

APPENDIX C

SUMMARY OF OTHER RESPONSES

Comprises responses from

1. Community and NHS representatives
2. Letters and responses from individuals
3. Feedback from public meetings
4. Feedback from community events
5. Petitions received
6. Feedback from “hard to reach” groups

APPENDIX C: SUMMARY OF OTHER RESPONSES

APPENDIX C1: FEEDBACK FROM COMMUNITY AND NHS REPRESENTATIVES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
Hertfordshire-wide			
1	Hertfordshire County Council Leader Cllr Robert Gordon (253)	<p>Hatfield</p> <ul style="list-style-type: none"> • Very disappointing that there was no Hatfield option as believe it is the best clinical option • Health Scrutiny Committee has appointed an independent consultant to review the business case for not proceeding with [Hatfield] and will reach its conclusions on the basis of its own analysis of what is in the best interests of the delivery of all health services across the whole of Hertfordshire. No final decisions should be made until this outcome is known. <p>General comments</p> <ul style="list-style-type: none"> • Do not believe that this will provide the best care for residents equally across the county • Capacity, access and affordability must be taken into account alongside which is the best clinical option • Whatever the outcome, there will be a need for health and local government to work in partnership to provide transport solutions • What will be done to ensure equality of health provision across the county? <p>Surgicentre</p> <ul style="list-style-type: none"> • What assessment has been made of the impact of the patients from west Hertfordshire travelling to surgicentre at the Lister, to L&D or some of the major London centres of excellence? • Why is surgicentre private in E&N if not best solution for W Herts? • Will the decision not to proceed with an ITC at Hemel Hempstead add to Hertfordshire's traffic congestion? <p>Travel and access</p> <ul style="list-style-type: none"> • To minimise travel problems, it is essential that as much of the diagnostic, 	Support for Hatfield if an option

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		<p>treatment and post-operative care possible is delivered at LGHs or at community hospitals.</p> <p>Children's services</p> <ul style="list-style-type: none"> Request a full, independent review of centralisation of children's services in E&N Herts to learn from process in West. <p>Primary care</p> <ul style="list-style-type: none"> Supportive of need to increase resources in primary and social care. Must be sufficient investment by NHS in intermediate care beds and teams. Council needs to understand the plans for this fully. <p>Finance</p> <ul style="list-style-type: none"> Concern that Hertfordshire doesn't receive the right level of national funding for number and profile of population. Inappropriate for NHS to be forced to choose between buildings and revenue for future patient care. Blame Government. Need for greater transparency as to where savings would be re-invested. <p>Process</p> <ul style="list-style-type: none"> Committed to working in partnership with NHS to deliver the principles outlined in liYH. However feel that some of the proposals constitute a major divergence from that strategy 	
2	<p>Bedfordshire & Hertfordshire Local Medical Committee Chief Executive, Dr Peter Graves (90)</p>	<ul style="list-style-type: none"> Reasons for centralising acute services have been clearly made. Not in a position to state a preference for site Changes to hospital services will have large impact on primary care. Need the assurance that investment will be made in primary care. GPs enthusiastic to do more, but are already stretched and working in under-resources premises. Would expect LGHs to have a full range of outpatients, diagnostics with access by GPs, intermediate care including rehab and a range of day case and routine 	

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		<p>surgery</p> <ul style="list-style-type: none"> • UCCs must complement Out of Hours GP services • Query about the value of the consultation 	
3	University of Hertfordshire (259)	<p>Travel and access</p> <ul style="list-style-type: none"> • Transport will be important factor in ensuring access for patients. • University will work with bus companies, councils and NHS to help with access to hospitals <p>Ambulance services</p> <ul style="list-style-type: none"> • University would suggest use of an intelligence-led model of ambulance positioning to support rapid response to critical cases both to meet targets and to ensure good patient care <p>Hatfield</p> <ul style="list-style-type: none"> • University has strong concerns that Hatfield is not an option for consideration • Understand that the financial standing of local NHS make this option unfeasible, but also believe that national funding allocations have prevented investment in the past. <p>Primary care</p> <ul style="list-style-type: none"> • University supports core of proposals particularly the shift of some services from secondary to primary care • Look forward to seeing detailed plans for LGHs <p>Cancer services</p> <ul style="list-style-type: none"> • Importance to secure a centre of excellence for cancer patients in Hertfordshire. • Potential to develop existing collaborative research capability between NHS and the University. <p>Training and development</p>	

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		<ul style="list-style-type: none"> • How will newly configured services clinical placement for students on pre-registration healthcare programmes? Also must consider opportunities for work-based learning and CPD • New role profiles e.g. anaesthetic practitioner will be increasingly important in delivering changes. • NHS engagement with the university on workforce issues is essential • Reiterate our commitment to supporting quality healthcare in Hertfordshire and to engaging with the ongoing process of reorganisation. • Concerned that the consultation structure does not allow for full engagement by stakeholders and the public as parameters are narrow and underlying data analysis not fully laid out • University will continue to support workforce development and healthcare provision 	
4	Hertfordshire Partnership NHS Foundation Trust (233)	<ul style="list-style-type: none"> • Would welcome early discussions, regarding the implications for services delivered by HPT from the acute hospital sites affected by this document. • Would welcome early discussions, regarding the implications for services delivered by HPT from the acute hospital sites affected by this document • We support fully the principles underlying the consultation to make provision for the best possible healthcare to patients in the county within available resources. • We support the NHS preferred options outlined in the document which will result in greater efficiency and better use of resources within the healthcare economy. 	
5	POhWER The Advocacy Agency (246)	<ul style="list-style-type: none"> • It would be helpful to see the 'shuttle service' that is currently provided in East and North Herts expanded across the whole county • Concerned that elderly patients in particular are receiving an inadequate service within the acute sector. We would expect the proposed service reconfigurations to address the need for personal care which respects individual dignity. • Treating more people in community settings requires substantial resource to be invested in both health and social care. • We do not believe that there are sufficient resources available at present 	<p>Support consolidation of acute services at Lister</p> <p>Would like to see the following services on LGH site:</p>

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		<ul style="list-style-type: none"> • Concerned that the overspends in the acute sector have caused considerable pressure on mental health, learning disability and community services • Following reconfiguration we look forward to some reinvestment in those areas of service particularly mental health which have reduced over the past two years. 	<ul style="list-style-type: none"> - 24/7 urgent care centre - Low risk midwife-led maternity unit - Outpatients, including children's outpatients - Rehab 'step down' beds - Diagnostics - Antenatal and classes - Podiatry - Dietetics - SLT, physio and OT <p>Support Urgent Care Centre at Cheshunt</p> <p>Support consolidation of children's planned and emergency care at Watford</p> <p>Support planned surgery at St Albans</p>
6	Arthritis Care (99)	<ul style="list-style-type: none"> • Pleased to see that services for patients with musculoskeletal conditions are planned for across Hertfordshire • What is happening with the hydrotherapy pool at St Albans City Hospital? 	

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7	Annabelle Waterfield Hertfordshire Action on Disability (85)	<ul style="list-style-type: none"> • Great concern that disabled people will soon be charged to park in hospital car parks. • HAD now providing much more non-emergency transport after changes to patient transport services • How will disabled people make the journey from Cheshunt to Lister? • Consultation questionnaire does not have an option to designate 'external professional' 	
Broxbourne			
8	Charles Walker MP (271)	<ul style="list-style-type: none"> • Although much of Hertfordshire is healthier than the national average and has higher life expectancy, areas of the Borough of Broxbourne has significant health inequalities • What provision will be made to facilitate travel links for patients and their families travelling to north London for their health care? • Not enough consideration has been made to those who access health care outside of Hertfordshire • Where will people living in the Borough of Broxbourne receive inpatient and maternity care? • If reconfiguration is to bring more services into the community then Cheshunt should have a UCC • National funding arrangements mean Hertfordshire receives money less per head than other parts of the country • Submission is supported by a petition and letters calling for an Urgent Care Centre in Cheshunt 	Supports Urgent Care Centre at Cheshunt
9	Borough of Broxbourne Leader Cllr Ken Ayling, (185)	<ul style="list-style-type: none"> • Broxbourne borough has areas of deprivation • Residents less likely to own cars and may find access to health care more difficult • Changes in north London will also affect residents • Public transport provision poor 	Supports consolidation of acute services at QEII

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		<ul style="list-style-type: none"> Many different ethnic backgrounds in borough 	<p>Would like to see full range of services suggested on page 28 of consultation document</p> <p>Support Urgent Care Centre at Cheshunt</p>
10	Borough of Broxbourne Local Strategic Partnership (260)	<ul style="list-style-type: none"> Accepts clinical arguments for centralisation of acute care Hope that ambulance services will be upgraded to support longer distances travelled Supports the range of LGH services quoted in consultation document Would like to see Cheshunt Community Hospital better used to prevent people having to travel to QEII or further Supports expansion of primary and community services. These need advertising to patients Borough of Broxbourne residents affected by changes happening in north London NHS 	<p>Supports consolidation of acute services at QEII</p> <p>Strongly supports UCC at Cheshunt</p>
11	Broxbourne Health Forum (170)	<ul style="list-style-type: none"> Public transport to acute hospitals serving Broxbourne area is very poor. Difficult for residents without cars to travel for outpatient appointments or visit friends and relatives. The NHS should collaborate with councils to provide transport services The forum is in general agreement with all the NHS proposals especially for the expansion of community services and UCC at Cheshunt Would like option of 8 UCCs considered <p>Ambulance Services</p> <ul style="list-style-type: none"> Concerned about ambulance response times, which are not good in Broxbourne area 	<p>Support Urgent Care Centre at Cheshunt</p>

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		<ul style="list-style-type: none"> • Investment needed in ambulance and paramedic service to improve services. <p>Primary care</p> <ul style="list-style-type: none"> • Believe it is essential that community facilities are in place prior to any re-location or reduction in acute hospital services. • Patients in Hoddesdon are not being referred to Cheshunt Community hospital for outpatient and diagnostic services when they should be • Hope that the range and volume of outpatient services provided at Cheshunt Community hospital can be expanded in the future to accommodate growing population 	
12	Cheshunt, Broxbourne & District National Childbirth Trust (NCT) (188)	<p>Ambulance services</p> <ul style="list-style-type: none"> • Concerns about the number of ambulances that will be available. • Has the number of people needing to be transferred to the acute hospital from urgent care centres, birth centres/home births etc also been taken into account when calculating the increased pressure on ambulances? • Exactly how many extra ambulances will be provided and where will they be stationed? • Will there be trained paramedics on every ambulance? <p>Paediatric Care</p> <ul style="list-style-type: none"> • Will there be a specialist paediatrician at all Urgent Care Centres? • Will all the acute A&E departments have specialist paediatric sessions? • Will there be facilities for parents to room in with very young children rather than repeat long journeys perhaps many times a day? <p>Primary care</p> <ul style="list-style-type: none"> • GPs already overstretched and understaffed. How will they cope with extra services? • How will GPs be supported and trained? • I don't have confidence in my own GP • We hear that there is going to be more care closer to home to cut down travelling 	

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		<p>to hospital unnecessarily. What exactly will care in the community be and where will it be?</p> <p>Maternity</p> <ul style="list-style-type: none"> • How will you minimise the impact of distance to maternity units for disadvantaged groups and the most vulnerable? • How will a woman in labour, with no access to a car get to hospital, will she have to call an ambulance? • Do the figures take into account the fact that many women will have further to travel and hence are very likely to choose to go into hospital earlier in their labour than at present? • Are there going to be facilities to accommodate women who are in early stages of labour? • Why is 5-6,000 births per year considered 'best practice' for a consultant led maternity unit? • Where will a pregnant woman go for her antenatal care? • Will women still receive home visits in the early days after birth? • What are the timescales for the changes in maternity service? • With closures of maternity units at both Chase Farm and QEII, PAH is almost certainly to become the hospital of choice for the majority . Can PAH cope with these numbers of women? • What are the implications for that NHS Trust and has there been any joined up thinking/consultation with NHS Trusts outside Hertfordshire and BEH? • Are there currently enough trainee midwives to support the Government's policy of 'one mother - one midwife' becoming a reality by 2009? • Can 98 hour/week of consultant cover be achieved by the end of next year? • For Barnet hospital, what are the plans for increasing the capacity of the maternity unit? • How will home birth be supported and encouraged under the new system? • Many mothers would not be happy to use stand alone birth centre for fear of complications • Can we have an assurance that the Ridgeway Birth Centre (Chase Farm) will be kept open for the foreseeable future, even if numbers using the centre fall 	

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		<p>dramatically?</p> <ul style="list-style-type: none"> • Will there be an option for alongside midwife led birth at Barnet Hospital? • Found the questionnaire confusing by including questions about West Herts • It seems quite clear that the Lister has already been chosen as the option for the acute hospital. What will happen if it turns out that more people support the QEII option? • People in this area are concerned about losing acute services at two of our nearest hospitals and there is a high amount of fear and anger about what will be left in our area 	
Dacorum / Hemel Hempstead			
13	Mike Penning Hemel Hempstead MP and Shadow Minister for Health (158)	<ul style="list-style-type: none"> • The decision not to revisit the Watford or Hemel options for a major acute hospital is wrong. The original decision was made on the basis is no longer valid. • Hemel residents are being misled by NHS managers as to the impact of their local hospital of the proposed changes. • LGH definition is not what people would recognise as a hospital. People believe that a hospital has operating theatres, surgeons, maternity wards, paediatricians, childrens wards SB+CBU obstetrics cancer care stroke units consultants in various disciplines ITU HDU and fully functioning A&E service backed up by full acute care and services. • An UCC staffed by GPs and nurses is not what the public perceive as A&E. • Engaging the people of Hemel Hempstead has been frustrated by past feeling of being ignored when they express their views. • The basis of the proposals set out in the 2003 liYH consultation have changed to such a degree that all decisions should be revisited. 	<p>Supports consolidation of acute services at QEII</p> <p>Does <u>not</u> support consolidation of children's planned and emergency care at Watford</p> <p>Supports planned surgery at Hemel Hempstead</p> <p>Would like the following services at LGH: - Inpatient bed-based community rehab</p>

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			<ul style="list-style-type: none"> - Full range of community services - A&E 24/7 - Acute non-complex medicine 24/7 - Emergency non-complex surgery - Urgent care 24/7 - Outpatient services - HDU for non-ventilated patients - Renal dialysis - PAU - Obstetric unit - Diagnostics including CT scans 24/7 - Consulting and procedure rooms - Theatres - Rehab and intermediate care - Acute admissions unit - Path lab
14	Dacorum GP Locality Forum (157)	<ul style="list-style-type: none"> • Regret that the long term location of the surgicentre may not be in Hemel Hempstead, although understand the economic argument • We are keen to see the residents of the area receive a high quality service locally and look forward to contributing to the plans of the Dacorum Hospital Site 	

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15	Dacorum Hospital Action Group (153)	<ul style="list-style-type: none"> • Hemel has newer buildings than Watford General and better access • Strong objections to the omission of Hemel Hempstead Hospital from this review • Cost of developing Hemel site is minimal • Bed reductions taking place as population grows • At time of IYH, promised that primary care services would be in place before acute changes made. This hasn't happened • Parking and roads in Watford very difficult • No clear explanation of what would be in UCC or LGH –no data given on staffing • Would GPs be willing to staff an UCC? • Agree that new techniques are improving outcomes and shortening stays but also increasing demand for services • Ambulance services cannot do all that a major acute hospital can • Stoke Mandeville no longer has a cardiac unit, increasing the need for one in Hemel • Case for centralising children's services at Watford is very weak • Children's surgery must have guaranteed beds • Separation of planned and emergency surgery not new in W Herts –need increased numbers of surgeons and staff otherwise operations will still be cancelled • Population figures on which plans are made are out of date • Risk register should have been published in main document 	<p>Does <u>not</u> support consolidation of children's planned and emergency care at Watford</p> <p>Supports planned surgery at Hemel Hempstead</p>
East Hertfordshire			
16	<p>East Herts Council</p> <p>Anne Freimanis, Chief Executive (257)</p>	<ul style="list-style-type: none"> • Would like these services at a LGH: <ul style="list-style-type: none"> - Common disease ailments - Some aspects of mental health - Walk in facilities - Well person clinics 	<p>Supports consolidation of acute services at the QEII</p> <p>Supports Urgent Care Centre Hertford</p>

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		<ul style="list-style-type: none"> - Maternity services - Convalescence - Rehabilitation <ul style="list-style-type: none"> • No mention of services in east of county (Bishop's Stortford) 	<p>County Hospital</p> <p>Supports planned surgery at St Albans</p>
17	Little Hadham Parish Council (291)	<ul style="list-style-type: none"> • Not able to give one response as an organisation but had encouraged residents to make their views known individually. • Concern that questionnaire had not been distributed in Little Hadham 	
18	Ware Town Council Mike Kennedy, Town Clerk (249)	<ul style="list-style-type: none"> • Services should remain at Hertford County, which is more accessible for Ware residents and by public transport 	Do not support consolidation of children's planned and emergency services at Watford
Hertsmere			
19	Hertsmere Borough Council Leader of the Council Cllr Morris Bright (258)	<ul style="list-style-type: none"> • Agree that health care should be located as close as possible to the patient's home • Residents have concerns about travel from home to hospital in an emergency and as a visitor • Concerned that reconfiguration will result in a longer and more complicated 'patient journey' <p>Ambulance services</p> <ul style="list-style-type: none"> • Ambulance service and other transport services must be developed to not leave services over stretched by extra patient movements. • Investment is required in community services before it is safe to reconfigure hospitals. 	<p>Supports consolidation of acute services at Lister</p> <p>Would like to see the services listed on page 28 of the consultation document provided on LGH site</p> <p>Supports Urgent Care</p>

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		<ul style="list-style-type: none"> NHS financial models must guarantee the investment which will be freed up when hospitals are reconfigured Concerns about the level of GP coverage in South Borehamwood Pleased to note that all NHS organisations aim to integrate planning and delivery of services, including those across border in north London. Important for Hertsmere residents Keen to ensure the long term viability of Potters Bar community hospital. Do not want to see any deterioration in the services provided there. Pleased to note that proposed changes are led by clinical / medical considerations 	<p>Centre at Cheshunt</p> <p>Supports consolidation of children's planned and emergency care at Watford</p> <p>Supports planned care at St Albans</p>
20	James Clappison MP (250)	<ul style="list-style-type: none"> Request that a public consultation meeting is held in Borehamwood 	
North Hertfordshire			
21	Oliver Heald MP (254)	<ul style="list-style-type: none"> Constituents have raised concerns about travel between home and hospital, especially at peak times Cover a semi-rural constituency. Residents use both QEII and Lister Predominant feeling in constituency is that Lister Hospital is the preferred site for expansion and centralisation of services. 	Support consolidation of acute services at the Lister
22	North Hertfordshire District Council Chief Executive John T Campbell (255)	<ul style="list-style-type: none"> Believe that ambulance service prefers QEII as the acute hospital. But would stress that ambulance facility already exists at Lister and at Letchworth gate roundabout, close to the A1(M) allowing excellent access across North Herts. Would like to see provision for cancer patients considered soon and delays in the process minimised 	<p>Support consolidation of acute services at the Lister</p> <p>Would like to see the</p>

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			<p>services listed on page 28 of the consultation document provided on LGH site, plus maternity services</p> <p>Support Urgent Care Centre at Cheshunt</p> <p>Support consolidation of children's emergency and planned care at Watford</p>
23	<p>North Hertfordshire Local Strategic Partnership</p> <p>Cllr F John Smith, Chair (256)</p>	<ul style="list-style-type: none"> • Believe that ambulance service prefers QEII as the acute hospital. • But would stress that ambulance facility already exists at Lister and at Letchworth gate roundabout, close to the A1(M) allowing excellent access across North Herts. • Would like to see provision for cancer patients considered soon and delays in the process minimised 	<p>Support consolidation of acute services at the Lister</p>
St Albans			
24	<p>St Albans City and District Council</p>	<p>Travel and access</p> <ul style="list-style-type: none"> • Concern about travel to medical appointments those being transported by emergency ambulance to Watford General Hospital. • Problem is made worse on football match day • There is contradictory evidence regarding the length of time taken to get people to 	<p>Supports consolidation of acute services at QEII</p> <p>Would like to see</p>

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		<p>hospital in an emergency situation and morbidity rates.</p> <ul style="list-style-type: none"> • Would advocate the introduction of a dedicated patient transport service between Watford and other centres within West Herts. <p>Primary care</p> <ul style="list-style-type: none"> • Welcomes the return of some health services to St Albans City Hospital and supports services at Harpenden Memorial Hospital. • Concern about moving the care of diabetic patients from consultants to GPs – a downgrading of care • Considers that the responsibility for providing services to patients should not be passed to GPs where they would be better delivered by specialist clinicians. • Appreciates that the NHS is changing and recognises that the number of major acute hospitals with the best specialist doctors and the best equipment will be limited. However it is hoped that all other health services will be provided closer to home. • Supports the development of St Albans City Hospital as an urgent care centre. • Social Services must be funded adequately to cope with the increased demand. <p>Hatfield</p> <ul style="list-style-type: none"> • Regret that the most clinically appropriate solution has been rejected for financial reasons • Concerned that changes will have to be made again in few years and want reassurance that the funding needed to implement changes will be provided. <p>Ambulance services</p> <ul style="list-style-type: none"> • All emergency crews should be trained to paramedic standards and be better equipped. • Ambulance drivers should have a better knowledge of the Hertfordshire road network so that the worst traffic jams en route to hospitals might be avoided. <p>Maternity</p> <ul style="list-style-type: none"> • Supported a midwife-led, low risk maternity unit at Hemel Hempstead hospital and on the LGH site to complement the maternity services at the two acute hospitals 	<p>services listed on page 28 of consultation document at LGH site, plus inpatient rehabilitation beds</p> <p>Supports consolidation of children’s planned and emergency care at Watford</p> <p>Supports planned surgery at St Albans</p>

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		<p>Other</p> <ul style="list-style-type: none"> • Wishes to record its appreciation of the continuing efforts of clinicians to providing a good public health service for all residents. • Our responses should not be taken to indicate agreement with the overall configuration of services that has been put forward by the health community nor the process for consultation 	
25	<p>Sandy Walkington</p> <p>Liberal Democrat prospective parliamentary candidate for St Albans (203)</p>	<p>Hatfield</p> <ul style="list-style-type: none"> • 91% of households in our survey wants to build a hospital at Hatfield. • Local residents are not against change, but they want to know that any change will be for the better. • They clearly think that the alternative two-site proposal for Watford and Lister or QEII is by far second best. <p>Other</p> <ul style="list-style-type: none"> • St Albans Liberal Democrats conducted a survey across the parishes of London Colney and St Stephens within St Albans and to Bedmond and Primrose Hill in Three Rivers. This amounted to 37,000 households. • Over 2,000 households (+5%) responded. • Many residents do not have access to the internet and were unable to attend public meetings. • Accordingly it is likely that their views will not have been captured in your own consultative process. • It is clear that local people do not believe that Herts health services have got better in recent years. 71% of the responding households thought health services had become worse in recent years. Of which more than half, 42% of the total respondents, thought they had become 'much worse in recent years'. • Only 10% of those responding believed that the local NHS in Herts was a bit better or much better. 	<p>Support consolidation of acute services at QEII</p> <p>Support the location of elective surgery at St Albans.</p>

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26	<p>Harpenden Town Council</p> <p>John Bagshaw, Town Clerk (165)</p>	<ul style="list-style-type: none"> • Intermediate care beds should be provided at community hospitals –like Harpenden Memorial, if necessary • Strongly support the retention of services at St Albans City Hospital and Harpenden Memorial Hospital • Would like to see the following facilities on LGH site: <ul style="list-style-type: none"> - Urgent care centre - Outpatient services - Facilities for minor operations - Diagnostic facilities - Therapies - Intermediate care beds 	<p>Support consolidation of acute services at QEII</p> <p>Would like complete range of services as listed on page 29 of document at LGH plus intermediate care beds</p> <p>Strongly support St Albans as the site of an UCC</p> <p>Support consolidation of children’s planned and emergency care at Watford</p> <p>Support planned surgery at St Albans</p>
27	<p>Markyate Parish Council</p> <p>Cllr Mrs Sheila Pilkinton</p>	<p>Travel and access</p> <ul style="list-style-type: none"> • NHS must consider how changes will affect those living on the borders of the county who may use services outside of Hertfordshire • Concerns that although ambulances get through traffic, other urgent journeys may not • Patients and family need to be able to park at the hospital but this should not be 	

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		<p>regarded as a way to generate income</p> <ul style="list-style-type: none"> • Local bus services in Markyate are infrequent. • NHS should minimise unnecessary patient journeys by moving consultants to come to local hospitals instead of patients travelling to larger centres. <p>Other</p> <ul style="list-style-type: none"> • Emergency care, maternity care and probably all child care needs to be local. • Watford Hospital is poorly sited, needs major upgrading and extension • Provision of suitable and affordable accommodation for your staff is vital. • It is confusing for patients to know where PCT care finishes and hospital care starts. Intermediate care will add yet more confusion • As elected representatives we feel that our response should carry more weight than an individual response. • The questionnaire precludes answering many questions on behalf of more than one person. 	
28	<p>Diane Whiskin</p> <p>Clerk to Redbourn Parish Council (80)</p>	<ul style="list-style-type: none"> • Services should be located within easy reach of public on good public transport routes • Concerns about Watford traffic –especially during football season • Elderly and frail with no access to car would find Watford difficult • Disappointment that Hatfield no longer happening • Now it is all the more important that services at the existing hospitals should be enhanced and improved to ensure local access • Agree with the development of Hemel as the LGH but recognise that a lot of work is needed to improve standards and restore lost confidence • Agree with the proposal for urgent care and emergency care to be developed at St Albans 	<p>Support planned surgery at St Albans</p> <p>Support consolidation of children’s emergency and planned care at Watford General Hospital</p>

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29	Harpenden Labour Party (138)	<p>Hatfield</p> <ul style="list-style-type: none"> Disappointed that Hatfield option has been shelved and would like to see it revisited If the Hatfield option is unable to happen, would like to see acute services at the QEII –preferred on the grounds of accessibility <p>Primary care</p> <ul style="list-style-type: none"> Agree that the LGHs should be established on existing hospital sites Suggest that intermediate care beds should be include to ensure equitable distribution across the county Support UCC at St Albans <p>Cancer</p> <ul style="list-style-type: none"> Disappointed that transfer of services from Mt Vernon has been put on hold 	<p>Supports consolidation at QEII</p> <p>Support consolidation of children’s planned and emergency care at Watford</p> <p>Supports planned surgery at St Albans</p>
Stevenage			
30	Barbara Follett MP for Stevenage (241)	<ul style="list-style-type: none"> My ‘I’m backing the Lister’ petition campaign was later joined by the Comet newspaper, and together we canvassed the town for its views. More that 13,000 signatures in favour of consolidating acute services at the Lister. 	Supports consolidation of acute services at Lister
31	Stevenage Borough Council Tim Weetman, Principal Community Development Manager (122)	<ul style="list-style-type: none"> Lister hospital is better located close to the A1(M) Believes that there is greater capacity to expand services at the Lister site. Regret the decision to reject the Hatfield hospital but welcome the identification of the Lister. Lister serves wide geographical area –some of which have high levels of deprivation and health inequalities compared to the rest of Hertfordshire. 	Supports consolidation of acute services at Lister

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
Three Rivers			
32	David Gauke MP South West Hertfordshire (193)	<ul style="list-style-type: none"> • What is the timetable for improving access to Watford Hospital? • Do not wish to reopen the Hemel/Watford debate, but to focus on where the current proposals differ from the position when liYH was completed. • Need confirmation that new Watford development will open in 2013 as planned in liYH • Concerned about the capacity of Watford in the interim –i.e. high bed occupancy rates and lack of parking. The transfer of services from Hemel at this stage will only exacerbate these problems. • Rumour that total proposed cost for Watford development has been scaled back from £300m. 	
33	Abbots Langley Parish Council (163)	<p>Travel and access</p> <ul style="list-style-type: none"> • Must improve public transport to and from acute units to all parts of the county before the number of units is reduced • Design the acute units so that they are able to support overnight stays for relatives as needed • Unhappy at the lack of planning evidenced in the report on how the health service is going to support patients, especially the elderly, the disadvantaged and the young, who will now be treated in acute units much further away from their home. • Until the omissions have been remedied the Parish Council is unwilling to support these changes. <p>Ambulance services</p> <ul style="list-style-type: none"> • Unhappy at the apparent lack of connection with the ambulance service • Unconvinced that the necessary investment in training, staffing and equipment has been put in place. • Fewer and more widely spaced acute services require an involved, expert and well financed ambulance service. • Must involve the ambulance trust to ensure they have the finance and capacity to 	

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<p>provide vehicles and staff for all who need emergency or non emergency transport</p> <ul style="list-style-type: none"> • We would like evidence that plans for community and ambulance services are progressing to schedule before we would support any of the acute unit reductions cited in the consultation document. <p>Services in primary care</p> <ul style="list-style-type: none"> • Don't believe the argument that local services will be improved and that fewer people will attend or need to attend the acute services. • Believe that moving services out of acute and into the community will be difficult because of the power of consultants. • The Parish Council would like to see a shift of finance to preventative social care services which can reduce falls and accidents that require medical intervention in the first place. • Our residents will find it difficult to accept fewer and more distant acute services even if the promise of better and closer community services is fulfilled. • Abbots Langley has already suffered the loss of a local clinic so the credibility of the local NHS is low <p>Maternity</p> <ul style="list-style-type: none"> • Need clarity on how NHS will provide facilities to enable choice of where to give birth • At present times the parish council is unwilling to support any further changes to maternity services and would like to see the immediate re opening of the Hemel birth centre. • Many women would actually prefer to give birth outside of a consultant led unit if possible • The closure of the birth centre at Hemel reduces choice for women <p>Finance</p> <ul style="list-style-type: none"> • The problems with equipment, training and EWTD could all be overcome with sufficient finance. 	

