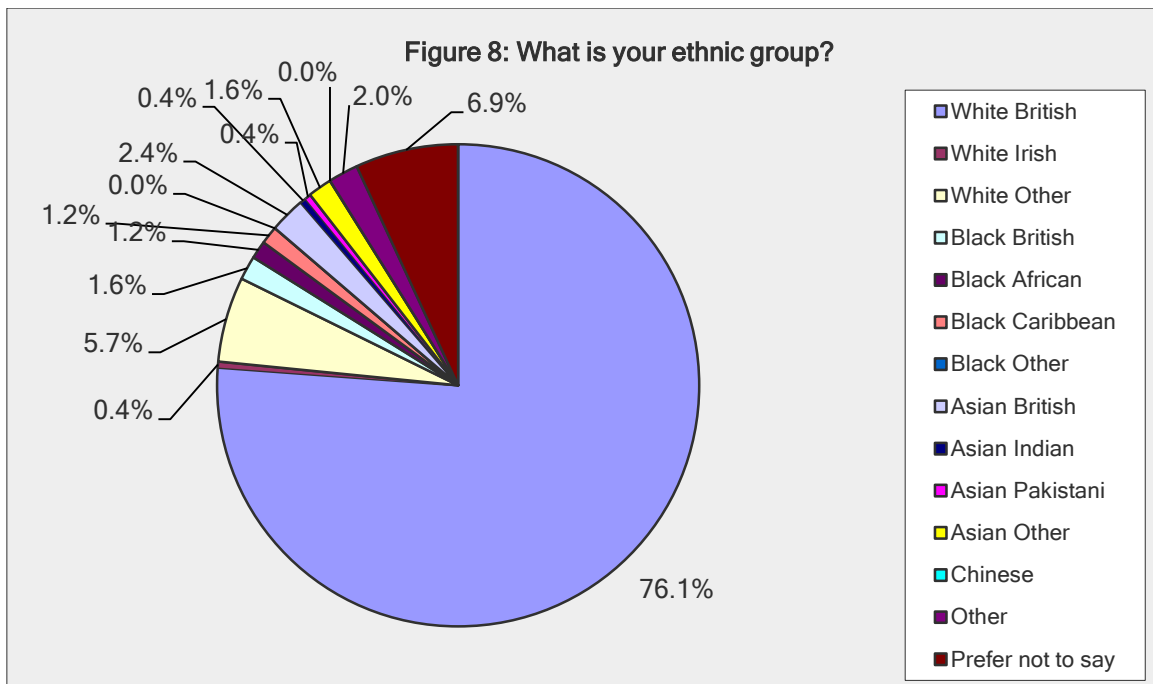


Figure 8 - Base: 247 responses

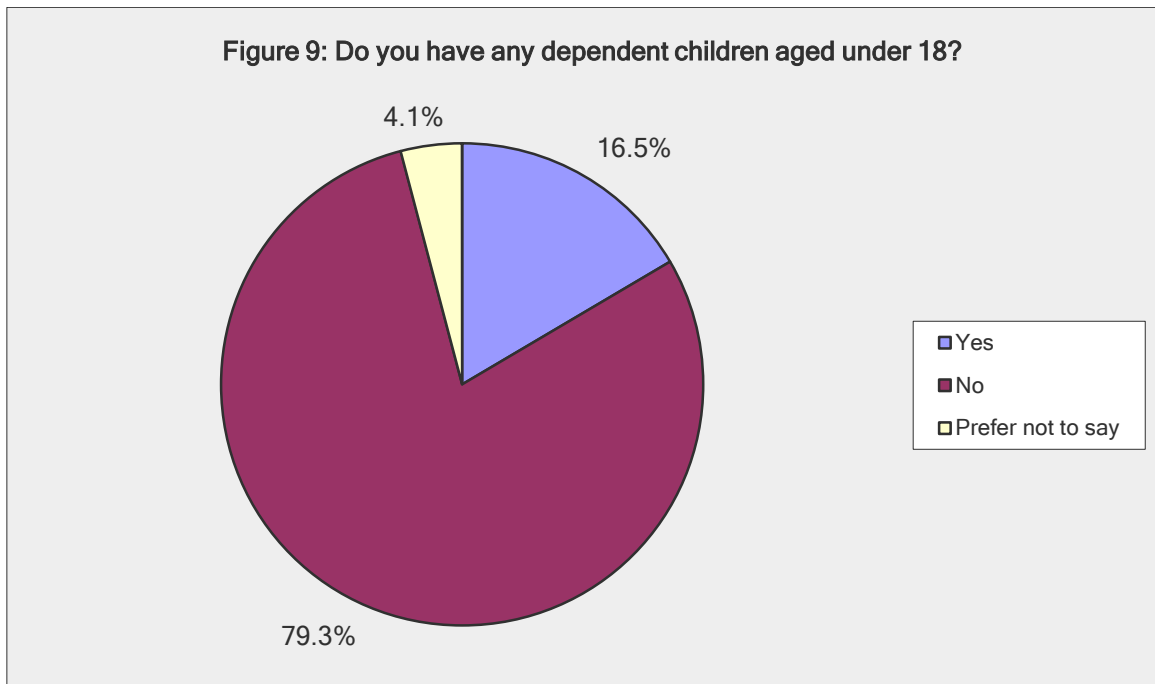


Figure 9 - Base: 242 responses

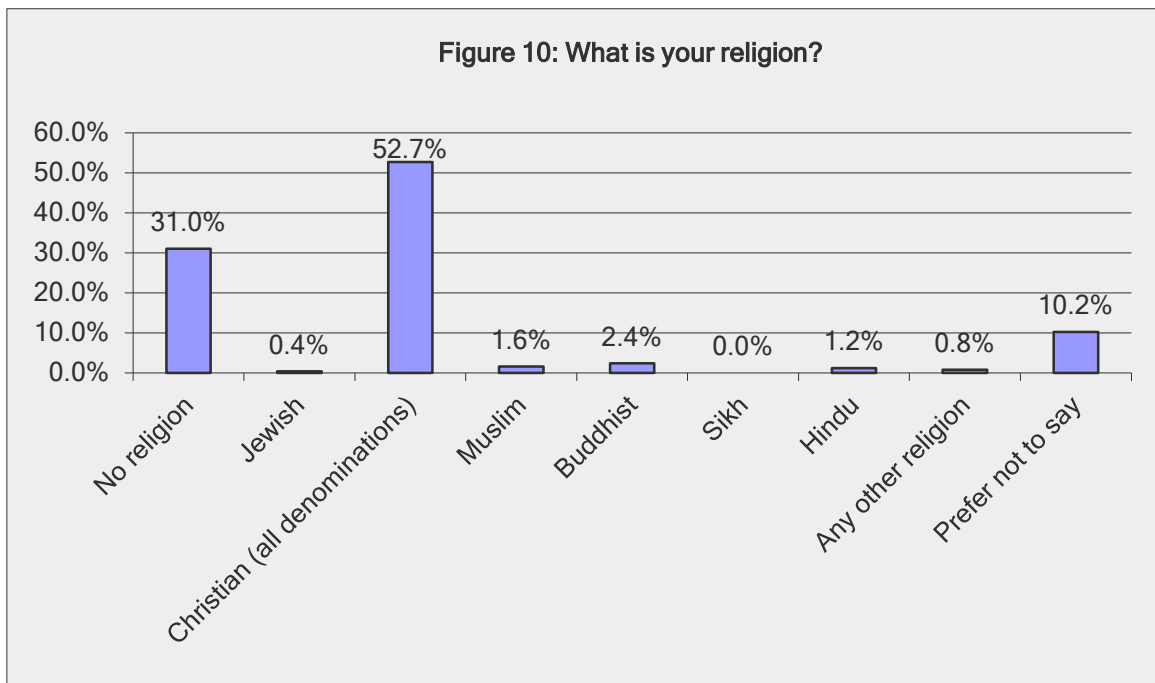


Figure 10 - Base: 245 responses

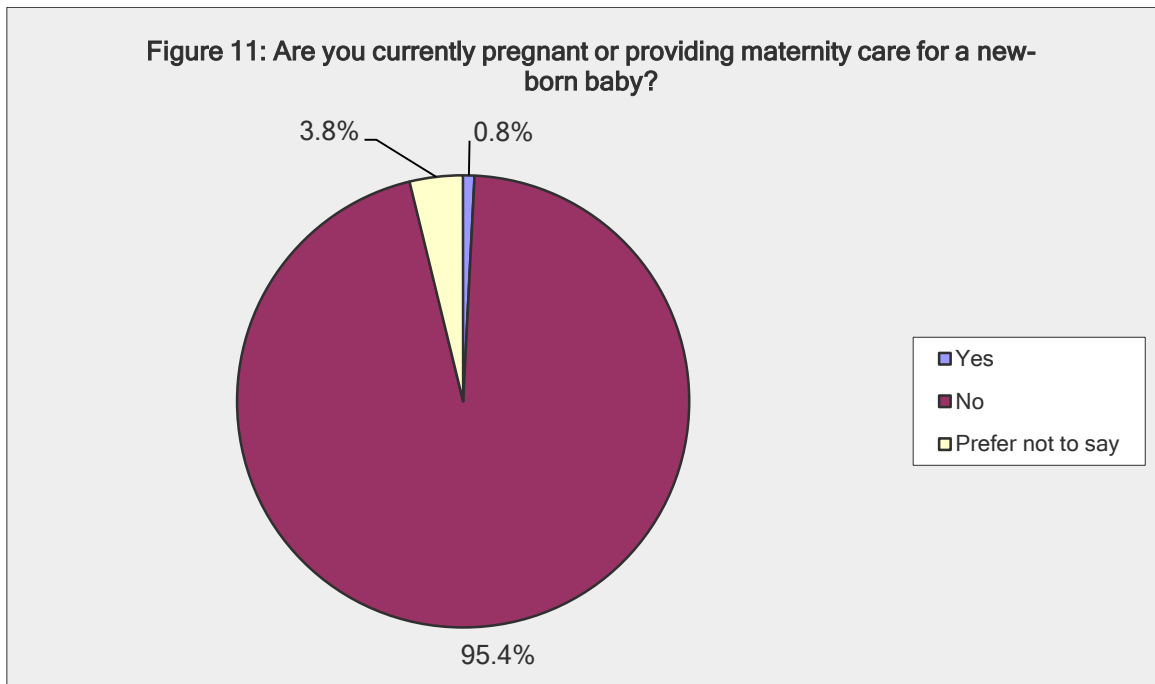


Figure 11 - Base: 240 responses

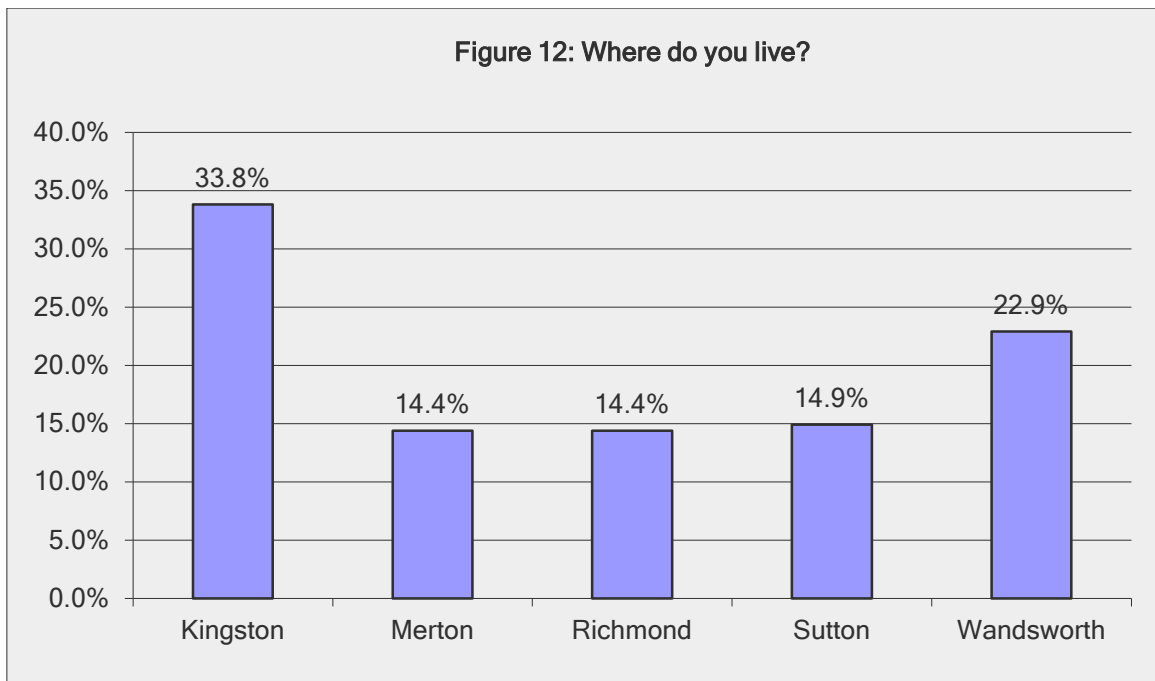


Figure 12 - Base: 201 responses

3.3 Question Responses

To what extent do you agree or disagree with our proposal to redevelop inpatient services in south west London?

