

Appendix 4: Tag Tree- Number of comments made against themes arising from the questionnaire responses and letters

A tag tree is formed through analysis of qualitative (free text) responses to a survey question. When analysing the text responses, key themes or 'tags' are identified and noted. Multiple themes can be found in a detailed response from just one person. Therefore the number of tags does not equal the number of responses as some people will include a number of paragraphs to a free text question and others may miss it completely.

Tag Tree for Questionnaire responses

Question: Views on proposed model **276**

APPROVE **112**

CAVEAT/SOCIAL CARE **20**

Where will care at home come from 10

Social care increased budget 13

Can the system cope with the demand? 12

CAVEAT/BEDS **45**

Direct access from acute 1

What about step down? 3

Still needs beds 43

Not in care home 4

Strict criteria for bed use 1

Provide convalescent beds 4

Improve bed blocking 3

Opening Hours	1
Improves patient care	2
Reduces time in hospital	1
Improves working environment	1
Best outcome for patients	2
Finance	6
More flexible	2
Staffing need	6
Allows more people to be seen	1
Equipment	2
Clear transition plan	4
Governance arrangements	3
Need evidence of it working	6
Extend model to other hospitals to	1
Ensure sufficient support	5
But no confidence it will work	2
Start with 18 and reduce down	6
Concern about people travelling	1
Same sex wards	1
DISAGREE	151
Does not understand terminology	15
Not good	3
Do not agree	5
Neutral	6
More data needed	1

EVIDENCE

No evidence it will work 16

OSJ

Beds at OSJ not guaranteed 3

Staff OSJ not qualified 2

Care home beds unsatisfactory 5

Move Peppard Ward to OSJ care home 2

SOCIAL CARE

Lack of social care 9

No carer at home 5

Lack of home support 12

REASON/STAFFING 14

Likened to MH services in community 1

Staffing 1

Complexities of elderly care 4

REASON/BEDS 108

18 beds reduce care home need 1

Safety/Night Care 8

Need for step down beds 14

Need ward based 24 hour nursing care 39

Keep current 21 beds 4

Keep Beds - 2nd floor outpatients 55

End of life care beds 2

Ageing population more beds needed	2
COST/FINANCE	2
Cost saving	2
TRANSITION	3
No transition plan	3
Other	10
Consider students/working age and visitors	1
Short-term care older people	1
Care from own GP/Consultant	1
Replace all of Henley's hospitals	1
Not what a community hospital is.	2
QUESTION: ADDITIONAL SERVICES?	231
YOUTH/FAMILY SERVICES	34
Drop in clinics for young people	7
Family planning	3
Younger people services	9
Children's/paediatric services	2
Maternity	13
CARERS	3
Carers support	1
Carer support services	1

For older people/ageing pop.	1
END OF LIFE CARE	41
Another palliative care service	9
Hospice	8
Cancer outreach unit	1
Reinstate Sue Ryder	2
Respite care	20
Bereavement services	1
BEDS	139
18 beds	105
More research on patient stays	2
Intermediate Care Beds	13
Convalescence beds	18
Reduction from 18 to 12 - concern	1
WELLBEING AND PREVENTION SERVICES	60
Social/wellbeing services for OP	12
Preventative services	3
Mental health services	45
DIAGNOSTIC SERVICES	17
More diagnostics – endoscopy	6
Screening services	2
MRI/CAT Scanners	2
X-ray	2

More consultant led clinics	5
THERAPEUTIC SERVICES	16
Increase Physiotherapy	15
Occupational Therapy	1
COMMUNITY FACILITIES	10
CAB	1
Community centre	3
Private Day care	3
Overnight accommodation	1
Meeting room for groups	2
PRIMARY CARE SERVICES	12
GP services	9
Dentistry	2
Pharmacy	1
SPECIALIST SERVICES	7
Rinol surgery	1
MS	2
Stroke services	2
DAAT services	2
COMMUNITY SERVICES	2
Dietetics	1
Leg ulcer clinic	1

URGENT CARE SERVICES	7
Paramedic facilities	1
Additional out of hours support	1
A&E	5
MUSCULOSKELETAL SERVICES	6
Mobility aids	1
MSK Hub	1
Podiatry	1
Falls service	2
Balance service	1
ADDITIONAL SERVICES	3
Day surgery	3
WHAT IS EXCITING?	182
Thinking about elderly more	5
Care for today	4
Not having to go to Reading for everything	40
Not positive	42
Integration of community/social care services	21
Future proofing townlands	13
New range of services	42
Proposals are exciting	14
Phased implementation	3
Holistic care	9
Technology	2

Increased staffing	4
Same day treatment	5
Longer hours for MIU	1
Intermediate care beds if provided	3
Respite	2
Pilot the proposals	1
Fair use of war memorial money	1
Mental health services	1
Link to local GP practices	1
Nothing	3
Better health care	4
More pleasant environment	1
Sufficient funding	1
Keep for Henley area and not wider Oxfordshire	1