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<p>Other</p> <ul style="list-style-type: none"> • More Government effort should be placed into areas such as processed food, car travel and infant feeding to counteract the effect of big business 	
34	<p>Chorleywood & District Residents Association</p> <p>Laurence Evans (194)</p>	<ul style="list-style-type: none"> • Concerns about road access and travelling time to Watford General for children and parents in NW Herts. • Cost of parking for long term patients can be expensive • Concerned about public transport services to St Albans for patients from Chorleywood. 	<p>Would like to see all services listed on page 28 of consultation document included on LGH plus day hospital services</p> <p>Support consolidation of children's planned and emergency care at Watford</p> <p>Support planned surgery at St Albans</p>
Watford			
35	<p>Claire Ward MP for Watford (247)</p>	<ul style="list-style-type: none"> • Concerns about the high price of parking at Watford General and other hospitals <p>Infection control</p> <ul style="list-style-type: none"> • Cleanliness at Watford General remains a real concern <p>Staffing</p> <ul style="list-style-type: none"> • Although there is generally high praise for the work of NHS staff, many of those who responded to the survey felt that staffing levels could be increased to 	<p>Majority of constituents support planned surgery at St Albans</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<p>optimise care given, as in their experience it appeared that nurses and doctors were sometimes overstretched.</p> <ul style="list-style-type: none"> • In general my constituents feel that the care which they receive locally from the NHS is either good or excellent. However improvements need to be made • I recently carried out a survey on healthcare in Watford and the views expressed to me by my constituents will form the basis of my submission. Although I have received more than 2000 responses, questionnaires are still being returned to me so my entry will be based on preliminary findings. • I am confident that the reforms outlined in the consultation will lead to the enhancement of the NHS in Watford which needs to be implemented in the near future, I will continue to work closely with the NHS to ensure that this is the case. 	
36	<p>Watford Borough Council</p> <p>Cllr Shirena Counter, Portfolio Holder for Health (unsigned) (228)</p>	<ul style="list-style-type: none"> • The council appreciates that the changes proposed in this consultation are designed to move towards creating health services across Herts that are fit for purpose with the resources available. • It is recognised that, despite the best efforts of your staff, the services delivered to patients have been far from consistent and are in danger of deterioration. • The council strongly supports your statement regarding the redevelopment of Watford General Hospital as the west Hertfordshire site where inpatient acute and emergency care is concentrated. • It is understood that whilst most health care will now be provided closer to home some people will need to travel further than at present if they have complex or rear health conditions, and we look forward to working closely with you and other organisations to play our part in making sure public transport services are as good as possible to minimise any adverse travel impact on the residents of Watford. • The council strongly supports the delivery of the key elements of the original liYH, including the redevelopment of Watford General Hospital and neither this consultation nor any other wider consultations in the East of England or London should adversely affect progress on this redevelopment. 	<p>Supports consolidation of acute services at Lister</p> <p>Would like LGHs to have all services that would prevent unnecessary travel to acute hospitals</p> <p>Supports the consolidation of children’s planned and emergency care at Watford</p> <p>Supports planned surgery at St Albans</p>
37	Watford CVS (161)	Travel and access	

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<ul style="list-style-type: none"> • More thinking needs to be done in relation to voluntary transport schemes. • Few hospital staff understand the criteria for supported or free travel to hospital. • Properly supported by the NHS, voluntary transport schemes could provide an effective service at a lower cost than alternatives and transform access to NHS services <p>Other</p> <ul style="list-style-type: none"> • NHS services would often be more effective if properly and systematically knitted-in with voluntary sector services. • The NHS could reach out much more effectively through voluntary care schemes, mental health projects, self-help groups and specialist agencies such as Help the Aged 	
Welwyn Hatfield			
38	Welwyn Hatfield Borough Council (78, 110 & 292)	<p>Hatfield</p> <ul style="list-style-type: none"> • Consultation has dismissed Hatfield Hospital, claiming it is unaffordable but without providing long term comparative figures to support the argument. • Feel that the most desirable option of Hatfield has been abandoned at the first hurdle. The Health Working Group has not yet unearthed the "extensive activity and financial modelling" that is spoken of in the business case in regard to Hatfield. • Of the 26 criteria used, the Lister came out top on 9, QEII on 5, but for 12 there was no difference. Unfortunately, there are no supporting documents to provide details of how the Hatfield option would have scored on the individual criteria. • Believe that public confidence in consultation has been dented by dismissal of Hatfield option • Original consultation business case did not include financial data for Hatfield option and didn't explain how estimates were arrived at. • We believe that the unwillingness/inability of the PCT to provide long term financial comparisons on the Hatfield option has undermined the consultation 	<p>Support consolidation of acute services at QEII</p> <p>Support the inclusion of all LGH services listed on page 28 of consultation document plus: majority of inpatient care, surgicentre, all non-emergency and elective surgery, ante and post-natal care, midwifery-led unit</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<p>process</p> <ul style="list-style-type: none"> • It also appears that Hatfield was abandoned without further exploration of other funding sources (e.g. Eisai or support from English Partnership) such as being planned in Watford • Total income for QEII and Hatfield options are assessed to be the same - this ignores Hatfield would attract better quality clinical staff and would almost certainly result in more work for the trust as a result • In the tables provided mid-consultation it is clear that the Hatfield Hospital has been assumed to have exactly the same running costs as the enhanced QEII option. This ignored the undoubted savings that would be achieved by virtue of a new building versus an old, albeit upgraded one, and the vastly improved energy efficiency that one could expect. <p>Lister/ QEII options</p> <ul style="list-style-type: none"> • Query whether the QEII or Lister have the infrastructure to be the long-term acute service provider for East and North Herts • Would cost a great deal to maintain these dated and, frankly, unsuitable sites. • There has been no consideration into future capital requirements on existing sites beyond the initial build period. • Believe that we are not being shown the whole story in the financial comparison of the different options. • A new build will make much greater savings on energy and maintenance than the Lister • Consultation document acknowledges that Lister option would "be restricted" in meeting modern standards. This will surely be compounded as time goes by and "modern standards" improve. • St Albans residents would find Watford difficult to travel to, especially if QEII no longer an option. • Little expansion space on the Lister site • The capital cost of the Lister option is suspiciously low • What assumptions of population growth have been used? • Travel time maps - it appears these are based on centres of population rather 	<p>Although out of remit, believe that an UCC at Cheshunt would provide greater access</p> <p>Support planned surgery at St Albans</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<p>than population numbers, which can be misleading.</p> <ul style="list-style-type: none"> • We have tried to draw up a map based on population but have been told by the County Council that the figures needed to do this are currently being held by the PCT and their transport consultants. We have requested these figures but have heard nothing. <p>Ambulances</p> <ul style="list-style-type: none"> • Concerned about the additional pressure on ambulance services from reconfiguration • Rise of angioplasty means a critical factor is the time taken to get patient to hospital, not just time for paramedic and ambulance to arrive on scene. Surely this undermines the arguments about distance being less important? <p>Patient Safety</p> <ul style="list-style-type: none"> • There is an underlying assumption that patient safety will improve as a result of reconfiguration. We believe that any plans for reconfiguration must have more emphasis on patient safety and address how improvements in patient care will be achieved including clinical risk assessment standards. • Concerned that a reduction in the total need for beds and concentration of services on one site will require very high bed occupancy rates and thus endanger patient health either through hospital infections (such as MRSA) • It is not clear from the business case either what the anticipated bed occupancy rate will be or what the anticipated bed occupancy rate will be or what contingencies would be in place in the event of a major infection issue. <p>Urgent Care Centres</p> <ul style="list-style-type: none"> • Urgent Care Centres should be built first and run 24/7 • Many visits to A&E for minor injuries are drink and/or substance related injuries. What provisions will be made in terms of both patient provision and staff security? • If UCCs are successful, will there be enough in budgets to expand and develop these further? • What process of triage will be in place at A&Es and UCCs? • How will urgent care centres have access to specialised A&E knowledge? 	

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<ul style="list-style-type: none"> • Concern that some UCCs may be nurse led, rather than doctor. What specific training will front line staff receive? <p>Primary care</p> <ul style="list-style-type: none"> • There are some excellent suggestions in the consultation, particularly in terms of primary care • Need concrete proposals as to how services will move closer to patients • How will movement of consultants away from QEII affect plans for consultant outreach in Welwyn Hatfield? • Do all specialities need to be on the same site. Could maternity be sited at QEII as there is a major issue of travel time to nearest maternity unit? • Need much more detail on provision of local services and intermediate care • Where will community matrons be based? How many will be provided? • More GPwSIs required in Welwyn Hatfield to achieve the quoted levels of appointments out of hospital Appointments with GPwSI instead of hospital appointments • Definition of 'hospital' implies beds. LGH definition is unclear <p>Surgicentre</p> <ul style="list-style-type: none"> • Surgicentre at Lister should be consulted upon again as liYH context has changed • Surgicentre should be a NHS rather than private facility <p>Maternity</p> <ul style="list-style-type: none"> • Government wants more babies to be born at home therefore ambulance services could be put under pressure to get mothers to hospital for emergency procedures. • We do not believe that the reconfiguration takes this specific issue into account. <p>Cancer services</p> <ul style="list-style-type: none"> • Professor Darzi report doesn't give a clear timetable for decisions on the provision of cancer services. • We feel that the consultation has been at best disingenuous, at worst negligent, in delaying its consideration of cancer services. 	

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	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<ul style="list-style-type: none"> • Believe that this was a deliberate attempt to weaken the case for Hatfield. <p>Finance and process</p> <ul style="list-style-type: none"> • Unclear what are the different options available to fund capital projects. • Some financial data has now been provided in response to our request, but this did not appear until two months into the consultation period, and was in a form which required a meeting to explain, and still has not answered all of the HWG's questions. • It was also claimed in public meetings that the data had been included in documents, even though that was not the case. • The financial case should in our view be supported by forecasts extending well beyond 2014 that show the full value comparison over the life of the projects (at least 25 years) • Council was denied a FOI request for Gateway Review document • Would like consultation period extended by at least a further six weeks. • The use of PFI guidelines to destroy the case for Hatfield ignores the probability that PFI is unlikely to be used for such a project • The argument re CT scanners seems flawed - £750,000 on a new scanner seems a small price to pay compared to the cost of reconfiguring hospitals. • Assumptions and Risks - There are a significant number of assumptions and risks. We note that many have similar scores in either probability, impact or both. Mitigation on these is to 'model potential impacts to quantify likely effects' or 'develop contingency plans'. We are surprised sensitivity analysis has not been included in the business plan. This would highlight and quantify issues around the key assumptions and enable a more comprehensive set of mitigations to be available as part of the consultation. • Believe that patient 'stories' used in document are spin. 	
39	Hospital SOS Taskforce (267)	<p>Travel and access</p> <ul style="list-style-type: none"> • Transport issues and the site of the acute hospital relative to population centres are crucial elements of the process. 	

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<p>Hatfield</p> <ul style="list-style-type: none"> • Refer to survey carried out by Sandy Walkington (PPC for St Albans), and the results that showed that 91% of respondents still believe that the Hatfield Hospital is the right solution to the county's health needs. • Staff are the largest cost of a new hospital and will be much the same whether in old or new buildings • In 2003 the NHS and the public chose a new hospital and a new cancer centre. • The new hospital is now considered to be 'unaffordable' despite new hospitals being built in other parts of the country • Hatfield would have had a higher throughput, because it would attract better staff and be more widely respected. • Hatfield also has other less tangible benefits such as links to the university, development of the Hatfield town centre or the cost to the local economy of not proceeding • Has been no attempt to quantify the uncertainties in the forecasts used. Our belief is that had this been properly taken into account, it would again have favoured the new hospital. • Incorrect assumptions have been made that the running costs of Hatfield would be the same as the QEII • Hatfield will have lower maintenance costs, and greater energy efficiencies. <p>Urgent Care</p> <ul style="list-style-type: none"> • Remain unconvinced that UCCs will be built on time and be available 24/7 and that patients will use them instead of A&E. <p>Primary care</p> <ul style="list-style-type: none"> • Primary and intermediate resources need to be in place before changes to acute services are made to avoid the risk of patient care being negatively affected • There does not appear to be any overarching cross-organisational strategy either with budgets or to implement the plans. This represents a major risk in for patient care. • There is insufficient leadership/project management capacity and capability to resource the change management agenda 	

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<p>Maternity</p> <ul style="list-style-type: none"> • Maternity services should be provided locally. • We have not seen any evidence that mothers will be given a choice as to where their baby is born. • There do not seem to be any plans to have a midwife-led birthing unit at the LGH hospital site that is not chosen as the acute hospital. • Birth rate and population increasing in Welwyn Hatfield hasn't been give adequate consideration • If there are plans for a 'low-risk' birthing unit there must be the facilities to perform emergency c-sections if necessary • At the recent Transport Summit an Ambulance service representative remarked that the issues over maternity emergencies had not been solved yet. • We understand there are national guidelines on numbers of births required but we would ask these to be set against local needs and local risks. <p>Process</p> <ul style="list-style-type: none"> • Welwyn Hatfield Council was unable to view the data on population assumptions and journey times to hospitals • A FOI request has also been denied by the Trust. • Not all the supporting documentation was available at the start of the consultation period on the website and further requests for information have been withheld. • The consultation document provides 'evidence' that morality rates are not related to the locality of an A&E but this is not universally accepted • The document also fails to convey the degree of overall project risk e.g. the role of IT is not explained but the risk of non-delivery is highly likely and will be difficult to mitigate and patient flows will change with changes to neighbouring health economies. • There has been a general failure to consult effectively with the general public and key stakeholders e.g. Welwyn Hatfield Borough Council Health Working Group throughout the consultation period. • There has been little publicity for the consultation with local media and local political parties left to 'spread the word'. 	

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<ul style="list-style-type: none"> • There has also been no direct communication with households on the consultation process • Public meetings have had no publicity and the meetings have had only a moderate attendance. • The Trust has reversed previous liYH consultation decisions without appropriate explanation and data. • It is hoped the scrutiny of the consultation process will take the issues raised above into their consideration. • This submission has been the result of work done by the Evidence and Judicial Review Action Group of the Hospital SOS campaign. The group is chaired by Cllr Nigel Quinton, Handside Ward, WGC <p>Finance</p> <ul style="list-style-type: none"> • Concerned that the consultation documents have a very short term approach to financial matters. • Not followed the guidelines laid out in the Treasury's Green Book • Funding must be provided for health care professionals to keep up their skills and training and continue to learn new ones in order to benefit patient care. • The removal of ring fencing for NHS education budgets will de-stabilises the infrastructure in both pre and post registration education. • There is a risk that savings assumptions will prove to be too ambitious • Financial risk around the setting up of a private ISTC and the need to provide a satisfactory volume of patients may also affect financial revenue. • A preferred option in the documents has damaged genuine consultation • Many residents who contributed to the last consultation feel let down about the previous exercise and cynical that their views will count in any future decisions. 	
40	Friends of Wrafton House Surgery Patient Participation Group (175)	<ul style="list-style-type: none"> • We suggest that specific plans for the LGHs should be re-assessed with further consultation, once an acute site has been agreed • We want the new QEII to be a vibrant hospital providing a high standard of care 24 hours a day and to make care in the community mean something more. 	Support consolidation of acute services at Lister

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	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
			<p>Would like the following services at LGH:</p> <ul style="list-style-type: none"> - Outpatient services - Diagnostics - Endoscopy - Hearing tests and aids - Day hospital - Intermediate care beds
41	<p>Dr Dennis Lewis</p> <p>Chairman, Welwyn Hatfield Alliance (20)</p>	<ul style="list-style-type: none"> • What are the implications of emergency and non-emergency transport for Welwyn Hatfield residents if major acute hospital is sited at Lister • Hatfield • Declared member of Hospital SOS Taskforce which strongly supports Hatfield hospital option and believes that the argument that it is unaffordable is flawed. • If Hatfield option absolutely unworkable then support QEII as major acute site 	
42	<p>Welwyn Hatfield Inter-Faith Group</p> <p>Anthea Salmon (113)</p>	<ul style="list-style-type: none"> • Little mention of mental and spiritual needs of patients in proposals 	
43	<p>Nigel Furlong</p> <p>Isabel Hospice (91)</p>	<ul style="list-style-type: none"> • Implicit that Isabel Hospice unit would be demolished if acute services are consolidated at QEII. Have costs for this been factored into business case? • Consolidation at Lister attractive because hospice services would fit alongside LGH services, there may be room for hospice to expand if LGH is at QEII • Need clarity of the timing/phasing of plans for LGH if acute services were consolidated at Lister 	<p>Supports consolidation of acute services at Lister</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<ul style="list-style-type: none"> • Correction needed to estates strategy document to say that lease to Isabel Hospice runs for 50 years from 1 Jan 1996. 	
Outside Hertfordshire			
44	<p>Barnet Enfield and Haringey Maternity Services Liaison Committee User Representatives</p> <p>Gail McConnell (227)</p>	<p>Travel and access</p> <ul style="list-style-type: none"> • Women are concerned about the additional travel burden on themselves and on their families if they or their babies need hospital care after the birth. • Changes could mean additional stress and additional costs, especially if care is needed over a long period. <p>Maternity</p> <ul style="list-style-type: none"> • Concerned that quality of services may be affected if there is not sufficient capacity • Numbers of births and population are increasing • Changes will impact on other surrounding hospitals too • Concerned about the cumulative impact of withdrawing maternity services simultaneously from both the Chase Farm site and the WGC site. • Plans will reduce choice for women • Closure of other maternity units is likely to increase the number of births the QEII would see and increase its viability • For the majority of women, the key to better services is the development of midwifery-led care. • It is regrettable that the Hertfordshire consultation document says so little about the future development of midwifery-led services • In London, Professor Darzi's report has recommended "a significant increase", in the number of midwifery led units. We would like to see the same clearly articulated direction in Hertfordshire. • A clear, integrated strategy needs to be developed for expansion of midwifery led care at freestanding units across a number of locations. Strategy should include: developing a midwifery led unit on the QEII site, reopening of the Hemel Birth 	<p>Support consolidation of acute services at QEII</p>

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	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<p>Centre and the further development of services at Edgware Birth Centre.</p> <ul style="list-style-type: none"> • Establishing and maintaining local public confidence in such services is important • There needs to be clear commitment by all health professionals to the promotion and development of midwifery-led care for women without complications, and to providing women with clear, objective information about their options for care. • It is also crucial that there is good team working between health professionals to provide integrated services • Provision of midwifery-led care cannot be seen in isolation from planning of consultant-led services. • Clinical case for change for centralising obstetric services is open to question • The recent DH policy paper, 'Making it Better for Mother and Baby', states clearly that 'there is no optimum number of births to make a unit sustainable' and 'there is a balance between accessibility and specialist care'. • Difficult to comment on the Hertfordshire options because it is proceeding in parallel with the consultation in Barnet, Enfield and Haringey, and, for users of maternity services, both sets of decisions are interrelated. • Concerned about the planning and implementation of service reconfiguration at a time when demand is increasing • All NHS organisations need to bring service users fully into planning and decision making. • Implementation timescales at the different units need to be clearly co-ordinated to ensure that new capacity is available before old capacity is removed • More investment in maternity services, and especially in midwifery is clearly needed to accommodate existing workload, let alone increased numbers <p>Home Births</p> <ul style="list-style-type: none"> • Arrangements must be put in place to transfer women with complications • We would like to see a clear plan setting out how home birth services will be promoted and encouraged when units are reconfigured, so as to deliver choice <p>Finance</p> <ul style="list-style-type: none"> • We want to see a clear commitment of resources. • Disappointing that a change in NHS guidance on affordability of capital projects 	

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	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<p>should be allowed to override the very clear preference for a new hospital at Hatfield</p> <ul style="list-style-type: none"> • We note that the financial impact of consolidation at the Lister would appear to be more favourable. However, the 'Activity Modelling' paper, on the consolidation website, does not appear to make any allowance for more patients choosing the QEII in the event of substantial reductions in services on the Chase Farm site. • If the new hospital in Hatfield is not affordable, the so called 'do minimum' option is worthy of serious consideration, in relation to maternity services at least. 	
45	<p>Bedfordshire PCT</p> <p>Sheilagh Reavey, Nurse Executive (277)</p>	<ul style="list-style-type: none"> • Welcomes development of UCC network but not appropriate to comment on location of 7th • Supports consolidation of children's services onto one site but no view as to which location • No view on plans for long term location of surgicentre. • No view on what services should be at LGH 	Supports consolidation of acute services at Lister
46	<p>Bedfordshire Health and Social Care Overview and Scrutiny Committee Bill Hamilton (278)</p>		Supports consolidation of acute services at Lister
47	<p>West Essex PCT</p> <p>Aidan Thomas, Chief Executive (289)</p>	<ul style="list-style-type: none"> • The impact of these changes on acute services at PAH have not been made clear in detail. • West Essex PCT supports the idea of the development of urgent care centres but need clarity about how these will work with existing services in Harlow that are used by Hertfordshire residents. • Praising the way in which the consultation has been carried out. • West Essex PCT supports the proposals contained in the consultation document as a sensible and viable way forward for health services in Hertfordshire. 	

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	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
48	The Community Voice North London & South Herts Joan Davis Chairman (54 & 190)	<ul style="list-style-type: none"> • Transport between the two hospitals [Watford and St Albans] needs to be substantially improved • We also consider that the local ambulance service needs to be substantially improved to meet the increased demands arising as a result of these proposals 	<p>Supports consolidation of acute services at Lister</p> <p>Supports consolidation of children’s planned and emergency care at Watford</p> <p>Supports planned surgery at St Albans</p>
NHS staff			
49	Cancer & Palliative Care Nurses, E&N Herts Trust (115)	<p>Travel and access</p> <ul style="list-style-type: none"> • Transport links are vital for cancer patients and their families • The Lister is within easy reach of the A1(M) and this may make travelling easier for patients. • It is vital that patients and staff are able to access reliable inter-site transport. <p>Hatfield</p> <ul style="list-style-type: none"> • The idea of a new Hatfield was very exciting as it allowed the cancer centre to be located in Hertfordshire with distinct benefits to patients. We are obviously disappointed that this will now not happen <p>Lister/QEII</p> <ul style="list-style-type: none"> • The Lister has more space and possibly less planning restrictions. 	<p>Support consolidation of acute services at Lister</p> <p>Would like the following services on LGH site:</p> <ul style="list-style-type: none"> - Diagnostics - Day therapies - Intermediate care beds - Urgent care centre

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<p>Primary care</p> <ul style="list-style-type: none"> • Do community staff have the ability and capacity to cope with an increase in cancer patients who will have palliative care needs. • Vital that we have good intermediate and community care to support this vulnerable group of patients • Discharge arrangements must be improved for palliative patients whose time is short. <p>Cancer services</p> <ul style="list-style-type: none"> • Vital that investments are made in chemotherapy suite, patient information resources and research facilities 	
50	Child Health Directorate E&N Herts Trust (199)	<ul style="list-style-type: none"> • It is essential that the plan also includes the relocation of the maternity services on the same site as the inpatient children's services. • The Child Health Directorate formally supports the reconfiguration of the acute services onto one site and the development of appropriate services on the local site, within the recommendations made. • What opportunities will be available for enhancement e.g. growth of the Paediatric Emergency Nurse Practitioner role, expansion of the community nursing services, specialist role development or if the directorate will be instructed to reduce its workforce due to consolidation on one site. <p>Paediatric services</p> <ul style="list-style-type: none"> • Complexity of these services is not recognised and does not neatly fit into primary care. • It is important for clinical governance that the professionals who deliver this care remain an established integrated body with acute colleagues. • As a professional body there are significant advantages in collaboratively delivering acute, community and safeguarding care for children and their families. • • Further discussion and commitment is required to invest in Child Development Centres to ensure that children whose needs are most complex are met 	<p>Support consolidation of acute services at Lister</p> <p>Would like to see the following services on LGH site:</p> <ul style="list-style-type: none"> - Child-friendly diagnostics - Children's outpatients

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<p>effectively.</p> <ul style="list-style-type: none"> • The reconfiguration of acute services should be an opportunity to improve community child health services, in particular services for the disabled and chronically sick children who do not use the services of the acute hospital. • Concerned that question 6 did not clarify that it is related only to the West. • Many members of child health staff have spoken at a wide range of public and professional meetings 	
51	Women's & Children's Directorate, E&N Herts Trust (200)	<ul style="list-style-type: none"> • Consolidation plan must include co-located inpatient and emergency children's services, maternity and neonatal services and gynaecology • Cannot continue to provide gynae on two separate sites • Consolidation makes best use of available staff resources, facilities and funds • Change needs to happen quickly • Lister offers better access for staff and patients. • Housing is cheaper for staff in Stevenage and further north • Need clear protocols to manage pregnancy and gynae emergencies • Support principle that much of women's outpatient care can be provided at LGH site • Would like to see investment in IT services to support community staff <p>Maternity</p> <ul style="list-style-type: none"> • Midwifery services could be better provided in venues such as children's centres rather than duplicated in GP practices • Support development of co-located midwife-led birthing unit • Future staffing levels must match activity to ensure good quality care • Service planning must take account of extra women • The consultation document has been discussed widely within the directorate • Information has been circulated within the service for all staff to access. • Staff within the Directorate have also attended public meetings and PPF1 forum. 	<p>Support consolidation of acute services at the Lister</p> <p>Would like to see the following services at LGH site:</p> <ul style="list-style-type: none"> - Outpatients - Diagnostics - Women's services

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
52	Mount Vernon Cancer Centre Cathy Williams Peter Ostler (226)	<p>Travel and access</p> <ul style="list-style-type: none"> • Transport links between the Lister and Mount Vernon are reasonable with motorway system serving both sites well. • Hospital provided transport services already in place could be easily developed to ensure improved access to the cancer centre for all patients from Hertfordshire <p>Primary care</p> <ul style="list-style-type: none"> • The links with community services are key to the well being of all patients but particularly those at the end of their lives <p>Cancer services</p> <ul style="list-style-type: none"> • Mount Vernon Cancer Centre supports the evaluation which showed that after the new Hatfield build the next preferred option was consolidation at the Lister. • For the cancer team the idea of a new Hatfield was very exciting as it specified relocation of the cancer centre in Hertfordshire to sit alongside surgical oncology with distinct benefits for patients. • Development of specialist surgical oncology services would be welcomed as this improves care for our patients and allows communications between specialist teams to be more robust. • The Lister hospital site must be robust and provide a full range of appropriate services for cancer patients locally. • This must include good diagnostic facilities, day therapy services for blood transfusions and appropriate beds and emergency facilities for the cancer patients both receiving treatment locally and from the cancer centre at Mount Vernon. • Links between the cancer centre information resource (Lynda Jackson, Macmillan Centre) and that hosted at the Lister must be put in place with support from the cancer network and local voluntary sector providers. 	Support consolidation of acute services at Lister
53	Occupational Therapy Department East & North Herts PCT	<ul style="list-style-type: none"> • Support a LGH at QEII. • Need dedicated OT facilities at Lister • Concerned that the stroke rehabilitation units in the community (such as at QVM) 	Support consolidation of acute services at Lister

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
	(167)	<p>have closed and that stroke rehab beds are on general wards at community hospitals which dilutes specialist care</p> <ul style="list-style-type: none"> • OT leads would like to see investment in Intermediate Care therapy services • Current therapy staffing levels are not robust enough to support an increase in activity • OTs need to be closely involved with the PCT in Practice based commissioning and development of locality based services. • Need to ensure that services are available in the community before the acute bed stock is reduced. • Within the business case it is proposed to reduce admissions for patients with long term conditions by 20%, limit LOS to 14 days beyond expected discharge date, further develop community based services, improve the management of chronic diseases to prevent unnecessary admissions and perform, 3% efficiency savings year on year. In order to achieve this there needs to be investment in community services, however there only appears to be 1% growth in community services from 16 to 17% and no planned increase in provider services staying at 6%. This is against a 6% reduction in acute expenditure from 46% to 40%. • OT leads are expecting to be involved with the commissioners on forward planning to ensure that robust services are developed in the next few years to support the secondary to primary care shift and increase in community service provision. • There is an assumption that capacity already exists within the community intermediate care beds. Query whether this will be enough to cope when acute beds reduced and population changes. • Why is the surgicentre at Lister privately run when the one in West is run by NHS? • Level of growth money for primary care doesn't not seem large enough to cope with shift in services 	Support Urgent Care Centre at Hertford
54	Children's Specialist Services West Herts PCT (262)	<p>Hemel Hempstead/Watford</p> <ul style="list-style-type: none"> • Understand proposal for centralisation of paediatric services at Watford General Hospital but need clarity on where the Children's Community Nursing Team would be based in the future. 	