Table 1: To what extent do you agree or disagree with our proposal to redevelop inpatient services in south west London?		
Answer Options	Response Percent	Response Count
Strongly Agree	44.0%	122
Agree	32.9%	91
Neither agree nor disagree	9.7%	27
Disagree	11.2%	31
Strongly agree	3.6%	10
Please state your reasons for why you agree or disagree with our proposals:		183
<i>answered question</i>		277
<i>skipped question</i>		6

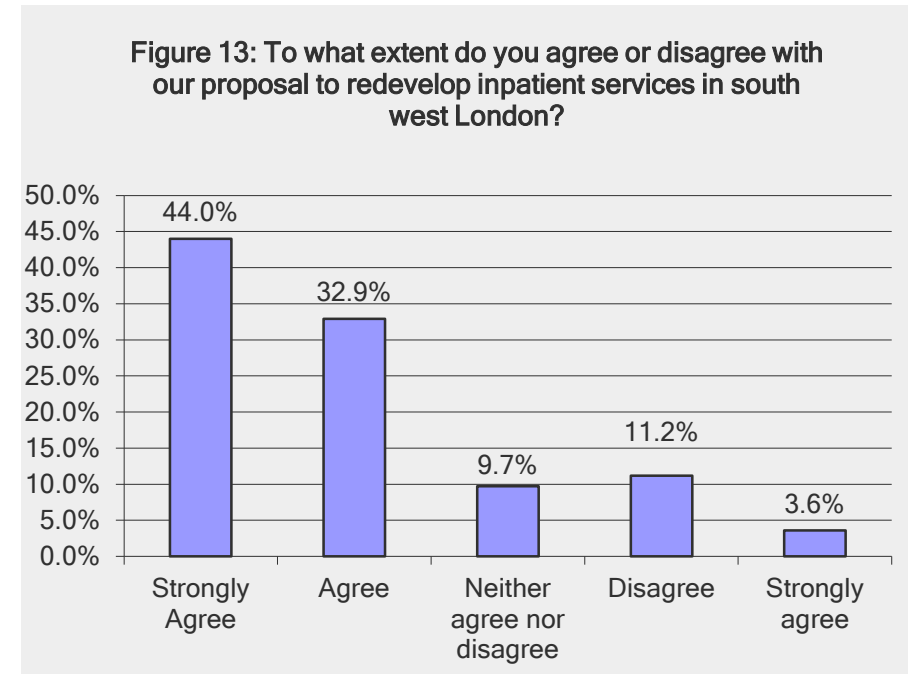


Table 2: To what extent do you agree or disagree with our proposal to redevelop inpatient services in south west London?					
Key Themes	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
3 : Current unsuitable facilities	79	57	1	5	6
16 : Trust should lead on MH	9	1	0	0	1
1 : Add to community services too	4	4	0	5	0
11 : Issues with Lilac Ward	4	0	0	0	0
9 : Funding & finance issues	3	0	1	3	0
2 : Concerns about travel & access	2	5	3	8	1
7 : Do not cut services & staff	2	1	0	0	1
10 : Invest don't cut services & staff	2	5	3	4	3
13 : Poor treatment rooms	2	0	0	0	0
14 : QMH needs review	2	1	0	0	0
4 : Desperately Needed	1	1	0	0	0
6 : Disagree with proposals	1	0	0	2	1
12 : Keep open space	1	4	0	0	0
15 : Trust not invested in building	1	4	0	0	0
18 : Other	1	3	2	2	0
5 : Disagree - keep the same	0	1	1	4	2
8 : Don't move deaf services	0	0	0	2	0

Example Comments

Agreement due to current unsuitable facilities

- Existing buildings mostly very depressing - unsuitable environment to get better
- The present buildings are very old and were not designed for today's situation regarding care
- The current facilities are completely unsuitable for the provision of high quality care. The buildings are Victorian in design and in a poor state of repair. Easier to rebuild facilities which met the needs of modern Mental Health care
- The current wards are very badly designed

Disagreement due to concerns in regards to travel and access

- It is correct that the buildings need modernising but I do not agree to the closure of the sites or the reduction of patient beds
- We favour the 3 hospital solution which will ensure that a hospital will be in reasonable range of the north / north western areas and therefore easily accessible to patients families and friends of patients.
- Because it will be very upsetting for the patients and family members that travel far

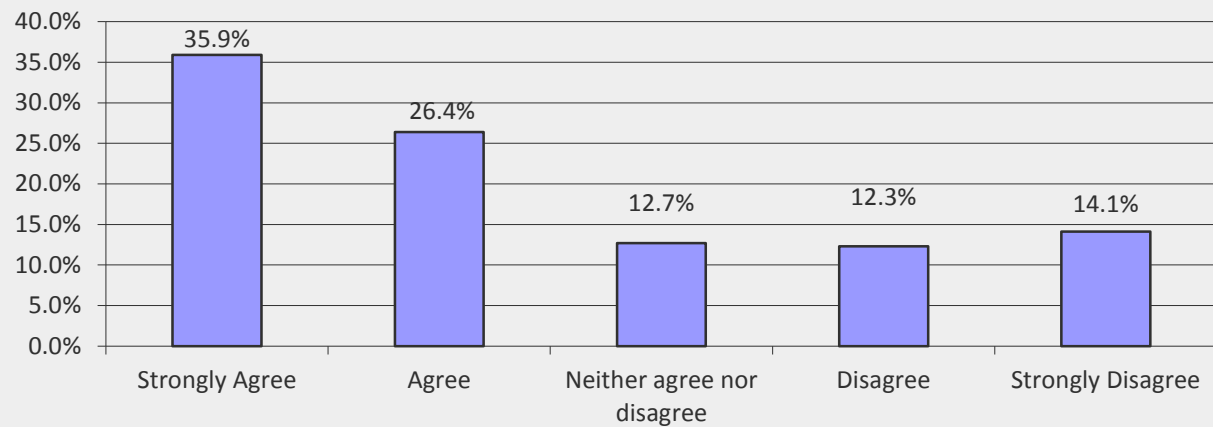
Disagreement with proposals, but still feel change is desperately needed

- Staff function better when they are in better cleaner safer environments

To what extent do you agree or disagree with delivering inpatient services at Springfield University Hospital and Tolworth Hospital?

Table 3: To what extent do you agree or disagree with delivering inpatient services at Springfield University Hospital and Tolworth Hospital?		
Answer Options	Response Percent	Response Count
Strongly Agree	35.9%	99
Agree	26.4%	73
Neither agree nor disagree	12.7%	35
Disagree	12.3%	34
Strongly Disagree	14.1%	39
Please state your reasons for why you agree or disagree with our proposals:		191
answered question		276
skipped question		7

Figure 14: To what extent do you agree or disagree with delivering inpatient services at Springfield University Hospital and Tolworth Hospital?



Key Themes	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
2 : Agree with Option 1	46	32	11	2	1
3 : Concerns about travel & access	18	11	9	17	26
1 : Add to community services too	8	1	1	1	0
4 : Current unsuitable facilities	4	7	0	0	2
11 : QMH needs review	4	1	0	0	0
10 : Other	3	1	2	6	0
12 : Trust should lead on MH	3	1	0	1	0
5 : Disagree with proposals	1	0	3	8	15
7 : Don't move deaf services	1	0	4	3	0
6 : Don't cut beds	0	1	1	1	3
8 : Funding & finance issues	0	0	0	0	2
9 : Issues with Lilac Ward	0	0	0	0	2

Example Comments

Agreement with Option 1

- Concentration of resources between two sites would support higher standard of care - division of services with separate specialist units split between two centres
- This option ensures that all wards are fully up to modern standards and fit for purpose. It will provide a good physical environment - in the wards and across the two sites as a whole. Although capital costs are higher, it is a more cost-effective option in the longer term. It provides a better working environment for staff than the 3-site option, as there will be a "critical mass" of mental health professionals working on each site - enabling career development and sharing of expertise.

Agreement due to travel and access

- I know from experience of visiting Tolworth that it is relatively accessible transport wise and is not so difficult to get to, particularly in the 'rush hour' compared to St Mary's hospital. It has a bus that stops near the hospital and overground services

Agreement as QMH needs to be reviewed

- QMH not viable for in-patient services - better to concentrate in-patient services on two sites

Agreement as the Trust should set itself at the forefront of mental health

- The services look much better when, service users feel cared about, it demonstrates that the Trust is committed to Mental health and recovery

- Think it is important that the Trust remains at the forefront of MH services.

Disagreement due to concerns in regards to travel and access

- Living in Richmond, they are very difficult to get to. There is a consensus about this from people in Richmond, Barnes, Sheen and Ham. My experience of Lavender ward is far better than Tolworth or Springfield
- Both Springfield & Tolworth are too far from Richmond. The travel times by TFL are wildly optimistic. Important to keep the Barnes Hospital in the mix

Disagreement with the proposal

- The two locations are over an hour away from each other, and if staff from Springfield University Hospital were to have to move to Tolworth to work a lot of them would have an extra hour added on to their commute, or be forced to move jobs. Furthermore staff would lose their inner London weighting on their salary, which may encourage more staff to leave the Trust.

To what extent do you agree or disagree with delivering inpatient services at Springfield University Hospital, Tolworth Hospital and Queen Mary’s Hospital?

Table 5: To what extent do you agree or disagree with delivering inpatient services at Springfield University Hospital, Queen Mary’s Hospital and Tolworth Hospital?		
Answer Options	Response Percent	Response Count
Strongly Agree	15.5%	43
Agree	13.7%	38
Neither agree or disagree	15.8%	44
Disagree	34.5%	96
Strongly disagree	21.2%	59
Please state your reasons for why you agree or disagree with our proposals:	62.9%	175
<i>answered question</i>		278
<i>skipped question</i>		5

Figure 15: To what extent do you agree or disagree with delivering inpatient services at Springfield University Hospital, Queen Mary’s Hospital and Tolworth Hospital?

