Knowing Works®



Independent analysis

Elective orthopaedic surgery (West Suffolk) review

Published July 2024

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This independent analysis has been compiled by Knowing Works CIC (formerly Healthwatch Suffolk CIC). The project was commissioned by Suffolk and North East Essex Integrated Care Board to shape and inform decision-making about the future of elective orthopaedic care in west Suffolk.

1. Introduction & methods



About Knowing Works CIC

Knowing Works CIC (formerly Healthwatch Suffolk CIC) is a large-membership social enterprise delivering insight to shape businesses, services, and decision-making across sectors.

We passionately believe that listening and responding to people's lived experiences is vital to create businesses and services that work for everyone. We bring lived expereince and compelling evidence to the fore that changes minds and brings about sustainable change.

Knowing Works CIC delivers the local Healthwatch service in Suffolk. It is a statutory service gathering people's lived experiences to shape, influence and improve better standards of local NHS and social care.



Our core purpose is to...

Collect and share lived experience to influence better standards of health and social care.



We live and breathe...

Co-production in everything possible. We are inclusive, transparent, accessible, and accountable. We believe passionately that listening and responding to lived experience is vital to create health and care services that meet people's needs.

Introduction (the proposals)

In March 2024, the NHS in Suffolk published proposals to move around 1,500 planned orthopaedic operations (such as hip, knee, foot and ankle surgery) each year from West Suffolk Hospital (West Suffolk Foundation Trust) to the Essex and Suffolk Elective Orthopaedic Centre (ESEOC) in Colchester, Essex.

The ESEOC is an Elective Surgical Hub and is part of a scheme to provide hundreds more operating theatres and around one thousand beds nationally. The surgical beds in these hubs are kept free for patients waiting for planned operations, reducing the risk of short-notice cancellations because of other emergency admissions. The ESEOC will provide 72 additional beds and eight state-of-the-art operating theatres year-round in Colchester and will be unaffected by pressures in other parts of the hospital.

For those who may have their surgery at the ESEOC, the plans include that:

- pre-operation appointments and assessments will still happen at a West Suffolk site.
- only people's surgery and immediate aftercare will happen at ESEOC.
- orthopaedic surgery at the ESEOC will be undertaken by West Suffolk surgeons (unless there are any unforeseen issues, such as staff sickness).
- Around 45% of orthopaedic surgery will remain at West Suffolk Hospital, including all surgery for those under the age of 18.

The NHS considers that the plans are likely to benefit patients by reducing overall waiting times for patients waiting for elective procedures at the WSFT, and ensuring care is delivered by a specialist team focused on orthopaedic procedures.

However, it is also recognised that the new centre's distance from West Suffolk Hospital may impact those who need to travel further for their treatment. This may include that people face challenges with travel distance as well as the availability and cost of transport in their area. This is particularly important because clinicians advise people not to drive or use public transport following orthopaedic surgery.

It is possible to learn more about the detail of the NHS plans on the SNEE ICB website (https://suffolkandnortheastessex.icb.nhs.uk/elective/).

This report and the role of Healthwatch Suffolk

This report presents the results of an extensive NHS public engagement exercise completed about the proposals between 20th May and 30th June 2024

The role of Healthwatch Suffolk

The NHS Suffolk and North East Essex Integrated Care Board (SNEE ICB) asked Healthwatch Suffolk to independently gather, analyse and report on people's views about the proposals for orthopaedic surgery in west Suffolk.

The public engagement about the proposals has been led by the SNEE ICB, with strong support from the West Suffolk Foundation Trust and Healthwatch Suffolk teams.

How people's views were gathered

Healthwatch Suffolk co-produced a short survey to capture people's views. Co-production was inclusive of:

- Patient Participation Groups aligned with local GP practices in west Suffolk communities (via the West Suffolk PPG Chairs Collaborative Network).
- NHS leaders within the SNEE ICB and WSFT, including those responsible for the management of orthopaedic elective care, leading consultants and members of the ICB executive Board.
- WSFT communication and engagement leads.

The anonymous survey included a series of closed and open-ended questions, enabling both quantitative and qualitative data to be gathered. A concise approach was required to maximise engagement and ensure the survey would be suited to distribution and completion at public events and meetings.

The survey was hosted on the Healthwatch Suffolk website (an embedded web form) and promoted widely.