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<ul style="list-style-type: none"> • If they can remain at HHGH the infrastructure they require to maintain an affective service should include: Paediatricians on site to give advice and to see children under their care, at the request of a community nurse. Paediatricians available to prescribe medication as required. • Users of the IV antibiotic service will need the changes to be very clearly explained. • Impact on both the ward and the pharmacy at WGH will need to be considered. • Concerned that Watford may not have sufficient side rooms for all oncology child patients needing them • Not clear whether the paediatric phlebotomy service will continue at Hemel. • If not available this will increase the referrals to the community nursing team for phlebotomy • Centralising all paediatric services will put increased pressure on beds which may impact on workload of community nursing team • With any changes, the provision of community nursing support must be reviewed to ensure that the service can meet new requirements 	
Unions			
55	East and North Herts NHS Trust Staff Side (261)	<p>Travel and access</p> <ul style="list-style-type: none"> • Transport being ignored, especially traffic on A1(M) • Stevenage and Welwyn Garden City have areas of deprivation where car ownership not high. • Public transport across county is difficult and expensive • Hertfordshire residents still have to travel for specialist services i.e. Mount Vernon, Papworth and Harefield. There is no explanation of how this care would be provided on a single site hospital. <p>Hatfield</p> <ul style="list-style-type: none"> • Residents, staff and unions were consulted and voted for Hatfield with a cancer centre 	

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<ul style="list-style-type: none"> • We support the single site hospital along with our colleagues but it has to be Hatfield and not the existing old hospitals <p>Urgent Care Centres</p> <ul style="list-style-type: none"> • Too similar to failing minor injuries units <p>Finance</p> <ul style="list-style-type: none"> • No mention of ‘payment by results’ which could reduce income for hospitals • Believe that consultation is finance driven to meet budgetary targets in Hertfordshire <p>Process</p> <ul style="list-style-type: none"> • Consultation should not complete until results of Darzi and EoE review known. • Consultation paper lacks figures and details • Preferred options suggests decision has already been made • Has created uncertainty for staff and patients at QEII <p>Other</p> <ul style="list-style-type: none"> • Emergency admissions have increased but beds have been reduced • This has resulted in overworked staff with little evidence that support is available in the community. • No firm plans detailed about how community services will be developed or how staff will be managed 	
56	Unison (225)	<p>Travel and access</p> <ul style="list-style-type: none"> • How can the plans be implemented when there is no account of the transport and travel difficulties of patients and visitors • Where are the travel surveys? • Where are the data on car ownership and access to private transport, especially for the elderly, low income groups, single parents and those with long-term illness and mobility problems? 	<p>Rejects both options for question 1</p> <p>Does not support concept of LGHs</p> <p>Does not support</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<ul style="list-style-type: none"> • Where is the consultation/research that shows patients would accept and can cope with longer journeys? <p>Bed numbers</p> <ul style="list-style-type: none"> • This reorganisation would result in 20% fewer beds overall for a county where the population is projected to grow rapidly and where bed occupancy is already at, or close to 95%. • How will an increasing number of emergency admissions be treated in 20% fewer beds? <p>Clinical case for change</p> <ul style="list-style-type: none"> • There is conflicting evidence that specialist centres are beneficial for some patient groups. • What are the implications in terms of jobs, skill mix, relocation and training for the existing Hertfordshire NHS workforce? Why are no numbers of staff discussed? • Minor Injury Units were introduced in the 1990s and proved to be expensive • Need detailed plans for the expanded community services • How many staff would be recruited? How would they be organised? Where will they be based? And how much will it cost? What training arrangements are being put in place for this new model of care? <p>Process</p> <ul style="list-style-type: none"> • Unison believes that the Hertfordshire NHS should reconsider its proposals and open a fresh consultation. • Unison believes that consultation has taken place without access to many of the relevant facts • Options do not allow people to choose to retain existing services • The consultation document was issued on 12 June, although some of the supporting information was not published until later and some information requested by local interest groups still has not been made available • Believe that some questions have not been answered adequately <p>Finances</p>	<p>consolidation of children's emergency and planned care at Watford</p> <p>Supports planned surgery at Hemel Hempstead</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<ul style="list-style-type: none"> • If the reconfiguration is not cash driven, why is the consultation going ahead before the findings of the East of England SHA's Looking to the Future and before Darzi's review of England's NHS? • The Royal College of Surgeons believes that care must be delivered as locally as possible providing there is no compromise on safety and quality. • The RCS insists that any reorganisation of health services must have a sound clinical and evidence base and that finances and politics must not be the main reasons for reorganisation. • How will the hospital Trusts remain viable under Payment by Results if a large amount of their work is carried out in primary care? • Why do the Hertfordshire trusts not support Unison's call for a fair share of NHS funds for the eastern region? 	
Patient Forums			
57	PPIF response based on the Member Panel Enquiry Event on 6 September 2007 (160 & 231)	<p>Travel and access</p> <ul style="list-style-type: none"> • Believe that the concentration of activities at two major hospitals will affect many people who rely on public or other transport. • Access to Watford in particular is known to be difficult at peak traffic times, and St Albans where elective surgery is to be concentrated has limited bus services. • We note the comment that the transfer of children's in patient and emergency facilities from Hemel to Watford does not appear to have caused problems for children, but what about parents without transport? • The Forums were assured that the whole county was working to standard criteria for assessing the rights to patient transport • The shuttle service between Lister and Welwyn appears to be well received, as does the service at Broxbourne. The Forums urge the PCTs with their partners in Herts CC and in the voluntary sector, to become more sensitive to the transport needs of the patients and families who have to travel further as the more specialised services are centralised. • Welcome the provision of additional parking spaces • Noted that in East and North Herts the heart treatment service was now well 	<p>Support the consolidation of acute services at Lister</p> <p>Would like to see the following services at LGH:</p> <ul style="list-style-type: none"> - UCC open 24/7 - OOH GP services - Diagnostics, x-ray, ultrasound, MRI, blood tests - Outpatient services - Ante/post natal services - Therapy - Minor ops

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<p>developed, but the stroke service was still at a preliminary stage. In both cases the centralisation of treatment brought significant clinical benefits.</p> <p>Ambulance services</p> <ul style="list-style-type: none"> • Accept the assurance that adequate additional funding is being provided and that additional journeys for patients is unlikely to result in any increase in mortality rates. <p>Primary care</p> <ul style="list-style-type: none"> • The Forums support the transfer of resources to primary care but need more detailed plans. • Recognises that there will be a real increase in expenditure in primary care services • Will this investment cover increased demand from growing and ageing population • The Forums welcomed that PBC services would be tailored for local need <p>Bed capacity</p> <ul style="list-style-type: none"> • The Forums are satisfied with the overall provision for in bed capacity, although would want to see where these are provided relative to the local needs of the population. • The Forums are not convinced that the actual sums identified (less than £2m from 2008/9) will be adequate to achieve the level of support and quality care required in the community. <p>Relationships with partners</p> <ul style="list-style-type: none"> • The Forums welcomed the references to working with the voluntary and community sector, but need further assurance from NHS that this would be followed through. • Is there a conflict of interest between PBC and GPs tendering for services? <p>Maternity</p> <ul style="list-style-type: none"> • The Forums accept the clinical justification for centralising acute maternity provision 	<p>- Intermediate care beds if not enough elsewhere locally</p> <p>Support planned surgery at St Albans</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<ul style="list-style-type: none"> • Noted that the services being provided were still not at the national benchmark. • Welcomed that NHS will seek to focus their midwife efforts on those vulnerable groups e.g. early teenage pregnancy. <p>Finance</p> <ul style="list-style-type: none"> • The Forums welcomed joint commissioning of services but still had concerns over the total availability of finance to meet the needs of the people of Hertfordshire. • How robust are the figures to save money by cutting GP referrals? <p>Process</p> <ul style="list-style-type: none"> • The Forums noted the lack of reference to diagnostic and treatment centres, which had featured strongly in the 2003, liYH strategy paper. • Many of the plans appear vague. • Need rapid action after years of no change, especially in primary care services • The NHS and ACS systems must ensure that the proposed development of 'closer to home patient services' is robust in both clinical governance and quality of care. <p>Other</p> <ul style="list-style-type: none"> • The Forums are satisfied that there will be adequate acute hospital capacity and that the hospital trusts have developed models, which enable them to reassess and carry out sensitivity analyses. • It was pleasing to note that the planning exercises had been carried out on 85% bed occupancy • Discharge from hospital Planning the discharge needs to start on arrival. Families and carers need to be involved at early stage • Pleased that the NHS recognises the need for a multi-disciplinary approach involving the county council and voluntary organisations • Concerned that delays in providing consultants' reports and medication notification especially at weekends caused considerable concern to patients. • Welcomed the intention of working towards gold standard • Public has difficulty accessing respite care • The Forums believe that the issue of carers and respite care in general, is major 	

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		issue for health and social care	
58	Raymond Brookes-Collins Chair East and North Herts PCT PPI Forum (154)	<ul style="list-style-type: none"> • We accept and encourage the recommendations made, on the understanding that all community services are in place and functional before any changes to acute services are made • We do not see the proposals as contentious but acknowledge implementing the changes will present challenges to service providers 	
59	West Herts PPI Forum	<ul style="list-style-type: none"> • Concerns about the additional distance which acute emergency patients especially in St Albans will have to go to either Lister or Watford in the event of the closure of trauma at QEII. • Assurance that substantial additional car parking will be provided for patients [at Lister] as a priority • We propose that there should be a significant investment across Hertfordshire in improving the health of the community - in particular, encouraging, advising, and supporting healthy lifestyles through good diets and exercise 	
60	West Herts Hospitals NHS Trust PPI Forum (238)	<p>Urgent Care Centres</p> <ul style="list-style-type: none"> • Patients should not be subjected to a 4 hour wait in A&E, then another 4 hour wait if transferred to an UCC. • Communication between A&E and UCC needs to be effective • UCC should offer day and night provision • Forum expects to see more staff on duty at peak times <p>Children's emergency and planned care</p> <ul style="list-style-type: none"> • Although clinical case seems strong, the forum would like clarification on some issues <p>Planned surgery</p>	<p>Would like to see the following services on LGHJ site:</p> <ul style="list-style-type: none"> - Full range of diagnostics - Outpatient clinics with appropriate support from therapists, consultants, nurses and equipment

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<ul style="list-style-type: none"> • Cannot select an option. Would ask that where disposal of surplus land may arise, that consideration be given to future population needs and to improved public access and parking. • Wishes to see these LGH services on the Hemel Hempstead Hospital site • Would wish to see flexibility in the Hemel site so that other health services providers may use the site if needed 	<ul style="list-style-type: none"> - Specialist nurse and therapy teams to support patients with chronic conditions - Birthing centre - Intermediate care - Effective discharge procedures - Patient information and refreshment facilities - Pharmacy - Space for expansion
Other organisations			
61	Harmoni (232)	<ul style="list-style-type: none"> • Believe that can adapt existing UCC models that would work for Hertfordshire. • Believe that PCB is the route by which many new services should be commissioned. • Professional implementation of proposals will convince patients and staff of improvements • Pleasing to note the continued liaison with border NHS Trusts on their reconfiguration plans • Our fundamental position is that we are supportive of the proposals 	
62	NAPAS (The National Association of Private Ambulance Services) (111)	<p>Ambulance skills</p> <ul style="list-style-type: none"> • How many Paramedics can undertake CPR for the time it will take to get a collapsed person to an A&E dept once one has been closed. • First responders will not have the level of skills and experience to deal with 	

APPENDIX C: SUMMARY OF OTHER RESPONSES

	NAME OF ORGANISATION	KEY ISSUES RAISED	OPTIONS IF STATED
		<p>emergencies</p> <ul style="list-style-type: none"> • Paramedics on ambulances are finishing and are being replaced with emergency care assistants. • Believes that ECPs are not qualified enough and will not arrive in the right vehicle. <p>Journey times</p> <ul style="list-style-type: none"> • Longer patient journeys will lead to more patient deaths. The golden hour will be lost. • Close the QEII A&E and the nearest A&E would then be Lister 18 mins, followed by Barnet, Harlow and Watford • The ambulance 'return to district' times will also increase significantly • Ambulance crews going out of district will leave WGC and Hatfield without ambulance cover • Stroke needs rapid access to CT scan. The nearest A&E is essential in order to stabilise the condition before transferring the patient on to the nearest specialist hospital. • Australia has a flying doctor service to stabilise the patient and fly them to the nearest hospital <p>Other</p> <ul style="list-style-type: none"> • Each hospital must maintain an A&E and should also have an urgent care centre • The consultation questions are loaded and do not give any alternative other than to close one hospital in east Herts. 	

APPENDIX C: SUMMARY OF OTHER RESPONSES

APPENDIX C2: FEEDBACK FROM INDIVIDUALS (LETTERS AND EMAILS)

INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
BERKHAMSTED		
AR	<ul style="list-style-type: none"> • Considering whether to financially support legal challenge to move acute services to Watford • More information requested re what services will be available at <i>new</i> HH hospital – will simple fractures be treated; more complicated fractures; what diagnostic facilities will remain; no's of intermediate care beds; in short, what sort of hospital will remain • Where will funding come from; who will manage it; what are the guarantees that it will happen 	
Mr & Mrs P	<ul style="list-style-type: none"> • Clinical quality is the most important criteria • NHS should put more resources into treating people in hospital • Must identify the facts and reject views based on emotion and political correctness or hidden agendas • Develop an organisation that can deliver decisions and act decisively • Manage and stop consulting people /groups to avoid making decisions 	
ZC	<ul style="list-style-type: none"> • Concerned about diminishing hospital facilities in the area; recent case of staff member with chest pains and excellent paramedic said that Stoke does not do examinations of chest pain cases so patient went to HH. Access to Watford and High Wycombe is difficult and tricky. Please reconsider the downgrading of HH hospital and restore it to a workable general hospital fit for the community it serves 	
BN	<ul style="list-style-type: none"> • Consultation has been inadequate; you have given the impression of having made up your minds; this is not public involvement; decision to transfer services to Watford is deeply flawed; any transfer of services if justified should be delayed until new state of art hospital is available; question the argument for centralisation of expertise; delays because of traffic congestion could cause more deaths; unimpressed by financial arguments; impression gained that local GPs are extremely concerned about your plans 	
CL	<ul style="list-style-type: none"> • Believes that it quite wrong that all acute services A&E are being transferred from Hemel Hempstead to Watford. Hemel has must newer and better facilities than Watford. The new hospital at Watford will not be re built until 2014 and cannot cope with current work load. Many 	Planned surgery to be undertaken at Hemel

APPENDIX C: SUMMARY OF OTHER RESPONSES

INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
	<p>new houses are being built. Hemel Hospital is easily accessible from both Watford and St Albans. Serious congestion in Watford especially when football club are at home and during Christmas time. No public transport being offered from Berkhamsted/Hemel Hempstead to Watford hospital. Urgent care centre at Hemel will be inadequate for a town of its size and dependencies.</p> <ul style="list-style-type: none"> • Supports surgery being centralised at Hemel. More acceptable accessible site in-between St Albans and Watford. Believes that the decision has already been made to provide it at St Albans. • Ridiculous idea to transfer all children’s emergency care and planned services to Watford for reasons previously stated 	<p>Hempstead. Do not support centralisation of children’s emergency care and planned surgery at Watford hospital.</p>
PC (TRING)	<ul style="list-style-type: none"> • Letter appended to completed questionnaire • Found questionnaire confusing and difficult to decide which areas were being referred to. • Would have found it helpful if “acute services” and “urgent care services” and “non acute” had been defined in more detail. • Stated that Hertfordshire exists for 10 miles beyond Berkhamsted. • Important that Hemel hospital should be equipped to highest possible standard 	
BEDFORDSHIRE		
TE	<ul style="list-style-type: none"> • Questionnaire designed to ensure acceptance that hospitals are closing • Trust has made up its mind – this is <i>lip service</i> as usual • Personally, I now have additional miles to travel for yearly mammogram appt • Am under both Lister and Addenbrooke’s – suggests that hospital services in Beds are severely restricted • Time to stand up and be counted instead of cringing and whingeing 	
JP	<ul style="list-style-type: none"> • A&E services should be available at both; but A&E at Lister should continue if only one 	
LB	<ul style="list-style-type: none"> • Supports Lister hospital and wants them to keep it open. 	Lister option
LB	<ul style="list-style-type: none"> • Completely supports Lister hospital A&E to be kept open. Takes 8 minutes to get there from Stotfold. The location just off the motorway so easily accessible. Treatment you get there is 	Lister hospital

APPENDIX C: SUMMARY OF OTHER RESPONSES

INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
	great especially for children.	
JH	<ul style="list-style-type: none"> States need for another hospital to cover the outlying districts such as Stotfold. Concerned that if QE2 is chosen instead of Lister anyone with heart attack would pass away on the long journey. 	
BISHOP'S STORTFORD		
BE	<ul style="list-style-type: none"> Concerned that acute services for Bishop's Stortford residents may be located at QEII or Lister rather than at Princess Alexandra 	
EM BE	<ul style="list-style-type: none"> Consultation document has been sparsely distributed in town – I appear to be the only recipient; Was told town council had a batch but councillors hadn't received it through door Surprised not to have received consultation document directly Concerned that major acute hospital services for this part of county might be located at either QEII or Lister hospitals; PAH at Harlow and Addenbrooke's have reasonably easy travel facilities 	
LK	<ul style="list-style-type: none"> People living in the east of county are far removed from acute care – how do you propose that elderly people will get to these far flung hospitals? As for the H&E development, have you any idea how small this is after the grounds have been sold off for housing. A charity has been trying to locate a bone density scanner but there is no room. How can you turn this small site into an urgent care centre? We are very poorly served in this area. Cannot support these options – money would have been better spent on funding more nurses etc 	
VM	<ul style="list-style-type: none"> Consolidation of acute services at Lister would improve access to acute hospital services for a large proportion of Hertfordshire residents Would question the proposed purpose and need for urgent care centres – would provide substandard and unacceptable standards of care. Money could be used more efficiently to provide adequate physiotherapy care 	

APPENDIX C: SUMMARY OF OTHER RESPONSES

INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
CHESHUNT		
JL (copy of comments emailed to Enfield PCT)	<ul style="list-style-type: none"> Doesn't want any changes to Chase Farm Hospital Barnet is too far away and understaffed 	
PD (copy of comments emailed to Enfield PCT)	<ul style="list-style-type: none"> Disgusted to read the most loaded questionnaire ever seen Looks as if fate of Chase farm hospital has been decided - staged closure BBC ran a stage managed snap inspection re cleanliness and infection; why was CF singled out; this was a nasty vindictive assault on hospital 	
MB (Cuffley)	<ul style="list-style-type: none"> Questions poor and biased; rubbish questions will be interpreted in the way the trust wants and not give true views of public 	
RS (WX)	<ul style="list-style-type: none"> Received leaflet; will there be public debates and meetings held; important for local residents to be involved 	Supports QEII for main acute hospital and Cheshunt as urgent care centre
LW (Hoddesdon)	<ul style="list-style-type: none"> Very concerned about the possibility of major acute services moving to Lister hospital in Stevenage; difficult for us here to get to QEII but to get to Lister is impossible without a car. Elderly & disabled people often find life difficult without moving their health care to Stevenage; a large % of emergency victims would be dead before they go there 	
HG	<ul style="list-style-type: none"> Requested emergency ambulance travelling times to nearest A&E from Waltham Cross at the present time and if the proposals for changes to A&E at Chase Farm and QEII hospitals were enacted 	
GP	<ul style="list-style-type: none"> Unable to access web information; clarification sought 	
CS	<ul style="list-style-type: none"> Clarification sought on urgent care centres and the location of children's emergency care and planned surgery services 	
SC (Cuffley)	<ul style="list-style-type: none"> Had major surgery at QEII; nursing and cleanliness were first class; inconceivable that you should be contemplating closure of QEII hospital – how many babies will be born on long 	

APPENDIX C: SUMMARY OF OTHER RESPONSES

INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
	<p>journey to Lister and how many heart attack victims will succumb to the delay</p>	
MR&MRS S	<ul style="list-style-type: none"> Concerned that proposed changes in Herts have not been coordinated with those in N London. Both trusts are proposing to move services away from us particularly if we do not have an urgent care centre in Cheshunt. I understand the arguments for specialist centres but people's lives will be put at risk by the sheer length of time it will take to reach those centres. For residents without access to a car, reaching hospitals by public transport will be difficult 	
WA	<ul style="list-style-type: none"> Fundamental weakness in document in that it says nothing about the west Essex services; is it the intention to divert people to use the Lister (preferred option) rather than services at PAH? There must be collaboration between West Essex PCT and Barnet PCT to maximise effective utilisation of existing health premises and services. PAH is by far the nearest general hospital for those of us living in the east of the county. With regards to urgent care centres, there is a realistic alternative which is the development of the PAH satellite outpatient facility in the Tower Centre in Hoddesdon. Document does not say anything about the highly specialised acute services provided by central London teaching hospitals or Addenbrooke's Hospital 	
LF	<ul style="list-style-type: none"> Opposes proposal to have an urgent care centre in Cheshunt Community hospital. We have to put up with enough disturbances already. Patients and staff already park in our residents parking areas. 	Does not support an urgent care centre in Cheshunt
BC & NC	<ul style="list-style-type: none"> Urgently need a care centre – we face closure of Chase Farm it is quite worrying. 	Urgent care centre for Cheshunt
AHO	<ul style="list-style-type: none"> Concerned for people of Hoddesdon who need hospital nearby Welwyn and Stevenage are miles away. Harlow is nearer and is a bus service but parking is very bad and it is in Essex. Refers to difficulty of accessing services at Chase Farm and at North Middlesex. 	
HEMEL HEMPSTEAD		
DDX2	<ul style="list-style-type: none"> Summary leaflet circulated does not make at all clear what changes are likely at Hemel Hempstead Working on principle that all change is for the worst, I would still like to know what is proposed Now I have the full document - Difficult to understand what is being proposed for HH hospital; 	

APPENDIX C: SUMMARY OF OTHER RESPONSES

INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
	<p>what is going to happen to our A&E dept; it appears to suggest the utterly crazy idea of shutting it down; this is dangerous with the prospect of people dying <i>en route</i></p>	
Family B	<ul style="list-style-type: none"> • Opinions & concerns of patients in our area have been overlooked; received document with local newspaper • Hemel is not in north west Hertfordshire; where is the local documentation • HHGH should have first class maternity services and be able to fully utilise the brand new SCBU which has been mothballed • I emphatically disagree that any children's services should be taken away from the local general hospital; paediatrics is one area where the stress of patients and family support is vital • Planned surgery - If vote winner counts, then population with largest pop wins this one; decisions should be made however for clinical necessity • Health Service must be flexible to respond to needs of population • Had to supply funds for envelope and postage 	Does not support centralisation of paediatric emergency care
JR	<ul style="list-style-type: none"> • Questionnaire suggests that HH residents are being asked to consider Stevenage and Hatfield as location for main A&E department. Hemel lives don't appear to be worth saving • More money is being spent on consultations ; why are you considering anything other than keeping our A&E dept open; Berkhamsted and HH are in north west herts not north and east 	
JS	<ul style="list-style-type: none"> • Many years ago there was a proposal to build a new hospital between Hemel Hempstead and St Albans but certain agitators insisted that HH must have its own hospital. Could another site be found and paid for by the sale of the existing <i>horrible</i> hospitals? • As for the suggestion of Super surgeries, these would require the co-operation of GPs but following my recent experience of trying to arrange to have stitches removed, I have some doubts that this would be forthcoming 	
MK	<ul style="list-style-type: none"> • Several areas of town are the most depressed in eastern region therefore the last thing we need is to lose our hospital. • Bus service to Watford is unreliable. For people without a car, on benefit and with a medical condition, you probably expect us to take a £25 taxi! 	Support for QEII as major acute hospital; emergency care units at St Albans and HH
RF	<ul style="list-style-type: none"> • Asks that reconsideration of the status of HH hospital occur and that it is included as an option 	

APPENDIX C: SUMMARY OF OTHER RESPONSES

INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
	<p>for an acute site.</p> <ul style="list-style-type: none"> Both the history and previous service mergers should be considered. Also, additional journey times for patients, visitors, local people and staff will be burdensome and possibly, critical in an emergency There are plans for new homes with significant population growth 	
AM	<ul style="list-style-type: none"> Not completed questionnaire as it has no option to express alternative views (Hemel Hempstead) 	
LF	<ul style="list-style-type: none"> A&E is the main concern for the people of Dacorum. How is this going to work? Is the public expected to self diagnose on whether an ambulance is necessary. They'll just cal 999 for fear of getting stuck in traffic going to Watford or being unable to park. On maternity, Watford could not cope when Hemel maternity was open, how will it deal with additional women? 	
ML	<ul style="list-style-type: none"> Is currently expecting a baby; appalling that I have no access to antenatal classes and have to travel to Watford to have my baby. As part of routine ante natal care, I have been seen in HH, St Albans and GP surgery and am only 4 months pregnant! My notes have never caught up with me between appointments. So no one has a full picture of my health. Patients must feel they have ready access to health care when they need it 	
EG	<ul style="list-style-type: none"> Understood that this was to be a full review of health service provision. It should have considered siting acute services at HH hospital. It has the best buildings with superior facilities and opportunities for expansion with better access. It is completely flawed and superficial The proposals are contrary to the last two consultations on children's services and IYH. Watford is very difficult to access; there has been a lack of transitional planning; the consultation does not include anything about a cancer centre; many people in St Albans and Dacorum will opt to go to the L&D hospital but there have not been any discussions with the hospital; in that case Watford will become unviable. I would like to see HH hospital as the main acute site for west Hertfordshire – public opinion in both St Albans and HH would have opted for Hemel in the absence of a Hatfield super hospital. No centralisation should take place until a new hospital is built. 	
LS	<ul style="list-style-type: none"> Appalled at underhand way you are trying to hide the latest consultation from people of 	

APPENDIX C: SUMMARY OF OTHER RESPONSES

INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
	<p>Dacorum. Are you hoping to hide this so that response will be low. I first read about it in the Gazette. I did not receive consultation paper nor did I receive it the last time. I have written to the Times newspaper and ITV to let them know of your underhand tactics</p>	
RG	<ul style="list-style-type: none"> • My comments should be presented in full to decision making bodies • Strategy – an eminent professor of strategic management examined the 2003 plan but said that it was high risk and had to be delivered in totality to be effective. As IYH is not to be delivered in full, the level of risk of this experiment is unacceptably high. • The kind of risk-based criticism made by this expert has been echoed by the Academy of the Royal Colleges in its recent report. I read out the relevant section at the public meeting in Berkhamsted and asked whether new services would be run in tandem with existing services for some time and their safety audited. I heard nothing to indicate that this would happen. The whole operation is being driven at breakneck speed and without all the elements in place and fully tested. • On the issue of centralisation, the report also says that big is not necessarily better and that robust evidence does not currently exist in the form of outcome measures with the possible exception of major trauma <p>Acute hospital locations</p> <ul style="list-style-type: none"> • Aside from the debate about centralisation, placing a single acute hospital in west Herts in west Watford is utterly nonsensical given its location and the condition of its buildings and the estate generally. It is unacceptable to the populations of Dacorum and St Albans. You have outrageously excluded Hemel Hempstead from two major consultations. It is preposterous to claim that Watford is more accessible for most people in west Herts. If you force this on the people of Dacorum and St Albans, they will do everything possible to avoid using the west Herts hospital. Journey times to Luton & Dunstable hospital are much shorter from the whole of this wide area than are those to west Watford. 	
MF	<ul style="list-style-type: none"> • Concerned that buildings are going to be sold on the HH site. Not against change but draw the line if HH loses its site. If this is not the case, then PCT and Trust must reassure local people 	
BH	<ul style="list-style-type: none"> • The consultation is a misnomer as were previous consultations. 	