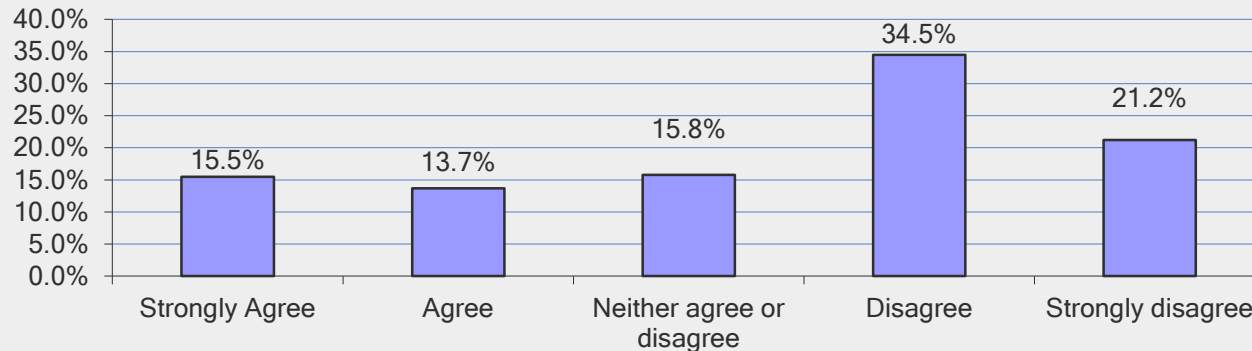


Table 6: To what extent do you agree or disagree with delivering inpatient services at Springfield University Hospital, Queen Mary’s Hospital and Tolworth Hospital?

Key Themes	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
2 : Agree with Option 1	0	1	2	24	12
11 : Funding & finance issues	0	1	2	12	7
14 : QMH needs review	1	0	4	10	2
4 : Concerns about travel & access	9	7	10	9	15
6 : Current unsuitable facilities	1	0	1	5	1
8 : Disagree with proposals	0	0	1	4	5
3 : Agree with Option 2	23	11	3	3	3
12 : Invest don't cut services & staff	0	1	0	3	1
9 : Don't cut beds	5	1	3	2	0
13 : Other	0	3	1	2	1
1 : Add to community services too	0	1	1	1	0
5 : Creates no change	0	0	1	1	0
10 : Don't move deaf services	0	0	0	1	0
7 : Disagree - keep the same	0	1	0	0	0

Example Comments

Agreement with Option 2

- I have received excellent care from Richmond Royal, as a fall back position, Queen Mary's would be ok. I have also received good quality care at Lavender Ward, QMH. Queen Mary's is modern and easier to access than the other
- The area in question is large. Those suffering with MH issues need to be accommodated in as close to a community setting as possible
- The three sites should be kept and modernised to meet national standards without closure of any or service/bed reduction

Agreement due to concerns about travel and access

- Our patients are currently admitted to QMH Roehampton which is relatively easy for their families to access, I therefore feel that this facility should remain
- That is a far better option because it will spread equally the services offered mainly to service users living in or round the 5 boroughs

Agreement due to not wanting to cut beds

- Provided there is no reduction in overall bed spaces and services, which are vital to maintain. The location of the three sites ensures services for users across the trust boundaries

Disagreement, prefer Option 1

- On call clinic staff spread too thinly across three sites
- As a carer, I want my "significant other" to have the best possible treatment and care if they have to be admitted. I don't mind making a longer journey, if this is what it takes!
- Care can be coordinated better if spread over less sites. More expertise on site

Disagreement due to travel and access

- QMH is even more of a transport issue for Sutton patients and carers
- Travel problems, less cost efficiency

Disagreement due to funding and finance issues

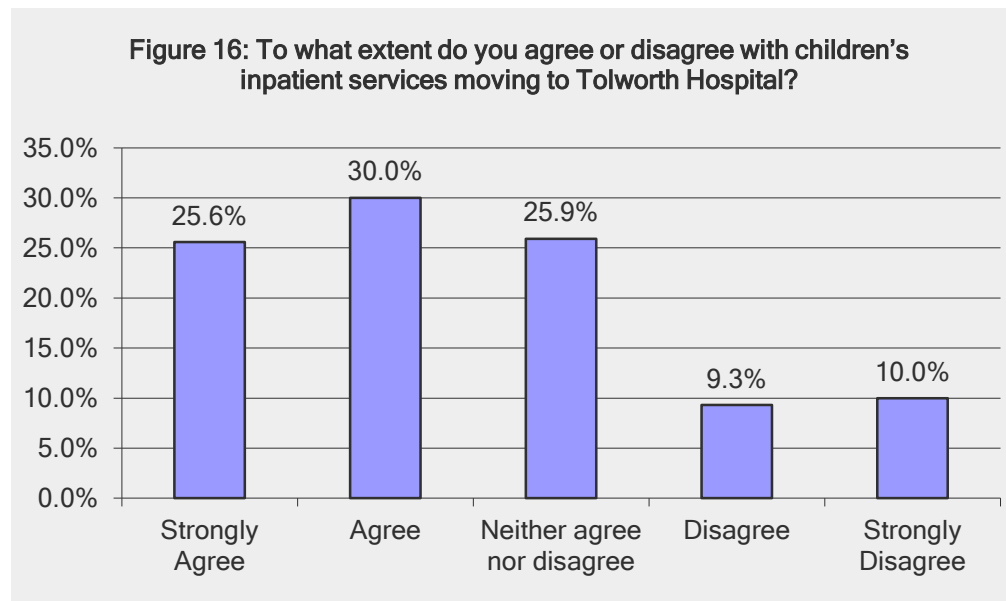
- Because of the problem over the PFI at QMH make it difficult for the trust/CCG to make changes/improvements
- QMH is not a dedicated mental health site and is an inherently expensive accommodation choice due to the PFI build contract. Being elsewhere presents better value for money for taxpayers and the health economy as a whole while also promoting a far better patients experience.

Disagreement due to QMH needing to be reviewed

- Queen Mary's Hospital is not so established as one of the sites for mental health service, but rather for other specialities
- The three M/H Wards at Queen Mary's Hospital are not fit for purpose.

To what extent do you agree or disagree with children’s inpatient services moving to Tolworth Hospital?

Answer Options	Response Percent	Response Count
Strongly Agree	25.6%	69
Agree	30.0%	81
Neither agree nor disagree	25.9%	70
Disagree	9.3%	25
Strongly Disagree	10.0%	27
Please state your reasons for why you agree or disagree with our proposals:		162
	answered question	270
	skipped question	13



Key Themes	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
2 : Agree to moving children's services	31	39	7	5	0
3 : Concerns about travel & access	4	9	15	9	13
11 : Keep open space	2	9	5	4	3
10 : Invest don't cut services & staff	3	4	2	2	8
13 : Other	0	3	1	0	0
4 : Current unsuitable facilities	0	2	2	1	0
7 : Don't cut beds	0	2	2	0	1
9 : Funding & finance issues	2	2	3	1	0
12 : Need more info	0	2	9	0	1
8 : Don't move deaf services	0	1	1	2	3
1 : Add to community services too	1	0	0	1	1
5 : Disagree - keep the same	0	0	2	5	15
6 : Disagree with proposals	0	0	1	1	2
14 : Poor treatment rooms	1	0	1	0	0

Example Comments

Agreement with moving children's services

- Agree that children and adults with forensic problems should not be on the same site
- Better for children/youngsters to be out of all purpose MH environment - outside activities and more people being cared for together will help to lower stigma of mental illness for them
- Do not personally use children's services, but if Tolworth would provide extra outside space and better leisure facilities for children, then this seems a good idea.
- As a former NHS complaint manager I listened to concerns from anxious parents about the inappropriateness of locating children's services in a former lunatic asylum, with non-patient friendly environment

Agreement but concerns about travel and access

- But I hope it's well equipped and near good transport links
- Agree although concerns about delivery of Education presently supplied by Wandsworth/St Georges need to be addressed as do concerns about losing the close connection with specialist teaching resources at Oak Lodge School in the case of the Children's Deaf Unit. The patients in the Children's Inpatient services, the Adult Deaf Unit and the OCD & Body dysmorphia. Services are drawn from a national catchment and not necessarily from the S/W area. Transport links with national transport services must be reviewed and strengthened

Agreement as need for open space

- This option offers the best opportunity for inpatients (when appropriate) to access outside amenities such as shops and green spaces.
- Tolworth Hospital does seem to be in a more quiet area with easier access to leisure facilities and outside space

Disagreement due to wanting services to remain the same

- It should be possible, with new builds, to provide outdoor space and leisure facilities on the Springfield site. Tolworth is very inaccessible, especially for national patients and deaf patients. The inpatient units currently have an outstanding working relationship with Wandsworth Education, who staff the schools. The schools have had excellent Ofsted reports. There is absolutely no guarantee that this Service would be replicated by Kingston Education and the relationship between services could take years to become established. The role of the school is vital for the inpatient services and for the young people we work with and this cannot be overstated. There have never been any incidents in having CAMHS inpatient units on site with secure and forensic adult services in over 10 years. Suitable security arrangements can be made. School children from Burntwood walk through the site all the time.

Disagreement due to concerns over travel and access

- Access to services needs to be strongly considered. It is not necessarily an improvement in client care for there to be state of the art or purpose-built facilities if those who need to access them (young people, carers, family members, other professionals, etc) find this difficult.
- Children's units need to be in the city near local amenities. This is particularly essential for national units such as the eating disorder and deaf service where parents and families have to travel long distances to visit their children

Disagreement due to funding and finance issues

- Corner House if a 7 days per week funded National Child and Adolescent Unit. However, the aim of the admission is to ensure that family are fully involved, therefore, the children and young people tend to go home at weekend. Families will have to travel twice weekly to bring and take their children from the unit. This amount of travelling

could potentially become a deterrent for the Stakeholder to refer to London. Stakeholders are now becoming more aware of local private provision offering similar services.

To what extent do you agree with adult deaf inpatient services moving to Tolworth Hospital?

Table 9: To what extent do you agree with adult deaf inpatient services moving to Tolworth Hospital?		
Answer Options	Response Percent	Response Count
Strongly Agree	12.4%	33
Agree	30.0%	80
Neither agree nor disagree	40.1%	107
Disagree	10.5%	28
Strongly Disagree	9.0%	24
Please state your reasons for why you agree or disagree with our proposals:		130
answered question		267
skipped question		16

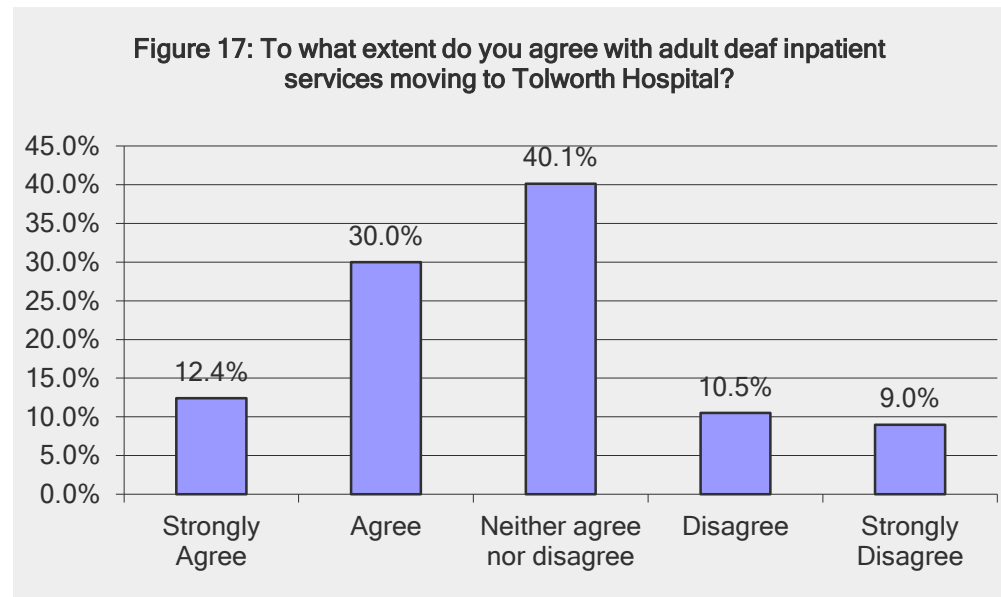


Table 10: To what extent do you agree with adult deaf inpatient services moving to Tolworth Hospital?					
Key Themes	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
1 : Agree	11	22	3	0	0
3 : Better site	5	9	1	0	0
2 : Better Access	3	6	0	0	0
19 : Do not cut services & staff	0	5	0	0	1
9 : Not sure	0	2	7	3	0
17 : Desperately Needed	0	2	0	0	0
21 : Other	1	2	4	1	1
4 : Disagree	0	1	0	1	7
6 : Existing location and community	0	1	0	0	1
10 : where is most need	0	1	2	1	0
16 : Concerns about travel & access	1	1	6	3	11
20 : Don't cut beds	0	1	0	0	0
5 : Concerns over effect on staff	0	0	0	0	4
7 : Loss of connection to other services	0	0	0	1	2
8 : Not enough knowledge to comment	0	0	10	0	0
13 : Clinics	0	0	0	1	0
14 : Services offered at both sites	0	0	1	0	0
15 : Services offered locally	0	0	0	0	1
18 : Disagree - keep the same	0	0	0	9	5

Example Comments

Agreement with proposal to move services

- Only if the facility is better and if it is easier to get to than Springfield which is very difficult
- Deaf people have additional needs which can be met better with better facilities
- I think this is a national service and I am of the view that actually Tolworth has good national links with trains and road and again may be suitable as a smaller site. London allowance needs to be the same for all staff across the Trust. I understand there has been a campaign about this for many years. It is a concern that needs to be addressed.