Questions in the survey sought to:

- assess overall levels of sentiment about the proposals;
- understand people's likely travel choices if their surgery happened in Colchester;
- capture feelings about the proposals and the support people might require to attend surgery in Colchester;
- explore factors that would influence a person's choice of provider for orthopaedic care;

Limited data regarding demographics and locality was also gathered with consent. People were informed about the opportunity to respond in a variety of ways, including (but not limited to):

- Social media promotion.
- Posters and flyers in communities.
- Press releases and paid advertorials.
- Website and newsletter features.
- Public engagement events.
- Attendance at local groups.

Communication and engagement activity was led by the SNEE ICB, with support from the WSFT and Healthwatch Suffolk. The most common sources of responses are shown in the table below.

Source	Count	% of sample
Text messages from West Suffolk Foundation Trust	546	29%
Social media (NHS)	185	9.8%
Social media (Healthwatch Suffolk)	177	9.4%
Nextdoor app	103	5.5%
NHS staff or information stand	91	4.8%
Whatsapp or other messaging applications	88	4.7%
Healthwatch Suffolk newsletters	81	4.3%
Word of mouth	77	4.1%
Newspaper or newsletter	76	4%
Healthwatch Suffolk staff in communities	69	3.7%
GP surgery	63	3.3%
Hospital letter	56	3%
Patient Participation Groups	46	2.4%
Village hall, community centre or leisure centre	26	1.4%
Posters in the community	23	1.2%
Attendance at a local group or meeting	16	0.8%

Table 1: The source of responses.



Healthwatch Suffolk staff joined NHS leaders at public engagement events to support independent capture of people's views.

Data limitations

When interpreting the data, it is important to consider the following limitations of the engagement and survey approach.

Efforts to protect anonymity of respondents have limited the extent to which people's responses could be explored across localities. For example, only the first part of a person's postcode was gathered which means place-based analysis was only possible to postcode district level.

Whilst it is anticipated that the proposals are likely to affect our most deprived communities, the survey did not include an accurate way to identify levels of deprivation within the sample (e.g., the survey did not ask about levels of income and the lack of a full postcode means the data could not be explored at Lower Super Output Area level).

Awareness of travel options and costs may have been low amongst the sample. For example, information was not provided in the proposals about the eligibility criteria of non-emergency patient transport services, or the potential cost of a taxi or other public transport (for the journey to hospital). Therefore, people's judgments about transport issues are entirely subjective (based on their own experience and knowledge), though no less valid. People were informed that clinicians advise people not to drive or use public transport home after their operation.

When considering the data set overall, it is important to acknowledge that people's views and opinions are influenced by their frame of reference and therefore people may not be an accurate predictor of their future behaviours. Those who are currently not waiting for orthopaedic care may lack understanding of how living with a condition or ailment requiring orthopaedic surgery can impact their lives, and therefore their survey responses would not account for this. We cannot claim with certainty that a person's overall view on the proposals would not change based on future

experience (e.g., of living with pain or limited mobility).

To account for this, the differences between responses from respondent and demographic groups (e.g., those who are currently waiting for care, and those who were not) are reported in detail throughout this report. Caution should be exercised when interpreting the data from respondent groups with small sample sizes.

Some data within the report has been presented as a map. While this is a useful way to highlight potential trends in data, it is important to note that sample size will vary significantly across postcode districts. Therefore, the extent to which the data visualised may be considered representative of the population within each postcode district area will vary too. Our map on page 12 indicates where response rates may be geographically lower.

Although the engagement was extensive and inclusive of multi-ethnic communities and other demographies, the sample of respondents is not representative of the Suffolk and north east Essex population. More detail regarding the diversity of respondents (e.g., respondent age, ethnicity and locality) is included from page 10.



It was important to ensure that communication about the survey was not exclusively targeted at online communities. Therefore, one thousand posters featuring a QR code were distributed widely in west Suffolk communities.

In addition, hard copy surveys were made available (including an easy read format designed by Knowing Works) for distribution at public events hosted by the SNEE ICB.

Hard copy surveys were also shared by Knowing Works staff during their standard community engagement activity in the period and local Patient Participation Groups linked with GP practices in west Suffolk.

The engagement was delivered under Healthwatch branding because this project was commissioned prior to our change of business name.

Who took part (sample demographics)?

