Appendix 1: Analysis of Responses to the Consultation Questions

Question 1: Please tell us about your interest in NHS services

Of the 324 people who responded to the survey:

- 39 (12%) had previously used Townlands Hospital;
- 31 (10%) were people who had a general interest in health matters;
- 206 (64%) identified themselves as Henley residents.

In addition, 9 people identified themselves as a carer of a patient that had used Townlands Hospital, 2 people said that they worked at Townlands Hospital, 5 are NHS staff/work at a GP practice, 1 response was from an elected official. 27 people cited other associations, which included:

- Chair of North West Reading Clinical Commissioning Group
- Member of a PPG
- Retired from NHS
- Pharmacy
- Women’s Institute Sonning Common
- South East Locality Forum
- Henley College, staff member
- College Student
- Townlands Steering Group member
- Member of the Goring Carers’ Group
- Patient representative on the Diabetes Governance Committee at Royal Berkshire NHS Hospital
- Parish Councillor
- Chair of the West Oxfordshire Locality Forum
- MS Support Group
- Friends of Townlands Hospital (FROTH)
- Home based care for the Elderly
- Family connection
- Governor at the Royal Berkshire Hospital
- Henley Good Neighbours.
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The map below shows the spread of responses received. It is important to note that 78 people responded in hard copy format and did not provide their postcode, and, as such, are not reflected on the map.

Figure 1: Map of respondents across Oxfordshire
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- I am a carer for a patient that has used Townlands Hospital Total: 9 (3 not shown on map)
- I am a local resident of Henley-on-Thames Total: 208 (44 not shown on map)
- I am a member of NHS staff/work at a GP practice Total: 5 (1 not shown on map)
- I am a patient that has previously used Townlands Hospital Total: 40 (5 not shown on map)
- I am an elected official, representing the views of my constituents Total: 1 (1 not shown on map)
- I have a general interest in health matters Total: 31 (12 not shown on map)
- I work at Townlands Hospital Total: 2
- Other- please state Total: 27 (12 not shown on map)
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Figure 2. Number of Respondents by postcode

Of the 324 people that responded to the questionnaire, 192 provided their postcode details and were from the RG9 postcode area. A smaller number identified themselves from the RG8 (16) and RG4 (19) area. 5 people told us that they were from a RG postcode area but were no more specific than that.
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These results indicate that people chose to select that they were a resident of Henley first and foremost. This is also evident when compared to the answers given to Question 7, which asks for reasons why people have previously used Townlands Hospital: a total of 622 reasons were given (see below).

If you have used Townlands Hospital in the last 2 years, please tell us the reason why?
This question was a multiple choice question. 133 (52%) of those that responded to this question selected that they attended for x-ray, 125 (49%) attended the minor injuries unit, 69 (27%) attended a follow up clinic and 70 (27%) attended for diagnosis. A small number (3 - 1%) were an inpatient on Peppard ward.
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**Figure 3: Responses for why people have used Townlands Hospital**
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Question 2: At the heart of the changes are proposals for the delivery of good quality care close to home, which may include diagnosis, observation, treatment and rehabilitation. This type of care is referred to as ‘ambulatory care’ as it is not provided in the traditional bed-based environment.

With this in mind please could you tell us if you agree or disagree with the following statements?

Respondents were asked to rate eight statements. The purpose of this question was to understand public and patient perceptions of the role and purpose of the NHS and to identify whether people were broadly supportive of the principle of care outside of hospital.

Overall, the results showed that respondents were in agreement that people should be cared for at home as much as possible and those services should be fit for the future. People agreed that looking after someone at home is better than keeping them in hospital and that Townlands Hospital should be suitable for all patients.

People also felt strongly that Townlands Hospital should meet the needs of people that live in Henley-on-Thames and that patients in Henley should not travel to other community hospitals.

People felt strongly that NHS services should support people to be as independent as possible and that health services should work together to provide the best care for the patient.

We have also noted 59 comments that expressed concern that this particular part of the survey was biased and leading.
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Statement 1: People should be cared for at home as much as possible

202 (73%) respondents agreed that people should be cared for at home as much as possible, 27 (10%) disagreed or strongly disagreed with this statement.

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Statement 2: Services need to be fit for the future

265 (92%) of respondents agreed or strongly agreed that services need to be fit for the future, 4 (2%) of respondents either disagreed or strongly disagreed with this statement.
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Statement 3: Looking after someone at home (if medically appropriate) is better than keeping people in hospital

207 (74%) respondents agreed or strongly agreed that looking after someone at home (if medically appropriate) is better than keeping people in hospital. 29 (10%) of respondents disagreed or strongly disagreed with this statement and 42 (15%) provided a neutral response.