Agreement as Tolworth is better site

- More space and better accommodation.
- More space for development and better quality accommodation

Agreement but don't cut services

- As long as the specialised team will move with them to ensure a joined-up service/s

Disagreement as concerned about travel and access

- Adult Deaf Community and CAMHS Deaf Community are best placed at a tube station given their wide remit. Deaf inpatient is acute work and needs maximum support for crisis response and medical support. ALL deaf services rely on interpreter support and need siting at SPH together
- Moving to Tolworth will create yet another barrier - unsurmountable for some - for Deaf people because of many issues – one being the transport and access issues they would encounter. Time and again we see Deaf service users' unique needs being ignored, where clinicians/professionals believe they are doing the right thing but are actually

creating barriers that can exacerbate their mental distress. Moving to Tolworth will effectively stop Deaf service users from accessing what is a vital and highly specialised service.

Disagreement with proposal to move services

- Crucially it will impact negatively on Deaf service users' care, treatment and safety and service users' recovery. It takes years for clinicians to achieve skills and level of understanding of mental health and Deafness. A specialist Deaf service is simply not possible without specialist staff – forcing the move to Tolworth would be to push out those experienced health care professionals. To lose these highly specialist staff, en masse, would bring down levels of care for Deaf people to a level not seen in decades.
- When on the ward and a Deaf patient is at a fit state to undertake leave, the current location of Bluebell has many benefits. Having been based in the Wandsworth area for this long, the community at large is more accustomed to Deaf individuals shopping, eating and being around the area. A mentally ill Deaf person can appear quite frightening or alarming to individuals who have never seen a Deaf person before. Their presentation and body language can appear over the top, but transport staff and shopkeepers in the area have the familiarity and knowledge to deal with our patients as customers, and communicate appropriately with them. A new community without this familiarity (only born of decades of experience) would be bewildering for our Deaf patients on leave and can hinder their recovery.

Disagreement keep services the same

- Springfield hospital presently houses a highly regarded professional unit meeting the needs of all deaf patients with MH illness
- There is no need to re-site these services in Tolworth. One-to-one consultation with deaf service users, as they attend for appointments should be conducted as they are most affected by the change

To what extent do you agree or disagree with Obsessive Compulsive Disorder and Body Dysmorphia Services moving to Tolworth Hospital?

Answer Options	Response Percent	Response Count
Strongly Agree	15.8%	42
Agree	28.3%	75
Neither agree nor disagree	39.6%	105
Disagree	10.2%	27
Strongly Disagree	6.4%	17
Please state your reasons for why you agree or disagree with our proposals:		118
answered question		265
skipped question		18

Figure 18: To what extent do you agree or disagree with Obsessive Compulsive Disorder and Body Dysmorphia Services moving to Tolworth Hospital?

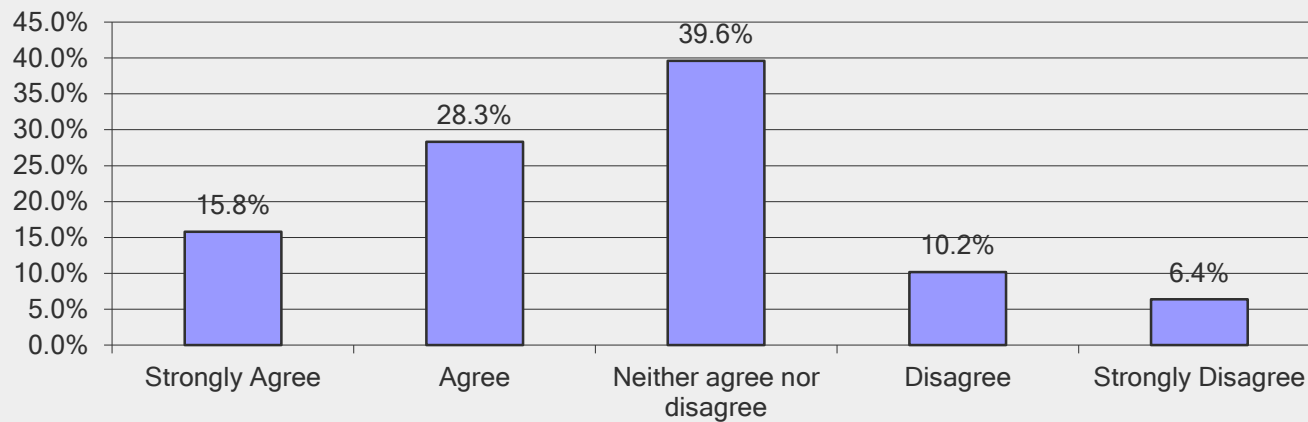


Table 12: To what extent do you agree or disagree with Obsessive Compulsive Disorder and Body Dysmorphia Services moving to Tolworth Hospital?

Key Themes	Strongly Agree	Agree	Neither agree nor disagree	Strongly Disagree	Disagree
4 : Agree	17	15	2	0	0
5 : Better Access	8	2	0	0	0
6 : Better site	5	11	1	0	0
8 : Disagree	3	0	2	0	0
9 : Concerns over relocating patients	3	0	1	0	0
18 : Concerns about travel & access	2	4	4	4	4
19 : Desperately Needed	2	0	0	0	0
7 : Multiple services	1	1	0	0	0
3 : Environment	0	0	0	0	1
10 : Loss of connection to other services	0	0	1	0	0
11 : Not enough knowledge to comment	0	0	7	0	0
12 : Not sure	0	0	4	0	1
13 : where is most need	0	0	1	0	0
15 : Services offered at both sites	0	1	2	0	0
17 : Possible PR Issues	0	0	0	0	1
20 : Disagree - keep the same	0	1	0	4	7
21 : Other	0	0	1	1	1

Example Comments

Agreement with proposal to move services

- Tolworth is half way between Richmond and Wandsworth boroughs, so this would be a useful site
- More space would be good, less crowding for OCD. I would have liked that when I was in Springfield and so would my friend who was also there
- I suffered with body dysmorphia and was put off treatment when I was referred to Springfield

Agreement due to travel and access

- Distance for patients and families to travel - especially when someone is unwell. Continuity of care for the patient both with community MH teams and GP's
- Tolworth is easier to get to and is local

Disagreement due to travel and access

- The national OCD/BDD service should be based at Springfield due to its closeness to the tube and better links to national rail services. If the service based at Tolworth it will add to transport difficulties for family members coming from long distances and present challenges to providing easy opportunities for local community-based and transport training rehabilitation.

Disagreement desire to keep the same

- Once again it baffles me that they would want to move the excellent provision at the Seacole Ward for OCD, the only ward that provides 24/7 support for OCD and BDD in the UK. The excellent work that happens on this ward is due to the committed staff, and the services and therapies that are offered at Springfield, this could again be at risk if it is moved elsewhere.

Where do you think that the ward for older adults should be located?

Table 13: Where do you think that the ward for older adults should be located?		
Answer Options	Response Percent	Response Count
Springfield University Hospital	45.6%	93
Tolworth Hospital	58.8%	120
Please state your reasons for your preference.		185
<i>answered question</i>		204
<i>skipped question</i>		79

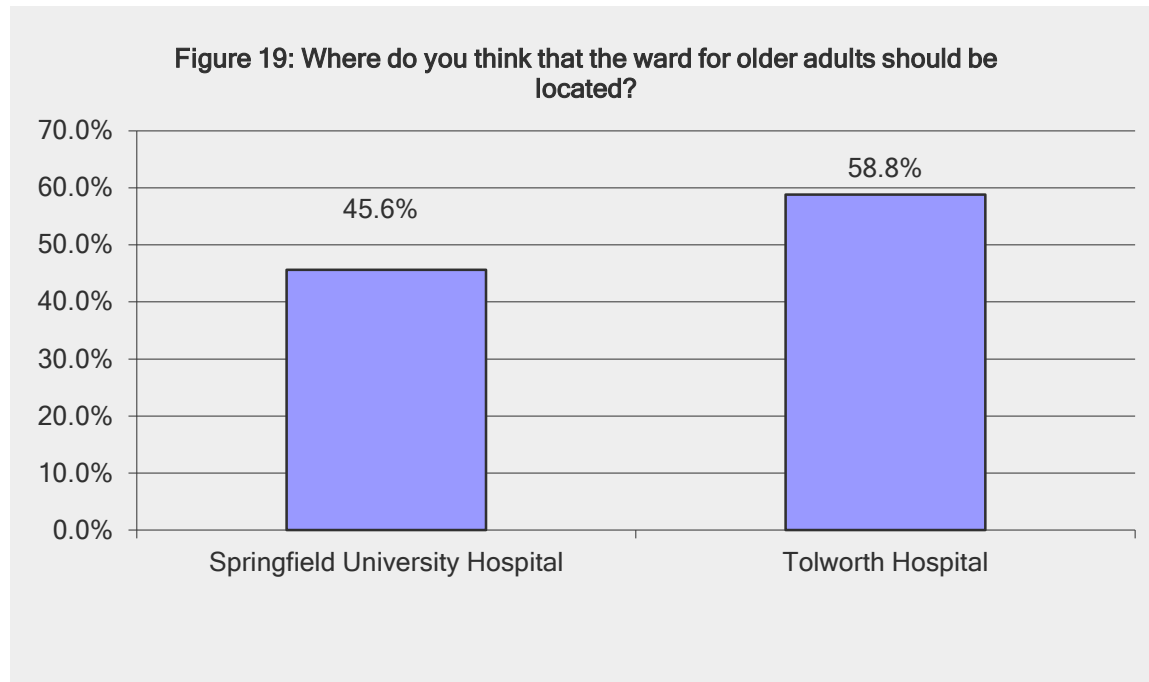


Table 14: Where do you think that the ward for older adults should be located?		
Key Themes	Tolworth Hospital	Springfield University Hospital
13 : Access	31	0
14 : Environment	15	1
12 : Tolworth	11	0
17 : Services	6	0
15 : Location	3	0
16 : Previous services for older adults	3	0
19 : More wards	2	4
3 : Other	0	2
4 : No preference	0	2
6 : Springfield	0	7
7 : Access	0	22
8 : Environment	0	7
9 : Location	0	9
10 : close to St Georges hospital	0	6
11 : Mainly adult site	0	7
20 : Services offered at both sites	0	2
23 : Don't cut beds	0	1

Example Comments

Agreement with moving services to Tolworth

- It is a smaller site and community access is easier if patients taken out
- Because older people may have trouble with transport in RBK to visit people in Springfield
- Easier for families to get to Tolworth, has railway station and a bus that stops outside and parking

More pleasant environment at Tolworth

- It's quieter and less people around, could create a nice environment for them on the grounds
- Ground floor hospital is easier for old people

Better services at Tolworth

- If most inpatient services are at Tolworth then it would make sense to locate older adults there, in terms of duty doctor and support from other acute wards.