Q: WHAT ARE CONCERNS? 245

THE MODEL 54

RACU opening times	23
Increase patient risk	13
Can't know everything	2
Not meeting promises	11
Integration not delivering	28
Assumption that model will work	43
No confidence it will work	11
Lack of evidence	11
Lack of GP involvement	7
Model does not offer 24 hour care	4
More patient/customer mapping	1

BEDS	98
Pressure on RBH	11
Bed blocking	8
Lack of beds	14
FINANCE AND FUNDING	29
SOCIAL CARE	26
Social isolation	12
Responsiveness of social care	43
Lack of rehab services	16
Means tested service	1
Lack of home care	25
Quality of care	5
END OF LIFE CARE	5
No facility for end of life care	4
Provision of end of life care	3
OTHER COMMENTS	
Student training - lack of	2
Transport/travel	25
Parking	16
Disabled parking/drop off points	1
Patients/public not listened to	3
Prioritisation of physical health over mental health	1

Staffing	31
Time	6
Lack of trust in NHS	14
Transition	17
Impact on carers	13
Better MIU	1

Q: ADDITIONAL COMMENTS **186**

THE CONSULTATION **69**

Loss of sue rider	4
GP hospital cover contract	4
Townlands Steering Group	4
Downscaling of hospital	24
Maurice Tate Room	9
Request for more consult. Dates	2
Consultation process	56
Respect for Peppard Ward	3
Questionnaire biased	3
War Memorial Hospital experience	11

POSITIVE **8**

Need more at Townlands	4
Need a slow transition	3
Ensure health services are flexible for future	2
Cutting edge of thinking	4
Improved technology	2
Involve the 3rd sector	1
People do want to be at home	1

RACU improve quality of lie	1
Sufficient funding	1
CONCERNS	71
Need beds	56
Concern about where 'care' will come from	12
Will outpatients really increase?	2
Lack of parking	9
Concern about patients with co-morbidities	3
RACU hours	7
Primary care not delivering	2
Lack of evidence in model	11
Lack of info on transition	1
Lack of money in NHS	5
End of life beds	2
Consultation biased to old people	2
Patient homes not clean	2
Travel costs	3
Death rates overlooked	1
Ignored strong feelings for Townlands	7
Lack of local public transport	1
SUGGESTIONS	5
Discrete clinics for young people	1
Increase health visitors	2
Additional services	1
Improve education	1

Need EMU	1
Better MIU	1
Signage better	1
Staffs speaks clearer for elderly	2

Tag Tree for Letter Responses

Overall Theme/Topic raised	Related Comments from participants	Total no. issues	
Questionnaire	Questions do not cover the main concerns of the public so views could be distorted.	2	2
Publicity	CCG Governing Body talk on Townlands was 'poorly' advertised	1	1
Consultation	Too short a period to comment, consultation is a 'whitewash'	1	
	OCCG appears dismissive and uninterested, not listening	2	
	Carry out of review of consultation process before arriving at a decision	1	4
Beds	No mention of bed reduction in the first set of documents and further details of bed numbers only issued after 9 June meeting.	1	
	Bed argument is flawed. There is a difference between the need for step down beds from the acute hospital compared to the need for shorter stay step down beds following local emergency treatment or tests which should be called intermediate beds but there are no reference to these	2	
	Beds numbers were still not available on the Townlands webpage on 12 June (three days after info issued)	1	
	Limited information on bed usage to make a judgement	1	
	Build the hospital with 18 beds followed by a review and remove them if not needed	9	
	Keep to the original plan of 15/18 beds	15	
	With a forecast rise in population there will need for a substantial number of beds	2	

	Does the admission data reflect the number of beds needed	1	
	Concern OSJ care home will be oversubscribed so not enough beds available	3	
	Concern that proposed beds in the OSJ care home won't have trained clinical staff with the right equipment	3	
	Not been told how many beds there are in either Abingdon/Witney EMUs	1	
	Need at least 10 beds in the new hospital to help manage the overflow from the RBH	1	
	Listen to the Henley GPs and formers nurses and public opinion who say reducing the beds won't work	5	
	More people aged over 65 years will mean need for beds	2	
	Wallingford Hospital not have bed capacity during the transitional period lead to bed blocking	1	
	Method of calculating the beds is a 'farce' and is a cost cutting exercise as most beds are occupied in Townlands and a lot of Henley residents are waiting for beds	1	
	computer model for working out beds numbers is flawed, need 40 beds	1	
	Model breaches planning permission if don't provide 18 beds	1	
	Restore 18 beds into model or local people step up campaign to get them back	1	
	Need more data on bed requirements comparing 2012 plans with the new plans	1	
	Having beds in the OSJ care home won't encourage people to return home	1	
	Adequate number of beds will also reduce bed blocking in acute hospitals and reduce patient stay and readmission to acutes	1	
	Pressure on RBH beds / district general hospitals beds	2	
	Beds are more often than not at capacity	2	
	Beds in a care home is not what is required	1	
	Need more step up / step down beds	1	61
Travel/Transport	Request for transport be provided for visits to other hospitals	1	
	Need easily accessible Townlands hospital so people can visit patients	3	
	Using Wallingford hospital is not acceptable as too far (14miles)	1	5