Age profile

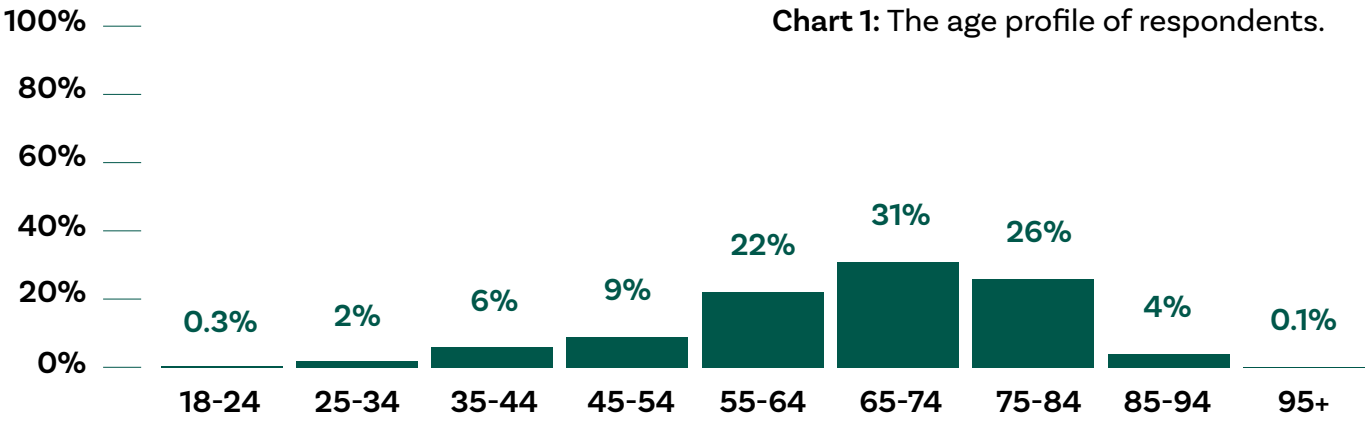


Chart 1: The age profile of respondents.

Ethnicity

There are 1,068,045 people registered with general practitioners (GPs) across SNEE (277,077 in west Suffolk). Of the population whose ethnicity is known, the majority are white (94.7%). Further, census data from 2021 revealed that the percentage of the west Suffolk population that are not White English, Welsh, Scottish, Northern Irish or British has increased from 13.7 per cent in 2011 to 17.8 per cent in 2021.

Responses to the survey from people who identified with an ethnicity other than White or White British were very low, accounting for just 1.19% (24 people) of the sample overall. Therefore the views herein are not representative of known diversity within the SNEE or west Suffolk population, although it is reasonable to expect that responses from White or White British people would be most prominent within the data set.

It is important to note that 206 people did not provide information about their ethnicity. It is unknown whether those respondents might reflect higher levels of diversity in the sample. Please see table three for more detail about the sample.

Vulnerabilities

People were asked if they identified with a list of vulnerabilities shown in the table below. A majority of the sample did not identify with any of the vulnerabilities listed. Of those who did, most said they had difficulty with their mobility or were living with a long-term condition or illness.

	Count
None of these	938/36%
Long-term condition or illness	565/22%
Difficulty with mobility	542/21%
Physical disability	248/10%
Mental health difficulty/diagnosis	78/3%
Sensory impairment	73/3%
Learning disability	23/1%
Autism	15/1%
Dementia	9/0.3%

Table 2: Responses to 'Please tick all of the statements that apply to you' (vulnerabilities).