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	<ul style="list-style-type: none"> • How can it be claimed that elective emergency surgery is being separated when it is proposed to have both at Watford. Of course it is agreed that primary care is of the utmost importance yet in spite of the assurance that it would all be put in place prior to any moves in services, it is not yet satisfactory. • Watford as an acute site was predicated on their being new build state of the art super specialist hospital at Hatfield. • Hemel Hempstead was considered to have the best buildings and the most accessible site. So why an acute site when it is so obviously a prime site for continuing as an acute hospital • Even the assurance of a new build hospital at Hatfield before any movement of any services took place has been abandoned, under proposed selling off of the hospital land at Hemel Hempstead is yet another slap in the face. 	
JHC	<ul style="list-style-type: none"> • Tried to complete questionnaire but found difficult as a lot of questions bore no relation to people who lived in Hemel Hempstead. Had impression that this is not really a public consultation since loss of acute services – and indeed the hospital in Hemel Hempstead is a foregone conclusion – had not received the questionnaire nor had any of her friends – it sent to her by the Dacorum Hospital Group 	
IG	<ul style="list-style-type: none"> • Concerns about distribution of the questionnaire. • Refers to successful surgery undertaken at Hemel Hempstead on himself, refers to PCT having seen fit to close surgeries on Saturdays and would be at the mercy of an emergency doctor service. • Refers to an acquaintance who had told him that he was lucky to live in Hemel Hempstead with a first rate service and clever doctors and thought chances of survival would have been less at Watford. 	
JA	<ul style="list-style-type: none"> • There is a great deal of history to the hospital in HH. It was the first town to have a hospital built by Sir Astley Cooper in 1826. Since 1987, a number of new buildings and services have grown up. The hospital and site belong to local people. It should not be sold to pay off debts. Great concern whether one A&E in west Herts could cope; both Watford and HH should both have an A&E dept. What would happen if there is infection, floods, blocked roads, extra patients, ageing population; increasing numbers of patients with mental health problems. 	

APPENDIX C: SUMMARY OF OTHER RESPONSES

INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
	<ul style="list-style-type: none"> We hope centres of excellence will be allowed to evolve not become soulless places and like supermarkets result in no choice. Large sums of money are wasted now on plans, property developers, glossy brochures, meetings galore rather than investing in patient care 	
HERTFORD/WARE		
SG	<ul style="list-style-type: none"> Apoplectic re consolidation of services; obvious that when ill we need to be in a hospital with suitably qualified experts; In an non emergency situation, I would wish to travel to Hertford hospital; Close family visiting me in hospital would wish for a short commute When ill in an emergency, I would wish to be in an emergency centre as quickly as possible All these services should be local This does come down to budget. Someone should look at what services should not be available on the NHS – fertility treatment; non essential services that drain resources unnecessarily NHS should be reviewing and limiting the types of treatment offered 	Support for Hertford as urgent care centre
BWS	<ul style="list-style-type: none"> Serious concerns about accessibility of Lister hospital from Ware side of Hertford for those who do not drive Currently there is an hourly direct bus from Ware to the QEII – it is far from perfect; however, there is no direct route to the Lister; it requires 3 buses or two buses and a train which do not match and the services are operated by 3 different companies requiring separate tickets 	
SB	<ul style="list-style-type: none"> Seeking clarification in questionnaire for passing on info to East Herts councillors. What does consolidation of children’s services mean; will there be a children’s specialist centre in East and North Herts as well as Watford? Would children from east Herts be treated at Watford if not sufficient expertise available locally? 	
BB & CB	<ul style="list-style-type: none"> Support local A&E depts from which people can be transferred. A&E should be provided at WGC & Hertford as well as Stevenage 	
JW	<ul style="list-style-type: none"> As a Ware resident I am concerned about potential move of A&E to Lister hospital with increased journey times. I support lower level emergency care facilities - Cheshunt would be wholly inadequate ; Hertford would get my wholehearted support 	Support for Hertford as an urgent care centre

APPENDIX C: SUMMARY OF OTHER RESPONSES

INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
DA	<ul style="list-style-type: none"> Understands needs for single major hospital in Hertfordshire. Preference would be for QE2 it has slightly better public transport links from the Ware area. Support principles of urgent care centres. Believes that accessibility by public transport in a reasonable time should be a critical feature in where these are situated. Would support urgent care centres at both Hertford and Cheshunt. Unhappy about timing of public meeting at Hertford. Felt that 7 pm was too early a starting time. 	QEII option Urgent Care Centre at both Cheshunt and Hertford
JW	<p>Travel and access</p> <ul style="list-style-type: none"> Concerned about potential move of acute service to Lister –with added journey times especially for those without access to a private car Support Urgent Care Centre at Hertford 	Support Urgent Care Centre at Hertford
JT	<ul style="list-style-type: none"> Feel your efforts to reach the people of Herts felt rather short. I am disabled, have no transport, no computer access and do not take a local paper. Surely you should have sent a leaflet to every household. All the changes are laudable but unworkable if the real basics of staffing levels are not adequately addressed. Parking is so emotive and cannot change until your multi storey units are in place. Could not a basic fee of £1.80 be instigated in the meantime – this would save on people’s stress levels. Will the new urgent care centres be staffed 24/7? Will the main A& have a helipad for the air ambulance? Where will main ambulance depts be? Apart from those with urgent care centres, what is the future of the “other hospitals” on your map on p7 	Support Cheshunt for urgent care centre People in Hertford could continue to go to QEII
HITCHIN / BALDOCK / ROYSTON		
JG	<ul style="list-style-type: none"> Information requested re distribution of consultation document 	
EC	<ul style="list-style-type: none"> On behalf of Hitchin Forum, requests information about public meetings and events taking place in town 	
JML	<ul style="list-style-type: none"> Supports the Lister A&E dept as it is vital to the elderly 	Support for Lister as major acute site

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INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
SC	<ul style="list-style-type: none"> Concern that A&E services will move from Stevenage ; location of major services should be central, determined by <i>demographic density</i>; proposals appear to be based on cost grounds; other means of cost reduction should be considered including charging people for hospital meals; applying to EU for infrastructure funding; locking GP/consultants into <i>long term contracts</i> to pay back for training received 	
PY	<ul style="list-style-type: none"> Dismayed that radiotherapy facilities are not coming to Herts; just completed a course at Addenbrooke's and having to travel each day to Cambridge has been hard It is foolhardy to consider closing the A&E dept and not providing more facilities at Lister 	
PP	<ul style="list-style-type: none"> Has received details of the options in the Herts Society of the Blind newsletter Concerned that little thought has been given to residents in the rural areas north of Stevenage. My outpatient visits to hospital proved difficult & expensive for a very short consultation. Please could these be done at the local medical centres or at Royston hospital 	
Mr & Mrs B	<ul style="list-style-type: none"> We have received your questionnaire. It is complicated and not easily understood We find the Lister is adequate for acute hospital services. If the PCT is genuine re local services, we feel that expanding the range of services - such as dialysis and diabetes care –at Royston Hospital could be done 	
Family Y	<ul style="list-style-type: none"> Sad to have to choose between two good local hospitals. Living closer to the Lister, we are bound to choose it. We don't want to lose our much-needed hospital in this increasingly populated area 	
PD DD & family	<ul style="list-style-type: none"> Strongly support the Lister hospital – treatment there is excellent. Lister is central for all the area – accessible for visiting from everywhere. Visiting is an important part of anyone's treatment and recovery. Hospital staff everywhere are very dedicated and always put their patients first but Lister seem to do a first class job 	Supports Lister option
B&P G	<ul style="list-style-type: none"> Surplus land at both Lister & QE2 should be retained for future use. If Trust insists on selling the land outline residential planning permission should be obtained first thus maximising its value. 	
VD & JD	<ul style="list-style-type: none"> Supports Lister hospital being retained. I feel the situation of Lister being so close to the AIM motorway makes it far more accessible than QE2. 	Lister hospital

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INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
JH	<ul style="list-style-type: none"> Registers preference for A&E to be centralised at the Lister 	Lister
HB (224)	<ul style="list-style-type: none"> Centralise acute and emergency services at Lister hospital. 	Lister hospital
DC	<ul style="list-style-type: none"> Support in favour of the Lister hospital Stevenage. The main reason for Lister being obvious choice for any facilities is the fact that it is so easily accessible – situated just off the main road – the A1 	Lister hospital
M EL	<ul style="list-style-type: none"> Comments appended to completed questionnaire. Believes that it is important for hospitals to have A&E dept. Letter refers to excellent treatment received at both Lister and QE2 hospitals. Concerned that question 6 relates to there being a single hospital at Watford for children's services Hoped that consideration been given to massive building programme that is taking place around Hertfordshire. 	
POTTERS BAR / BOREHAMWOOD		
JB	<ul style="list-style-type: none"> Dismayed at possible plans to close maternity services at QEII Standard of care given when I had baby at QEII in 2005 was very good; feel very anxious re the care given at her local maternity units; demand for maternity services is high Reducing choice/services and making people travel further will not be beneficial Preserve our maternity services 	Does not support maternity centralisation proposals
SA	<ul style="list-style-type: none"> Received questionnaire but no mention of my local hospitals which are Barnet and Edgware. What is happening to them? Please clarify before I complete this. 	
SL	<ul style="list-style-type: none"> Where will intermediate care beds be located in Hertfordshire? 	
ST ALBANS / HARPENDEN		
FM	<ul style="list-style-type: none"> The questions are closed/ loaded; disagree with consolidation; want to have access to services at Watford 	Supports planned surgery at St Albans
SA	<ul style="list-style-type: none"> Asks whether ageism operates in Herts hospitals because of delays in getting follow up outpatient appts – (discussed with person whether she wished to discuss with hospital PALS) 	

APPENDIX C: SUMMARY OF OTHER RESPONSES

INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
CG	<ul style="list-style-type: none"> Outpatient and physiotherapy services must remain at the Red House; it is fantastic not to have to travel for appointments. Many people without a car have to beg neighbours and friends for lifts. Please leave services at Harpenden 	
SA	<ul style="list-style-type: none"> Questionnaire is totally user unfriendly; why didn't we put up a more of a fight for Hatfield hospital; it would be far more efficient to have all consultants and nurses and specialised equipment in one new hospital with adequate parking and transport links throughout the county rather than shoring up decaying buildings with totally inadequate parking and travel links 	Supports new hospital at Hatfield
ER	<ul style="list-style-type: none"> Would like copy of questionnaire. 	
JJ	<ul style="list-style-type: none"> Decided not to complete questionnaire as I don't have sufficient knowledge to comment on most areas. However, supports strongly specialist centres with concomitant improvements in primary care and paramedic services – there will always be concerns re traffic congestion. AT the very least, St Albans must have an urgent care centre. Stevenage is a long way from St Albans – hopes Lister or QEII is an open question 	
IH	<ul style="list-style-type: none"> This is a cynical exercise in consultation designed to conform to government legislation. Questions are an insult to the intelligence of patients. We have been sold down the river by the promise of a new super hospital at Hatfield which was never in the plan anyway but has allowed the closure of other hospital facilities. A questionnaire covering all the options would offer a level playing field and give patients real choice not one based on cost and targets; if these views were listened to and acted on perhaps Herts would have health facilities it really deserves 	
DL	<ul style="list-style-type: none"> Welcome questionnaire but it is inadequate with poverty of information accompanying it. It is a waste of resources to send and analyse. 	
B&KH	<ul style="list-style-type: none"> St Albans is the easier to access in the west Herts PCT area 	Supports planned surgery centre in St Albans
A M CF	<ul style="list-style-type: none"> Although there would seem to be a case for locating the most acute services at Stevenage, its distance from Watford means that as full as possible range of services should be maintained at QE2. Maternity services should not be restricted to sites. This is inappropriate and against the spirit of 	St Albans as the planned surgery centre for West Hertfordshire

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	<p>neo natal networks.</p> <ul style="list-style-type: none"> • Obstetrics and special care should be maintained from whichever of QE2 and Lister does not become intensive site. Birthing centre at Hemel should be re opened and another mid wife led unit be provided. • Support for urgent care centres. • The increasing centralisation over the other children's services raise questions about whether there are problems with services themselves in terms of organisation and quality and location is seen as a panacea. • Supports centralisation of planned surgery at west and St Albans and there would appear to be more scope for development on site. • Supports the decision to abandon the so called super hospital at Hatfield as meeting the costs of the pfi would have been an unacceptable drain on NHS revenue. 	
TS	<p>Hemel Hempstead/Watford</p> <ul style="list-style-type: none"> • The local argument on the travel distance to Watford is excessive and will persist, but as the decision has been taken, it will remain an irritation and practical difficulty for many especially older people. • Can see no investment at Hemel -the Cinderella of the local NHS • Hemel future is uncertain – much derogatory reporting in the local press. Many local people have lost confidence in the hospital and its services and do not want to be treated there • The urgent care centre will go some way to restoring confidence. • Staff at Hemel should be fully consulted and the views of the press taken onboard. • Compare level of complaints and compliments for Watford and Hemel • It is confusing that Watford is the subject of a different consultation. Needs to be communicated that, if chosen, the Lister and Watford General will provide similar services and status <p>Hatfield</p> <ul style="list-style-type: none"> • No new hospital at Hatfield is disappointing. • Most of the support for liYH was on basis of Hatfield • Major costs already incurred for Hatfield 	<p>Supports planned surgery at St Albans</p> <p>Supports consolidation of children's emergency and planned care at Watford General Hospital</p>

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INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
	<ul style="list-style-type: none"> • Personally feel deceived by local NHS <p>Other</p> <ul style="list-style-type: none"> • Not sure the value of surgicentres • Clarity on number and location of intermediate care beds • Maternity services should have been sorted out years ago • Let's finish consultation, take decisions, stop talking and get on with it <p>Finance</p> <ul style="list-style-type: none"> • PFI agreements are flawed • I have some sympathy with NHS and the money you are allocated through funding formula 	
LH	<p>Hatfield</p> <ul style="list-style-type: none"> • Agree with Welwyn Hatfield Council that a new hospital sited in Hatfield is the best option. • Grateful for Welwyn Hatfield Council for extensively researching this issue and providing such a substantial response. It is refreshing to know that when an issue of such importance presents itself opposing groups can work together. <p>QEII/Lister</p> <ul style="list-style-type: none"> • The infrastructures at the QEII and Lister are aging unsuitable and do not meet current standards. • If either Lister or QEII are chosen, the PCT will be providing the people of East and North Herts with below standard health care. • Not impressed with the NHS hindering Welwyn Hatfield Council's investigation into finances. • Not impressed by the way the PCT have handled the consultation process 	Supports new hospital at Hatfield
STEVENAGE		
CR	<ul style="list-style-type: none"> • Lister hospital has served the town well; early pioneers put great effort into Stevenage; Lister must remain with full A&E dept 	Support for Lister as major acute site

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INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
SM	<ul style="list-style-type: none"> On behalf of Stevenage Rugby Club, would be interested in discussions re possible future expansion of Lister and the potential for purchasing what is described as the <i>rugby club land</i> 	
JC (Knebworth)	<ul style="list-style-type: none"> Lister/QEII is second best choice; both existing hospitals fall far short of what could be delivered at Hatfield; the trust should make strong political case and not meekly accept central government diktat Documentation makes case for single specialist facility for children for west Herts which I support; what is the equivalent position for the remainder of Herts population Seeks assurance that local urgent care centres will not mean the dismantling or emaciation of genuinely local GP surgeries; what effect will these have on existing GP surgeries Local residents have a very well-used GP practice 	Supports centralisation of specialist children's services
PL	<ul style="list-style-type: none"> Has been in hospital in Lister and QVM hospitals for several months over last few years Very supportive of both hospitals 	
Mr&Mrs S	<ul style="list-style-type: none"> We favour the Lister because: It serves greater catchment area of non metropolitan need Much easier access to/from motorway Local population increase Appears to be more land available 	Support for Lister as major acute site
EH(2)	<ul style="list-style-type: none"> Lister is more capable of expansion; is more accessible; will need to serve a considerably larger population in the future. We also need an up to date cancer centre closer to home Writes further to previous submission. Crucial factor must be to restore the essence of the NHS, which was to ensure the best possible service to all at no charge. Object to privatisation of the NHS. Believes should be health centres locally where at least annual health checks are undertaken for all under appointment system similar to dentists and opticians 	Support for Lister as major acute site
MW	<ul style="list-style-type: none"> Support all acute hospital services should remain at the Lister. Travelling by bus to QEII could be difficult for older patients 	
ES	<ul style="list-style-type: none"> Haven't thought through the consequences of closing one of our hospitals; there is a great deal of house building planned across the region – how could one cope; has anyone thought about 	

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INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
	transport, car parking and environmental damage; maternity services are already stretched; it's all very well to say that routine care should be provided in health centres and community based hospitals but until we have them, it would be madness to close any existing ones. Big rarely means better	
Mr&Mrs D	<ul style="list-style-type: none"> Support the Lister rather than QEII. My wife and I have had first hand experience of the Lister and when I had a heart attack the ambulance journey was both swift and direct. The Lister is very easy to access with the A1M junction so handy. QEII via a maze of housing estates was extremely daunting. Lister is better placed in all respects 	Support for Lister as major acute site
WL	<ul style="list-style-type: none"> Favours the location of The Lister hospital, just off the A1. QEII is situated in a residential area and would take longer for emergency services 	Support for Lister as major acute site
JC	<ul style="list-style-type: none"> Accept this email as family's objection to proposed changes to the hospital services at the Lister Hospital. 2 incidences where family members received care at Lister hospital. The service and care that was received from literally the second we reached the hospital was first class and a credit to the NHS. 	
LL	<ul style="list-style-type: none"> Dismayed that the future of health services in Hertfordshire remain under threat. Patently a need for both sites to remain and to develop Would have been a different matter if the super hospital in Hatfield had gone ahead. Personal experience of treatment at both sites (QE2 provided a better experience of patient care) (The birthing unit at QE2 is wonderful asset Little faith that decision will be made that is not fuelled by financial considerations over patient welfare. 	
DT	<ul style="list-style-type: none"> Lists a range of departments at the Lister hospital which have provided services to him. To diminish the Lister would be a blow to many who live in its catchments area. Those who have major accidents or suffer heart attacks are grateful for its close proximity to motorway. 	
WELWYN GARDEN CITY / HATFIELD		
RT	<ul style="list-style-type: none"> Supports phased redevelopment of QEII; believes Hertford county has closed; Lister is a great distance to travel Relocating A&E would put lives at now has a clearer idea of what might happen) 	Supports QEII as major acute site

APPENDIX C: SUMMARY OF OTHER RESPONSES

INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
JW	<ul style="list-style-type: none"> I have been asked by neighbours What are the plans for the flats being built at the front of the QEII; people are astounded that new building is happening at the same time as talk of closure of the hospital Should a QEII fund be set up to save the hospital-like churches when they need a new roof 	
AE	<ul style="list-style-type: none"> Wishes to protest at the reduction in services by stealth at QEII; when our baby was born three years ago, the QEII emergency facilities were superb but our experience of Lister was horrible. Biggest concern is access for families with no car; QEII is walkable from Hatfield in emergency but link between Stevenage train station and bus to Lister is difficult; visiting a sick child was a major trial that added to our distress It would be quicker for me and my family to go to UCH at Euston than Lister as transport southwards is much better If you go ahead with Lister, you will have to make clear what transport will be available for those of us without a car. I am sure the university bus or Arriva will be happy to quote for 24/7 365 days /year transport Health care should be provided locally not miles away 	Supports QEII as major acute site
JB	<ul style="list-style-type: none"> Is anybody looking at the whole picture? Has anyone looked at the effects of major road traffic accidents, train disasters and accessibility for patients including car parking. We have a right to expect adequate local facilities. More housing is planned putting extra strain on local resources. The only option is a centre of excellence – a large central hospital linked to the University of Herts. 	Supports new hospital at Hatfield
CW	<ul style="list-style-type: none"> Angry about decision not to proceed with Hatfield Hospital; expanding Watford and Lister hospitals makes no geographical sense. Wants reassurance that QEII is not going to close especially its A&E and maternity services 	Supports new hospital at Hatfield but if not possible then QEII must be site of major acute hospital
PO	<ul style="list-style-type: none"> Wishes to express deep concern at QEII being stripped of every facility and the betrayal of the promise of new hospital at Hatfield. Roads are congested; ambulances will fail to arrive at destination with harmful consequences for patient; parents of small children will face anguish. 	Supports new hospital at Hatfield
Mr&MrsW	<ul style="list-style-type: none"> QEII and its staff have provided excellent service to our family for 40 years – our children were 	Supports QEII as major acute site

APPENDIX C: SUMMARY OF OTHER RESPONSES

INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
	born there; my relatives with cancer spent their last days there and in the hospice. If QEII closes Lister would not cope. It is not our hospital. There is misconception concerning economies of scale – one hospital would need more staff drawn from a wider catchment area	
Mr&Mrs G	<ul style="list-style-type: none"> Emergency and acute services should be kept at both hospitals Hatfield needs a hospital too – if QEII closes, people living in Hatfield would be worse off than they are now. Ambulances would have to travel further; lives would be at greater risk 	Do not support either option QEII & Lister should stay as acute hosps
ER	<ul style="list-style-type: none"> Objects to wording of consultation document; both hospitals to remain; distance and traffic make the choice unrealistic; more honest question - whether people prefer one large high tech hospital further away or a smaller local less high tech community hospital 	
AW	<ul style="list-style-type: none"> Consultation document needs a glossary of terms; concept of urgent care is confusing, how will patients know what is critical or urgent; what services are on the two hospital sites currently? What are the sequence of change? Most of us accept the need to travel for specialist treatment; need however to be reassured that OP visits and tests can be done locally 	Accepts rationale of Lister as major acute site
AF	<ul style="list-style-type: none"> Deeply concerned by plans to cut maternity services at QEII; very convenient location for thousands of women and taking it away is likely to place additional stress on what is a fraught time. Should be able to give birth within a safe distance of where women live. Smaller mat units produce better outcomes and more satisfaction. Dismayed that proposals cut across housing and population expansion. Urge rethink with a view to retaining all existing mat units in east & north Herts 	Supports existing maternity units in east and north Herts
BE	<ul style="list-style-type: none"> Consultation appears to be going through the motions and not designed to change whatever it has been decided to do. Health is holistic in nature but too much emphasis is placed on treatment with little interaction with spiritual health and mental well-being. Mental health experts have a very narrow vision of what constitutes mental health There needs to be joined up thinking between various agencies that could together produce real outcomes and tangible improvements Guidance on how to get copy of Annual Health Report 	
AL	<ul style="list-style-type: none"> Convinced that centralised acute services will save lives; whether located in Stevenage or WGC doesn't seem important. Vocal opposition in WGC is ill-informed and short-sighted 	

APPENDIX C: SUMMARY OF OTHER RESPONSES

INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
IC	<ul style="list-style-type: none"> Concerned about the terrifying scenario of being taken to the Lister in an emergency and the A1 is blocked. Have you considered this and what did you decide? 	
Mr&Mrs B	<ul style="list-style-type: none"> Idea of centralised unit sounds practical but in other respects causes us concern; what happens to people who turn up to an urgent care centre but really need an A&E; would an ambulance be called? What about the delay; people will travel further for treatment. Not convinced by the arguments and feel strongly that both Lister and QEII should retain A&E depts 	
JB	<ul style="list-style-type: none"> Why has the proposed building of a new hospital at Hatfield been abandoned? Why is it proposed to close the QEII hospital? Why is the Mount Vernon Cancer Centre to be closed? How will proposed reduced services cope? 	
RP	<ul style="list-style-type: none"> Consultation questionnaire has not taken into account the increased population of <i>250,000 more residents</i>; Appreciates that population and medical advances mean changes but how are very elderly infirm and socially deprived supposed to travel from one end of the county to the other to visit relatives Also, I had a heart scare last year and was taken to QEII. If it was closed, I would have to go to the Lister and subject to possible delay on the A1M 	
MM	<ul style="list-style-type: none"> I have reservations about the effect consolidation would have on the health of those who live furthest from the site chosen Recently published research has confirmed that increased distance from hospital is associated with increased risk of death. What assessments have been made of the effect of the proposed changes and what account has been taken of the research 	Support for QEII as major acute site
AS	<ul style="list-style-type: none"> Little mention of the spiritual and mental needs of patients in the consultation document. How does the PCT take bodies, minds and souls into account when planning future strategies? Would like reassurance that this is the case 	
BB	<ul style="list-style-type: none"> Having a new hospital with a cancer centre would work out cheaper in the long run and contribute greatly to the government's medical training efforts. I do not understand the plan to close the QEII. Please reconsider Hatfield and if not possible, please keep QEII open 	Supports new hospital at Hatfield; Otherwise keep QEII open

APPENDIX C: SUMMARY OF OTHER RESPONSES

INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
GE and BE	<ul style="list-style-type: none"> Impossible for people to get to the Lister 	Strongly support new hospital in Hatfield; second choice is QEII
HW	<ul style="list-style-type: none"> Appalled that people are considering closing A&E and maternity departments at QEII People will have to wait longer for an ambulance and spend extra time getting to hospital; how will visitors get to hospital further away if they don't drive. My partner could not have walked to Stevenage every day when my son was in special care for 9days. There are always long waiting times for these services which will get even worse. Also staff will lose out with longer journey times to work and increased travel costs for them. 	Support for QEII
RB	<ul style="list-style-type: none"> Having to go to Lister hospital in Stevenage is not viable – Hatfield need the support a new hospital would bring 	Strongly support new hospital in Hatfield; second choice is QEII.
CO	<ul style="list-style-type: none"> Questionnaire doesn't ask the right questions about hospital needs for people living in WGC and I am not knowledgeable enough to give an answer For an emergency service, a number of variables need to be considered including casualty statistics, population expansion, location relative to other hospitals etc. for non emergency treatment, accessibility by public transport is a key factor 	
BM	<ul style="list-style-type: none"> Wishes to complain formally about the consultation documents. The Investing in your health paper dated 2003 puts <i>the cost of the QEII at Hatfield at £450-500 million(excluding cancer)</i>. Yet current website has a document which states that the capital cost of Hatfield option would be £424 million and that <i>the projected costs of the Hatfield project have increased</i>. This appears to be a misleading statement 	
KB	<ul style="list-style-type: none"> Lot more people would have attended public meeting had they known about it 	Strongly support new hospital in Hatfield; second choice is QEII.
DP	<ul style="list-style-type: none"> Many misgivings re closure of either QEII or Lister hospitals. Growth in population; busy A1M & B197 particularly in rush hours will make things worse. 	