Ambulances	How many dedicated ambulances will there be for Townlands	1	1
Waiting list	Concern over the waiting list for treatment at Townlands from other hospitals	2	2
New Hospital	Great to see work on the new hospital	1	
	Need more information on top floor provision	1	
	Could the third floor house GP practices	1	
	Welcome plans for new clinics/services planned for the new hospital	1	4
Home care	Will funding for home care staff be funded adequately	1	
	There will be a need for family/friends/neighbours to help out due to lack of resources/carers	1	
	Home visits no substitute for hospital beds	1	
	The consultation articulates it is better for people to be at home to receive their care but is this really the case when isolated, immobile or very unwell. Surely a local community hospital with local GPs supporting is a better place for many old and vulnerable people to receive their care	2	5
Quality	RBH and JR - CQC reports both refer to bed shortages as reasons for falling short in standards of care. These pressures need to be taken into account in the consultation	1	1
Funding	Question asking if increase in social care funding has impacted on hospital visits	1	
	Social care funding should be ring fenced or won't have enough money due to Govt. cuts	1	
	Appears there is no additional funding for transporting people to RACU	1	
	Appears there is no additional funding for district nurses/equipment	1	4
District nurses	With no increase in nurses/therapists won't be able to see both patients at home and in hospital	1	
	Risk of not being able to set up nursing team in time so at home patients not seen	2	

	Community care under significant pressure already - cannot take up the work in the community if more demand	3	6
Integrated Locality Teams	Question asking how they were set up and their role	1	
	What is the cost of integrated team versus beds	1	
	Hard to see how the locality teams will care for people better than in hospital	1	3
Carers	Ambulatory model will increase burden on carers unless full package of care in place when patients leave hospital	1	
	Must be case workers appointed to each patient in the integrated teams for the model to work	1	
	More support needed for the rise in informal carers the model will create to support extra patients in the community	2	4
GPs	Concern they won't be able to cope with more home visits as many are due to retire	1	1
Mental health provision	Latest national report critical of mental health services so what hope for proposed model	1	1
EMUs Abingdon and Witney	These models are not relevant for the RACU model	1	
	Can't use EMU as an example as it is different to a RACU	2	3
RACU	Incorporate this into the original 18 bed plan	1	
	More detail required on how it will work	1	
	Concern over 3 day RACU - needs to be seven day	6	
	Excited by the plans for a RACU to provide better diagnostics and treatment	1	
	Lack of evidence for RACU / ambulatory care	3	12
Transitional Period	Transition is not robust enough to show the model can work	2	
	A longer transition phase is required	1	3

Cost	Negative impact as beds budgeted for; if take out beds and cost transferred to other services and then we need to increase the beds surely this would cost more?	1	1
Peppard Ward	The Peppard Ward can be transferred to provide an 18 bed ward in the new hospital so no need to train staff	1	
	Can this be moved to the RBH	1	2
Population Increase	Pressure on the new model from the forecast increase in the population of Henley from 450 new homes	2	2
Ambulatory model	A risk that the plans could cause early death or suffering	2	
	Question asking if model provides for patients with head injuries/heart attacks/strokes	1	
	Question asking how many patients currently at Townlands could be treated under an ambulatory model	1	
	Concern that model is impractical as people will need hospital care	1	
	No guidance on what ambulatory care means	1	
	More need for palliative and dementia care in the plans	1	
	Case studies in documents don't support this model of care	1	
	Risk of trauma for relatives who won't be able to visit relatives in out of town hospitals	1	
	More research needed on the requirements for the hospital being built	1	
	Support for ambulatory care model but beds are needed too - in the long term phase them out	5	15
Historical experience	Memories remain of War Memorial experience of 32 years ago and residents have learned from this to keep a local hospital	1	1
Public health analysis	Questions the claim that trends in Henley have changed	1	1
Other CCGs	Are other CCGs doing this sort of thing?	1	1
Methodology flawed	According to model - 6/7 on average from the Henley area but reality is the beds are normally full	1	

	No of DTOCs from RBH does not tally with anecdotal evidence from clinical	1	
	New model of care should impact beds but suggestion that only 20% of current admission would need an inpatient stay seems very optimistic	1	
	Average length of stay in peppard ward is 29 days the model argues that a relatively short stay required in step-up bed is typically 3-5 days - calculations are wrong	1	4
Recruitment of staff	Recruitment of staff for ambulatory care model will be lengthy	1	1