Better access at Springfield

- Springfield is more easily accessible by public transport across the AHA than Tolworth
- As we have an ageing population one ward is not enough! As Springfield is in Wandsworth (biggest population) and is closer to Merton & Sutton, Springfield is likely to suit most patients and carers

Better location at Springfield

- I think Springfield is easier to access for the boroughs it provides for as it is centrally located. If Springfield is improved, this could become a centre for excellent treatment for all types of mental health.

Mainly adult site at Springfield

- I think that the ward for older adults should be apart from the facilities designed for children, the deaf and old. The needs of these older adults are especially diverse and would fit better with the overall adult provision being concentrated at Springfield
- If you are trying to move children to Tolworth, it would make more sense to keep older adults at Springfield.

Any Other Comments/Suggestions/Options.

Table 15: Other Comments	
Key Themes	Number of Mentions
15 : Don't cut beds	11
8 : More wards	4
1 : Separate Different Groups	3
2 : More facilities and services	3
9 : Other hospitals	3
14 : Do not cut services & staff	3
10 : Services offered at both sites	2
13 : Disagree - keep the same	2
17 : Other	2
3 : Arts psychotherapies	1
4 : Clinics	1
5 : Communication aids for the deaf	1
6 : Social services	1
7 : Sports facilities	1
11 : Services offered locally	1
12 : Concerns about travel & access	1
16 : Keep open space	1
18 : Location	1

4. Event Findings

The following sets out the tables of qualitative findings (key themes to have emerged from the discussion group exercises) to the official consultation events.

The events were held as follows:

Kingston	Richmond	Merton	Sutton	Wandsworth
28-Oct	06-Nov	10-Nov	13-Nov	19-Nov
7:00pm - 9:00pm	7:00pm - 9:00pm	7:00pm - 9:00pm	7:00pm - 9:00pm	7:00pm - 9:00pm
Kingston United Reformed Church Richard Mayo Centre, Eden Street, KT1 1HZ	Riverside Room Old Town Hall Whittaker Avenue Richmond Upon Thames TW9 1TP	Wimbledon Guild, Drake House (Hall) 44 St. George's Road Wimbledon London SW19 4ED	Large Hall, Sutton Salvation Army 45 Benhill Avenue, Sutton, Surrey, SM1 4DD	Conference Room A South West London and St George's Mental Health NHS Trust Building 14, Springfield University Hospital 61 Glenburnie Road, London SW17 7DJ
36 participants	43 participants	48 participants	18 participants	46 participants

Each event contained mixed groups of local stakeholders. Upon arrival, the participants were seated into small discussion groups each with an independent facilitator. Following presentations regarding the consultation proposals, the participants discussed their views and these were captured by the facilitators on 'Opinion Boards' with the headings of:

- Likes
- Dislikes
- Questions

At the end of the events, there was an open questions and answers session.

The feedback from these events has been coded for common themes and is represented in the following tables.

Please note: one piece of group feedback may contain multiple themes, therefore the frequency refers to the number of mentions of that theme.

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
1 : Add to community services too	1	2	1	0	1
2 : Concerns about travel & access	1	0	1	2	1
3 : Current unsuitable facilities	1	0	1	0	0
4 : Disagree with proposals	0	1	0	2	0
5 : Disruption & transition	0	0	0	0	1
6 : Do not cut services & staff	1	0	0	0	0
7 : Don't cut beds	0	3	1	0	4
8 : Funding & finance issues	2	0	1	0	0
9 : Invest don't cut services & staff	1	0	0	0	1
10 : Need more info	0	0	2	0	2

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
1 : Current unsuitable facilities	9	12	7	6	10
2 : Desperately Needed	5	4	3	2	3
3 : Funding & finance issues	0	2	1	0	1
4 : Invest don't cut services & staff	0	2	1	0	0
5 : Keep open space	0	0	1	0	1
6 : Other	0	0	1	0	0
7 : Trust should lead on MH	0	0	1	0	0

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
1 : Add to community services too	0	2	3	0	0
2 : Concerns about travel & access	0	0	2	0	0
3 : Current unsuitable facilities	0	1	0	0	0
4 : Disruption & transition	2	1	1	0	1
5 : Don't cut beds	0	1	1	0	2
6 : Funding & finance issues	0	1	2	0	1
7 : Invest don't cut services & staff	0	1	0	0	2
8 : Keep open space	0	3	0	0	0
9 : Need more info	0	2	0	0	0
10 : how long	2	0	1	0	2
11 : specific wards	3	2	1	0	0
12 : staff & skills & facilities	0	5	1	2	1
13 : will it happen	4	0	0	0	0
14 : Other	0	1	0	0	0

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
1 : Disagree. Concerns about move.	0	0	0	0	1
2 : Concerns over effect on staff	0	0	0	0	0
3 : Concerns over relocating patients	0	0	0	0	1
4 : Agree with Option 2	0	1	1	0	0
5 : Concerns about travel & access	4	3	9	0	4
6 : Current unsuitable facilities	0	3	0	1	0
7 : Disagree - keep the same	2	0	2	0	0
8 : Disagree with proposals	0	0	0	1	0
9 : Don't cut beds	0	2	0	0	1
10 : Funding & finance issues	0	0	1	0	0
11 : Invest don't cut services & staff	0	1	0	0	0
12 : Issues with Lilac Ward	0	0	1	0	0
13 : Need more info	0	0	2	0	0

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
1 : Agree with Option 1	12	9	4	4	3
2 : Concerns about travel & access	0	0	1	0	0
3 : Current unsuitable facilities	2	4	2	1	0
4 : Desperately Needed	0	1	1	1	1
5 : Funding & finance issues	0	1	1	0	1
6 : Invest don't cut services & staff	0	2	1	0	3
7 : Issues with Lilac Ward	1	0	0	0	0
8 : Keep open space	0	0	1	0	0
9 : Other	0	1	0	0	0
10 : QMH needs review	0	0	1	0	0

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
1 : Other hospitals	0	1	0	0	0
2 : Add to community services too	1	1	0	0	0
3 : Agree with Option 1	0	0	0	0	1
4 : Agree with Option 2	0	0	1	0	0
5 : Concerns about travel & access	1	3	2	0	3
6 : Current unsuitable facilities	0	1	1	1	1
7 : Disagree - keep the same	0	1	0	0	0
8 : Disruption & transition	1	0	1	0	0
9 : Don't cut beds	0	0	3	0	2
10 : Funding & finance issues	1	1	1	0	0
11 : Invest don't cut services & staff	1	0	0	0	0
12 : Keep open space	0	2	0	0	0
13 : specific wards	1	1	0	0	0
14 : staff & skills & facilities	1	4	2	1	2

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
1 : Add to community services too	1	0	1	0	0
2 : Agree with Option 1	1	5	0	0	0
3 : Agree with Option 2	1	0	0	0	0
4 : Concerns about travel & access	3	3	0	1	1
5 : Creates no change	0	1	0	0	0
6 : Current unsuitable facilities	2	1	2	1	5
7 : Disagree - keep the same	0	1	0	0	0
8 : Done Deal	0	0	1	0	1
9 : Don't cut beds	0	0	3	0	0
10 : Funding & finance issues	1	3	1	0	0
11 : Invest don't cut services & staff	0	2	0	0	0
12 : Keep open space	0	0	0	2	1
13 : Other	1	0	0	0	0
14 : QMH needs review	6	2	1	0	5

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
1 : Agree with Option 1	1	1	0	2	0
2 : Agree with Option 2	3	0	1	0	3
3 : Concerns about travel & access	0	5	7	0	4
4 : Current unsuitable facilities	1	2	1	0	0
5 : Do not cut services & staff	0	0	0	0	0
6 : Funding & finance issues	1	0	1	0	0
7 : Invest don't cut services & staff	1	0	0	0	0
8 : Need more info	0	1	0	0	0

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
1 : Other hospitals	0	0	1	0	0
2 : Agree with Option 2	0	2	1	0	0
3 : Concerns about travel & access	2	2	2	2	1
4 : Current unsuitable facilities	3	2	1	0	1
5 : Desperately Needed	0	1	0	0	0
6 : Disruption & transition	1	0	0	0	1
7 : Don't cut beds	0	3	2	0	4
8 : Funding & finance issues	4	0	3	0	0
9 : Invest don't cut services & staff	2	0	0	1	1
10 : Keep open space	0	0	0	1	0
11 : specific wards	1	0	2	0	0
12 : staff & skills & facilities	0	0	0	0	2
13 : Other	0	0	0	1	0
14 : QMH needs review	0	0	0	0	1

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
1 : Agree to moving children's services	0	1	0	0	0
2 : Concerns about travel & access	2	4	2	4	1
3 : Current unsuitable facilities	0	0	1	0	0
4 : Disagree - keep the same	0	1	0	1	5
5 : Do not cut services & staff	0	0	0	0	0
6 : Done Deal	0	0	1	0	1
7 : Need more info	0	1	0	0	0
8 : Unsuitable facilities	0	0	0	0	0

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
1 : Other hospitals	0	0	0	0	1
2 : Add to community services too	0	0	0	0	1
3 : Agree to moving children's services	7	6	1	2	3
4 : Concerns about travel & access	0	1	2	1	0
5 : Current unsuitable facilities	0	0	0	1	0
6 : Keep open space	1	2	0	0	1
7 : Need more info	1	0	0	0	0
8 : Other	0	1	0	0	0

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
1 : Add to community services too	0	1	0	0	0
2 : Concerns about travel & access	0	3	0	0	1
3 : Consultation process	0	0	0	0	4
4 : Disagree - keep the same	2	0	0	0	2
5 : Do not cut services & staff	0	0	0	0	0
6 : Don't cut beds	1	0	0	0	0
7 : Don't move deaf services	0	0	0	0	1
8 : Invest don't cut services & staff	1	2	0	1	0
9 : Need more info	1	2	1	0	0
10 : staff & skills & facilities	1	0	0	0	0
11 : Other	0	0	0	0	1
12 : Unsuitable facilities	0	0	0	0	0

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
1 : Concerns about travel & access	1	2	2	1	6
2 : Disruption & transition	3	0	0	0	0
3 : Do not cut services & staff	0	0	0	0	0
4 : Done Deal	0	0	0	0	1
5 : Don't move deaf services	0	0	0	0	4
6 : Invest don't cut services & staff	0	0	0	1	1
7 : Need more info	0	0	1	0	0
8 : Other	0	0	0	1	0

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
1 : concern over access to amenities	0	0	0	0	0
2 : where is most need	0	0	0	0	0
3 : Concerns about travel & access	0	2	0	0	0
4 : Current unsuitable facilities	3	2	0	1	2
5 : Desperately Needed	1	0	0	0	0
6 : Do not cut services & staff	0	0	0	0	0
7 : Need more info	1	0	0	0	0
8 : Other	1	0	0	0	0
9 : Unsuitable facilities	0	0	0	0	0

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
1 : Add to community services too	0	0	0	0	1
2 : Concerns about travel & access	1	3	0	0	4
3 : Consultation process	0	0	0	0	1
4 : Disruption & transition	0	0	0	0	1
5 : Don't move deaf services	0	0	2	0	0
6 : Invest don't cut services & staff	0	0	0	1	0
7 : Keep open space	1	0	0	0	0
8 : Need more info	2	2	0	0	0
9 : specific wards	1	0	0	0	0
10 : staff & skills & facilities	3	0	0	1	0
11 : Other	0	2	0	1	0

Key Themes	Deaf Group
5 : Concerns about travel & access	10
16 : Don't move deaf services	10
8 : Current unsuitable facilities	2
1 : Add to community services too	1
6 : Consultation process	1
12 : Disruption & transition	1
18 : Invest don't cut services & staff	1
21 : Need more info	1
23 : specific wards	1
26 : Other	1