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INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
	<ul style="list-style-type: none"> Please hold your hand until you have a suitable purpose built hospital wherever it is sited, capable of providing first class services with good road, rail and bus links 	
SW	<ul style="list-style-type: none"> Proposed developments of thousands of new homes make it the only feasible option. Existing hospital would be unable to accommodate the increase. It would attract high calibre medical staff and relate to the University with massive advantages of every sort 	Strongly support new hospital in Hatfield;
PB	<ul style="list-style-type: none"> People's preferences will very much reflect where they live I cannot understand why one year there is a strong case for a new hospital in Hatfield and the next, it is impossible. It should be reconsidered 	Strongly support new hospital in Hatfield;
RH	<ul style="list-style-type: none"> Concerned that Hatfield has been abandoned; it would be a great central location; my experience of travelling to Lister from Hatfield makes me very anxious for the life of patients in need of more urgent treatment than mine. Deplore plans to reduce services at QEII 	Strongly support new hospital in Hatfield;
JM	<ul style="list-style-type: none"> Has relied so much on the services at QEII; it is much better than the Lister which is more spread out 	Support for QEII
RP	<ul style="list-style-type: none"> Document is full of jargon. There needs to be a glossary of the terms. Maintains that question 1 in the questionnaire is in effect a vote. The consultation should be extended or deferred as recommended by UNISON to allow the results of the Darzi review to be taken into account. This would allow us to digest more fully the various documents and seek where necessary more clarification. 	Does not support either option. QEII & Lister should stay as acute hosps
VC	<ul style="list-style-type: none"> Closing one of the hospitals now that the population has increased seems suicidal to me. Both hospitals should be kept plus a new one to support the growing population. We should not be adding to carbon emissions by forcing people to make lengthy journeys for NHS treatment 	Supports keeping QEII and Lister plus building a new hospital
PD	<ul style="list-style-type: none"> Supports the response by Welwyn Hatfield Council Neither Lister nor QE11 has the infrastructure necessary to be long term provider for east and north Herts Case for Hatfield not going ahead has not been properly demonstrated; great damage to public confidence in both the senior management and the process has been created Has raised concerns regarding the risk register and the consultation process 	Strongly support new hospital in Hatfield;

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INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
MS	<ul style="list-style-type: none"> Hospital cancer unit has saved my life 	Support for QEII
DH	<ul style="list-style-type: none"> Urgent care centres particularly QE2 and Lister should include provision for proper emergency and stabilization treatment of serious medical conditions i.e. not just sprains and strains 	
SA & SA	<ul style="list-style-type: none"> Refers to letter from Welwyn Hatfield Council. This exactly represents our views. Not impressed by way in which the PCT have conducted the consultation nor their published statements. A new hospital sited in Hatfield is in our opinion by far the best option, both now and in longer term. More cost effective to build a new super hospital on the BA site in Hatfield with the University of Hertfordshire in close proximity and with good transport links. 	As per Welwyn Hatfield Council Supports new hospital in Hatfield
BG	<ul style="list-style-type: none"> Opposes proposal 1 to consolidate acute services at Lister hospital. States concerns about accessibility of Acute services for residents in Welwyn Hatfield. Would be significantly diminished. Journey, travel times and travel costs would increase for Welwyn Hatfield residents. This is at odds with Government's environmental policies. Concerns about survival rates for lengthy ambulance journeys. Lister is on an already heavily developed congested and constrained site, difficulty in envisaging how Lister site could accommodate consolidated range of acute services. Government plans for additional housing development in Welwyn Hatfield will significantly increase the pressures on local health services 	
CN	<ul style="list-style-type: none"> Referring to the plans to centralise at the QEII or the Lister; is not this an excuse to spend less money on the health needs of the population? Clearly the residents of Welwyn Garden City do not wish to see the local hospital go. I am aware that the paramedics are highly trained to stabilise patients, but the problem of extra journey time for an ambulance cannot be ignored. 	Retain both Lister and QEII
VR	<ul style="list-style-type: none"> These were appended to a completed questionnaire. Concerned that residents are convinced that the consultation is a done deal. Points out that should be other considerations as well as clinical excellence Centralisation may mean that patients have less support from family and friends. Environmental consequences of centralisation should be considered. Concerned about access during times of heavy snowfall. 	

APPENDIX C: SUMMARY OF OTHER RESPONSES

INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
	<ul style="list-style-type: none"> • Concerns raised re care in the community being in place if support services don't already exist, they are hardly likely to be up and working in the community by 2010 • In 40 years times with increased population and health services at breaking point, with future health authority anguishing about what might have been if its predecessor had had more money 	
JM	<ul style="list-style-type: none"> • Comments were appended to questionnaire and related to reflections on public meeting at Stanborough School on the 12 July 2007. • General public still being lobbied to support building of new hospital in Hatfield which we were being told by officials was financial unsustainable. Officials present were unwilling or failed to get sufficient financial information to the few local borough councillors who were present at meeting • Proposed changes by the NHS Trust were opposed by local borough councils of all political persuasions • Concerned that if these changes were still opposed and taken to court then these public meetings would no doubt stand as "legal public consultation" however poorly supported • Concerned that "chairman of the officials" stated to one of his colleagues at end of meeting that it went quite well 	
SB	<ul style="list-style-type: none"> • Life threatening accidents need attention within 10-15 minutes. Welwyn Garden City is too far away from Stevenage to provide emergency cover/ timely response in either direction. It is not a one way trip, an ambulance has to reach the patient and then return to the A&E dept. • The cost of converting an existing building is still probably better than the cost of a new building. The whole exercise is to save money. Perhaps to maintain proper health care the population will have to pay extra money. Have you considered this? • Concerned that in the future urgent care centres will have their opening times reduced and closed as not being viable. Another reduction in the service provided by NHS 	

APPENDIX C: SUMMARY OF OTHER RESPONSES

INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
AK	<ul style="list-style-type: none"> • I saw the Queen open the new QEII hospital. Now I read about hospital closures. Will the QEII be another casualty or at least a pale shadow of its former self it makes me feel safe knowing there is a good hospital close by. • What a difficult and dangerous choice we have to make – you cannot play with people’s lives. A very ill person would not be able to get from one district to the other very quickly particularly if the A1 was busy. The NHS was created to look after people of this country and build hospitals not take them away 	
MC	<p>Hatfield</p> <ul style="list-style-type: none"> • Want the NHS to implement liYH, including the Hatfield hospital. • Agree with Welwyn Hatfield Council that a new hospital sited in Hatfield is by far the best option. <p>QEII/Lister</p> <ul style="list-style-type: none"> • The infrastructures at the QEII and Lister are ageing, unsuitable and do not meet current standards. • If either Lister or QEII are chosen the PCT will be providing the people of E&N Herts with below standard health care. • Not impressed with the NHS hindering Welwyn Hatfield Council's investigation into finances. • Grateful for Welwyn Hatfield Council for extensively researching this issue and providing such a substantial response. • Not impressed by the way the PCT have handled the consultation process. 	Supports new hospital at Hatfield
MH	<p>Hatfield</p> <ul style="list-style-type: none"> • Find it unacceptable that Hatfield has not been fully consulted upon. • The case for a new Hatfield Hospital including medical school is compelling. Would be more sensible - and cheaper for the NHS - to train the staff of tomorrow in Hertfordshire doctors of tomorrow here in Hatfield. • Complete absence of clarity as to what will replace Hatfield <p>Process</p>	Supports new hospital at Hatfield

APPENDIX C: SUMMARY OF OTHER RESPONSES

INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
	<ul style="list-style-type: none"> • Believe that consultation has been appallingly mishandled which casts doubt on process. • Believe that public meetings have been held almost in secret • Endorse the submission from the Welwyn Hatfield Borough Council and the Hospital SOS campaign. • Urge the PCT to abandon its consultation, collate detailed information about all options and consult properly 	
TOWN / VILLAGE NOT STATED		
CM	<ul style="list-style-type: none"> • Clarification sought over what is meant by major acute hospital and local general hospital in east and north Herts 	
JP	<ul style="list-style-type: none"> • Decision which hospital – QEII or Lister - will close is a political one. Government should keep both open 	
AL	<p>Re the consultation questionnaire:</p> <ul style="list-style-type: none"> • Question re consolidation of children’s emergency care and planned surgery at Watford - People in east& north Herts may think this relates to all of Herts not just west Herts • Why is Biggleswade included in list of towns; more sensible choice would have been Letchworth/Baldock 	
SC	<ul style="list-style-type: none"> • Concerned about the reduction in the number of sites for acute treatment particularly in the event of a major incident. Staff and casualties would take longer to reach nearest hospital. • How many more will die because they haven’t received the correct medical treatment quickly enough? If the problem is lack of expertise in a specific hospital then hospitals could share consultants. Trained paramedics do a fantastic job but they are overstretched at times. • In follow up letter, asked what would happen if major fire at one of the two hospitals left only one for major acute care 	
BS	<ul style="list-style-type: none"> • Suggests we publish an explanatory article in local paper to assist in completing questionnaire and have a stand at the Kaleidoscope Festival at Stanborough • Seeks clarification on closure of beds in smaller hospitals; London weighting payments; • location of acute mental health units; alternative location for local general hospital; does 	

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INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
	<i>independent sector</i> mean <i>private sector</i> ; links with University of Hertfordshire and the university bus service	
DP	<ul style="list-style-type: none"> Supports maintaining local hospitals and services; feels that centralisation forces people to travel long distances for treatment making it more difficult and expensive for relatives and friends, leaving patients isolated and less able to get better quicker 	
DB	<ul style="list-style-type: none"> Listen to what people in Welwyn Hatfield want. Is very upset about what is being proposed. How can elderly and disabled people get to Stevenage without a car. Having all services in one hospital is wrong. The whole idea seems easy on paper but not in practice 	
SK	<ul style="list-style-type: none"> Amazed that it is thought important to ask people for their ethnicity in the questionnaire. Stop wasting money on stupid and unnecessary statistics and get on with providing competent and accessible health service for all nationalities in our community 	
NB	<ul style="list-style-type: none"> Request for capital, revenue and workforce statistics for research work 	
RD	<ul style="list-style-type: none"> We need to save every hospital. A superhospital is not always user friendly particularly for the elderly. The cancer unit and the dedicated staff at the Lister are marvellous. Consultation document is long and interesting 	Support for Lister as major acute site
JJ	<ul style="list-style-type: none"> Why is consultation taking place on planned surgery centre for west Herts. I thought it had been decided following consultation last year that it would be at St Albans 	
NB	<ul style="list-style-type: none"> I live in west Herts and have received the consultation questionnaire. Please advise me of the catchment area for east & north Herts 	
W family	<ul style="list-style-type: none"> Dissatisfied with questionnaire as it does not state third option – Hatfield; it has been constructed to give required answers and statistics can be used to provide intended outcome A new hospital was promised by former MP and ministers; local consultants support it; a new cancer unit was promised and would alleviate the misery of travel long distances. The area is becoming densely populated with the prospect of thousands of new homes. The whole thing <i>smacks of political gerrymandering</i> 	Support for Hatfield Hospital
JB	<ul style="list-style-type: none"> Where can public obtain copies of documents and what plans are there for wider distribution 	
MS	<ul style="list-style-type: none"> Want QEII to stay and retain full services. If QEII is downgraded, we will not stand for it! 	Support for QEII as major acute hospital

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INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
BA	<ul style="list-style-type: none"> Seeks clarification that scenarios given in consultation document re non treatment at a minor injury unit was due to non availability of diagnostic tests rather than skills and capability of staff 	
JM	<ul style="list-style-type: none"> Lives in Stansted Mountfitchet in Essex; your proposals affect me but the questionnaire appears to be aimed at Herts residents 	
ES	<ul style="list-style-type: none"> Clarification sought whether consultations for chronic medical conditions are classified as non acute services 	
GR	<ul style="list-style-type: none"> Received questionnaire with local papers; applauds consultation process but requires more detailed information of each option before can make considered judgement not one solely based on geographical location 	
PH	<ul style="list-style-type: none"> What is the other main hospital in Herts apart from the QEII/Lister; what are the advantages for acute services at a) Lister b) QEII based on other factors not locality? 	
PJ	<ul style="list-style-type: none"> Query re surgicentre at Lister; thought this and the HH surgicentre were cancelled last year; has it resurfaced and if so, is it in the same format as proposed earlier; when will it be operational? 	
MA	<ul style="list-style-type: none"> Pleased to have opportunity to complete questionnaire; astounded to see the grammatical error in question 10; integrity of NHS is undermined 	
PM	<ul style="list-style-type: none"> To answer the questions in a meaningful way requires a good understanding of existing services and the way the NHS is structured in general. Whilst it is good to have a say and feel part of the process, there are some issues which require that experts advise on the best option and outline the reasons why. A simple summary of the pros and cons of each option is lacking. Generally, the more centralisation, the less healthcare is able to serve the local community. Finds it rather unethical to charge high rates for car parking 	
AT	<ul style="list-style-type: none"> Unable to access questionnaire on line 	
JH	<ul style="list-style-type: none"> Lives in Aylesbury; received copy of questionnaire 	
AH	<ul style="list-style-type: none"> Asked at public meeting if urgent care centres would have medical cover; wishes to know who will provide it during office hours when the centres are not in operation? There seems to be some concern in the ability of emergency nurse practitioners to manage these according to a report by a doctor at the Canary Wharf walk-in centre 	Do not support either option; QEII & Lister should both have A&E depts

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INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
JR	<ul style="list-style-type: none"> Your offer to make document available in another language is wrong because people who cannot speak English are not qualified to answer this document; it is extravagant to spend limited resources on such a service. Only persons who work and are qualified within health care areas should answer these questions 	Support for Hatfield Hospital
CP	<ul style="list-style-type: none"> Link to questionnaire on website appears not to be working 	
JH	<ul style="list-style-type: none"> Completion of questionnaire requires more detailed knowledge of local NHS developments and all necessary information. Believe services should be provided as locally as possible; transport issues should be considered in deciding location of hospitals and matrons should be brought back to take charge instead of managers 	
AB	<ul style="list-style-type: none"> Two hundred and twenty one detailed comments and queries on the business case plus requesting information on risk management and patient safety 	
JP	<ul style="list-style-type: none"> Concern raised re cardiac rehabilitation classes at Princess Alexandra hospital 	
DB	<ul style="list-style-type: none"> Personal observations regarding a legal case unrelated to the consultation 	
JR	<ul style="list-style-type: none"> How can it make sense to close an A&E that has rapid access to and from the A1M compared to one with access via residential roads. Lives will be put at risk if Lister A&E closes in favour of QEII 	
JS	<ul style="list-style-type: none"> Questions /comments to enable respondent to complete questionnaire such as whether the acute hospital will also provide non acute services for its local population; will there be consultants at the local general hospital; there needs to be continuity and reliable systems in place to ensure notes and patient info is transferred properly 	
PK	<ul style="list-style-type: none"> A large modern hospital is what the area needs; we need a centre of excellence and good emergency services within 10 minutes of each large conurbation. The cost to make old hospitals energy efficient and clean would be better into new builds 	Supports new hospital at Hatfield
CJ	<ul style="list-style-type: none"> Imperative we keep QEII A&E open; too much to expect people south of QEII area to travel to Lister. Hatfield would benefit everyone; site is available, transport links and road access in place. Cancer patients have too far to travel – a cancer centre would attract top doctors and research teams 	

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INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
P&SW	<ul style="list-style-type: none"> Shocked that unelected PCT is proposing that new hospital should not be built; a new hospital with a new specialist centre is right for local people. NHS is paying London prices for the country's teaching hospitals. Access issue to Stevenage must be addressed now. 	Hatfield first choice; QEII second choice
WJ	<ul style="list-style-type: none"> Supports QEII but if you are determined to be rid of it, then you should be pushing for Hatfield option 	
BM	<ul style="list-style-type: none"> Wishes to make a complaint about the consultation documents 	
RS	<ul style="list-style-type: none"> Requested copy of Estate Strategy Plan; directed to website 	
LH	<ul style="list-style-type: none"> Disappointed at choice of options. QEII is far too old now and Lister is too far away for seriously ill people. You must push for the Hatfield Hospital to be built 	Supports new hospital at Hatfield
JP	<ul style="list-style-type: none"> Lister hospital has nowhere to expand unlike the QEII and if two are going to one, expansion will be vital. Even so new hospital is what is needed including a new specialist cancer centre 	
JO	<ul style="list-style-type: none"> Please provide Welwyn Hatfield Council with the information it requires to make a proper assessment and do not proceed until we can all agree what is best for East & North Herts 	
D&RJ	<ul style="list-style-type: none"> Feel no real proof that Hatfield is no longer a possibility. We wrote to PM and have been informed that there is no centrally dictated top-down restructuring and that changes proposed by the East & North Herts Trust are local and not centrally driven. Who is telling the truth? Still outstanding questions: Why is Hatfield not the best option? What is happening with cancer care; cancer centre should have been included in Hatfield option, possibly with closure of Mount Vernon; how much money has been wasted on the work for new hospital 	Support new hospital at Hatfield
LL	<ul style="list-style-type: none"> Worrying to choose between two hospitals in east and north Herts – how would one cope. Better to have new hospital in Hatfield - something positive for future. We will be revisiting this in a few years again but nowhere to build– too many accountants and no visionaries 	
CC		Supports new hospital at Hatfield
KL	<ul style="list-style-type: none"> Stop the madness of the possible closure of our local hospital; you want to close one of the most necessary and vital services; I live 2 minutes from the hospital; I don't want to drive 20 minutes with labour pains to the nearest hospital. Calling for an ambulance is not really the answer – I am having a baby not a heart attack. Please listen to local people 	

APPENDIX C: SUMMARY OF OTHER RESPONSES

INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
PC	<ul style="list-style-type: none"> Appalled at questionnaire which does not address the important issues. This is not a valid consultation and is a superficial exercise that attempts to also present <i>a fait accompli</i> 	
LD	<ul style="list-style-type: none"> Completed questionnaire but feels it is biased and presumes key decisions have been made. Paper exercise to make one feel I have a say when this is not true 	
AH	<ul style="list-style-type: none"> Lister is bigger site , has a larger adjacent population and there is easy access from the A1M 	<p>Supports Lister hospital for major acute care Supports Hertford as an urgent care centre</p>
KE	<ul style="list-style-type: none"> Unconditionally supports the response of Welwyn Hatfield Council to consultation . Not impressed with PCT for hindering the council’s investigation or handling the consultation process. Infrastructure of both QE11 and Lister are aging, unsuitable and do not meet current standards. If either are chosen, the PCT will be providing the people of east and north Herts with below standard health care 	<p>Supports new hospital at Hatfield</p>
GC	<ul style="list-style-type: none"> Ex police officer who had worked in Welwyn/Hatfield for many years. QE11 has terrible accessibility and would lead to loss of patient lives. Hospital is a long way from AIM. Lister is fairly close to AIM access roads are much better. 	
CD	<ul style="list-style-type: none"> Expresses concern that the Lister hospital is in danger of losing funding and essential services are being cut. The QE2 is a long way and difficult for older people to get to. If the proposed housing goes ahead west of Stevenage the demand will increase enormously. The proximity of Stansted airport has to be considered. 	
PC & BC	<ul style="list-style-type: none"> Wishes to register total opposition to proposed re location of full A&E cover from Lister to QE2. Does not relish prospect of ever having to travel as far as QE2 with anything seriously wrong. 	
LW	<ul style="list-style-type: none"> Because of new house builds in Hitchin, Letchworth and Stevenage area it is essential to keep and expand the A&E units at Stevenage. When the Lister hospital was built 30 or so years ago it was specifically positioned adjacent to AIM so that it was easily accessed for the whole area. Access to QE2 Welwyn hospital is medieval!! Suggests that a number of treatment bays and staff at the A&E Lister should be doubled. 	<p>Lister Option</p>
AS	<ul style="list-style-type: none"> Please keep acute and emergency services at the Lister hospital Stevenage. First of two 	<p>The Lister option</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
	occasions when child's life was saved because we had immediate access to hospital.	
RS	<ul style="list-style-type: none"> • Please keep emergency services in Stevenage 	Lister option
GC	<ul style="list-style-type: none"> • Wishes to register complaint at the structure of the on line survey. There is no option for those people who do not wish to consolidate our district hospitals and prefer to keep them both open. 	
JH	<ul style="list-style-type: none"> • Please keep the Lister hospital. Husband would have died if he had had to travel to Welwyn. 	
FH	<ul style="list-style-type: none"> • Expresses concern about the so called consultation document. It was a limited choice questionnaire about a decision already made. Support a new Hospital at Hatfield and the 2 existing hospitals retained as well. • Asks whether consideration been given to Ambulance only lanes and an air ambulance service. 	Hatfield plus two existing hospitals
DR	<ul style="list-style-type: none"> • Basis of choice should be that in order to function effectively A&E services require clear and high speed access and to be economically viable this should involve a high capacity catchments area. • On first point Lister totally fulfils the requirement. It is virtually on the AIM. The QE2 hospital has extremely difficulty access via may residential side road. • On the 2nd point the Lister already successfully services a very large population. Refers to the thousands of new houses planned for Stevenage area. In contrast the QE2 hospital is not ideally located within the catchments area. It makes no sense to cause the bulk of the region to travel a longer distance in the wrong direction for emergency treatment. 	
R McC	<ul style="list-style-type: none"> • A practising paediatric intensive care nurse who does not support the principle of amalgamating the QE2 and the Lister hospitals. Had worked in East End of London and experienced hardships and detrimental effects on patient care caused by the closure of the QE Children's hospital and merger with RLH Whitechapel. • Comments on the loss of highly experienced staff, reduction in beds, and loss of paediatric intensive care unit which is now being realised was vital and 7 years on has not been fully re established. • Believes that we should keep local hospital services as they presently are and any available money spent to improve existing services if possible. Specifically refers to maintaining local A&E and maternity units. 	Retain emergency services at both the Lister and the QEII

APPENDIX C: SUMMARY OF OTHER RESPONSES

INITIALS OF RESPONDENT & WHERE THEY LIVE	KEY ISSUES RAISED	OPTIONS IF STATED
	<ul style="list-style-type: none"> • Traffic congestion result in deaths or permanent damage to patients. Stall need to live in close proximity to their work. 	
DE	<ul style="list-style-type: none"> • Folly to merge Emergency services at either hospital. In an emergency speed are the essential ingredients. • Smaller units result in less MRSA. • Allowance to cope with 15800 new houses the Government said need to be built. 	Maintain both QEII and Lister