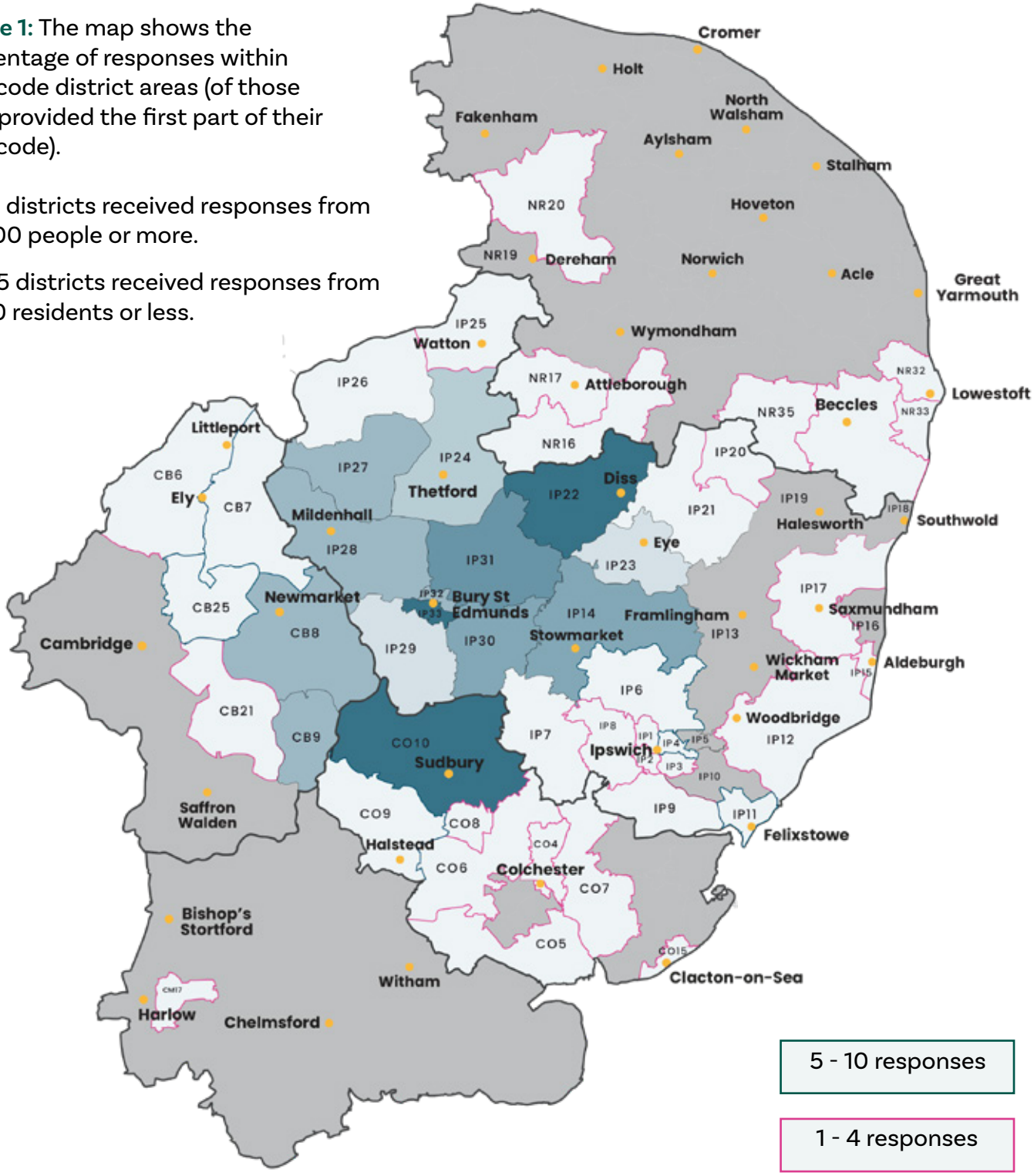
Ethnicity	Count	% of sample
White - English/Welsh/Scottish/Northern Irish/British	1,919	95.4%
White - Any other White background	44	2.2%
White - Irish	19	0.9%
Mixed / Multiple - White and Black Caribbean	6	0.3%
Mixed / Multiple ethnic groups – Any other mixed/multiple	4	0.2%
Mixed / Multiple - White and Black African	4	0.2%
Mixed / Multiple - White and Asian	3	0.1%
Asian / Asian British - Indian	3	0.1%
Asian / Asian British – Any other Asian background	3	0.1%
Black / African / Caribbean / Black British - African	2	0.1%
Black / African / Caribbean / Black British - Caribbean	2	0.1%
Asian / Asian British - Chinese	1	0.05%
Asian / Asian British - Bangladeshi	1	0.05%
White – Gypsy or Irish Traveller	1	0.05%
Total answered		**2,012**

Table 3: The ethnicity of respondents.

Respondent locality

Figure 1: The map shows the percentage of responses within postcode district areas (of those who provided the first part of their postcode).

- 11 districts received responses from 100 people or more.
- 35 districts received responses from 10 residents or less.



Up to 15% of sample (325 responses or less)

6% - 9% of sample

Less than 1.5% of sample (33 respondents or less)

Postcode district	Count	% of sample
IP33	258	12%
IP22	240	11%
CO10	230	11%
IP31	191	9%
IP30	152	7%
IP14	146	7%
CB8	133	6%
IP28	132	6%
CB9	127	6%
IP32	113	5%
IP27	106	5%
IP24	91	4%
IP29	64	3%
IP23	51	2%
IP26	23	1%
IP21	13	1%
IP7	11	<1%
CB7	9	<1%
CB25	8	<1%
IP6	8	<1%
CO9	6	<1%
IP4	6	<1%
IP11	5	<1%
NR16	4	<1%
IP12	4	<1%
CO8	4	<1%
IP3	3	<1%
IP1	3	<1%
NR17	3	<1%
CB21	2	<1%
CO1	2	<1%
IP25	2	<1%
IP8	2	<1%
IP17	2	<1%
IP20	2	<1%
CB6	1	<1%
IP2	1	<1%
CM8	1	<1%
NR33	1	<1%
NR34	1	<1%
NR32	1	<1%
CO4	1	<1%
CM17	1	<1%
IP9	1	<1%
NR20	1	<1%
CO6	1	<1%
CO15	1	<1%
CO7	1	<1%
CO5	1	<1%
NR35	1	<1%
IP15	1	<1%
IP10	1	<1%
Total answered		**1,748**

Table 4: The location of respondents (postcode district).