![Detailed breakdown for 'Looking after someone at home (if medically appropriate) is better than keeping people in hospital']

Statement 4: Townlands Hospital should have services that are suitable for all patients

253 (87%) respondents either agreed or strongly agreed with the statement that Townlands Hospital should have services that are suitable for all patients. 11 (4%) respondents disagreed with this statement and 28 (10%) provided a neutral response.

![Detailed breakdown for 'Townlands Hospital should have services that are suitable for all patients']
Appendix 1: Analysis of Responses to the Consultation Questions

Statement 5: Services at Townlands should meet the needs of people that live in Henley on Thames

252 (87%) respondents agreed or strongly agreed with this statement, 16 (6%) respondents disagreed or strongly disagreed and 21 (7%) provided a neutral response.

![Detailed breakdown for 'Services at Townlands should meet the needs of people that live in Henley on Thames'](image)

Statement 6: Patients in Henley should travel to other community hospitals in Oxfordshire if they need care that is not available at Townlands Hospital

80 (28%) respondents agreed that patients in Henley should travel to other community hospitals in Oxfordshire if they need care that is not available at Townlands Hospital, compared with 146 (53%) who disagreed. 52 (19%) of respondents provided a neutral response.

![Detailed breakdown for 'Patients in Henley should travel to other community hospitals in Oxfordshire if they need care that is not available at Townlands Hospital'](image)
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Statement 7: NHS services should support patients to be as independent as possible.

250 (87%) of respondents strongly agreed or agreed that NHS services should support patients to be as independent as possible. Fewer than 8 (3%) disagreed with this statement and some 29 (10%) provided a neutral response.

Statement 8: Health services should work together, providing the best care for the patient

282 (97%) of respondents either agreed or strongly agreed with this statement; 2 (1%) strongly disagreed that health services should work together, providing the best care for the patient. 7 (2%) were neutral
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Question 3: The proposed model means that we will provide ‘step up/step down’ beds rather than the traditional ward based bed care currently provided at Townlands Hospital. Please can you tell us what you think about this?

Broadly speaking, the responses could be divided by those who agreed, in principle, with the model of care and those opposed to it.

Agreement with the model of care

112 (35%) people specifically stated that they approved of the proposal for a Rapid Access Care Unit (RACU). They felt that an ambulatory care model would:

- Provide the best outcome for patients
- Reduce time in hospital
- Improve patient care
- Allow more people to be seen.

‘Providing that there is adequate provision for professional, well trained, experienced staff to look after patients in their own homes after being discharged from Townlands Hospital step up/step down facility and that there is continuity of care the new system should work well in the patient’s interest and wellbeing’

‘I know from the research that this has the best outcome for patients’.

‘I approve of anything that improves the care and wellbeing of a patient, improves the working environment for the dedicated staff, improves the efficacy of medical care - and results in an improved healing process that will reduce the time patients spend in hospital’.

Whilst 112 (35%) were supportive of the model of care, there were caveats to their support. The following areas of concern were raised:

3.1 Bed provision

45 people (41%) recognised the value that a Rapid Access Care Unit could bring. 43 (96%) of the 45 asked that further beds be provided.

‘Ambulatory care model seems to have exciting potential. Run alongside 18 bed proven model of existing Townlands Hospital while ambulatory care evolves and proves itself - and especially
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demonstrates sustainability of full staffing levels - as UK moves into huge government austerity programme on public spending’.

‘All the proposals are very laudable but the provision of 5 beds of this nature will not be sufficient to cater for the population from the larger Henley area’.

‘Whilst I am broadly in favour of care provided at home (provided there are sufficient resources), we all know that this is an ongoing process and cannot be achieved by reducing the number of beds available at Townlands - as provided admirably by the current 14 bed Peppard Ward’.

‘I think there should be more beds. Even having ten would perhaps cover emergencies. Many residents in Henley are elderly with a considerable number living on their own’

‘It’s a good idea but there should be some ward beds available’

‘We agree step up and down care is a positive step, however we believe Townlands Hospital should have sufficient beds to support this care and rehabilitation and intermediate care. Probably 14 for care and 4 step up step down’.

Six comments were made that the model should be supported with 18 beds initially and reduced down once the ambulatory model was fully operational.

‘I think we should have the 18 beds first and get everything working then reduce beds if we see it working ok’.

‘Sounds good - but a period of transition must be allowed by retaining the present number of beds and gradually reducing as demand lessens and the new method of care is fully operational.’

Seven comments specifically raised concerns about the provision of step down beds and convalescence beds.

‘Townlands should provide the facilities for respite care or convalescence care after an operation’.

‘I think step up beds are a wonderful idea however step down beds are required and the model we have been told that works is when the step down has a ward of 24 beds adjacent to it as in Abingdon’.