APPENDIX C: SUMMARY OF OTHER RESPONSES

APPENDIX C3: FEEDBACK FROM PUBLIC MEETINGS

	KEY ISSUES RAISED	
<p>Hatfield Public Meeting</p> <p>Tuesday 3 July (39 attendees)</p> <p>Panel members</p> <p>Nick Carver East and North Herts NHS Trust</p> <p>Mr John Saetta East and North Herts NHS Trust</p> <p>Dr Tony Kostick East and North Herts PCT</p> <p>Gareth Jones Hertfordshire PCTs</p> <p>Oskan Edwardson East of England Ambulance Service</p> <p>Dr Peter Shilliday East and North Herts PCT</p> <p>Dr Steve Laitner Hertfordshire PCTs</p>	<p>Clinical quality</p> <ul style="list-style-type: none"> • GP surgeries so overloaded. How are we going to use these services in community? • Think changes outlined are very welcome. Health staff do know their job <p>Access and travel</p> <ul style="list-style-type: none"> • It is not true to say that 97% of people have access to a car • Difficulty in travelling north to south of Hertfordshire • Feel strongly that local hospitals could be used for recuperation and a range of issues • A good point is services moving from hospitals into the community • What do we get at the QEII if Lister is chosen? • Are you satisfied that transport has been given a high enough priority? <p>Hatfield</p> <ul style="list-style-type: none"> • We signed up for Hatfield • Hatfield would last longer than QEII or Lister • We need a state of the art modern hospital in Hatfield <p>Finance</p> <ul style="list-style-type: none"> • Have long term costs been taken into account? <p>Consultation process</p> <ul style="list-style-type: none"> • People don't attend public meetings as they think you have already made up your mind <p>Urgent and Emergency care</p> <ul style="list-style-type: none"> • The consultation should give accurate figures for people attending urgent care centres <p>Cancer services</p> <ul style="list-style-type: none"> • Mount Vernon is not easily accessible for cancer services • Wants assurance of cancer services in east Hertfordshire 	<p>Key quotes</p> <p>“What people are against is losing a hospital that could fulfil other functions... I think people feel really very strongly about a local hospital where they could, for example, use for recuperation and a whole range of issues”</p> <p>“Can we have absolute assurance that when cancer services are looked at, that whatever sort of hospital is left in the east of Hertfordshire... is still a contender to have a proper cancer facility”</p> <p>“This is not about hospital building; it’s about a model of clinical care. We’re trying to advance the way we manage cases so that they don’t need to go anywhere near a hospital” –<i>Dr Tony Kostick</i></p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	KEY ISSUES RAISED	
<p>Harpenden Public Meeting</p> <p>Wednesday 4 July 2007 (18 attendees)</p> <p>Panel members</p> <p>Anne Walker Hertfordshire PCTs</p> <p>Dr Steve Laitner West Herts PCT</p> <p>Prof Graham Ramsay West Herts Hospitals NHS Trust</p> <p>David Law West Herts Hospitals NHS Trust</p> <p>Rob Ashford East of England Ambulance Service</p>	<p>Clinical quality</p> <ul style="list-style-type: none"> Logic of clinical arguments for reconfiguration is very clear <p>Access and travel</p> <ul style="list-style-type: none"> Patients do not have access to district nurses Patients would like easier access to GPs Problems with car parking at hospitals How will ambulances on blue lights negotiate the traffic in Watford? Need clarification of exactly what will be provided on LGH sites and in smaller community centres <p>Hatfield</p> <ul style="list-style-type: none"> Last consultation(IYH) on Hatfield was very important <p>Consultation process</p> <ul style="list-style-type: none"> Received document: no glossary with it Problems with some of the terminology used during the consultation <p>Urgent and Emergency care</p> <ul style="list-style-type: none"> Public does not want a withdrawal of A&E from Hemel Hempstead until the Urgent Care Centre is up and running How long will Urgent Care Centres open for? Already have good experience of ambulance service. Hope this will not be adversely affected by changes <p>Other</p> <ul style="list-style-type: none"> Distressed that beds at Harpenden Memorial Hospital closed Need to educate public on what services are available 	<p>Key quotes</p> <p>“But how am I going to get to the A&E Department? Can’t get there through Watford because of the gridlock, the new road isn’t in existence yet and I’m not an ambulance with a blue light and ... so, how do I get there?”</p> <p>“In a couple of cases I’ve had to have the local paramedics out to my house. My wife had an epileptic fit and I had a suspected stroke and all I wanted to put on record was how brilliant that the local paramedics were in two very worrying situations.”</p> <p>“A lot of people in Harpenden are distressed, almost beyond words, about the way the Red House (Harpenden Memorial Hospital) has closed down, apparently for good, and to me...if you are just getting over something like a broken hip it’s not easy to say, “Well, it’s nice to be at home because you feel familiar and supported - in familiar surroundings”. In practice it’s going to take quite a bit of time before you can actually operate on your own.”</p> <p>“I’ve had treatment in five different major hospitals over a period of about 60 years so I’ve got inside as well as outside. I think the logic of the clinical arguments is very clear and thank you, that was well presented to us.”</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	KEY ISSUES RAISED	
<p>Watford Public Meeting Monday 9 July 2007 (17 attendees)</p> <p>Panel members</p> <p>David Law West Herts Hospitals NHS Trust</p> <p>Susan Cole West Herts Hospitals NHS Trust</p> <p>Gareth Jones Hertfordshire PCTs</p> <p>Dr Joel Bonnet East and North Herts PCT</p> <p>Bruce Morris East of England Ambulance Service</p>	<p>Clinical quality</p> <ul style="list-style-type: none"> • Concerned about lack of staff for community services • Concerned about the number of side rooms available • Will patients who have been screened and show MRSA still receive care? <p>Access and travel</p> <ul style="list-style-type: none"> • Will the Trust provide extra transport for patients whose local hospital is further away than before? • Transport issues still remain for patients who must travel between Watford and Mount Vernon for cancer treatment <p>Emergency/Urgent care</p> <ul style="list-style-type: none"> • How will people know whether to go to an urgent care centre or A&E? • What happens if the single A&E becomes overworked? • Worried that new arrangements wouldn't be able to cope with another Buncefield <p>Infection control</p> <ul style="list-style-type: none"> • Public need to hear exactly why it is better to go to bigger hospitals to cut down infection – want reassurance that Trust is tackling hygiene • Are staff and voluntary workers screened for infection like patients? 	<p>Key quotes</p> <p>“I fully understand that MRSA cannot be identified immediately and that therefore it is a problem with people who are treated as an emergency. And therefore immensely shocked to hear that you will have only 24 side rooms in your acute admissions unit. Hillingdon Hospital will have 100% single rooms when it is rebuilt. Why isn't Watford also going for that level of separation?”</p> <p>“My mum fell over and broke her ankle. So, how will people know where to go?... How are you going to make sure that the right people are into the right places and aren't swamping one service?”</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	KEY ISSUES RAISED	
<p>Cheshunt Public Meeting</p> <p>(in partnership with Barnet, Enfield and Haringey NHS)</p> <p>Tuesday 10 July (135 attendees)</p> <p>Panel members</p> <p>Dr Mike Edwards West Herts PCT</p> <p>Dr Richard Harrison Barnet and Chase Farm Hospitals NHS Trust</p> <p>Dr Kamal Nagpal East and North Herts PCT</p> <p>Gareth Jones Hertfordshire PCTs</p> <p>Dr Richard Dent East and North Herts NHS Trust</p> <p>Rob Ashford East of England Ambulance Service</p>	<p>Clinical quality</p> <ul style="list-style-type: none"> • Need to bring back matrons into hospitals to tackle cleanliness • Experienced good service recently at QEII • There is little in consultation document to show how reconfiguration will promote better maternity care <p>Finance</p> <ul style="list-style-type: none"> • Worried that proposals for community health care won't happen because of lack of funds <p>Access and travel</p> <ul style="list-style-type: none"> • Chase Farm: concerned that Borough of Broxbourne residents won't be able to access services if they are moved to Barnet • Concerned that patients are being transferred away from Chase Farm before the equivalent service is available in Hertfordshire • How will Cheshunt Community Hospital be used in light of new proposals? <p>Emergency and urgent care</p> <ul style="list-style-type: none"> • What plans are there to upgrade Cheshunt's overstretched ambulance station? • Do we have Emergency Care Practitioners? • Why can't we have an urgent care unit in both Cheshunt and Hertford? <p>Mental health services</p> <ul style="list-style-type: none"> • Have mental health services been forgotten? <p>Consultation process</p> <ul style="list-style-type: none"> • Have people who live in Hertfordshire and use Chase Farm services been considered in its reconfiguration? 	<p>Key quotes</p> <p>“You started going on a good road. You decided that you would make a major hospital at Hatfield. It's the biggest mistake you've ever made when you stopped it. If you'd made that a specialist hospital, and you'd have made Chase Farm a good standing community hospital, and increased Cheshunt Community Hospital and Barnet - I know them all extremely well - then you'd have got somewhere.”</p> <p>“I'm still very concerned that you're going to have people being transferred out of Chase Farm before you've got the Primary Care Trust primary facilities available and you're going to have people falling through in the middle.”</p> <p>“The real concern is the actual access to all these services, because they just appear to be moving further and further away. I accept what you're saying about if they have to go by ambulance: that's not a problem, but a lot of people won't be ill enough really to use an ambulance, and they have still got to get there, possibly on more occasions and also, of course, the visitors going along as well.</p> <p>“I'm very pleased to hear two people raise questions about maternity services, because they are important. I know all the other services are important, but they're important too. There's 15,000 women a year across these hospitals that are under consultation actually having babies, and we want to make sure that that service is as good as possible.”</p> <p>“How is it possible for you to close a maternity unit in Chase Farm and expect two other hospitals to pick up the slack?”</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	KEY ISSUES RAISED	
<p>Letchworth Public Meeting</p> <p>Thursday 12 July 2007</p> <p>(100 attendees)</p> <p>Panel members</p> <p>Nick Carver East and North Herts NHS Trust</p> <p>Mr John Saetta East and North Herts NHS Trust</p> <p>Barbara Jenkins East and North Herts NHS Trust</p> <p>Dr Tony Kostick East and North Herts PCT</p> <p>Dr Jeremy Cox East and North Herts PCT</p> <p>Gareth Jones Hertfordshire PCTs</p>	<p>Clinical quality</p> <ul style="list-style-type: none"> • Will this move us further away from an individual patient-GP relationship? • Will we have to go to the QEII for outpatients if we have acute care at Lister? / Is Lister still going to be a general hospital too? <p>Access and travel</p> <ul style="list-style-type: none"> • If the acute centre should end up in QEII there will be traffic issues for patients on the A1 • Travel times quoted are by private car, not by public transport which will be a lot longer • Pleased that Lister is the preferred option. Good location and money has already been spent modernising services • How does the surgicentre fit into the new proposals? <p>Urgent and Emergency care</p> <ul style="list-style-type: none"> • Are urgent care centres the same as Walk-In Centres? • Want to know if urgent care centres were to be staffed solely by nurses. Would rather have doctors on hand <p>Hatfield</p> <ul style="list-style-type: none"> • Feel that time was wasted planning for Hatfield <p>Finance</p> <ul style="list-style-type: none"> • If the Trust was not constrained by budgets would we still have both the Lister and the QEII or would the Trust still want a single site? • Concerned that the changes are financially driven, not patient-led <p>Consultation process</p> <ul style="list-style-type: none"> • Would like reassurance that the consultation will have a real effect and the final decision will be affected by consultation results <p>Maternity services</p> <ul style="list-style-type: none"> • Where do maternity services fit into these proposals? Will the service remain at Lister? 	<p>Key quotes</p> <p>“I think that the GP-patient relationship is actually critical to a good functioning health service and a good GP delivers more than just pure medical care.”</p> <p>“I think the point that has been missed is how do you know which one to go to if it’s in the middle of the night, you’re not feeling well. Are you urgent or are you acute?”</p> <p>“Why did we waste all that time in planning for Hatfield when quite clearly we didn’t need the beds and we’re going for Lister now. Why?”</p> <p>“I do think and I’ve said it for a long time, that the percentages of people who go to the GP surgeries, there’s a huge amount of people who don’t need to be there for whatever reason... I think there’s education that has to be given to people about how well they can treat themselves by going to the local chemist and pharmacy.”</p> <p>“We have these public meetings. We have these public consultations. Have we any assurance that any decision or any final outcome is affected by them, or is it just all a smokescreen?”</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	KEY ISSUES RAISED	
<p>Bishop's Stortford Public Meeting</p> <p>Monday 16 July 2007</p> <p>(17 attendees)</p> <p>Panel members</p> <p>Sarah Crowther East and North Herts NHS Trust</p> <p>Noel Scanlon East and North Herts NHS Trust</p> <p>Dr Peter Keller East and North Herts PCT</p> <p>Dr Joel Bonnet West Herts PCT</p> <p>Anne Walker Hertfordshire PCTs</p> <p>Gareth Jones Hertfordshire PCTs</p>	<p>Clinical quality</p> <ul style="list-style-type: none"> • Will the acute hospital proposals offer enough single rooms? • Biggest public health issue is misuse of alcohol <p>Access and travel</p> <ul style="list-style-type: none"> • Difficult to travel east-west across Hertfordshire • Very difficult for carers • NHS must make sure transport providers commit to adjusting their services • How would Bishop's Stortford patients get to Lister by public transport? • What catchment area does the Lister shuttle bus cover? <p>Urgent and emergency care</p> <ul style="list-style-type: none"> • Urgent care centre proposal doesn't offer enough for Bishop's Stortford • How will urgent care centres be staffed? GP or nurse led? • Will there be beds in urgent care centres? • How will triage work in UCCs? <p>Consultation process</p> <ul style="list-style-type: none"> • Bishop's Stortford always seems to get the leftover services • Public need reassurance that health services will be there when needed <p>Mental health services</p> <ul style="list-style-type: none"> • Will every GP practice have a GP with special interest in mental health? 	<p>Key quotes</p> <p>"When the Herts and Essex Community Hospital was reopened it had a bus station and it did not have a bus service for two years... You actually need to get (the bus companies) signed up to do it..."</p> <p>"People are very worried about infection levels and infection control. Speaking personally I think I would have to be absolutely dying before I would volunteer nowadays for any hospital admission..."</p> <p>"There's a lot of expertise in primary care with chronic disease management. With a little push in the help of resources and personnel, we could treat an awful lot more patients with diabetes, chronic pulmonary disease, heart failure and so on." <i>Dr Peter Keller</i></p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	KEY ISSUES RAISED	
<p>Welwyn Garden City Public Meeting</p> <p>Wednesday 18 July 2007</p> <p>(81 attendees)</p> <p>Panel members</p> <p>Nick Carver East and North Herts NHS Trust</p> <p>Mr John Saetta East and North Herts NHS Trust</p> <p>Dr Tony Kostick East and North Herts PCT</p> <p>Dr Steve Laitner West Herts PCT</p> <p>Dr Peter Shilliday East and North Herts PCT</p> <p>Gareth Jones East and North Herts PCT</p> <p>Rob Ashford East of England Ambulance Service</p>	<p>Clinical quality</p> <ul style="list-style-type: none"> Does the ambulance service have the capacity to deliver the same good service after the proposed changes? Need more GPs Will the Local General Hospital site have beds? Primary care in Hertfordshire needs to develop to prevent people going into hospital in the first place <p>Access and travel</p> <ul style="list-style-type: none"> Welwyn Garden City a better location for a major acute hospital as it is in the centre of the county <p>Hatfield</p> <ul style="list-style-type: none"> Why is Hatfield not affordable? The business case does not mention costs for Hatfield Hatfield had immense clinical and backing <p>Finance</p> <ul style="list-style-type: none"> Why haven't the Hertfordshire Trusts achieved financial health? What faith should we have in your capacity to deliver these changes? Concerned that plans for community care will not be realised due to lack of funds <p>Urgent and emergency care</p> <ul style="list-style-type: none"> Has any formal risk analysis been taken on the effect of surviving an accident by centralising services Are there any beds planned for Urgent Care Centres? More ambulances should be staffed by paramedics 	<p>Key quotes</p> <p>“Reconfiguration of services is a fact of life. It’s going to have to happen. The question in my mind is what’s the best way of delivering that change, that reconfiguration? From the work that we have been presented with, it would appear that Hatfield offers the best solution, so why isn’t it affordable?”</p> <p>“I don’t like all the things I’m hearing about care in the community; I don’t trust it. What’s to say, three or four years down the line, we won’t be in this very room being told, “Sorry guys, we can’t afford it.”</p> <p>“Obviously these decisions are complicated and you are obviously not going to please all the people all the time. The two things I arrived with in my thinking were I had been led to believe that the QEII was potentially going to close and I am reassured, I think, that that is not the case.”</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	KEY ISSUES RAISED	
<p>St Albans Public Meeting</p> <p>Tuesday 4 September 2007</p> <p>(41 attendees)</p> <p>Panel members</p> <p>Dr Steve Laitner East and North Herts PCT</p> <p>Gareth Jones Hertfordshire PCTs</p> <p>Dr Alfa Sa'adu West Herts Hospitals NHS Trust</p> <p>David Law West Herts Hospitals NHS Trust</p> <p>Dr Richard Dent East and North Herts NHS Trust</p> <p>Bruce Morris East of England Ambulance Service</p>	<p>Clinical Quality</p> <ul style="list-style-type: none"> • What do these proposals mean in terms of bed numbers and throughput? <p>Access</p> <ul style="list-style-type: none"> • Agree with moving services into the community • Would like to have more services at St Albans City Hospital • Welcome a surgicentre at St Albans and expansion of minor injuries into an Urgent Care Centre <p>Finance</p> <ul style="list-style-type: none"> • Why is East and North Herts using a privately financed surgicentre <p>Timescale for delivery</p> <ul style="list-style-type: none"> • When will the move of the services into community happen <p>Hatfield</p> <ul style="list-style-type: none"> • Disappointed that Hatfield option has been discarded <p>Maternity services</p> <ul style="list-style-type: none"> • Worried about the recruitment of midwives with cuts in midwifery posts • Are there any plans for midwife-led units? <p>Urgent and emergency care</p> <ul style="list-style-type: none"> • Worried about length of time it takes to get to A&E if seriously ill, especially after reading the research into the impact of long ambulance journeys 	<p>Key quotes</p> <p>“I am sure that we all sitting here tonight support you and actually believe that you are trying to give us quality healthcare. My problem is that we have been talking since 2003 in <i>Investing in your Health</i> and the talking really does have to stop and we have to see some progress along the way.”</p> <p>“I am one of the people that is really sorry that the Hatfield Hospital option has gone and, reading the document, it is so clear it was the most ideal solution in terms of clinical and also patient accessibility.”</p> <p>“The issue that always confronts people is how long will it take me to get to A&E if I’m seriously ill”</p> <p>“It seems to me that Hertfordshire is going to have two maternity units and that’s all. Given the document “Maternity Matters” envisages care closer to home, are there no plans for midwife-led units more locally?”</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	KEY ISSUES RAISED	
<p>Potters Bar Public Meeting</p> <p>Thursday 6 September 2007</p> <p>(13 attendees)</p> <p>Panel members</p> <p>Gareth Jones Hertfordshire PCTs</p> <p>Dr Mike Edwards West Herts PCT</p> <p>Dr Richard Harrison Barnet and Chase Farm NHS Trust</p> <p>Dr Peter Barnes Enfield PCT</p> <p>David Law West Herts Hospitals NHS Trust</p>	<p>Clinical Quality</p> <ul style="list-style-type: none"> • Will there be enough beds? • Ambulance service already does an excellent job <p>Access and travel</p> <ul style="list-style-type: none"> • Potters Bar has poor transport links to Barnet and North Middlesex • Is parking at hospitals going to improve • Can you guarantee we will get all the community services promised before the hospitals are taken away • Is there any place for intermediate care beds at Potters Bar Hospital • There is a lack of information about transport in the consultation document <p>Hemel/Watford</p> <ul style="list-style-type: none"> • Why was Watford chosen over the Hemel site when it has worse building and greater access problems? <p>Consultation process</p> <ul style="list-style-type: none"> • Why have cancer services not been included in this consultation? • Why are the Trusts consulting when there are major national reviews ongoing? <p>Maternity services</p> <ul style="list-style-type: none"> • What is a midwife-led unit? Will there be one at Chase Farm? <p>Urgent and emergency care</p> <ul style="list-style-type: none"> • Are GPs willing and able to take on the work in Urgent Care Centres? • The need for Urgent Care Centres is pressing <p>Other</p> <ul style="list-style-type: none"> • NHS organisations across geographical boundaries must work together to minimise the negative effects of change on patients 	<p>Key quotes</p> <p>“My colleagues for the ambulance service, I can speak only higher praise for them, because they are terribly efficient.... But you have not actually sorted out the problem of transportation. There is going to be a delay. And people could die.”</p> <p>“You said that you wished to keep up with the wishes and aspirations of the patients that you serve. The examples I’ve just given you suggest that you don’t even ask the right questions in your consultation document and as such I don’t understand how you propose to achieve that aim which you suggest that you have.”</p> <p>“Please have some co-ordination rather than everybody looking after themselves and the people who are the residents of the borough of Broxbourne being left with next to nothing at all, which has happened over certain other things.”</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	KEY ISSUES RAISED	
<p>Stevenage Public Meeting</p> <p>Tuesday 11 September 2007</p> <p>(40 attendees)</p> <p>Panel members</p> <p>Nick Carver East and North Herts NHS Trust</p> <p>Mr John Saetta East and North Herts NHS Trust</p> <p>Shelagh Molloy East and North Herts NHS Trust</p> <p>Dr Tony Kostick East and North Herts PCT</p> <p>Mick Catalanotto East of England Ambulance Service</p>	<p>Clinical quality</p> <ul style="list-style-type: none"> • Not all of the clinical staff are convinced these proposals are going to be a great improvement • Worried about how patients are triaged over the phone <p>Access to care</p> <ul style="list-style-type: none"> • We need centres of excellence in both Stevenage and WGC <p>Population/Demography</p> <ul style="list-style-type: none"> • Do the plans take into account the housing growth in Hertfordshire? <p>Urgent and emergency care</p> <ul style="list-style-type: none"> • Concerned about how long it will take ambulance to reach patients and how long the journey to hospital will be • Will there be an increase in the number of ambulances and paramedics? <p>Other</p> <ul style="list-style-type: none"> • Will cancer services be brought up to the Lister? • Will there be any redundancies as a result of these changes? • NHS should avoid building hospitals using PFI • Have the Trusts considered their 'carbon footprint' in this reconfiguration? 	<p>Key quotes</p> <p>“My concern is the journey from Stevenage to the QEII and from that area - Welwyn Garden City and Hatfield - to the Lister and the absolute nightmare whether you go by country or whether you go on the A1M to get there in an emergency situation and I think that is going to cost lives.”</p> <p>“Members of the general public are concerned, that if they feel they want care they want to go to a place where there is medical care which we are used to and familiar with, and we can't always get the information over the phone that we need.”</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	KEY ISSUES RAISED	
<p>Hemel Hempstead Public Meeting</p> <p>Thursday 13 September 2007</p> <p>(59 attendees)</p> <p>Panel members</p> <p>Gareth Jones Hertfordshire PCTs</p> <p>Dr Alfa Sa'adu West Herts Hospitals NHS Trust</p> <p>David Law West Herts Hospitals NHS Trust</p> <p>Dr Steve Laitner West Herts PCT</p> <p>Dr Mike Edwards West Herts PCT</p> <p>Dr Richard Walker West Herts PCT</p> <p>Dean Ayres East of England Ambulance Service</p>	<p>Clinical Quality</p> <ul style="list-style-type: none"> • GPs can offer a huge range of services locally • How many consultants will work in the single A&E? <p>Access and travel</p> <ul style="list-style-type: none"> • Watford General Hospital is very difficult to access during peak traffic and parking is limited • Will there be intermediate beds at the Local General Hospital? <p>Finance</p> <ul style="list-style-type: none"> • These changes are financially driven • West Hertfordshire Hospitals NHS Trust risk losing a lot of income as a result of patient choice <p>Hemel/Watford</p> <ul style="list-style-type: none"> • Public are concerned that they are not being given clarity on what services will go from Hemel Hempstead • Concerned that there is a gradual closure of the Hemel site <p>Consultation process</p> <ul style="list-style-type: none"> • Have the Trusts made the effort to raise awareness of this consultation • Why wasn't the questionnaires sent to every single household in Hertfordshire <p>Maternity services</p> <ul style="list-style-type: none"> • What will happen to the Hemel Birth Unit? • Concerned that maternity wont be coming back to Hemel Hempstead <p>Urgent and emergency care</p> <ul style="list-style-type: none"> • Research has been published that conflicts with your argument about longer ambulance times • Very concerned that acute A&E services are going to Watford • 	<p>Key quotes</p> <p>“The whole reason for this change is money. You want to save money.”</p> <p>“Why the hell isn't somebody in your organisation putting a stop to these silly rumours (of closure) that scare people?”</p> <p>“We were assured that this consultation, because of the fiasco after the last one, that everybody would know about it. Why wasn't a questionnaire sent to every single house, because that's the only way that everybody would know about it?”</p> <p>“If services have to be centralised, why can't A&E be centralised at Hemel because it's more central to the area that it serves anyway, and it's easier for most people to get to”</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	KEY ISSUES RAISED	
<p>Welwyn Public Meeting</p> <p>Friday 14 September 2007</p> <p>(4 attendees)</p> <p>Panel members</p> <p>Sarah Crowther East and North Herts NHS Trust</p> <p>Dr Steve Laitner West Herts PCT</p> <p>Gareth Jones Hertfordshire PCTs</p> <p>Dr Peter Shilliday East and North Herts PCT</p>	<p>Clinical Quality</p> <ul style="list-style-type: none"> • Will there be more GPs recruited to cover the existing practices plus the new Urgent Care Centres? <p>Access and travel</p> <ul style="list-style-type: none"> • Because of difficulty getting GP appointments most people will go straight to A&E <p>Hatfield</p> <ul style="list-style-type: none"> • Borough Council believe that the NHS has not provided full information about why the Hatfield option has been rejected <p>Consultation process</p> <ul style="list-style-type: none"> • Why is planned surgery not going to be on the LGH site as in previous IYH proposal and the current West Herts proposal? • Public should have a full opportunity to examine all the evidence and the background details before making their decision 	<p>Key quotes</p> <p>“I agree with you, the medical advice, the letters from the doctors, the letter from Peter and his colleagues in the paper this week saying that there should be higher-tech hospitals and less of them clearly is right. The medical advice is overwhelming.”</p> <p>“Shouldn’t the public have the full opportunity to examine all the evidence, the background details, about why you’re making the recommendations, why you’re making the decisions that you are?”</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	KEY ISSUES RAISED	
<p>Hitchin Public Meeting</p> <p>Monday 17 September 2007</p> <p>Panel members</p> <p>Gareth Jones Hertfordshire PCTs</p> <p>Mr James Quinn East and North Herts NHS Trust</p> <p>Nick Carver East and North Herts NHS Trust</p> <p>Dr Steve Laitner West Hertfordshire PCT</p> <p>Dr Jeremy Cox</p> <p>Mick Catalanotto East of England Ambulance Service</p>	<p>Clinical Quality</p> <p>Access and travel</p> <ul style="list-style-type: none"> • Will there be an integrated transport scheme as part of plans? • What services will be on the local general hospital site? • Will patients still be able to access specialist care, including cancer care, outside of Hertfordshire? • Parking is very difficult at the hospitals • What provision is being made for the homeless who can't easily access health care <p>Demographics/Population</p> <ul style="list-style-type: none"> • Population due to increase as bed numbers fall <p>Finance</p> <ul style="list-style-type: none"> • Will the redevelopments be financed through PFI? • Will there be increased investment in more staff? <p>Urgent and emergency care</p> <ul style="list-style-type: none"> • Is golden hour still important? • How will patients know where to go in cases of emergencies? • Has urgent dental care been considered? <p>Other</p> <ul style="list-style-type: none"> • How will changes affect maternity services? • Will staff be able to progress and develop under new structure • When will this work be completed? 	<p>Key quotes</p> <p>“Everybody’s very concerned about the blue light times but fortunately that happens to very few of us that we end up being rushed by ambulance to hospital.”</p> <p>“This strikes me as being a very original, imaginative and exciting scheme and perhaps the best part of it is that for the first time ever in the NHS we are seeing the various different parts of the service coming together and making plans that are mutually acceptable. I think that is fantastic and I do hope this can go ahead smoothly and I have to say adequately financed as well.”</p> <p>“I would put my hand on heart and say the Lister, but I do feel now is the time when we really must move something as revolutionary as this forward as quickly as possible, so not only the people in the area, but also staffing know exactly what is going to happen.”</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	KEY ISSUES RAISED	
<p>Hertford Public Meeting</p> <p>Wednesday 19 September 2007</p> <p>(45 attendees)</p> <p>Panel members</p> <p>Nick Carver East and North Herts NHS Trust</p> <p>Mr John Saetta East and North Herts NHS Trust</p> <p>Dr Hilary Anguin East and North Herts PCT</p> <p>Gareth Jones Hertfordshire PCTs</p> <p>Dr Mark Andrews East and North Herts PCT</p> <p>Mick Catalanotto East of England Ambulance Service</p> <p>Anne Walker Hertfordshire PCTs</p>	<p>Access and travel</p> <ul style="list-style-type: none"> • Is the plan to move all coronary care to Lister? • Concerned if everything moved to single site it will be too crowded • Can see the need for centralisation but very concerned about transport, especially for the elderly • Concerned the children's A&E will be moved to Watford • Hertfordshire is only county without an air ambulance <p>Hatfield</p> <ul style="list-style-type: none"> • Disappointed that Hatfield no longer an option because of money <p>Population</p> <ul style="list-style-type: none"> • Have you taken into account all the new houses being built in Hertfordshire? <p>Finance</p> <ul style="list-style-type: none"> • How much will new primary care clinics and Urgent Care Centres cost? • Would this money not be better spent on existing hospitals? • Public worried that the changes proposed are seen as a means of saving money <p>Consultation process</p> <ul style="list-style-type: none"> • Welwyn Hatfield Council were not happy with the information available in the consultation documents <p>Urgent and emergency care</p> <ul style="list-style-type: none"> • Like the idea of urgent care centres but why not have one in both Hertford and Cheshunt • Concerned that only 50% of ambulances carry paramedics on board <p>Other</p> <ul style="list-style-type: none"> • Concerned about state of buildings at hospitals • Overall the proposals sound extremely positive for Hertfordshire 	<p>Key quotes</p> <p>“What about people that don't have cars or choose not to use cars. Do they not deserve to be able to reach the care department rapidly?”</p> <p>“I'm concerned about the choice of A or B will be driven by cost and not by other probably more relevant facts. I'm also concerned about the state of those buildings, which one needs more work done on it?”</p> <p>“I would sincerely love to support the consultants and clinicians who are in favour of having specialised centres at just one hospital but I would just like to query, is bigger best?”</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	KEY ISSUES RAISED	
<p>Borehamwood Public Meeting</p> <p>Friday 21 September 2007</p> <p>(16 attendees)</p> <p>Panel members</p> <p>Gareth Jones Hertfordshire PCTs</p> <p>Dr Joel Bonnet West Herts PCT</p> <p>Dean Ayres East of England Ambulance Service</p> <p>Jackie Langford Enfield PCT</p> <p>Tim Donovan Barnet and Chase Farm NHS Trust</p>	<p>Clinical Quality</p> <ul style="list-style-type: none"> • Are there enough community nurses/midwives to cover the plans for community care • Current GP out of hours system doesn't work <p>Access and travel</p> <ul style="list-style-type: none"> • There are problems getting to Chase Farm by public transport <p>Finance</p> <ul style="list-style-type: none"> • How will these plans affect the Trusts getting back into financial balance <p>Maternity services</p> <ul style="list-style-type: none"> • Is there enough capacity at Barnet to incorporate the extra maternity patients from Chase Farm. Barnet needs to expand before changes are made • Will mums have a choice where they give birth? • Will Watford have a baby unit <p>Urgent and emergency care</p> <ul style="list-style-type: none"> • What triage systems are in place in A&E/Urgent Care Centres? <p>Other</p> <ul style="list-style-type: none"> • Understand the need to centralise acute services but would not have chosen this option • Has planning permission been obtained for extending/expanding hospitals? 	<p>Key quotes</p> <p>“It was interesting what’s happening with Hemel and Watford, but I suspect that most of the people, if not all of the people here, don’t use those hospitals. We all use Barnet. And if we have to then travel to Chase Farm, that’s going to be a long way.”</p> <p>“What I’d like to know is, for these community services which you’re planning, which I think are great, would we make sure we’ve got enough district nurses and midwives to cover that?”</p> <p>“But what does concern me is, for instance, my GP is trying to expand his service - he’s very good and I’m very fond of him and their unit - but they don’t even have an ECG machine. So how -- are you going to help them get equipped with full equipment?”</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	KEY ISSUES RAISED	
<p>Berkhamsted Public Meeting</p> <p>Monday 24 September 2007</p> <p>(53 attendees)</p> <p>Panel members</p> <p>David Law West Herts Hospitals NHS Trust</p> <p>Dr Richard Walker West Herts PCT</p> <p>Gareth Jones Hertfordshire PCTs</p> <p>Anne Walker Hertfordshire PCTs</p> <p>Dr Jane Halpin Hertfordshire PCTs</p> <p>Rob Ashford East of England Ambulance Service</p>	<p>Clinical Quality</p> <ul style="list-style-type: none"> Is this model of care working in other parts of the country? <p>Access and travel</p> <ul style="list-style-type: none"> There is no reliable public transport from Berkhamsted to Watford Worried that patients from Hemel will not get to Watford in an emergency and lives might be lost <p>Finance</p> <ul style="list-style-type: none"> Public need assurance that Watford project will get the money allocated to it from Investing In Your Health Has the cost of extra ambulances been factored in? <p>Hemel/Watford</p> <ul style="list-style-type: none"> Public need clarification of proposed children's services at Watford Very concerned about the closure of A&E at Hemel Hempstead Is there another site being considered for the local general hospital at the existing Hemel Hempstead Hospital site <p>Urgent and emergency care</p> <ul style="list-style-type: none"> When will the Urgent Care Centre be ready? Who will be the highest qualified clinical practitioner in Urgent Care Centres? Will the alteration of services put a strain on the ambulance service Does the 65% of patients going to Urgent Care Centres include children? Publicity needed to inform people whether to go to A&E or Urgent Care Centre Excellent treatment received from paramedic 	<p>Key quotes</p> <p>“The government is requiring us to build probably over the next 10 to 15 years thousands of more houses to the extent that we may even have to take some land out of the green belt. To what extent have your plans factored in a very large growth in the population in this part of Hertfordshire?”</p> <p>“There seems to me to be a serious gap between what the local general hospital does and what the so-called acute.”</p> <p>“Hertfordshire is one of the most expensive areas in the country to live. We are regularly reminded that accommodation for staff, particularly key workers, is extremely difficult. It presents a major challenge to people who want to work in this part of the world. What are you factoring into your plans to be able to provide affordable accommodation for the staffing that you will need to run these services right across Hertfordshire?”</p> <p>“I must say your general philosophy, your rationale, is very wise and I think it is probably inevitable that we move towards centres of expertise with all singing and dancing; everything you need on the spot.”</p> <p>“What publicity is being put out to ensure that people understand the difference between an urgent care centre and an A&E?”</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