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
1 : Concerns about travel & access	0	1	1	0	0
2 : Done Deal	0	0	0	0	1
3 : Need more info	0	0	0	0	1

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
1 : Concerns about travel & access	1	0	0	0	0
2 : Current unsuitable facilities	0	0	0	1	0
3 : Desperately Needed	1	1	0	0	0
4 : Invest don't cut services & staff	0	3	0	1	0
5 : Other	1	1	0	0	2

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
1 : Add to community services too	0	0	0	1	0
2 : Concerns about travel & access	0	0	1	0	1
3 : Consultation process	0	2	0	1	0
4 : Do not cut services & staff	0	0	0	0	0
5 : Invest don't cut services & staff	1	1	0	0	1
6 : staff & skills & facilities	1	1	0	0	0
7 : Trust should lead on MH	0	1	0	0	0

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
1 : Concerns about travel & access	4	2	4	0	4
2 : Consultation process	0	1	0	0	0
3 : Current unsuitable facilities	1	2	1	0	1
4 : Disruption & transition	1	0	0	0	0
5 : Other	0	0	1	0	0

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
2 : No preference	2	0	0	0	2
3 : Access	0	3	0	0	0
4 : Environment	0	3	0	0	0
15 : Services offered at both sites	1	0	0	0	0
16 : Concerns about travel & access	1	0	1	2	2
18 : Don't cut beds	1	0	0	0	0
19 : Invest don't cut services & staff	0	0	1	0	1
20 : Need more info	1	0	0	0	0

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
1 : Other locations	1	0	0	1	0
4 : Not sure	4	0	0	0	0
5 : concern over access to amenities	3	0	0	0	0
6 : where is most need	1	0	0	0	0
7 : Concerns about travel & access	0	2	0	0	0
8 : Consultation process	0	1	0	1	0
9 : Current unsuitable facilities	0	0	0	1	0
10 : Disagree - keep the same	0	0	1	0	0
11 : Disagree with proposals	1	2	0	0	0
13 : Don't cut beds	1	0	0	0	0
14 : Invest don't cut services & staff	0	1	1	0	0
15 : Keep open space	0	1	0	0	0
16 : Need more info	0	2	0	0	1
17 : staff & skills & facilities	0	3	1	0	0
18 : Other	0	0	1	0	0

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
1 : Concerns about travel & access	0	3	2	2	0
2 : Current unsuitable facilities	0	0	2	0	0
3 : Disagree with proposals	3	1	0	0	3
4 : Do not cut services & staff	0	0	0	0	0
5 : Done Deal	0	0	0	0	1
6 : Don't cut beds	3	0	0	0	0
7 : Invest don't cut services & staff	0	0	1	0	0
8 : Need more info	0	0	0	0	1

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
5 : Tolworth	0	0	0	2	0
6 : Access	1	0	0	0	1
7 : Environment	0	0	0	2	0
8 : Location	0	0	0	0	1
9 : Previous services for older adults	0	2	0	0	3
10 : Not sure	0	0	0	0	1
11 : Concerns about travel & access	1	1	0	0	0
12 : Disagree with proposals	2	0	0	0	2

Key Themes	A : Kingston	B : Merton	C : Richmond	D : Sutton	E : Wandsworth
1 : Not sure	1	0	0	0	0
2 : concern over access to amenities	1	0	0	0	0
3 : Other hospitals	1	0	0	0	0
4 : Concerns about travel & access	0	1	0	0	1
5 : Consultation process	1	0	0	2	0
6 : Current unsuitable facilities	0	1	0	1	0
7 : Disagree with proposals	1	1	0	1	0
9 : Don't cut beds	1	0	0	0	0
10 : Keep open space	0	1	0	0	0
11 : staff & skills & facilities	1	3	0	0	0

5. Letters, Emails and Other Feedback

The following sets out the tables of qualitative findings (key themes to have emerged) from the emails, letters and documents submitted, plus the other meetings undertaken.

It should also be noted that the documents and some of the responses contain highly detailed responses. Therefore, we strongly recommend that SWL CCGs review each submission to ensure these suggestions are taken into account.

Please note: one comment or piece of feedback may contain multiple themes, therefore the frequency refers to the number of mentions of that theme.

Key Themes	Number of Mentions
4 : Disagree. Concerns about move.	58
20 : Concerns about travel & access	55
11 : Support and Community Services	33
21 : Don't cut beds	27
5 : Concerns over effect on staff	25
16 : The consultation process	25
10 : Separate Different Groups	18
8 : Costs. Financing	17
1 : Agree. Positive about move.	13
7 : Loss of connection to other services	12
17 : Considerations and Questions	11
12 : Role of Home Care	9
22 : Unsuitable facilities	9
9 : Security	8
18 : Ongoing Communication	8
3 : Better site	7
14 : Services offered at both sites	7
19 : Agree with Option 1	7
13 : Other hospitals	6
15 : Services offered locally	6
6 : Concerns over relocating patients	3
2 : Better Access	2

Example Comments

Disagree – concerns about the move of services

“Concerns have also been raised with me regarding the proposals to relocate the regional adolescent unit and the associated school, which are currently located on the Springfield site, to Tolworth. The school was recently awarded an ‘outstanding’ status and I share my constituents’ real concerns that moving both would have an unsettling impact on the young people that use these services, as well as risk losing the ‘outstanding’ status the staff have worked so hard to achieve.”

“There is no doubt whatsoever that taking the mental health facilities away from QMH altogether will have a negative impact on practically every single mental health service user. The obvious ways are: taking away the familiar care received i.e. losing touch with the doctor or nurse who have been part of their care plan...Please, on behalf of myself and all the other service users who cannot speak for themselves, don’t take the mental health facilities away from QMH. It is so very, very important.”

“The service employs highly specialised staff members and this would risk losing a proportion of these staff members due to the loss of London weighting and the location of the hospital. Therefore, the long-term cost to the Trust in re-training staff members up to the same standard makes this a bad financial proposal for the Trust.”

“The Council believes that the proposal to move deaf services to Tolworth is counterproductive and will detract from the current range of in-borough services available to residents who are hearing impaired.”

“Experienced staff will; no longer be able to work there due to distance. This loss of experience will have a huge impact on the quality of care we provide our patients. This is a HUGE impact for deaf staff who do not have as many options for work as hearing people as their journey's maybe longer!”

“Poor access to the hospital from the rest of the country possible reduced income, which will cause lots of resigning from very experienced and skilled staff potential loss of an outstanding school from the Hospital and Home Tuition, where skilled teacher for the deaf and deaf staff have been working since the opening of the unit.”

“Too far away, service would be disrupted with many staff leaving, loss of London weighting (protected pay only for 2 years!). Myth that the new unit will be better- no evidence that this is the case.”

Concerns about Travel and Access

“The trust needs to think about the families and carers of young people- length of commute and proximity to services are even more paramount as they usually have other young children. We need to consider those patients attending as day patients. Access to day patients is more practical if local to the greater need (Wandsworth). Young people will not be driving and using public transport.”

“Clearly it is important that inpatient services are provided in modern, appropriate facilities that meet national standards however in Richmond there is great concern about the accessibility in terms of transport to Tolworth and Springfield Hospitals. There is also a significant scepticism about how realistic travel times are from different areas of the borough to these facilities, time table estimations are not the same as real journeys at different times of the day.”

“Increased distances for people to travel , costing time and money, to get care, which could stop someone seeking help altogether; and visitors being put off by increased travel time and money.”

“Many trained BSL specialist team such as the trained specialist staffs and regular BSL interpreters who are highly trained in mental health to interpret also travel from a further part of London such as Ipswich, Cambridge, Watford, Harrow, Enfield, Walthamstow will not be able to travel to Tolworth with limited transportation available and with the new designated time changed as this will be impractical and impossible.”

“I have grave concerns regarding the proposed move for Deaf inpatient services to be moved to Tolworth Hospital: This is a national service as, as such, must be accessible to families travelling from all over the UK. It is grossly unfair to move a specialist service which accepts admissions from all over the country to a place which is difficult to access. Furthermore, the location is challenging to access for hearing people but for those Deaf families it will make the whole process of having a loved one as an inpatient even more tough and challenging.”

“It is generally perceived as “out of London” and would certainly deter many families from visiting and being part of clients’ care and discharge planning, thus potentially lengthening admissions. It would be extremely difficult for clients from most of the 5 Boroughs to attend as day patients.”

“Unless there is a specific transport feasibility study with the addition of public transport for the area, the proposal cannot be considered in its existing form.”

“The overall impact therefore is that if AAOT is based on a different site to Aquarius or on the other edge of a catchment area with poor transport links travel times for the team who see patients from 5 boroughs will be increased with less clinical time available or a reduction in the scope of work. Both are likely to reduce clinical effectiveness, activity and patient experience.”

“I am writing to inform you that I am not happy with Bluebell having to be relocated to Tolworth. It is inappropriate in my opinion, for the patients because there are families who want to visit, have to travel so far south. I have never heard of Tolworth and there is no tube station near the new building..”

“It was viewed as scandalous by some that Lavender ward is proposed for closure. It takes at least 1.5 hours to reach Springfield by bus. There isn’t anything wrong with Lavender ward.”

Support and Community Services

“There needs to be effective care coordination in place to provide a package of support with all aspects of a person’s life considered, e.g peer support, access to social or occupational activity etc, as well as ensuring carers are accessing increased support, advice and information to protect their own health and wellbeing and enable them to continue to have a life of their own despite the person they care for being treated at home. In addition to excellent care co-ordination, there also needs to be smooth pathways to additional social care support. Without this carers are often left feeling isolated and as though they alone are responsible for the person they are caring for.”

“We deplore the fact that the consultation has failed to set out any convincing plans to improve community based services to fill the gap left by the proposed reduction in inpatient services.”

“A major issue that has been highlighted in Richmond, and other boroughs, is the absence of information about future accompanying community services to support inpatient services. There is understanding that there will be a reduction in beds overall and therefore tangible reassurance in the form of more detailed plans regarding the community services is necessary for people to feel more confident in their agreement to changes to inpatient services.”

“Care in the community in this context has been talked about for years and years and yet never properly delivered... I cannot stress enough the need for some sort of centre where people can gather, every day if they want to. Care in the community is nonsensical without a safe place for people who have mental health illnesses to come and occupy their time and

be with their peers.”

“One final point, I was visited by mental health nurses every day for 10 days before going on the ward earlier this year. I saw 10 separate people on 10 consecutive days. I was getting more and more ill, and no-one picked it up, especially not me. Finally, I was going so crazy I presented myself to A & E in Kingston. There were some very bad consequences to this, but I won't go into that now, just to say I ended up in a much worse state when put in to the hands of the community health staff through no fault of their own.”

“This position would be disturbing enough if it were not for the situation with the community support teams, currently suffering a further reorganisation and 20% staff turnover. The outcome being of inconsistent access to known personnel, in itself counter productive for those with mental illness, unpredictable staff availability leading to dangerously fragmented services risking the progress and safety of those dependent on the service.”

“I worry that this consultation does not address the issue of staffing the necessary CMHT services including long term talking therapies (not just CBT) to effectively manage the huge added workload this decrease in beds will produce. The CMHT's are already overstretched and overloaded, struggling to cope with caseloads. Sometimes there is a waiting list to get CMHT support - not acceptable for vulnerable people in the community...As a service user I am concerned not only about the changes to inpatient services but beyond that to the quality of care in the community in the light of these changes. I need to know that the quality of my care is not going to be lessened by these change.”

“While most respondents agreed with the principal of more community-based treatment, many raised the point that this must be well funded and properly resourced if it is to be effective.”

The following pages set out in detail the range of consultation activity undertaken, which has been coded to generate the themes detailed in Table 41.