‘I like the idea of step-up beds. You set time limit for step-up beds of 24 - 48 hours. But what is the time limit for step-down beds? Aren't many of the current ward beds step-down beds? Is there not a risk that the step-down beds will block the system? How will you protect the step-up beds?’

Additional comments related to a recognition that the model of care would help improve ‘bed blocking’, that bed provision at the Order of St John should be in same sex wards, and that conversely the beds should not be provided with Order of St John.
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‘Good idea and seems it might prevent bed blocking. Just hope there will be enough beds’.

3.2 Social care

Whilst people were generally supportive of the model of care, there was concern that, for the model to succeed, sufficient resources would need to be available in social care.

20 (18%) people specifically cited social care as a concern, namely:

- The ability of social care to manage the demand of an ambulatory model
- The likelihood of an increase in the social care budget to support more people at home
- The perceived need for more staff to support the delivery of the model.

‘I agree with the principle of this but its success depends on the success of the follow-on services which I fear are unlikely to meet the standards as prescribed’.

‘In an ideal world, patients are better off at home, of course they are...........but who is supposed to be looking after them’?

‘One cannot disagree with the aims of the care proposals, however, how will it be possible to fund all these services. GPs, Consultants, Physiotherapists, Health Visitors etc. etc. already are overwhelmed by patient demands and paper work. If funding is fully available for these proposals where are the trained professional staff to be found (Henley GPs are already struggling to keep pace with patient requirements). Where are all the additional ‘man hours’ to be found to provide this ‘brave new world’ with the limited supply of professional staff and money available’.

44 (39%) people cited other risks to the successful delivery of the model:

- Lack of evidence in the model of care
- Lack of a clear transition plan
- Lack of confidence in the staffing available to support the model
- Lack of evidence that the model is financially sustainable.

Disagreement with the model of care

151 (47%) people specifically stated that they disagreed with the proposals and gave a variety of reasons for this view. Of the 151 people that responded, 15 (10%) said that they did not understand
Appendix 1: Analysis of Responses to the Consultation Questions

the terminology. In addition to the main themes/reasons shown below, people were also concerned that the model did not account for visitors/students and younger people in the local area.

‘Cannot comment. What are "step-up / step down" beds? Why is this not explained in this document’?

‘I guess this means you only get a bed if you need it. Not really clear what there is as well as beds to support patients’.

‘I don’t understand the terminology. I do believe it is important that we have the maximum number of beds as promised’.

3.3 Bed provision

The most prominent theme related the lack of bed provision; 108 (72%) people cited bed provision as an issue:

- 55 comments related to retaining the 18 beds planned in the 2012 business case
- 39 comments related to keeping a bed based/ward based model of care
- 14 comments related to a need for step down beds
- 4 comments related to keeping the 21 beds currently in Peppard Ward.

‘The minimum number of beds should cater for the demographic needs of Henley Area with a minimum call on other community hospitals as outlined in the original plan/budget for the provision of 18 beds’.

‘I think that we need plenty of beds available, the beds in the current ward are always full. This shows the need for the service, and demand. If the ward is closing, a similar ward should be made available. It is very stressful for patients and their families to have to travel out of town for services and to be cared for’

‘18 beds - as promised’.

‘I don’t know what step up/step down beds are. I am certainly in favour of ward based nursing. Some patients need proper nursing care 24 hours a day. This cannot be provided at home’.

A smaller number of comments related to bed provision for end of life care (2), concern that a hospital is not a hospital without beds (2), the need for bed provision to support 24 hour care (39), and that the removal of beds is purely cost driven (2).

3.4 Social care
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26 (17%) people raised concerns relating to social care provision, specifically:

- The lack of available home support/social care (22 comments)
- The lack of family support at home to look after the elderly (5 comments)

‘The NHS has shown consistently that it does not action home care very well so relying on it is not acceptable. My last visit to Peppard Ward made me feel these people could not be treated at home’.

‘As someone who has seen both sides of the coin I strongly disagree the downsizing of beds available at Townlands Hospital. Whilst in an ideal world care in the community should be a better option for folks who are not living alone, are mentally fit, and not recovering from serious illness. Folks who are admitted to Townlands Hospital need 24 hour care with on-site services for rehab and nursing. There is no way carers, nurses plus all other on site services can be in these folks homes 24 hours a day and if they live alone as I have witnessed most will be readmitted to RBH very quickly’.

‘From my experience with friends over the last year I still think more than 5 beds are needed where instant nursing care is available. Patients want to go home, but to sit on your own waiting for a carer / nurse to visit for 15 mins if you are lucky, is more soul destroying than a few weeks on the ward’.