	KEY ISSUES RAISED	
<p>Knebworth Public Meeting</p> <p>Tuesday 25 September 2007</p> <p>(22 attendees)</p> <p>Panel members</p> <p>Gareth Jones Hertfordshire PCTs</p> <p>Dr Joel Bonnet West Herts PCT</p> <p>Sarah Brierley East and North Herts NHS Trust</p> <p>Dr Richard Dent East and North Herts NHS Trust</p> <p>Mick Catalanotto East of England Ambulance Service</p>	<p>Clinical quality</p> <ul style="list-style-type: none"> Concerned about cut back of community nursing Will waiting lists increase after reconfiguration? <p>Access and travel</p> <ul style="list-style-type: none"> Worried about the access times quoted in consultation if you don't have access to a car and are relying on public transport Transport issues for people taken ill in the night and have no access to cars Is the shuttle bus service secure? Good idea to have access to healthcare in different locations i.e. pharmacies/doctors surgeries <p>Hatfield</p> <ul style="list-style-type: none"> Need to keep Hatfield and the two other hospitals Upset we are not getting the promised cancer unit <p>Finance</p> <ul style="list-style-type: none"> By spending a lot of money you are making permanent a 'cheap and cheerful' solution What are the costs going to be to revamp Lister and QEII? Hospitals in Hertfordshire have been under invested for 30 years+ Surprised that new build might be more expensive <p>Maternity services</p> <ul style="list-style-type: none"> No support for new mums <p>Urgent and emergency care</p> <ul style="list-style-type: none"> Will children's care be available at all seven Urgent Care Centres? Accept that paramedics are well qualified Surprised that level of non-urgent conditions being seen in A&E is as low as 65% Need to educate people on which service is the most appropriate for them Will it be surgery GPs running urgent care centres? <p>Other</p> <ul style="list-style-type: none"> When are you going to consult on cancer services? 	<p>Key quotes</p> <p>“The suggestion that new build might be more expensive that modifying the other hospitals really surprises me, because you ask any builder, and he will prefer to start from new on a green field site and provide better for the value of money.</p> <p>“I have no quarrel with this idea of the specialist centres. I think it is clearly the right way to go. I think the very severe reservations are that this is a cheap and cheerful solution which has its roots in inadequate central government funding to what are supposed to be the better off parts of England.”</p> <p>“There is great concern about the infrastructure in terms of people getting to hospital quickly. Particularly as the roads around this area are a nightmare at times.”</p>

APPENDIX C: SUMMARY OF OTHER RESPONSES

APPENDIX C4: FEEDBACK FROM COMMUNITY EVENTS

NAME OF COMMUNITY GROUP	TYPE OF EVENT	KEY ISSUES RAISED
COUNTYWIDE/ WEST/EAST AND NORTH HERTS		
Transport Summit (Separate report available)	Half day workshop	Emerging themes: <ul style="list-style-type: none"> • Need for overarching coherent and co-ordinated transport strategy • Need to replicate and extend successful initiatives • Better communication and information • Sustainable transport projects • Review of hospital car parking
National Childbirth Trust	Public meeting organised by the Welwyn Garden City and District branch of the NCT	<ul style="list-style-type: none"> • Wish to retain midwife-led units but how can we encourage women to use them – giving birth is normal for most women • What is the future of the Hemel Birthing centre? • A number of women think it is a brave thing to go to a stand alone midwife-led unit – they think the fear of transfer is very high • Women are worried they will be turned away because there is insufficient maternity capacity • How can we tell which service to access if our child is unwell • Continuity of medical care is very important but rarely appears achievable
Hertfordshire PPI Forums (Separate report available)	Question Time format - Panels of NHS clinical staff subjected to detailed questioning	SEE COUNTYWIDE RESPONSE
Hertfordshire Voices (west Hertfordshire) organised with Age Concern	Half day focus group type discussions with older people’s champions on consultation proposals & experience of intermediate care services	<ul style="list-style-type: none"> • Transport & access to services seen as major issue; London health services and out of county providers such as the Luton & Dunstable hospital easier to get to than other parts of Herts; need for a county air ambulance • Need for major publicity around urgent care centres. Plea for a breather re further changes so people have time to get used to things • Supportive of community (cottage) hospitals • Will people’s views be listened to; felt that consultation questions were loaded • Must have closer working between health service and social care services • Specific concerns raised about foot health care
Hertfordshire Voices	Half day focus group type	<ul style="list-style-type: none"> • Some patients concerned that services are driven by financial rather than quality considerations and won’t be there when needed

APPENDIX C: SUMMARY OF OTHER RESPONSES

NAME OF COMMUNITY GROUP	TYPE OF EVENT	KEY ISSUES RAISED
(east & north Hertfordshire) organised with Age Concern	discussions with older people's champions on consultation proposals & experience of intermediate care services	<ul style="list-style-type: none"> • Members very supportive of ambulance service with positive experiences • Lister was identified as a good location for major acute care because of road networks; transport was felt to be a high priority and that there needed to be more available information about transport providers – voluntary and public (a rep was invited to attend the transport summit) • Patients need to be seen as experts in their own condition • Plea for 8 rather than 7 urgent care centres • Why doesn't the lottery funding go towards health services?
Herts Action on Disability	Presentation and discussion	<ul style="list-style-type: none"> • Main concerns were around access to acute hospital sites for people with disabilities • Not just getting to hospital but also to dept within hospital and the physical problems associated with accessing treatment rooms, getting on couch for examination etc • Need to involve people from this group as room specifications are considered
West Herts Service Redesign & Practice – based Commissioning Patient Group	Discussion of consultation process	<ul style="list-style-type: none"> • The group considered the consultation process and opportunities for engagement by local groups; also discussed the Hearing Day planned by the Hertfordshire Patient Forums.
West Herts Carers Strategy meeting	Raise awareness of proposals and promote opportunities for meetings	
West Herts Carers Health Forum, 41 carers	Main presentation Q&As	<ul style="list-style-type: none"> • Concern expressed about community nursing resources; support for more services to be delivered within community seen as positive; • Transport is an issue re accessing hospital services • Ambulance provision and role of paramedics explained • Role of urgent care centres and A&E – need for more awareness and public • Information • Development of health campus at Watford and why Hatfield no longer an option for main acute hospital • Explanation of discussions around future of Hemel Birth Centre
Hertfordshire Youth MPs	Short presentation Discussion	<ul style="list-style-type: none"> • What will happen to people in ambulances who have to go further? • Will there be any money to put into sexual health services or mental health services to help young people who self harm?
West Herts PPI Forum meeting, Borehamwood	Chair presented consultation proposals and timescales, inviting everyone to take part	

APPENDIX C: SUMMARY OF OTHER RESPONSES

NAME OF COMMUNITY GROUP	TYPE OF EVENT	KEY ISSUES RAISED
BROXBOURNE		
Broxbourne Ethnic Minority Association, Waltham Cross	Item on meeting agenda with 20 participants from African, Caribbean, Italian and Polish Communities. Short presentation followed by Q&As	<ul style="list-style-type: none"> Group felt Cheshunt is a 'forgotten area for health services'. Transport difficult to QEII and Lister Transport, access and parking - need for better networking and information sharing of various transport schemes Accessing information is also challenging
Broxbourne Borough Council with Enfield PCT	Briefing for councillors	<ul style="list-style-type: none"> Concern about co-ordination between the Herts & North London consultations; How will decision on urgent care centres be made between Cheshunt and Hertford? Questions on medical article on journey times for emergency treatment Will additional resources be allocated to Ambulance service Public transport and access
Community Partners Gp, Cheshunt (Two meetings; one also attended by Enfield PCT)	Group meets bimonthly with senior NHS staff to discuss health services in area	<ul style="list-style-type: none"> Group was briefed before and during the consultation; encouraged to attend public meetings; terminology of urgent care centres; support for extending services at Cheshunt Community hospital particularly if services change at Chase Farm Hospital but public must be made aware of these so that they can choose to use them
Carers Strategy Gp (carer support workers in voluntary sector)	Item on the agenda of meeting. Offer to speak to any groups	
Broxbourne Council Community Open Day, Cheshunt (jointly held with Enfield PCT)	Manned display stand of consultation material; handing out of leaflets	<ul style="list-style-type: none"> People encouraged to visit stall through loudspeaker announcement and programme highlight; also stewards directed people to stall Concerns re perceived closure of Chase Farm hospital Enthusiasm and support for urgent care centre at Cheshunt Community Hospital
Greenfield Children's Centre, Toddler Group 25 mothers - Waltham Cross (jointly held with Enfield PCT)	Opportunity to raise awareness of proposals, distribute documents and have 1-1 discussions	<ul style="list-style-type: none"> Some positive comments re local health services. Most women used hospital services at Chase Farm and were concerned by newspaper reports that hospital was 'closing'
Broxbourne Gypsy/Traveller Liaison Group	Brief presentation and offer to meet with individuals and speak to people in greater	<ul style="list-style-type: none"> Care in hospital = perception by some people that this was inequitable because of traveller status

APPENDIX C: SUMMARY OF OTHER RESPONSES

NAME OF COMMUNITY GROUP	TYPE OF EVENT	KEY ISSUES RAISED
(facilitated by Community Development Agency)	depth	
Waltham Cross Italian Community Forum (organised by Age Concern) 75 people plus	Opportunity to make presentation and respond to questions; also 1-1 & small group discussions	<ul style="list-style-type: none"> • People keen to understand what is being proposed – will hospitals close? • Concern about emergency services and role of ambulance service • Getting to hospital is a worry • Advice sought on personal health issues
DACORUM		
Asian Mother and Toddler Group, Bennetts End, Hemel Hempstead	Opportunity to talk informally with 10 women both as a group and individually	<ul style="list-style-type: none"> • Positive feedback re maternity services in west Herts. Critical however at lack of parenting skills support prior to discharge eg for breastfeeding • Would like restoration of maternity services at HH; some women were positive about Hemel Birth Centre and having choice but others were concerned about the lack of medical back up services
Dacorum Expert Patient Involvement Group, Hemel Hempstead	Discussion about proposals	<ul style="list-style-type: none"> • People still angry about choice of Watford as acute hospital site in west Herts • Discussion about urgent care centres and whether HH will have 24 hour service • Concern that nurses are not the 'care givers' that they were in the past • Access, transport and parking are issues
Baby Clinic HH Sports Centre, Hemel Hempstead- 11 mothers.	1-1 discussions particularly around maternity services	<ul style="list-style-type: none"> • A number felt unable to use a birth centre because of previous complications; however, they supported the concept and felt that women should have choice. Professionals would need to encourage women to use a birth centre to make it viable. Some however would not use a birth centre because of the lack of back up services • All feel that some maternity services are needed at HH • Preference for L&D rather than Watford for delivery of baby – larger unit; more relaxed and friendly
Dacorum Communities Together, Hemel Hempstead (includes reps from local ethnic minority groups)	Presentation Q&A session	<ul style="list-style-type: none"> • Issues around MRSA and cleanliness of hospitals particularly the screening of patients for planned operations • Services available at urgent care centres and personal experiences of A&E currently • Government targets v patient experience • Discussion re access to Watford especially for acute children's services • Consultation process not a referendum! • Health equality impact assessment including race equality
Baby Clinic, Markyate Village Hall, Markyate	Opportunity for 1-1 discussions with new mums	<ul style="list-style-type: none"> • Women attended L&D hospital for birth; most had fairly positive experience but feel more could be done to support breast feeding and provide advice on early stage parenting

APPENDIX C: SUMMARY OF OTHER RESPONSES

NAME OF COMMUNITY GROUP	TYPE OF EVENT	KEY ISSUES RAISED
7 participants.	attending health clinic	<ul style="list-style-type: none"> • Generally feel that Birth Centre principle is good but would want on site support in case something went wrong • One woman wanted full maternity service restored to Hemel Hempstead • Very positive feedback of minor injury unit at St Albans
Asda Supermarket Hemel Hempstead	Manned display of consultation material; handing out of leaflets (particularly targeting young parents and parents to be)	<ul style="list-style-type: none"> • Positive feedback re Hemel when there was a full maternity service • Opted to go to L&D to have baby but thought it would be good to have ante and post natal services at Hemel but then go elsewhere for the birth • Wouldn't give birth anywhere where there wasn't a doctor in attendance • One woman thought it a shame that Hemel Birth Centre has closed but understood the need to get more mums to use it to make a viable service
Cherry Tree Travellers Site, Hemel Hempstead	Met traveller families with health visitor and sought their experience of health service in relation to consultation proposals	<ul style="list-style-type: none"> • Two women had recently had a baby but would not consider birth centre - lack of back up services if needed • All would present at A&E if they had problems getting a GP appointment - seemed positive about development of urgent care centres • Transport was not seen as an issue for them but they had concerns for older people • No preference or concerns re location of planned surgery • Some literacy issues concerning treatment at London hospitals which some travellers attend for tertiary care (health visitor to handle)
Community Action Dacorum Community Market, Hemel Hempstead	Opportunity to join other community organisations raise awareness and have 1-1 conversations	<ul style="list-style-type: none"> • Issues around the perceived 'closure' of Hemel Hempstead Hospital • A number of people felt that hospital action group should be wound up
Baby Rhyme Times Session 15 parents Hemel Hempstead	Raise awareness of consultation, distribute postcards with contact details and encourage people to take part	
Dacorum Age Concern Forum	Presentation and Q&A discussion	<ul style="list-style-type: none"> • Additional distance to travel for emergency care; does every ambulance have a paramedic? • Facilities at urgent care centres • Will HH hospital close? It could be expanded with land at the back • What is the future of the Hemel Birth Centre • Has the hospital land been valued for a future sale? • Visiting someone further away is difficult; driving is not easy at my age and public transport is difficult

APPENDIX C: SUMMARY OF OTHER RESPONSES

NAME OF COMMUNITY GROUP	TYPE OF EVENT	KEY ISSUES RAISED
		<ul style="list-style-type: none"> Do you call having fewer hospitals progress?
Dacorum Listening to Carers Day	Limited opportunity to participate but able to give out documents to unpaid carers	<ul style="list-style-type: none"> Identifying and tagging patient notes; many carers view GPs as their local point for information in early stages of caring are the hospitals
EAST HERTFORDSHIRE		
Community Voice, Buntingford	Presentation at public meeting organised by East Herts District Council	<ul style="list-style-type: none"> Confusion over paediatric services – assumed there would be only one inpatient unit at Watford after reading consultation questionnaire Positive feedback re current GP services Transport & access, particularly asked about criteria for access to patient transport service and the links to community car scheme Personal queries regarding exceptional treatment policy and ambulance issues
Home Start AGM	Presentation of proposals with Q&A session to follow	<ul style="list-style-type: none"> Scope/clinical safety of urgent care centres; need for clarity for the public about where to go Affordability of Hatfield Transport and access to care Centralisation of acute services
Age Concern Carers meeting, Standon	Short presentation of proposals with Q&A	<ul style="list-style-type: none"> Will people still be able to go to Princess Alexandra Hospital for acute hospital care? Why do services need to be brought together – explanation of clinical case for change Agreed with principle to centralise onto centres of excellence to give better outcomes Many people have experience of less than satisfactory primary care services – don't feel confident of delivery of new services
Waitrose Hertford	Manned display of consultation material; handing out of leaflets	<ul style="list-style-type: none"> Support for more local facilities such as those at Hertford County Hospital No real concern voiced about future of QEII hospital
Community Voice Bishop's Stortford	Presentation at public meeting organised by East Herts District Council	<ul style="list-style-type: none"> Most people locally use Princess Alexandra Hospital for acute hospital care – can they still do so? Herts & Essex Hospital – concern expressed about losing hospital services – will services move to St Margaret's in Epping? Hours of opening of urgent care centre? Will hospital be expanded? GP and OOH services – what is the system for handling GP referral letters; delays in getting emergency OOH and ambulance services
HERTSMERE		
Hertsmere Local Carers	Regular meeting	<ul style="list-style-type: none"> Awareness raising, handing out of documents and offer to present to group

APPENDIX C: SUMMARY OF OTHER RESPONSES

NAME OF COMMUNITY GROUP	TYPE OF EVENT	KEY ISSUES RAISED
Strategy Meeting, Elstree		
Age Concern Drop in Session, Borehamwood 40 participants	Opportunity to share information and hold individual discussions	<ul style="list-style-type: none"> • Many patients very positive about services received at Barnet Hospital; • Would like <i>walk in centre</i> in Borehamwood to reduce need to attend A&E dept • Transport is an issue particularly getting to Chase Farm and parking there • One person felt age was a barrier to accessing services; also cancellation of operations was an issue.
Borehamwood Multi Purpose Day centre Carers Group - 10 carers		<ul style="list-style-type: none"> • Most of the people attended Barnet Hospital for their health services so felt that Hertfordshire changes would not have a great impact on them. Alerted group to proposals of changes involving Barnet & Chase Farm Trust.
NORTH HERTS		
Alzheimer's Society AGM, Hitchin 50 participants.	Short presentation and Q&As	<ul style="list-style-type: none"> • Concerned that PCTs will not commit to the required investment to make the whole set of proposals work; this would result in greater burden falling on informal carers; particular worries about lack of intermediate care beds – there must be intermediate care beds on local general hospital sites. • Anxious about respite facilities in the local area and the capacity of residential and nursing homes. • Experienced difficulties in accessing local health services such as GP services
Headway Meeting, North Herts 8 participants	Short presentation and discussion	<ul style="list-style-type: none"> • Importance of seamless discharge to aid transfer from acute to community - need for case workers to follow patients from one sector to another • Need for increased funding for community/voluntary groups - to much filling of gaps in care by volunteers/carers • Urgent Care Centres – must have pathways of care to minimise risk of not identifying head injuries
Farmers Market, Royston	Manned display of consultation material; handing out of leaflets	<ul style="list-style-type: none"> • Some worries expressed that people would not be able to access out of county healthcare. Out of hours GP service is based at Hertford which is too far – attended A&E at Addenbrooke's instead • Difficulty experienced in getting GP appointments
Age Concern Asian Carers Group, Letchworth 22 participants.	Short presentation and Q&As	<ul style="list-style-type: none"> • Concern re obtaining GP appointments • Support for acute services to be at Lister Hospital • Have difficulties in accessing interpreters for outpatient appointments
Asian Carers Group, Letchworth	Short presentation followed by Q&A	<ul style="list-style-type: none"> • Issues over parking (availability and cost), access and transport • Concern that interpreters are not routinely available – family members still being used • Would appreciate more Asian GPs in local area
Royston Area	Presentation and response to	<ul style="list-style-type: none"> • Concern about the ability of health service to deliver changes

APPENDIX C: SUMMARY OF OTHER RESPONSES

NAME OF COMMUNITY GROUP	TYPE OF EVENT	KEY ISSUES RAISED
Committee North Herts District Council	questions	<ul style="list-style-type: none"> Request for consultation event in Royston Keen to hear about robust finalised plans for Royston hospital Would like regular updates on health issues for Royston Would like PCT to be involved in Civic Centre redevelopment
Polish Community Forum organised by Age Concern 25 people	Presentation and small group discussions	<ul style="list-style-type: none"> People wanted to know what is being proposed Concern over proposed changes to local hospital services Keen to understand how ambulance services have developed Some worries about hospital infections and personal stories
ST ALBANS		
Elderly people with a physical disability Jubilee Day Centre 18 participants	Group and individual discussions at regular event	<ul style="list-style-type: none"> Varying reports on quality of inpatient services at HH hospital People supportive of services at St Albans and GP services Concern expressed about communications between hospitals and patients; people feel they are on the 'scrap heap' and that services are not centred on them; hospital parking charges are too high Transport is a worry; taxi vouchers would be good for hospital transport Summary document not easy to understand
St Albans City & District Council Health Committee	Meeting to explore issues	<ul style="list-style-type: none"> Model of care proposed Affordability of Hatfield What services would be provided on St Albans City Hospital site and site ownership Timespan of financial modelling Consultation with hard to reach groups
St Albans City Council Full council meeting	Q&A session to assist in preparation of formal response	<ul style="list-style-type: none"> Council agreed formal response to consultation Issues raised – public transport links between St Albans and Watford; request that trust considers establishing a patient/relative transport service between its sites Concern about future role of Harpenden Memorial Hospital - support for maintenance/development Maternity services – desirability of re establishing Hemel Birth Centre Reassurance about the availability of capital funding to drive through plans Better linking between health and social care provision – health care has tended to be transferred to social care services over past years
Waitrose Supermarket, St Albans	Manned display of consultation material; handing out of leaflets	<ul style="list-style-type: none"> Many patients expressed satisfaction with elective care services(based in St Albans). Some cynicism whether health service issues will ever be resolved in Hertfordshire
St Albans Multi Racial	Raise awareness of	

APPENDIX C: SUMMARY OF OTHER RESPONSES

NAME OF COMMUNITY GROUP	TYPE OF EVENT	KEY ISSUES RAISED
Inter Agency Forum (SAMRIAF) 12 participants. St Albans	consultation	
Wheathampstead Parish Council	Short presentation & Q&A session	<ul style="list-style-type: none"> • Concern on public transport availability and access for visitors • Suggestion that that Hatfield hospital scheme would have been affordable if medical school facilities and other ancillary services were not included
Davenport House PPG meeting Harpenden 50 people	Presentation and Q&A session	<ul style="list-style-type: none"> • Access /traffic congestion to Watford General Hospital • Access to urgent care centre – how will people if they should go to A&E or UCC? • What is happening to Harpenden Memorial Hospital? • Is L&D hospital linked into consultation?
Alzheimer's Society Carers Group St Albans	Brief presentation & Q&A session	<ul style="list-style-type: none"> • Main concerns raised were about transport and access
Barley Mow Travellers Site, St Albans	Using the services of the dedicated health visitor, opportunity to talk informally with a group of travellers about the proposals	<ul style="list-style-type: none"> • Continuity of care was an issue when travellers moved from one site to another - familiarity with staff a key factor • Travel was a minor issue - increase in travelling time seen as a minor inconvenience • Appeared satisfied with current health services
Baby Rhyme Times Session 40 parents St Albans	Raise awareness of consultation, distribute documents and encourage people to take part	
Listening to Carers Event, St Albans	Distribution of summary documents	
St Albans Local Strategic Partnership	Presentation and response to questions	<ul style="list-style-type: none"> • Transport and parking at Watford General Hospital; what about concession parking? • Acute trauma units will mean additional pressure on police resources • Affordability of Hatfield • Should Hemel v Watford for major acute site be revisited? • Financial viability of proposals
Harvester Playtime Jersey Farm 25 people		<ul style="list-style-type: none"> • Is the closure of the Hemel Birth Centre permanent? • Perceived loss of services from St Albans Hospital