2. Results



Patients and members of the public

Most respondents were members of the public (e.g., neither patients or carers of a person waiting for orthopaedic treatment).

In total, **37%** of people were patients waiting for orthopaedic treatment from WSFT. A small number of respondents were carers or relatives of someone waiting for orthopaedic treatment.

More information is shown in chart two below.



Chart: Respondent groups (Patients, carers and the public)

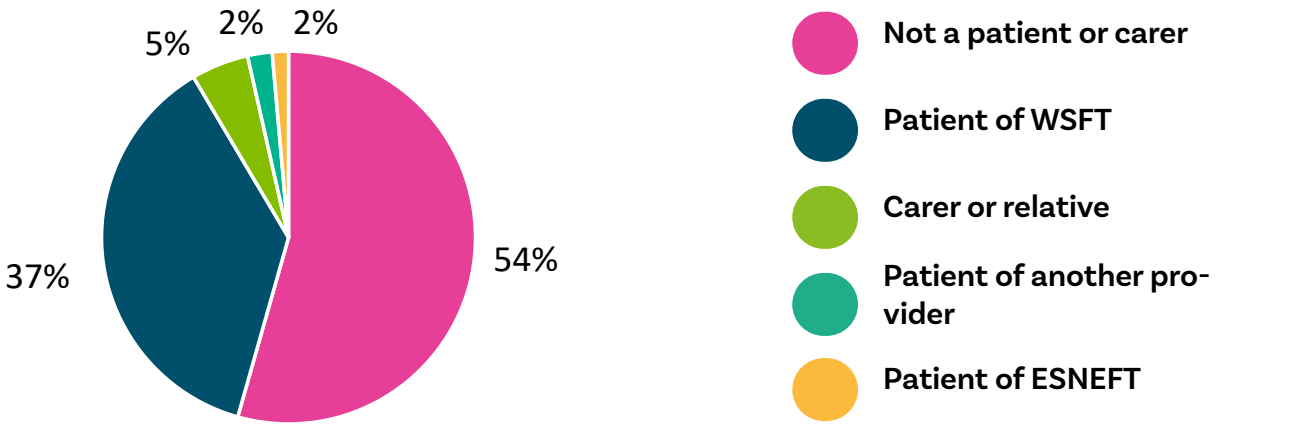


Chart 2: The percentage of respondents who identified as patients, carers or members of the public.

Category	Number
Not a patient or carer	1,204
Patient of the West Suffolk Foundation Trust (WSFT)	822
Carer or relative	110
Patient at another provider	47
Patient of the East Suffolk and North Essex Foundation Trust (ESNEFT)	31
Total answered	**2,214**

Table 2: The percentage of respondents who identified as patients, carers or members of the public (all categories).

Overall sentiment about the proposal

Respondents were asked to consider whether they were broadly positive, neither positive nor negative, or broadly negative about the proposal.

Almost half of respondents (**48%, 1,041**) were positive about the proposal, while the other half were either undecided (**17%, 369**) or negative (**35%, 755**).

Sentiment about proposal	Number
Broadly positive	1,041 (48%)
Neither positive nor negative	369 (17%)
Broadly negative	755 (35%)
Total answered	**2,165**

Figure 2: The map shows percentage of respondents who said they were broadly negative about the proposal by postcode districts. Districts are only highlighted if more than five responses were received.