3.5 Staffing

14 (9%) people were made comments about the staffing arrangements for the new model of care.

‘V. concerned that the current NHS staff working in the community are already seriously over-stretched. Unless there is significant injection of extra nurses, physios, etc. in Henley, I cannot imagine how the ‘ambulatory’ care model will be achieved’.

‘I disagree with this. I believe that as it stands, services are stretched and I do not believe that there is appropriate and sufficient social care to provide the services proposed’.

‘There is chronic underfunding of social care, and a chronic shortage of domiciliary care, so how can this work?’

3.6 The Orders of St John Care Trust

Respondents were concerned about the provision of beds within the Orders of St John Care Trust.

Twelve (8%) specific comments were made relating to:

- The lack of qualified staff at the new care home
- That care home beds would be unsatisfactory and possibly unavailable
- That Peppard Ward is moved to the new care home.
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*I STRONGLY DISAGREE with the proposal to use ‘step-up, step down’ beds in the adjoining care home. There is no guarantee that additional beds could be provided should they be needed. The staff at the care home are ‘CARERS’ not QUALIFIED NURSES. The care home will not have the trained staff or equipment to deal with any medical emergencies amongst ex-hospital patients’.

‘What this means is that there will be only care beds in an adjacent building not medical beds with staff trained to care for medical patients, beds which will be needed if medical needy patients are to be transferred to Townlands to be nearer their relatives’.

3.7 Evidence

17 (11%) people raised a concern about the lack of evidence to support the consultation proposals.

‘There is no evidence that the new model of care will provide equivalent or better service than the 24/7 ward services. Without a publically available and legally binding monitoring and correction system in place proving the service is better I do NOT believe the OCCG assertions’

‘This is flawed thinking. I am not happy that MY local hospital is going to be used as an experiment to see if NO beds can work. Let’s start with 18 beds (as agreed) and in the future, if you can prove that they are not needed, then we can all review and decide how to proceed’.

‘I do not believe that any long term evidence has been provided by OCCG to show that this model of care works. The 18 beds should be provided at Townlands as promised. There should then be a consultation and the beds should be kept until it is proven that the new model of care works’.

It is also noted that, in addition to the subjects previously described, 15 people stated that they did not understand the question.

Question 4: The model of care that we want to deliver means that the space on the second floor of the Townlands building is not required. Please could you tell us if you think there are any additional services that should be considered in future for Townlands Hospital?

231 comments were made in response to this question.
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139 comments expressed a wish for beds to be made available on the second floor, 45 comments related to the provision of mental health services, 41 comments were about provision of end of life care.

![Figure 4: No. of suggestions for additional services](image)

'This was originally to be used by Sue Ryder, but due to their decision to withdraw from this arrangement (it is strange that no firm contractual commitment had been made by Sue Ryder) and building was commenced "assuming" their participation anyway! With a growing aged population and extra homes planned for Henley this space will be needed for so called step down beds'.

'Second Floor = Top = Peppard Ward
or Integrated Community Hub
or District Nurse Offices
or Comm Mental Health Offices
or more BEDS'

'Respite care for elderly people being cared for by other elderly people at home'.

'I feel very strongly that convalescence care should be available. Short stay recovery after surgery elsewhere, or stabilisation when changing drugs etc. is essential'.

Beds for "end of life" care perhaps.

'Care of terminally ill patients so they are nearer to relatives and friends so they can be visited more frequently and easily'.
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‘My mother required a bed at Townlands and she couldn't get one. She caught pneumonia at the RBH waiting for a bed at Townlands. She would have recovered a lot quicker in the Peppard Ward and it would have been kinder. It would also be cheaper to the tax payer. My Father was in the Peppard Ward. My mother could not have coped with looking after him; he was given rehabilitation and returned home. Later respite was provided as my mother folded under the pressure.... I am extremely certain that this ward will remain necessary and oversubscribed far into the future’.

Question 5: Please could you tell us what excites you about the future model of services proposed for Townlands Hospital?

182 (56%) people responded to this question.

- 31 (17%) people stated that they were excited by the proposals and that the model would serve Townlands into the future.
- 40 (22%) people felt positive that the Rapid Access Care Unit would mean that they would have less travel to Reading or Oxford for their care.
- 42 (23%) people were excited about the new range of services being proposed in the model of care.
- 21 (11%) people were pleased at the proposals for better integration of staff in social and community services.

The reasons given for this view included:

- 9 comments relating to services being more patient centred and holistic
- 2 comments relating to improved service provision for x-ray and the Minor Injuries Unit
- 2 comments were about better technology
- 5 comments were positive about the opportunity for same day treatment.