APPENDIX C: SUMMARY OF OTHER RESPONSES

NAME OF COMMUNITY GROUP	TYPE OF EVENT	KEY ISSUES RAISED
STEVENAGE		
Teenage mothers group, Lister hospital, Stevenage 6 participants	Discussion group	<ul style="list-style-type: none"> • Raised concern that children's services would be moving to Watford; explained that there would be a full range of children's services at either the Lister or QEII hospitals
Stevenage CVS AGM 50 in attendance Stevenage	Raising awareness through information distribution to everyone present	
Social Inclusion Forum Stevenage	Presentation to reps of care gps, churches together, housing etc	<ul style="list-style-type: none"> • Human nature to opt for (support) nearest hospital
Patient Involvement Group King George Surgery Stevenage	Presentation Q&A session	<ul style="list-style-type: none"> • Why is trust progressing an independent sector treatment centre at the Lister hospital? • How will urgent care centres integrate with GP OOH services and provide access for people not acutely ill • Some people had received questionnaire but others hadn't • Evening meetings not easy for older people to attend. Request for day time public meeting • (2 subsequently arranged in Welwyn and Knebworth)
Stevenage Local Strategic Partnership	Presentation and Q&A session	<ul style="list-style-type: none"> • Hatfield affordability; no real issues with clinical model • Primary care developments in Stevenage – new enhanced primary care centres - did this involve all GPs? • Transport & access issues not just health concerns – must involve all stakeholders • Equality of access to services – links with practice based commissioning groups
Public meeting organised by Churches together in Stevenage	Presentation Q&A	<ul style="list-style-type: none"> • Support for the Lister as main acute hospital site; • People need reassurance that services will be available when they need them • We need 21st century medicine
WATFORD/THREE RIVERS		
Asda supermarket Watford	Manned display of consultation material; handing out of leaflets	<ul style="list-style-type: none"> • Supportive of centralisation of acute hospital services but questions asked about capacity • Interest in general health service issues in west Hertfordshire • Links with other public services such as housing and police • Demographic and population changes

APPENDIX C: SUMMARY OF OTHER RESPONSES

NAME OF COMMUNITY GROUP	TYPE OF EVENT	KEY ISSUES RAISED
Asian Elders Luncheon Club, Watford (2 interpreters in attendance) 55 participants.	Short presentation and Q&As	<ul style="list-style-type: none"> • Asked why planned surgery could not be at Watford • Concern about transport • Issues around accessing interpreters
Rickmansworth Library	Manned display of consultation material; handing out of leaflets	<ul style="list-style-type: none"> • Comments made on the proposed closure of A&E services at Hemel Hempstead and what an urgent care centre would provide
Parkinson's Disease Society Watford	Main presentation at meeting attended by 100 people	<ul style="list-style-type: none"> • Perspective of proposals for west Herts discussed; implications for people with PD and their carers • Concern over lack of progress in agreeing a specialist nurse to support people with PD and their families
Watford & Three Rivers Carers Network(Carers in Herts)	Brief overview given followed by Q&As	<ul style="list-style-type: none"> • Concern expressed around nursing levels at A&E • Concerns over cost of parking • Questions raised about elective care
Watford & Three Rivers Carers Information Group, , 8 carers Watford	Opportunity for brief overview of consultation and discussion; promotion of West Herts Carers Health Forum to discuss in more detail	Concerns re transport and access
Three Rivers Local Strategic Partnership	Presentation and questions	<ul style="list-style-type: none"> • Support for more care delivered locally; keen to understand how services will be delivered in Three Rivers; recognition that access and transport will be key issues
Expert Patient Involvement Group, 13 people Watford	Overview of consultation proposals presented; details of public meeting promoted. Q&A session	<ul style="list-style-type: none"> • Transport/access - difficult to get to early morning appointments as hospital transport doesn't reach location in time. Why not more afternoon clinic appointments • Patients will need information re appropriate access of urgent care centres & A&E depts • Inappropriate use of health staff ie why are nurses undertaking reception duties or just sitting with a consultant during consultation? • Waiting times still an issue for patients with long term health conditions • What about a system for penalising patients who fail to attend appointments
Three Rivers Council Scrutiny Committee	Responding to questions about proposals and other health matters	<ul style="list-style-type: none"> • General discussion about urgent care centres
Asian Community Carers meeting,	Postcards with contact details distributed	

APPENDIX C: SUMMARY OF OTHER RESPONSES

NAME OF COMMUNITY GROUP	TYPE OF EVENT	KEY ISSUES RAISED
Watford 90 people	Local MP urged people to get involved	
Watford Labour Party	Presentation and responding to questions	<ul style="list-style-type: none"> • PFI as funding route • Transport and parking costs
WELWYN HATFIELD		
Age Concern Asian Gp, WGC 12 participants	Brief presentation and Q&As	<ul style="list-style-type: none"> • Transport to hospital appointments, visiting and hospital parking costs Requested clarification of terminology in consultation document • Language a barrier to accessing some services - interpreters not provided as routine
Welwyn Hatfield Public Involvement Panel(PIP) 2 meetings	Extended agenda item as part of regular bimonthly meetings	<ul style="list-style-type: none"> • Affordability of Hatfield hospital. One member reported that he had asked Chief Executive of the PCT if a 'smaller' Hatfield scheme would make it affordable and the response had been no. • Questions about how urgent care centres would operate. How much might it cost to upgrade the non-acute hospital? What will happen to the existing community hospitals? • Felt that increased travel times was not a valid reason for not supporting reconfiguration. • Would the ambulance service have enough staff to cope with the changes? • Has parking and access had been considered? • What will happen to staff as a result of these plans? • Welwyn Hatfield Council had now submitted its formal response to the proposals and had asked to see projected figures for maintenance of the QEII site and Hatfield sites. • The end of the formal consultation period doesn't mean the end of discussion about health. PIP could have important future role to play, especially in any gap between patient forums and the new LINKs organisations
Welwyn Hatfield CVS Community Lunch	Presentation on consultation proposals and public health issues	<ul style="list-style-type: none"> • Importance of considering the whole person's needs – physical, mental and spiritual • Affordability of Hatfield • Transport and access including emergency transport; delays on A1M • Capacity of community and primary care services; worries that people will not get sufficient home care and support
Open meeting organised by Wrafton House Surgery Patients Group and Hatfield Town Council	Presentations and Question & Answer Session	<ul style="list-style-type: none"> • Why are the costs of developing the sites at Lister and QEII different? • A new hospital at Hatfield was the preferred choice in 2003, what has changed between then and now? • Is Hertfordshire health service underfunded? • Will urgent care centres and the surgicentre be in place before services change particularly A&E

APPENDIX C: SUMMARY OF OTHER RESPONSES

NAME OF COMMUNITY GROUP	TYPE OF EVENT	KEY ISSUES RAISED
50 people		<p>and what guarantees can you give us?</p> <ul style="list-style-type: none"> • Driving on the A1M to Stevenage from Hatfield in the early evening, the traffic is often at a standstill. How will such delays affect patients suffering a heart attack in Hatfield? • Where will people park at the Lister? • Comment – with fewer physios, no dedicated home carers or social workers, it is a do it yourself system when you get home (from hospital) – you are left to manage as best you can
Morrisons supermarket, Welwyn Garden City	Manned display of consultation material; handing out of leaflets	<ul style="list-style-type: none"> • Many people reluctant to engage but when they did, some very useful discussions • Some felt that decision had already been made • Plea for better services in community before changes are made to hospitals
Kaleidoscope Festival organised by BME partnership, Welwyn Garden City	Manned stall of consultation material; handing out of leaflets at major festival for minority ethnic communities	<ul style="list-style-type: none"> • Perceived 'closure' of QE11 hospital • Future of hospital
Teenage mothers' Group 12 participants. Welwyn Garden City	Discussion on the consultation proposals, Q&As	<ul style="list-style-type: none"> • Perception that QE11 is closing • Access to A&E services if QE11 not main acute site • Most important factor in determining a positive birth experience is the quality of midwifery care; this is of greater importance than which hospital they attend • Experience and training of paramedics • Some concern about getting home after the birth if no support from family
Hatfield Townswomen's Guild	Special meeting to discuss proposals	<ul style="list-style-type: none"> • What will local general hospital look like? Who will be seen at the urgent care centre? • Emergency ambulance service – need to explain to public what you've told us • Personal experiences of hospital care
Women's group	Focus group –type discussion about maternity services	<ul style="list-style-type: none"> • Distance travelled for services is a factor; how much choice do we have? Is Hatfield really not an option? If only one unit for delivery, will ante and post natal care be available on other site? Would support the Lister option if there was a midwife-led unit alongside the main obstetric unit and more investment was put into community midwives. There needs to be more staff and registrars with people skills. • Would like to have ante natal appointments in one place and continuity of care with midwives • Worried about delays on A1M

APPENDIX C: SUMMARY OF OTHER RESPONSES

NAME OF COMMUNITY GROUP	TYPE OF EVENT	KEY ISSUES RAISED
Welwyn Hatfield Council Health Working Group	Discussion re the business case for Hatfield	<ul style="list-style-type: none"> • Clarification of areas of business case • Projected running costs for Lister, QE11 & Hatfield schemes, ideally for 30 years after 2014 • Assumptions made in the borrowing ratio of 20% • Estimates of capital and running costs of previously proposed cancer centre
OUTSIDE HERTS		
Stotfold Town Council	Presentation Q&A session	<ul style="list-style-type: none"> • Discussion about urgent care centres; concern re travel times if QEII chosen as preferred location ; suggested that centralisation limits choice

APPENDIX C: SUMMARY OF OTHER RESPONSES

APPENDIX C5: PETITIONS RECEIVED

Petitions from Stevenage and North Hertfordshire				
Title of petition / Name of lead petitioner	Date Received	Received by	Wording of petition	Total number of signatures
'Save our Services' – The Comet (newspaper cut out) and associated petition +28 drawings from schoolchildren	26/09/2007	Pam Handley, Chair, East and North Hertfordshire PCT	Proposal for services in Stevenage: "In the proposed reconfiguration of hospital care in the north and east of Hertfordshire we ask the government and the health authorities, to act in the interests of all the people in the area, and consolidate specialist and trauma services at the Lister Hospital in Stevenage. We ask this because the Lister is more accessible to public transport; its site is large enough to take the kind of expansion of buildings and parking this change demands; it is situated within one of the most deprived areas in the county and its present buildings are far better suited to the provision of the twenty-first century medicine we need and deserve"	8287
Associated petition Online supporters list	26/09/2007	Pam Handley, Chair, East and North Hertfordshire PCT	Declaration: I confirm that I will support and help to 'Save Our Services' at Lister Hospital.	3157
Oliver Heald MP –to sit alongside the main Comet petition	01/10/2007	Consultation office	Proposal for services in Stevenage: "In the proposed reconfiguration of hospital care in the north and east of Hertfordshire we ask the government and the health authorities, to act in the interests of all the people in the area, and consolidate specialist and trauma services at the Lister Hospital in Stevenage. We ask this because the Lister is more accessible to public transport; its site is large enough to take the kind of expansion of buildings and parking this change demands; it is situated within one of the most deprived areas in the county and its present buildings are far better suited to the provision of the twenty-first century medicine we need and deserve"	488

APPENDIX C: SUMMARY OF OTHER RESPONSES

Petitions from Stevenage and North Hertfordshire				
Title of petition / Name of lead petitioner	Date Received	Received by	Wording of petition	Total number of signatures
Barbara Follett MP	02/10/2007	Consultation office	Save our services petition. Barbara Follett MP and Stevenage Borough Council have teamed up with 'The Comet' newspaper to launch the 'Save our Services' campaign to ask the government and the health authorities to consolidate specialist and trauma services at the Lister Hospital. Their proposal for services in the Stevenage area is: <i>'In the proposed reconfiguration of hospital care in the north and east of Hertfordshire we ask the government and the health authorities to act in the interests of all the people in the area, and consolidate specialist and trauma services at the Lister Hospital in Stevenage. We ask this because the Lister is more accessible to public transport; its site is large enough to take the kind of expansion of buildings and parking this change demands; it is situated within one of the most deprived areas in the county and its present buildings are far better suited to the provision of the twenty first century medicine we need and deserve.'</i>	13,187
Steven McPartland questionnaire	2709/2007	Consultation office	See *	190
The Parish of Hitchin	01/10/2007	Consultation office	SOS. Save Our Services. Hands off our Hospital. Proposal for services in Stevenage: 'In the proposed reconfiguration of hospital care in the north and east of Hertfordshire we ask the government and the health authorities to act in the interests of all the people in the area, and consolidate specialist and trauma services at the Lister Hospital in Stevenage. We ask this because the Lister is more accessible to public transport. The site is large enough to take the kind of expansion of buildings and parking this change demands. The Lister is situated within one of the most deprived areas in the county and its present buildings are far better suited to the provision of the twenty-first century medicine that we need and deserve'	47
Total number of signatures				25,356

APPENDIX C: SUMMARY OF OTHER RESPONSES

Petitions from Welwyn Hatfield				
Title of petition / Name of lead petitioner	Date Received	Received by	Wording of petition	Total number of signatures
Welwyn Hatfield Keep the NHS Public campaign	28/09/2007	Pam Handley, Chair, East and North Hertfordshire PCT	<p>QE2 Hospital closure imminent. Welwyn & Hatfield Keep the NHS Public Campaign. Herts PCTs make cuts in services to balance books. East and North Hertfordshire Trust: QE2 Dismantling & asset stripping. Staff bullied. Sacked and dispatched to Lister. Prior to complete closure. Cuffley Ward to be closed. Pathology Department. To be privitised and staff made redundant. No money for 'Non-Urgent surgery' patients wait until April+ for operations. West Hertfordshire Hospitals NHS Trust: Up to 500 jobs would have to go in the next 12 to 18 months to help tackle debts of £28.6m. Herts & Beds Ambulance services: Begin privitisation in April. We the undersigned urge both Government and its PCTs to avoid ALL health care contraction, including hospital closures and staff redundancies. Keep the NHS ublic and free. Scrap its PFI initiative: Halt ALL planned service privitisations and return all privitised services to the NHS. Keep ALL Hospitals open</p>	11,777
Welwyn Hatfield Keep the NHS Public campaign	28/09/2007	Pam Handley, Chair, East and North Hertfordshire PCT	<p>Campaign against the continuing privatisations of the NHS. Save both the QEII & Lister Hospitals. East and North Hertfordshire Trust plans to cut per cent of its workforce (500 jobs) to get £18m savings, up to three wards to be closed in the Lister and QEII hospitals including the accident & Emergency by 2007. We the undersigned request that the Secretary of State urgently intervene to prevent further closures and job losses in our hospital, which will seriously impinge on patient care. We also request that following her announcement earlier this year where it was stated that the TOTAL NHS DEFICIT was 1% of the TOTAL NHS BUDGET that this should be written off and then our managers called to account for their spending</p>	941

APPENDIX C: SUMMARY OF OTHER RESPONSES

Petitions from Welwyn Hatfield				
Welwyn Hatfield Keep the NHS Public campaign	28/09/2007	Pam Handley, Chair, East and North Hertfordshire PCT	East and North Hertfordshire Trust plans to cut per cent of its workforce (500 jobs) to get £18m savings. Involving the closure of up to 3 of our wards in the QEII and Lister hospitals including the Accident & Emergency and to close one of our hospitals by 2007. Keep them both open.	2,821
Hospital SOS campaign (Grant Shapps MP)	28/09/2007	Pam Handley, Chair, East and North Hertfordshire PCT	Sign the Hospital SOS petition and tell our MP what you think. Hospital SOS petition (the official campaign to save the QEII)	892
Hospital SOS campaign Online messages of support	02/10/2007	Consultation office	List of names and addresses showing support for campaign via email sign up. Various comments left	4,055
Welwyn Hatfield Labour party	28/09/2007	Pam Handley, Chair, East and North Hertfordshire PCT	We wholehearted support the plans to build a new hospital and cancer centre in Welwyn Hatfield	1,219
Welwyn Hatfield Labour party	28/09/2007	Consultation office	YES, I want to support Labour's campaign to fight the hospital threat	82
Welwyn Hatfield Labour party	28/09/2007	Consultation office	We believe that Welwyn Hatfield needs a hospital and a cancer centre	1,115
Digswell Park Women's Group	08/10/2007	Consultation office	We write to say that the membership of the Digswell Park Women's Club feel very strongly that the QEII must not close. The undersigned, all members of the Club, have given their signatures to confirm this view.	55
Welwyn & Hatfield Times online supporters list and petition	01/10/2007	Consultation office	Declaration: I confirm that I support the Welwyn & Hatfield Times 'Save Our Hospital' campaign / I confirm that I support the Welwyn & Hatfield Times 'Don't sink the QEII' campaign	587
Save the Hatfield superhospital (Liberal Democrats: Cllr Nigel Quinton)	01/10/2007	Consultation office	I want the government to confirm delivery of the Super Hospital to be built at Hatfield promised by John Reid in 2003 following the Investing In Your Health strategy review	852

APPENDIX C: SUMMARY OF OTHER RESPONSES

Petitions from Welwyn Hatfield				
Save the Hatfield superhospital (Liberal Democrats: Cllr Nigel Quinton)	01/10/2007	Consultation office	Save the Hatfield superhospital. I want the government to confirm delivery of the promised super hospital to be built at Hatfield and funding of the full £550m promised	211
Welwyn Hatfield Times "I support the Hatfield Hospital campaign" newspaper cutout and online list	01/10/2007	Consultation office	I support the Hatfield Hospital campaign	55
Welwyn Hatfield Times "I support the Hatfield Hospital campaign" newspaper cutout and online list	01/10/2007	Consultation office	I confirm that I support the £500m hospital and cancer centre planned for Hatfield	128
Official Hospital SOS Taskforce Campaign	01/10/2007	Consultation office	Our community has been betrayed over a pledge to build a £1/2bn Hatfield super-hospital- now they want us to lose our acute services at the QEII too. Maternity, A&E, Paediatrics, Elderly Care and Surgery are all about to be under review. Stand up and be counted before it's too late! We the undersigned believe that Welwyn Hatfield needs a major hospital	1174
Official campaign to keep the QEII Hospital in WGC fully open with all the current acute services	01/10/2007	Consultation office	Our community has been betrayed over a pledge to build a £1/2bn Hatfield super-hospital- now they want us to lose our acute services at the QEII too. Maternity, A&E, Paediatrics, Elderly Care and Surgery are all about to be under review. Stand up and be counted before it's too late! We the undersigned call on Her Majesty's Government to urgently step in to prevent the closure of acute services at the QEII in Welwyn Garden City	3560
Welwyn & Hatfield Times newspaper cutout (Consultation questions 1 & 2)	01/10/2007	Consultation office	See **	26

APPENDIX C: SUMMARY OF OTHER RESPONSES

Petitions from Welwyn Hatfield				
Friends of Wrafton House petition	27/09/2007	Consultation office	The future of the QEII Hospital –a petition. We, the undersigned, expect and demand that if the QEII loses major acute services to the Lister, it must retain a full range of non-acute services.	197
Keep the QEII for health not housing –keep our hospital open (Jill Weston, Welwyn Hatfield Green Party)	08/10/2007	Consultation office	Keep the QEII for health not housing. Keep our hospital open. To: the Secretary of State for Health and Anne Walker, Chief Executive of the Hertfordshire Primary Care Trusts. We the undersigned (1) are opposed to any plans to close the QEII Hospital, Welwyn Garden City, or to downgrade it to a community hospital; (2) are opposed to any plans to transfer the current beds and clinics currently undertaken from the QEII to the Lister; and (3) would like to see the existing health facilities at the QEII retained and enhanced.	131
Total number of signatures				29,878

Petitions supporting Urgent Care Centre at Cheshunt				
Title of petition / Name of lead petitioner	Date Received	Received by	Wording of petition	Total number of signatures
Charles Walker MP petition	01/10/2007	Pam Handley, Chair, East and North Hertfordshire PCT	To East & North Herts PCT: The petition of residents of the Constituency of Broxbourne and others, Declares our concerns about the provision of future acute hospital and A&E services in the Constituency of Broxbourne. In view of the above concerns, we urge East & North Herts PCT to act on our concerns by ensuring that Cheshunt Community Hospital is upgraded to an Urgent Care Centre as planned.	1,271

APPENDIX C: SUMMARY OF OTHER RESPONSES

Charles Walker MP (letters of support)	01/10/2007	Pam Handley, Chair, East and North Hertfordshire PCT	I am writing as a concerned resident of the Borough of Broxbourne to urge you to site an urgent care centre" at Cheshunt Community Hospital. If approved, the scaling back of services at Chase Farm Hospital and the QEII will have a disproportionate impact on Broxbourne and worsen the already significant health inequalities in the Borough, which place many of its wards at a sever disadvantage to the more prosperous parts of the County. Furthermore, failure to site an urgent care centre in Cheshunt will force many of the Borough's least prosperous and eldest residents to make lengthy and expensive journeys to receive their treatment. By locating an urgent care centre in Cheshunt the PCT will demonstrate its commitment to redressing the imbalance in health outcomes and to ensuring a more equitable apportionment of resources across the County with health services supporting those communities most in need."	3,311
Total number of signatures				4,582

Unknown source				
Unknown	01/10/2007	Consultation office	We the undersigned request that the Secretary of State urgently intervene to prevent further closures and job losses in our hospital, which will seriously impinge on patient care. We also request that following her announcement earlier this year where it was stated that the TOTAL NHS DEFICIT was 1% of the TOTAL NHS BUDGET that this should be written off and then our managers called to account for their spending	465

Total number of signatures on all petitions 60,281

APPENDIX C: SUMMARY OF OTHER RESPONSES

APPENDIX C6: KEY ISSUES FROM GROUPS THAT TRADITIONALLY FIND THE NHS 'HARD TO REACH'

Black and Minority Ethnic (BME) communities	
Examples of groups visited/involved	Key issues raised
<ul style="list-style-type: none"> • Broxbourne Ethnic Minority Association • Waltham Cross Italian Community Forum • Asian Mother and Toddler Group, Bennetts End • Dacorum Communities Together • Age Concern Asian Carers Group, Letchworth • Polish Community Forum, Hitchin • Asian Elders Luncheon Club, Watford • Age Concern Asian Group, Welwyn Garden City • Kaleidoscope Festival, Welwyn Garden City 	<ul style="list-style-type: none"> • Transport , access and parking (availability and cost) - need for better networking and information sharing of various transport schemes • Keen to understand how ambulance services have developed • Transport difficult to QEII and Lister from south of Hertfordshire • Perception that hospitals will close • Positive feedback about maternity services in west Hertfordshire • Infection control in hospitals • Concern about obtaining GP appointments • Would appreciate more Asian GPs • Language a barrier to accessing some services - interpreters not provided as routine • Need clarification of terminology used in consultation document
Carers	
Examples of groups visited	Key issues raised
<ul style="list-style-type: none"> • West Herts Carers Health Forum • Dacorum Listening to Carers Day • Age Concern Carers group, Standon • Borehamwood Multi Purpose Day centre Carers Group • Watford & Three Rivers Carers Network 	<ul style="list-style-type: none"> • Support for more services to be delivered within community but only if sufficient funding available to increase capacity in community nursing • Concerns about possible increased travel to major acute hospital • Concerns over cost of parking • Public will require information to explain role of new urgent care centres and A&E • Information

APPENDIX C: SUMMARY OF OTHER RESPONSES

People with disabilities	
Examples of groups visited	Key issues raised
<ul style="list-style-type: none"> • Herts Action on Disability • Jubilee Day Centre, St Albans 	<ul style="list-style-type: none"> • Concerns about travel and transport to major acute site • Concern about access within hospital –e.g. co-location of linked departments, treatment rooms with appropriate disabled access • Would like to see disabled people involved when room specifications are considered • Some found the consultation document hard to understand
Older people	
Examples of groups visited	Key issues raised
<ul style="list-style-type: none"> • Hertfordshire Voices (Age Concern discussion groups – west/e&n herts) • Dacorum Age Concern Forum • Age Concern Drop in session, Borehamwood 	<ul style="list-style-type: none"> • Transport and access to services is a major issue. Public transport is poor in Hertfordshire and parking is difficult and expensive • Some out of county providers are easier to access than other Hertfordshire providers • Need for major publicity around urgent care centres • Supportive of community hospitals • Will people's views be listened to • Must have closer working between health service and social care services • Some concerned that services are driven by financial rather than quality considerations • Members very supportive of ambulance service with positive experiences • Lister was identified as a good location for major acute care because of road networks • Will Hemel Hempstead hospital close?
Parents	
Examples of groups visited	Key issues raised
<ul style="list-style-type: none"> • National Childbirth Trust • Greenfield Children's Centre, Waltham Cross • Baby Clinic, Markyate 	<ul style="list-style-type: none"> • Wish to retain midwife-led units but many women may not use them because of fears about access to consultant care in case of complications • What is the future of the Hemel Birthing centre?

APPENDIX C: SUMMARY OF OTHER RESPONSES

<ul style="list-style-type: none"> Baby Clinic, Hemel Hempstead sports centre 	<ul style="list-style-type: none"> Some maternity services should be retained at Hemel Hempstead Concern about overall maternity capacity How will parents know which service to access if child is unwell Many women had positive experiences of giving birth at Luton and Dunstable Hospital
People with chronic conditions	
Examples of groups visited	Key issues raised
<ul style="list-style-type: none"> Expert Patient Involvement Group, Dacorum Alzheimer's Society Headway (brain injuries) Parkinson's Disease Society Expert Patient Involvement Group, Watford 	<ul style="list-style-type: none"> People still angry about choice of Watford as acute hospital site in west Herts Patients will need information about the appropriate use of urgent care centres and A&E departments Access, transport and parking are issues. Specific issues included access to early morning appointments is difficult when using voluntary/public transport Concerned that PCTs will not be able to commit to investment in community care therefore there may be increased burden on carers Would like to see intermediate care beds on local general hospital sites. Anxious about respite facilities and the capacity of residential and nursing homes. Experienced difficulties in accessing local health services such as GP services Importance of seamless discharge to aid transfer from acute to community
Travellers	
Examples of groups visited	Key issues raised
<ul style="list-style-type: none"> Broxbourne Gypsy/Traveller Liaison Group Cherry Tree Travellers Site, Hemel Hempstead Barley Mow Travellers Site, St Albans 	<ul style="list-style-type: none"> Perceived inequity of care due to traveller status Would present at A&E if they had problems getting a GP appointment - seemed positive about development of urgent care centres No preference or concerns about the location of planned surgery Continuity of care was an issue when travellers moved from one site to another - familiarity with staff a key factor Travel was a minor issue - increase in travelling time seen as a minor inconvenience. Had some concerns about older people

APPENDIX C: SUMMARY OF OTHER RESPONSES

Young people	
Examples of groups visited	Key issues raised
<ul style="list-style-type: none"> • Hertfordshire Youth MPs • Teenage mothers group, Lister hospital • Teenage mothers group, Welwyn Garden City • Women's group in WGC 	<ul style="list-style-type: none"> • What will happen to people in ambulances who have to go further? • Will there be any money to put into sexual health services or mental health services to help young people who self harm? • Concern that consultation questionnaire suggested that all children's services for the whole of Hertfordshire would move to Watford • Perception that the QEII is closing • How will parents access A&E services if QEII not main acute site • Most important factor in determining a positive birth experience is the quality of midwifery care; this is of greater importance than which hospital they attend