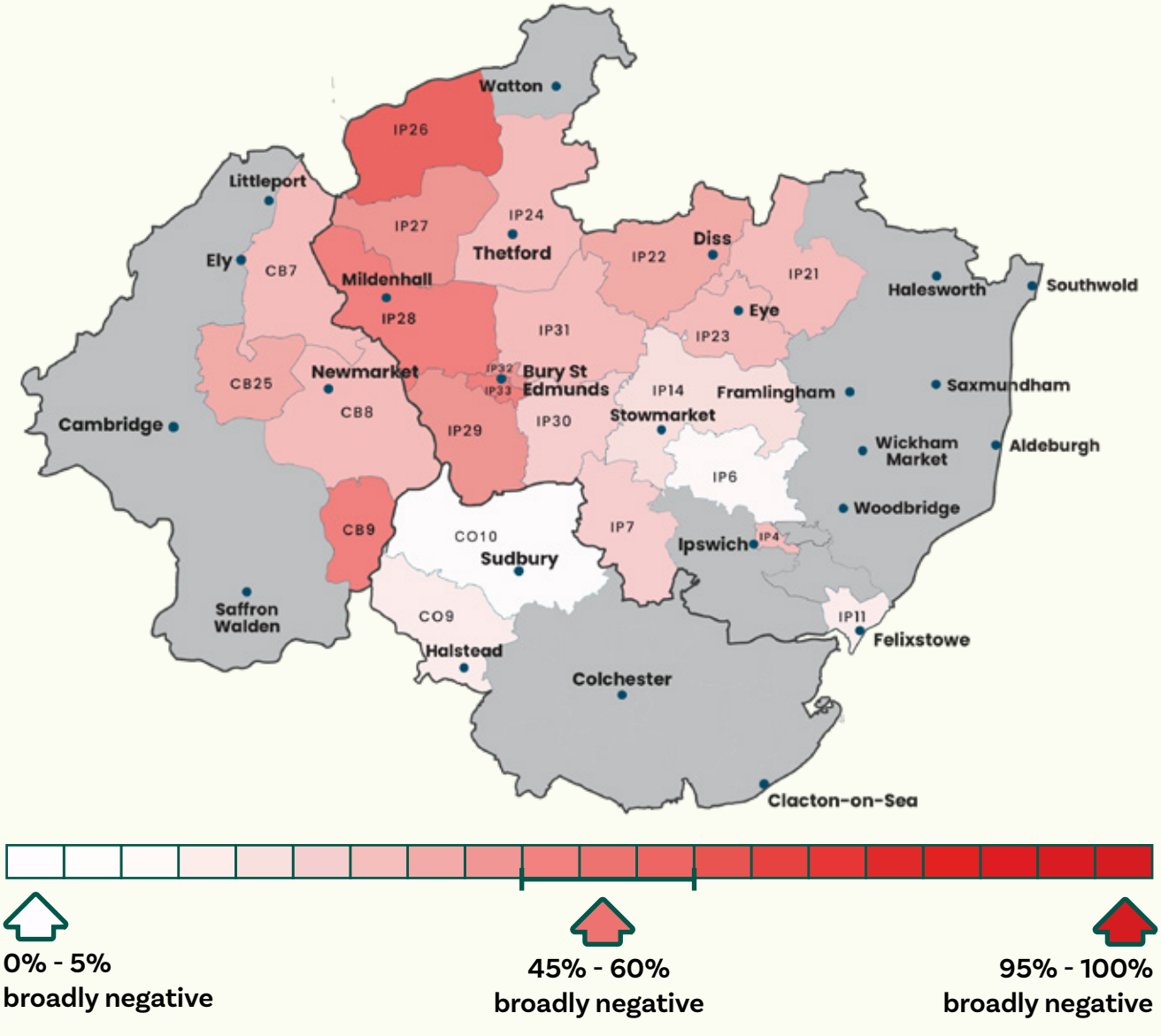


Chart: Overall sentiment about the proposals

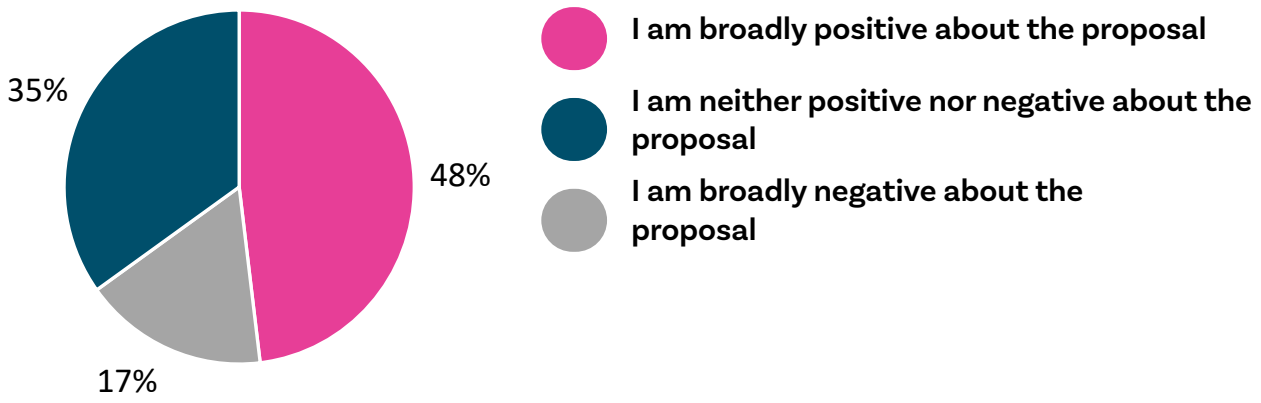


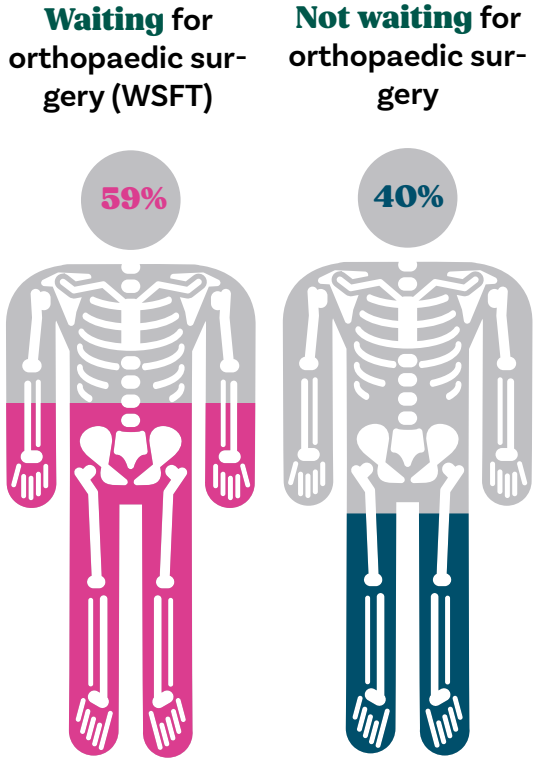
Chart 3: The percentage of respondents who said they were either positive, negative or undecided about the proposals.

Overall sentiment and demographics

Overall sentiment about the proposal varied by demographics. Notable findings included:

- **Patient status** - People waiting for elective orthopaedic surgery from any hospital were more likely to be positive about the proposal overall than carers of waiting patients or members of the public. For example, 59% of patients waiting for care from WSFT (483) were positive, compared to 40% of members of the public not waiting for elective care (463). Amongst carers of someone waiting for elective care, 45% were positive about the proposal (50).

- **Age** - Overall positivity about the proposal appeared to increase with age, with those aged 55 and above most likely to be positive. For example, 55% of 55 – 64 year olds were positive (241), compared to 38% of 45 – 54 year olds (71).



People waiting for elective surgery from WSFT were **more likely to be broadly positive or neutral** about the proposals than those not on any waiting list.

The two age groups most likely to be positive about the proposal (55 – 64 year olds and 65 – 74 year olds) were also the most likely to report that they were waiting for elective care (46%, 205 and 44%, 283 respectively).

Chart: Overall sentiment about the proposals (Age)