‘These proposals ARE very exciting and to have more outpatient services together with a coordinated and comprehensive multidisciplinary team available locally to respond quickly to patients' needs with more local care would be fantastic but with a huge change like this common sense dictates that a phased implementation plan perhaps over several years is essential.’

‘High input multi-disciplinary team work. The possibility of social care and Health Service working together.’

"Future proofing" Townlands”

‘I am excited by the future possibilities of health care and the varied means available to provide patient centred care’.

‘A more modern up to date hospital with an improved level of service for local people’.
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However, despite people being positive about the Rapid Access Care Unit, people also felt that:

- More staffing would be needed
- A phased implementation of the service or a pilot should be set up
- Further consideration should be given to intermediate care beds to support the ‘step down’ element of the RACU.

‘It is good that new ideas are being put into practice. But until those new ideas have been established and have proved to be successful, safeguards must remain in place’.

‘Opportunity for people to feel secure in the knowledge that home-care is properly staffed with fully qualified people who will care for patients at home. The proposals seem to offer this

a. A range of clinics in an active Out Patients department with treatments available.

b. Ambulatory care - diagnosis and treatment on site.

c. Minor emergency department, as already exists, but with longer hours.

d. Intermediate care beds - if they are provided!’

Of the 182 people that responded to this question, 42 (23%) people stated that they were not positive about the proposals.

‘Absolutely nothing at all at the moment - it is a totally unproved scheme, we risk losing more than we gain by agreeing to it and OCCG have done nothing to prove that it is more advantageous than what we have at present. You just need to find a tenant for the top floor and get a contract signed this time’.

‘I fail to see any "excitement" over "future model services" since they invariably do not materialize. Can we just have what was proposed and agreed in the original specification please?’

So far I am deeply concerned as to what has been offered. Firstly we are informed we are to get 18 beds, then all of a sudden we will get just 4 or 5 if we are lucky. And they are to be put in a care home.

**Question 6: Please could you tell us what concerns you about the future model of services proposed for Townlands Hospital?**

245 (76%) people responded to this question.
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The concerns raised by those that answered this question fall into the following categories:

- The ambulatory care model and the Rapid Access Care Unit
- Bed provision
- Finance and funding
- Social care
- End of life
- Staffing
- Transition
- Transport and travel.

These themes are explored in more detail below.

6.1 The ambulatory care model and the Rapid Access Care Unit

54 (22%) people stated that they were not in favour of the proposed model of care.

- 43 comments stated that the NHS has assumed the model of care will work
- 11 comments expressed no confidence in the model of care
- 11 comments cited a lack of evidence for the proposed model of care
- 28 comments expressed doubt that the community based services required to support the ambulatory model of care would deliver
- 23 comments were concerned that the RACU’s opening times (3-4 days) were insufficient
- 13 comments raised the issue of increased patient risk
- 11 comments were concerned that the NHS was not delivering on the original plans
- 7 comments expressed concern that local Henley GPs had not been involved in the development of the proposals.

‘The original plan was fully funded. You are proposing a cost-saving exercise dressed up as an improvement on existing facilities. Shame on you!‘

‘I very much doubt an “ambulatory” approach will actually deliver a satisfactory level of care for the local community. Particularly if only open 3 days a week and no provision for a full ward based bed care service as currently provided’.

‘I am concerned that patients such as my elderly mother will be hospitalised much further away in Oxford or beyond if their condition means they are unsuited to ambulatory care. This will result in distress for them and their families and may lead to avoidable early deaths.’

In addition to the specific comments received above, a small number (4) were related to the lack of overnight/ twenty four hour care at the Rapid Access Care Unit (RACU).
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This included concern that the RACU would be a ‘next day’ service, potentially leaving patients at home in distress, waiting to be seen the ‘next day’.

Some respondents felt that the RACU was a downscaled version of an Emergency Multidisciplinary Unit (EMU) and that an EMU would be preferable to the residents of Henley.

‘That it will be shut on the days we need it and there will be a lot of space unused because of lack of money to fund the staff. As things seem to be changing by the day, that we won’t get the hospital we agreed to when the plans were first put forward. There seems to be a lot of reneging going on at the moment’

‘The presented model is not proven yet so the full number of 14 beds should remain until proven. The views of our local GPs seem to have been totally ignored. The numbers presented at the Town Hall meeting do not add up. For over 30 years the people of Henley have been promised a new hospital to care for local people. The Health Authority have had the town’s funds for this period and after all this time they now choose to spend the town’s money how they want to spend it. The new hospital is a replacement for the one taken away years ago, this point seems to be been totally ignored’.

6.2 Beds

In total, 98 (40%) people raised concerns about the proposed bed provision at Townlands Hospital, including 14 comments specifically about lack of beds in the proposed model of care. Views were also expressed questioning why the 18 beds included in the 2012 business case were not being provided.