Table 41a Analysis of Consultation Activities		
Base for % = 334	Base no.	%
Date:		
Nov/Dec 2013	3	1%
Jan-Mar 2014	17	5%
Apr-Jun 2014	17	5%
Jul-Sep 2014	37	11%
Oct 2014	67	20%
Nov 2014	96	29%
Dec 2014	85	25%
Jan 2015	4	1%
Unknown	8	2%
Channel of Communication:		
Email	215	64%
Meeting	74	22%
Phone	18	5%
Post	16	5%
Twitter	6	2%
Press	5	1%
Newsletter	3	1%
Online	2	1%
Stakeholder Type:		
Service Users & Carer Groups	85	25%
Commissioners & Providers	73	22%
Community Groups	60	18%
General Public/Local Residents	36	11%
MPs/Councillors	28	8%
Unspecified Stakeholders	26	8%
Voluntary Agencies/Charities	17	5%
Unknown	50	15%
Locality (inferred London Borough):		
Wandsworth	77	23%
Richmond	35	10%
Merton	34	10%
Kingston	31	9%
Sutton	12	4%
Unknown	147	43%

Analysis of Other Meetings/Forums

Table 41b – Log of Meetings/Forums							
STAKEHOLDER TYPE	LONDON BOROUGH						
	Total (N=74)	Kingston (n=7)	Merton (n=15)	Richmond (n=3)	Sutton (n=3)	Wandsworth (n=15)	Not given (n=31)
MPS	10	3	0	0	0	1	6
VOLUNTARY ORGANISATIONS	4	1	0	0	0	0	3
COMMUNITY GROUPS	11	0	0	0	1	4	6
COMMISSIONERS & PROVIDERS	13	2	2	0	1	4	4
SERVICE USERS & CARER GROUPS	31	1	8	3	1	12	7
GENERAL PUBLIC	12	1	6	1	1	2	2
UNSPECIFIED STAKEHOLDERS	7	2	2	1	1	2	0
UNKNOWN	3	1	0	0	0	0	3

MP Meeting Feedback

- *“pleased about proposals for Tolworth” (KINGSTON meeting)*
- *“Content with Hebdon Road development plan” (KINGSTON meeting)*
- *“Would like contractor traffic to be kept to a minimum due to a campaign to reduce traffic outside of Fircroft School” (KINGSTON meeting)*
- *“would be discussing community services at the JOSCS” (WANDSWORTH meeting)*
- *“Neutral towards our plans” (Unknown location)*
- *“Brief opportunity to discuss the vision for the Trust's future, including estates modernisation” (Unknown location)*

Commissioners & Providers Meeting Feedback

- *“More interaction between Trust and CCG” (MERTON meeting)*
- *“Improve relationship with GPs and other clinicians” (MERTON meeting)*
- *“Improved representation at health and wellbeing board” (MERTON meeting)*
- *“Lack of Sutton focus” (SUTTON meeting)*
- *“Broadly supportive of our plans and will assist in advising on consultation plans” (WANDSWORTH meeting)*
- *“Dementia seen as a key issue” (Unknown location)*

Service User & Carer Group Meeting Feedback

- *“one patient had attended main consultation meeting and was vocal, emails sent to Claire” (WANDSWORTH meeting)*
- *“***** and ***** attended, GPs said the presentation was biased towards two site option, and more information needed around QMH.” (WANDSWORTH location)*
- *50-60 people in attendance – WANDSWORTH location*

General Public Meeting Feedback

- *Tom presented the options and there was a discussion around building on community services to support the changes to inpatient facilities. Several questions were asked of the Board” (Unknown locality)*

Combination of Service User & Carer, General Public and Unspecified Stakeholder Group Meeting Feedback

- *“Amicable discussions and general understanding of the Trust's plans” (MERTON meeting – 12 attendees)*
- *“Attendees displayed some resistance to Trust plans, but were generally understanding.” (RICHMOND meeting – 8 attendees)*
- *“Some resistance over the Trust's plans” (KINGSTON meeting – 10 attendees)*
- *“Amicable discussions and general understanding of the Trust's plans” (SUTTON meeting – 9 attendees)*
- *“A lot of interest in the Trust's vision resulting in some in depth discussions” (WANDSWORTH meeting – 22 attendees)*

Analysis of Consultation Emails/Letters

Table 41c Log of Emails/Letters							
STAKEHOLDER TYPE	LONDON BOROUGH						
	Total (N=230)	Kingston (n=24)	Merton (n=10)	Richmond (n=30)	Sutton (n=8)	Wandsworth (n=56)	Not Given (n=102)
MPS	15	1	1	1	0	1	11
VOLUNTARY ORGANISATIONS	13	1	0	3	1	1	7
COMMUNITY GROUPS	47	3	0	12	1	11	20
COMMISSIONERS & PROVIDERS	56	10	3	7	0	15	21
SERVICE USERS & CARER GROUPS	55	7	5	5	3	16	19
GENERAL PUBLIC	11	0	1	0	1	5	4
UNSPECIFIED STAKEHOLDERS	19	1	0	2	0	12	4
UNKNOWN	40	1	0	1	2	7	29

Voluntary Organisation Email/Letter Feedback

- *“Dear team – see email and article below from Chief Executive of Charity supporting Mental Health bed closures sends Slyvie Ford and Angela Basoah article in Community Care as evidence that closures of mental health beds (as part of the consultation) could have tragic consequences.” (Unknown)*

Commissioners & Providers Email/Letter Feedback

- *“Conflict of interest raised with presenting on consultation at Kingston council forums when a planning application is also being considered” (KINGSTON)*

Service User & Carer Group Email/Letter Feedback

- *“Our 11 year old was first admitted to a tier 4 facility in another London location when he was 9years old. The care he received was amazing but the old Victorian site was a shock for us all when we first arrived. He preferred to stay in the reception area as he said it 'was more like home'. Environment is so very important. It made it much more difficult for us knowing we were placing our child in an old institution. He also benefitted from the on-site activities and social opportunities. He accessed the beautiful grounds and time out in the fresh air supported his recovery. It seems these things are a 'must' for CAMHS patients” (Unknown Location)*

- *“A parent within our group has detailed that the current CAMHS inpatient unit is outdated and too clinical. She suggested that it needs to be more child friendly. Education services were an important aspect during admission, this should be carefully considered” (Unknown Location)*
- *“Will you offer CAMHS inpatient services to under 12s at these sites? Provision for this age group is minimal, young children and their families are having to travel great distances.” (Unknown location)*

General Public/Local residents Email/Letter Feedback

- *“Dear colleague, although the CAMHS services weren't discussed much at the consultation, I have subsequently read that SWLMH has made CAMHS therapists redundant. I would be grateful if you could let me know what the situation is on this” (Unknown location)*

Unknown respondent type

- *“Met Sutton staff for regular briefing, and discussed consultation. The only comment was to seek assurance that Sutton ward would be located at Springfield rather than Tolworth. As discussed, this was a previous issue when we closed Sutton Hospital in 2011, and there are no transport networks linking Sutton to Tolworth.” (SUTTON)*
- *“I did consultations to both Beddington and Worcester park Local Committees this week. Both went well and were comfortable with the idea of Sutton admission splitting between Springfield and Tolworth based on patient choice and where they may live” (SUTTON)*
- *“There has been a freeze on developing these services as you know. When will this be lifted?” (Unknown location)*
- *“What will you do with the current residents whilst the works are taking place?” (Unknown location)*
- *“Have you consulted the independent sector in the region on what already exists and current capacity that is available to be commissioned without having to develop services?” (Unknown location)*
- *“In order to respond more fully, it would be helpful to see an assessment of need for young people with mental health needs. It would be useful to know the current service demand, and consequential supply, in order to compare with potential alternatives.” (Unknown location)*

Analysis of Other Consultation Channels (Newsletter, phone, press, twitter, online)

Table 41d Log of Other Channels

STAKEHOLDER TYPE	LONDON BOROUGH						
	Total (N=30)	Kingston (n=0)	Merton (n=9)	Richmond (n=2)	Sutton (n=1)	Wandsworth (n=6)	Not Given (n=12)
MPS	3	0	0	0	0	1	2
VOLUNTARY ORGANISATIONS	0	0	0	0	0	0	0
COMMUNITY GROUPS	2	0	0	0	0	1	1
COMMISSIONERS & PROVIDERS	4	0	2	1	0	0	1
SERVICE USERS & CARER GROUPS	3	0	1	0	0	2	0
GENERAL PUBLIC	13	0	6	1	0	2	4
UNSPECIFIED STAKEHOLDERS	0	0	0	0	0	0	0
UNKNOWN	5	0	0	0	1	0	4

MPs Other Consultation Channel Feedback

- *“Understands Trust position and generally supportive” (WANDSWORTH Phone feedback)*
- *“Contractor traffic needs to be controlled” (WANDSWORTH Phone feedback)*

Service User/Carer Groups Other Consultation Channel Feedback

- *“Joy saw a poster about the consultation events taking place and subsequently made contact with SWLMH response unit. Joy raised very valid questions such as; how can inpatients participate in the consultation and events if they are on a ward? After all the consultation is about inpatient services and she is currently on Rose Ward at QMH. Joy also asked how were patients being included in the consultation. Upon seeing the poster stuck on a staff room door she had no clue that this consultation had been going on.” (WANDSWORTH phone feedback)*

6. Event Evaluation

The following sets out the tables of findings in regard to the independent evaluation of the events undertaken by Participate. The evaluators used a form which split out the event components and these were ranked from 1 to 5 using a likert scale. In addition, comments were allocated to expand upon the rankings.

Event ID	01 Finding Venue score	Table 42: 01 Finding venue comments
Kingston	3	It was a fairly easy venue to find and most local people knew of it already. It was within easy access from the station. (walkable).
Merton	4	It was fairly easy to find the venue.
Richmond	2	It was quite difficult to find especially in the dark and in the rush hour if driving.
Sutton	4	No major problems
Wandsworth	1	The venue was really difficult to find and the building number was not clear. Once inside it was not easy to find, though they had put up some arrow signs in the corridors.

Event ID	02 Parking score	Table 43: 02 Parking comments
Kingston	2	There was a large NCP car park a short walk away for a cost. The car park that was suggested to participants was not open at the time of the event, this should have been checked. Though it did not seem to be a big issue for the public as the majority arrived on foot or buses.
Merton	4	There was some parking directly outside the building and then meter on street parking
Richmond	2	Parking was a real issue with only a couple of spaces directly outside and car parks quite a walk away and it was cold and wet.
Sutton	4	Yes
Wandsworth	5	There was ample parking once the building was located.

Event ID	03 Signposting score	Table 44: 03 Signposting comments
Kingston	2	The event was not obvious and there were no signs to say that an NHS event was taking place. I did recommend that they had a few signs up and they did do that. There was a reception desk which was manned by the centre so that late arrivals could enter as the external door was locked.
Merton	1	The venue was not signed at all.
Richmond	1	The event was not well sign posted and even though it was through the library, library staff did not seem aware that it was happening.
Sutton	4	Yes – ground floor room, signs outside building and inside, although signs a bit confusing as used double arrows like this:
Wandsworth	1	There was no signposting until inside the building,

Event ID	04 Helpful staff score	Table 45: 04 Helpful staff comments
Kingston	5	The event staff were very helpful and friendly, they made participants feel at ease. They also had a member of the team to help those late arrivals to their seats etc.
Merton	5	The staff were very helpful on arrival of participants.
Richmond	5	The staff were very helpful and one member of staff remained downstairs at the main entrance to direct late attendees.
Sutton	5	Yes. Not very many members of the public turned up – only 9 at the start. People offered papers and refreshments and encouraged to find a seat
Wandsworth	5	The event staff were very helpful and friendly, they made participants feel at ease. They also had a member of the team to help those late arrivals to their seats etc.