‘You seem to be backing down on your promise of an 18 bed ward.’

‘As a volunteer on Peppard Ward I have seen first-hand the type of patients referred and their requirements do not suit ambulatory care which does not work as it DOES NOT OFFER THE 24 CARE THAT A HOSPITAL BED DOES’.

As well as the number of beds, concerns focussed on the step down beds within the proposal.

- 8 comments were concerned that the model would increase ‘bed blocking’ (Delayed Transfers of Care),
- 11 comments felt that there would be an increase pressure on services at the Royal Berkshire Hospital and result in people having to be cared for in other locations.
- 5 people raised concerns about end of life care,
- 4 comments related to a lack of facility for end of life care and there would be a lack of provision for end of life care in Henley.
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‘The possibility that people will have to travel out of town for care and services. Also the fact that there is still NO provision for palliative care in Henley’.

Respondents thought that there was insufficient flexibility built into the number of beds planned or that the supply could meet demand, given the plans for new housing developments in the Henley area.

‘care at home, especially at night and during weekends, is unlikely to be provided, so beds at Townlands are obviously needed’.

‘That they will not be sufficiently flexible for the future demographic and health needs of the locality.’

‘That they will not be well enough equipped and staffed due to financial constraints to cope with the more specialised treatments needed.’

‘That the 'home care' will be insufficient and poorly supervised, especially for the ‘frail elderly’ who are given as the reason for the change in focus for the new hospital. They will end up even more isolated and depressed if kept at home alone.’

‘That there will be insufficient beds locally for their inevitable care within easy visiting distance for their busy families.’

‘There needs to be an excellent home care service both for the health needs and housekeeping support of the patient, not to mention the ability to participate socially to prevent deterioration of mental health e.g. in day care centres and local activities requiring transport and organisational support.’

‘There needs to be more intensive diagnosis, support and management for 'end of life' care if it is 'at home'.’

Analysis of the descriptions of bed care provided in the consultation responses has also highlighted a wide range of understanding about how the beds are currently used at Townlands and the number of beds currently provided. For example, numbers cited ranged from 21 to zero, their perceived use included respite, convalescence, rehabilitation, post-operative care and end of life care for the terminally ill.

6.3 Finance and funding

29 (12%) people were concerned that there was insufficient finance available in the NHS to support the new model of care. This was linked to an assumption expressed in the responses that additional funding would be required to increase staffing and equipment to support the model.

‘You have yet to persuade us it is being proposed for clinical rather than purely financial reasons. If you can point to an example in another area where the system works well and is popular, that would
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help. If we are being used as guinea pigs you should keep all options open, including to revert to the existing model’.

‘I am concerned that there will not be hospital beds for those that need them. Elderly people can end up with underfunded community care. All people I have had contact with who have used Townlands hospital beds have not been in a position to receive care at home. Community Care sounds positive but will only work with appropriate funding. Patient care can be more effectively funded and provided when those patients are in hospital. Without proper care patients will have to be readmitted for acute hospital care’.

‘The whole concept is dependent on having enough staff (GPs, Carers, qualified paramedics etc.) to be available seven days a week. Even then these scarce professionals would be spending much of their time in traveling. On top of this supervision and logistics would become a bureaucratic headache. Quality control and governance would suffer in a non-centralized organization and costs would spiral out of control AND you would have no fall-back options. The public would sense this and resort to A&E’.

6.4 Social care

26 (11%) people expressed concerns relating to social care:

- 43 comments stated that social care would not be able to deliver to support the model of care
- 16 comments stated there was already a lack of rehabilitation services
- 25 comments cited a lack of social care provision in the area
- 12 comments were concerned with the model of care, stating that it would increase social isolation of the elderly
- 5 expressed a view that the quality of social care would decrease

‘I really cannot have confidence that the level of provision will be sufficient to meet patient needs. This not only applies to clinical provision within the RACU but also to social care……are OCC staff really in a position to organize the latter quickly and effectively? If there are gaps in the existing provision how can we be sure they will be plugged in the new model of service? I would like the proposed model of services to work but the Consultation Document is woefully lacking on the hard details of managing the changes proposed. Until there is a fully detailed Transition Plan with a timetabled implementation of the various services and changes then I cannot be persuaded that patients will not be put at RISK.’

‘Poor support by social services for people in their own home. Those who have no-one to provide or oversee care for patients in their own homes will not receive adequate care’.
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‘care at home can mean that some vulnerable patients are not cared for properly - sometimes they are better in 24 hour care until they are mobile’.

Comments also expressed a lack of trust in the local NHS to be able to deliver the model of care that people were concerned at what they saw as the loss of their local hospital and its services, along with the well-respected staff on Peppard Ward.

‘I get very exercised by the constant changes to the plan. We are not getting what we signed up for’.

‘Dropping of beds, non availability of resources for home care model and NHS attempts, as the new orthodoxy, to extend it way beyond where it should go in the interests of the patients. Fear that NHS will in due course dump the new Townlands entirely. General lack of trust in the long line of NHS management and policy makers changing stances, and their lack of financial and strategic competence over the past years continuing into the future’.

‘I am increasingly depressed about the lack of consistency and continuity in your plans, and the effort to disregard previous commitments made after so many years of planning and discussions. Also you seem to be happy to disregard the views of the community, without providing convincing justification. You have had several years to get this right, and with the new building at such an advanced stage it is no time to be changing the goal-posts. Local people need local facilities in a location that is easy to reach. RBH need to discharge patients back into a local facility with adequate facilities - the existing 18 bed Peppard Ward does exactly that. There are many types of patients who could not be adequately looked after in their home environment as their clinical/physical/mobility needs are simply too great. A local facility provides the ideal environment for their improvement and well-being. It is also totally unreasonable to expect patients to travel to facilities in other towns like Wallingford. It is bad enough to have to travel to RBH in Reading. Transport links are very poor, unless the patient is able to drive, or be driven, and parking is frequently a big issue (as at RBH)’.

6.5 Parking and travel

41 (17%) comments related to parking and travel implications.

People stated that the proposed model of care would increase the number of people accessing the Townlands site, and therefore the parking facilities were insufficient.

There was also concern that, if the 18 beds were not to be provided, this would mean that people would have to travel further to visit family and friends receiving inpatient care elsewhere.

People were concerned at a lack of public transport in the area to support people travelling to other hospital sites.
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‘Sending old people away from their home area to Abingdon or Witney is NOT a suitable alternative. Elderly partners and friends are often unable to travel long distances to visit and this would have a very detrimental effect on the patient and could even result in avoidable deaths’.

‘The hospital at Wallingford is not easy to access by public transport from Henley’.

‘The priority for Townlands should be that it meets the needs of the elderly and infirm as many of these people will opt to go without rather than make the journey to Reading or Oxford with all the transport and parking difficulties involved and therefore not get the care they need’

‘On a practical note I am interested in the provision of adequate parking facilities. For many in outlying villages and hamlets (such as Park Corner) public transport is simply not a viable option, so relying on private transport for getting to Townlands is unavoidable’.

6.6 Transition

17 (7%) people addressed the need for transition arrangements to support the move to the proposed new model of care.

‘The transition plan is not available and yet the transition stage is absolutely crucial. To shut down 18 community beds in November is irresponsible without plans being put in place to prevent the knock on effect on acute hospital discharges during the winter period’.

‘There will be a hiatus until the new model of care is implemented and proven. In the meantime people will suffer. Unfortunately some old people are just not capable of looking after themselves in their own home. Without 24 hour care which is what many of them need, the consequences could be dire’

‘I think you are rushing into a new system, why can you not reduce the beds in Peppard Ward more slowly and over a longer period. It seems you have not taken into account the 450 houses which are to be built in Henley by 2020. With an extra 450 houses into Henley by 2020 will the MIU go to 24 hours a day? ’

6.6 End of life care

Five comments specifically related to end of life care.

However, it should be noted that people used the terms ‘respite’, ‘convalescence’ and ‘rehabilitation’ when talking about beds.
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These differing perceptions indicate a range of understanding within the local community about the type of bed care provision currently available at Townlands Hospital and in the future.

‘Ward care should be provided for people who have no family support at home. Personal experience tells me that home support by nurses / doctors simply isn’t there. No out of hours was available for my father when dying. Thus he died in agony’.

‘It is essential that a provision of beds is provided in the hospital for short term care / end of life’.

‘The possibility that people will have to travel out of town for care and services. Also the fact that there is still NO provision for palliative care in Henley’.

Question 7: If you have any other comments you would like to make about this consultation or the future of NHS services at Townlands Hospital, please tell us.

186 (57%) people provided comments. A significant number of those comments re-iterated concerns already received throughout the questionnaire:

- 56 comments related to bed provision, and requested that the proposal of 18 beds be reinstated
- 12 comments related to concerns relating to social care provision
- 11 comments related to lack of evidence to support the model of care
- 9 comments related to the lack of parking on the site
- 7 comments related to the proposed opening times of the RACU.

‘PLEASE PLEASE allow us to have a hospital to care for all people. We need the beds’.

‘I want Townlands Hospital to be as had been agreed WITH the 18 bed Peppard Ward and do not accept the total down grade that is now being suggested which offers less than we have now.