Event ID	05 Seating score	Table 46: 05 Seating comments
Kingston	3	There were no set places for attendees, so they were left to sit where they liked, it maybe could have helped if they had mixed them up a bit but it did not seem to have any adverse implications. The event was well attended and it might have been a logistical nightmare to try to direct people to certain tables (but not impossible).
Merton	4	People were able to sit where they wanted to.
Richmond	3	Again as with the first event there was no designated seating other than that for clinical staff. People could sit where they liked. If attendees looked unsure staff showed them to a table and just before the event started staff ensured that numbers on the tables were evened out.
Sutton	5	Yes – 5 tables set out with chairs classroom style facing a very large screen. Staff moved people onto the front 2 tables at 6.55pm when it was clear that all tables wouldn't be needed and so that they could see the screen better.
Wandsworth	3	There were no set places for attendees, so they were left to sit where they liked, it maybe could have helped if they had mixed them up a bit but it did not seem to have any adverse implications. The event was well attended and it might have been a logistical nightmare to try to direct people to certain tables (but not impossible).

Event ID	06 Refreshments score	Table 47: 06 Refreshments comments
Kingston	2	There were a variety of sandwiches but nothing else, so anyone with an intolerance to bread would have gone hungry and there was nothing else, no crisps etc. There were no biscuits or fruit either. There was water and tea and coffee.
Merton	4	There were ample sandwiches and crisps with juice and tea and coffee
Richmond	3	There were a variety of sandwiches and crisps with a dip and a selection of drinks. Basic but adequate, no obvious selection for vegetarians though.
Sutton	4	Good mix of sandwiches, well labelled with fillings, 2/3 meat/fish and 1/3 vegetarian. Crisps, Danish pastries, biscuits, tea, coffee and water. No fruit or 'healthy' option
Wandsworth	3	There were a variety of sandwiches and crisps, anyone with an intolerance to bread would have gone hungry. There were no biscuits or fruit either. There was water, juice, tea and coffee

Event ID	07 Punctual score	Table 48: 07 Punctual comments
Kingston	4	The event started five minutes late, which then meant that the agenda slipped and we finished 5 minutes late.
Merton	4	Timings were good but the event did run over at the end.
Richmond	3	Although the timings were perfect up to the first exercise, there was a Q&A session mid way through the evening which threw out the timings and people were not happy that they were cut short by the MC. It shortened the final Q&A which was not ideal. We ran over by about 10 minutes.
Sutton	5	All sections of the event were run to time and the event finished at 8.55pm as the participants had no more questions. The Introduction and first presentations were running 5 minutes ahead but the 5 minutes were used in the first discussion.
Wandsworth	3	The event started late due to participants arriving late and a huge number of people who were deaf and had to be organised. The whole event ran over by 15 minutes.

Event ID	09 Timing score	Table 49: 09 Timing comments
Kingston	5	The presenters did keep to time and the video clips between the PowerPoint presentation worked well in ensuring that it kept to time.
Merton	5	The presenters did keep to time.
Richmond	3	The evening ran over from the first exercise, partly due to the Q&A mid way through, and then there were more Q&A that were not answered at the end we finished about 9.15pm
Sutton	5	All presenters kept to time and were concise without appearing to be rushed.
Wandsworth	3	None of the presenters kept to time

Event ID	08 Clear agenda score	Table 50: 08 Clear agenda comments
Kingston	5	The MC was very clear about the process. She had an excellent manner with attendees. She did omit to introduce facilitators and scribes. But went on to say that intros would be done table by table.
Merton	5	The MC was very good and clear and asked facilitators to show themselves by raising their hands, the agenda and expectations were very clear.
Richmond	2	The MC was not ideal for the audience she was not empathetic enough and her attitude was not conducive to the audience and she did not appear to have the skills required. Although she did read out the timings, the agenda and process was not clear at the start. She did ignore completely some of the attendees at the mid way Q&A session, when they had their hands raised to ask questions, which did not go down well and in fact caused one person to complain to the CCG about her. It did not help how the overall event was perceived by attendees.
Sutton	3	The MC wandered during her explanation of the 'deliberation' slide onto some of the event practicalities so the full message of what a deliberative event was might have been lost. The MC didn't talk through the agenda in any detail or explain the processes other than that there would be video and presentations. She forgot that she was starting with a video clip. In the first discussion period she came over to me and asked me for feedback and whether she had missed anything which I thought was inappropriate. (I just didn't answer the question and murmured pleasantries)
Wandsworth	5	The MC and explained things really well. Due to the high numbers of people who were deaf and again no microphones she asked for people to raise their hands when she did to encourage people to be quiet.

Event ID	10 Presentation vis score	Table 51: 10 Presentation visibility comments
Kingston	3	The video was good but could have been a bit higher resolution and not set against a white background as the presentation was displayed on a white wall and on occasion it did get a bit lost. Some of the slides had a lot of text on them that was quite hard to see at the back of the hall.
Merton	4	The presentations were clear and visible.
Richmond	4	The presentations were visible from a large screen on the stage.
Sutton	5	There was a very large, clear screen for the presentations and videos and the sound was excellent. All presenters used the microphone throughout
Wandsworth	3	The video was good but could have been a bit higher resolution and not set against a white background as the presentation was displayed on a white screen and on occasion it did get a bit lost. Some of the slides had a lot of text on them that was quite hard to see at the back of the hall.

Event ID	11 Clarity on length score	Table 52: 11 Clarity on length comments
Kingston	5	The MC made it very clear how long participants would get for each discussion and that Q&A would be at the end.
Merton	5	The exercises were very clearly explained and the length of time for each.
Richmond	5	It was clear how long each exercise would be.
Sutton	5	Yes – the amount of time for each discussion was given at the beginning and a 5 minute warning provided before the discussions ended.
Wandsworth	5	The MC made it very clear how long participants would get for each discussion and that Q&A would be at the end.

Event ID	12 Influence score	Table 53: 12 Influence comments
Kingston	5	It was made very clear by presenters, the MC, the presentation and the consultation document
Merton	5	It was made very clear by presenters, the MC, the presentation and the consultation document.
Richmond	4	It was said during the presentations, however I was not convinced that people felt they would truly be able to influence the decision.
Sutton	2	How the insight from the event would be used was not explained other than that the insight from all events would be written up by Participate into a report which would be circulated in February. Reference was made a couple of times to other ways to become involved and participants told this would be explained later but apart from asking people to contact the CCG this wasn't explained.
Wandsworth	5	It was made very clear by presenters, the MC, the presentation and the consultation document.

Event ID	13 Facilitators score	Table 54: 13 Facilitators comments
Kingston	2	Unfortunately most of the facilitators were clinicians or senior CCG staff and as such slipped into their role instead of facilitator and then as a consequence they started to answer questions and having dialogues on a 1-1 basis, which then meant that the tables ended up with 2 & 3 discussions and their comments not being captured. It also meant that individual tables were given information that the rest of the room would have benefited from. They were good with attendees and did make them feel comfortable but I do think that more information would have been captured with experienced facilitators.
Merton	2	Unfortunately most of the facilitators were clinicians or senior CCG staff and as such slipped into their role instead of facilitator and then as a consequence they started to answer questions and having dialogues on a 1-1 basis, which then meant that the tables ended up with 2 & 3 discussions and their comments not being captured. It also meant that individual tables were given information that the rest of the room would have benefited from. They were good with attendees and did make them feel comfortable but I do think that more information would have been captured with experienced facilitators.
Richmond	2	I felt that on one table the person that should have been taking notes kept trying to influence people to write on the post it notes and sheets themselves and seemed reluctant to take any notes herself. Plus she continued to chew gum whilst on the table which did not appear to be very professional. The facilitators did not facilitate and were not identified properly, on one table a facilitator had not been assigned to it and the people sitting on it had to ask for a facilitator when the event had started. Even though I had highlighted the fact that facilitators were answering questions and not encouraging participants to deliberate, so they were doing most of the talking which was not their role.
Sutton	3	The facilitators assisted participants to understand the questions and activities. However on one table the facilitator and other NHS staff answered questions and seemed to be solution focussed rather than facilitating and teasing out what the participants thought and why. One of the presenters kept a participants son (aged about 8) occupied during the discussions
Wandsworth	2	Unfortunately most of the facilitators were clinicians or senior CCG staff and as such slipped into their role instead of facilitator and then as a consequence they started to answer questions and having dialogues on a 1-1 basis, which then meant that the tables ended up with 2 & 3 discussions and their comments not being captured. It also meant that individual tables were given information that the rest of the room would have benefited from. They were good with attendees and did make them feel comfortable but I do think that more information would have been captured with experienced facilitators.

Event ID	13A Concerns score	Table 55: 13A Concerns Addressed comments
Kingston	3	Given the timing and the complexities it was difficult for all concerns to be properly addressed. But staff were good during the Q&A and answered most questions adequately.
Merton	3	Given the timing and the complexities it was difficult for all concerns to be properly addressed. But staff were good during the Q&A and answered most questions adequately.
Richmond	2	Many people were not happy at the level of detail they had received and were concerned they could not make a fair judgment based on what they had been provided with.
Sutton	4	Concerns raised in the open session were addressed by a variety of NHS representatives in some detail. In the first discussion one participant left her group and had a 1:1 discussion with one of the presenters standing next to the table where her group was undertaking the discussion activity
Wandsworth	3	Given the timing and the complexities it was difficult for all concerns to be properly addressed. But staff were good during the Q&A and answered most questions adequately.

Event ID	14 Info understood score	Table 56: 14 Info understood comments
Kingston	3	There were parts of the presentation that people found difficult to understand and with phrases like “Parity of Esteem” a few people glazed over. I did mention it when I fed back to the CCG
Merton	3	There were parts of the presentation that people found difficult to understand and with phrases like “Parity of Esteem” a few people glazed over. The presenters did not explain what that meant and just carried on with the presentation.
Richmond	3	There were still phrases that were not easy for people to understand “Parity of Esteem” was still in the presentation
Sutton	4	Some explanation provided about specialised services by a clinician present. Explanation also about why deaf people and their mental health needs were mentioned specifically and not blind people. Clear explanation about why ‘do nothing’ was not an option.
Wandsworth	3	Lucy Walters Wandsworth CCG, mentioned especially the term 'Parity of Esteem', the first time that has been explained to participants. What is acute care pathway! Clinical outcomes! Tom could have explained that for attendees.

Event ID	15 Groups engaged score	Table 57: 15 Groups engaged comments
Kingston	3	Most individuals were engaged during the discussions but facilitators were not good at encouraging those that were not forthcoming to be involved.
Merton	3	Most individuals were engaged during the discussions but facilitators were not good at encouraging those that were not forthcoming to be involved. The acoustics of the room were not good and the noise levels made it difficult for some people to hear properly and made them feel excluded.
Richmond	3	There were a number of people that did not engage in the conversations and facilitators did not seem to notice or seem able to encourage them to have a say.
Sutton	5	All groups appeared to be actively engaged in both discussion sessions. In the second discussion, both groups slipped into ‘expert’ (NHS) and ‘consumer’ (participants) roles after about 20 minutes
Wandsworth	4	Groups were engaged and there were two signers to assist with deaf participants.

Event ID	16 Time open qs score	Table 58: 16 Time Open Questions comments
Kingston	2	As always with these events there could always be more time for questions, maybe they could have pre-empted questions and covered some during the presentation. In this session it ended up with about 20minutes for questions which wasn't really long enough. There was no other method for attendees to ask questions so no ballot box or comments cards on tables. This was something I flagged up at the start of the session.
Merton		There could always be more time for questions, maybe they could have pre-empted questions and covered some that have been asked in previous events during the presentation. There were other methods for attendees to ask questions the ballot box or comments cards on tables.
Richmond	4	There could have been more time given to questions given the number of attendees.
Sutton	5	Yes, everyone who wanted to ask a question did so and there were some very good and probing questions.
Wandsworth	3	There was not sufficient time given the large number of deaf participants