We need all of those beds and the Peppard Ward should just be transferred at the appropriate time to the new hospital and acquire the additional necessary.’

A number of comments raised concerns about the consultation: 59 comments related to the consultation process and design of the questionnaire. People were concerned that the questionnaire was leading and biased in favour of the proposed model of care. This specifically related to question two which asked respondents to agree or disagree with a list of statements.
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Concern was also raised about the validity of the consultation, that there had been insufficient information provided about the evidence for the model of care and insufficient publicity of the consultation in the local community.

People were also critical of the lack of opportunity to hear the consultation proposals. Seven respondents also expressed concern that their comments and views were not being heard by the local NHS.

‘That we are not being listened to properly. I include our MP who was ignored by David Smith, More respect please’

‘I am appalled that the CCG is going against robust public opinion to try to push ahead with the new proposals. Henley residents will NEVER accept the loss of the traditional beds’

‘Not enough beds - the current ones have high occupancy. The questionnaire was loaded in favour of your plans’.

24 comments expressed a view that the hospital was being downgraded to a ‘clinic’.

‘Ridiculous to have brand new “Hospital” without beds!!’

‘Townlands is being touted as a hospital but I think that it will be more like a health care centre’.

19 positive comments were received. They showed agreement that the model of care would improve quality of life, acknowledged and supported the aim of the proposal to help people be cared for at home, and recognition that the model of care is at the cutting edge of thinking and will ensure that services are fit for the future.

‘I think the approach is laudable and a local hospital playing a key role in the service is absolutely logical’.

‘Current practice of health care. Provision has changed significantly in the past 3 years (since new Townlands was planned) and health provision is not static - the use of the new Townlands building should be as flexible as possible to enable new health services to be accommodated or new health problems currently unknown to be dealt with in the future’.

‘Most patients would like to sleep in their OWN bed at night’.

A small number of suggestions were also made. These included having clinics for young people (1), increasing the health visitor provision (2), improving the MIU (1), developing an EMU and increasing health education in the community (2).

- In addition to comments relating to the consultation proposals, comments were also received that related to other areas of consideration; 11 comments were received that
Appendix 1: Analysis of Responses to the Consultation Questions

related to the War Memorial Hospital and included concerns about the historical finances relating to this hospital

‘Has the funding from the sale of the War Memorial Hospital been used to support the building of this facility. It was left with that purpose in mind’.

‘The War Memorial Hospital was funded by the people of Henley. When it was closed Henley was promised it would always have a hospital. The 18 beds should not be cut from the plan until a majority of Henley residents have agreed to this’

- 4 comments related to Sue Ryder, specifically that negotiations should be reinstated with Sue Ryder for the provision of palliative care and disapproval that negotiations with Sue Ryder were not contractually agreed.

‘I suggest the CCG and the Townlands Steering Group work with Sue Ryder to get them reinstated at Townlands. This is a valuable asset to the ageing demographic of Henley and should be reinstated’.

‘This sound like a total management failure in future planning. Please consider Oncology. First no Sue Ryder then no Maurice Tate room. Was this talked about to get approval?’

- 4 comments related to GP cover at Townlands and frustrations that the local GPs have lost their contract to provide bed cover.

‘The idea of putting Oxford based doctors to supervise Townlands was ridiculous when Hart & Bell surgeries are adjacent and most of the patients would be on the lists of Bell or Hart surgeries’.

‘The fact that the promise of an 18 bed ward to replace Peppard Ward is being reneged on. Local doctors should be given the contract to service this ward, not contracted out to doctors in Oxford’.

- 9 comments were received about the Maurice Tate room, specifically a desire for this service to be reprovided in the new hospital. However, some respondents acknowledged that the CCG had agreed publicly that this facility would be re-provided.

‘We were told you would re-provide like for like. That means (in my view) 18 beds, Maurice Tate room’.

‘Finally, preservation of a replacement facility for the Maurice Tate Public Meeting Room was promised. As the unit being knocked down was funded by public subscription, in memory of a leading local personality who was killed in an accident as a relatively young man, and who still have family locally, it would be provocative to dump this, as is now rumoured’

- 4 comments were received relating to the role of the Townlands Steering Group, specifically in their remit to represent the views of the local population.

‘The OCCG would do well to adopt the proposal of the Town Centre Steering Group with regard to the 18 beds and services’.
Appendix 1: Analysis of Responses to the Consultation Questions

‘Back to the drawing board please. Negotiate with our representatives - the Townlands Steering Group. Implement the model on which the construction was based, gather evidence and evolve a new more efficient, more popular, more effective system over several years. Don’t take great leaps of faith at our expense’.