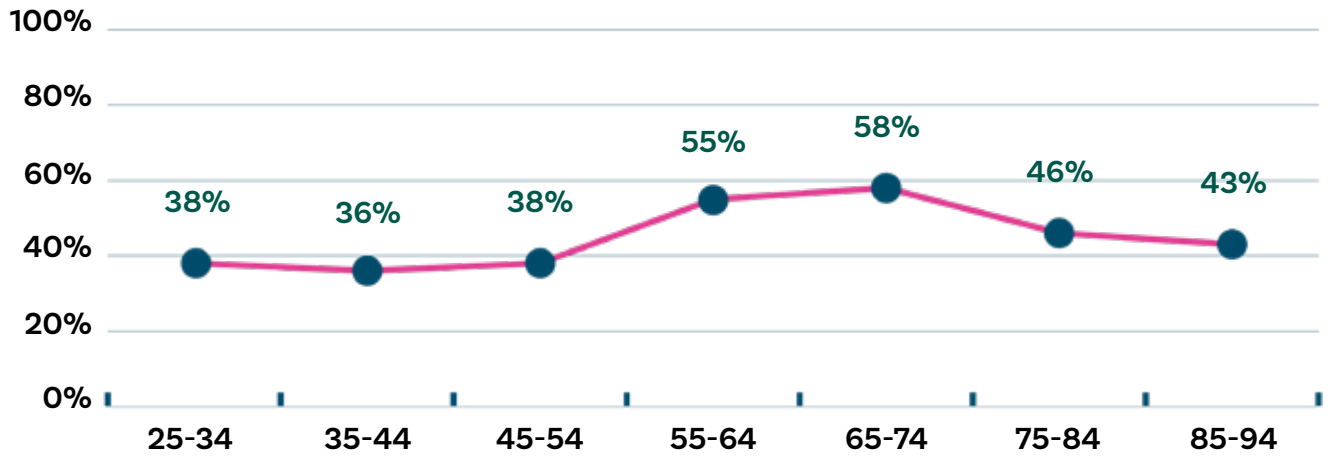


Chart 4: The percentage of respondents who said they were **positive** about the proposals and their age.

- **Additional support needs -** People who reported having additional support needs were less likely to be positive about the proposals.

  People who had a diagnosed mental health difficulty (32%, 25), a physical disability (36%, 86), or a learning disability (39%, 9) were the least likely to be positive about the proposal overall. Forty-six percent of people who had difficulties with their mobility (86), and 43% of people with a long term condition or illness (235) were positive about the proposal. This compared to 56% (515) of those reporting no additional support needs.

Chart: Overall sentiment about the proposals (Support needs)

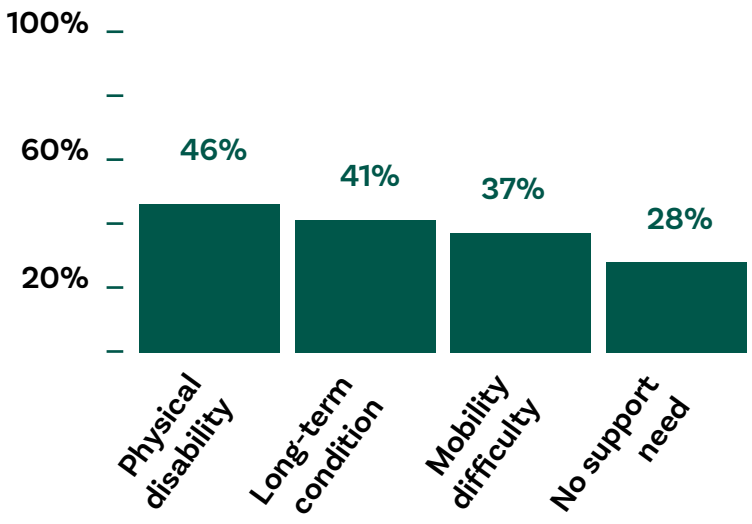


Chart 5: The percentage of respondents who said they were **negative** about the proposals and identified support needs.

- **Ethnicity** - Positivity varied by ethnicity. However, low sample numbers make it difficult to compare groups.

  There were 50% of people from White/White British backgrounds (976) who were positive about the proposal, compared to:

  - 50% (eight) of people from Mixed Multiple ethnic backgrounds;
  - 67% (two) of people from Black/Black British backgrounds;
  - 25% (two) of people from Asian/Asian British backgrounds.

Overall sentiment and locality

Looking at the whole sample, respondents in some areas of west Suffolk were less likely than others to be positive about the proposal. However, there was not a clear single trend that all areas of west Suffolk were negative about the proposal. Overall, many areas were mixed in their sentiment breakdown.

Areas where respondents were more likely to be negative than positive about the proposal were:

- Bury St Edmunds (south, west and town centre) (IP33)
- Mildenhall and Culford (IP28)
- Haverhill and Barnardiston (CB9)
- Brandon and Lakenheath (IP27)
- Hilborough and Feltwell (IP26)

Areas where respondents were more likely to be positive than negative about the proposal were:

- Sudbury and Lavenham (CO10)
- Ixworth and Thurston (IP31)
- Elmswell and Cockfield (IP30)
- Stowmarket and Stowupland (IP14)
- Newmarket and Ashley (CB8)
- Thetford and Barnham (IP24)
- Eye and Thorndon (IP23)
- Thorpe Abbotts and Pulham Market (IP21)
- Hadleigh and Milden (IP7)

However, area trends were different for people already waiting for elective care at WSFT. In almost every area with a response rate over five, people waiting for elective care from WSFT were more likely to be positive than negative about the proposal.

Exceptions to this trend were in IP33 (Bury St Edmunds south, 48%), IP27 (Brandon and Lakenheath, 34%), IP28 (Mildenhall and Culford, 44%), IP32 (Bury St Edmunds north, 49%) and IP26 (Hilborough and Feltwell, 29%).

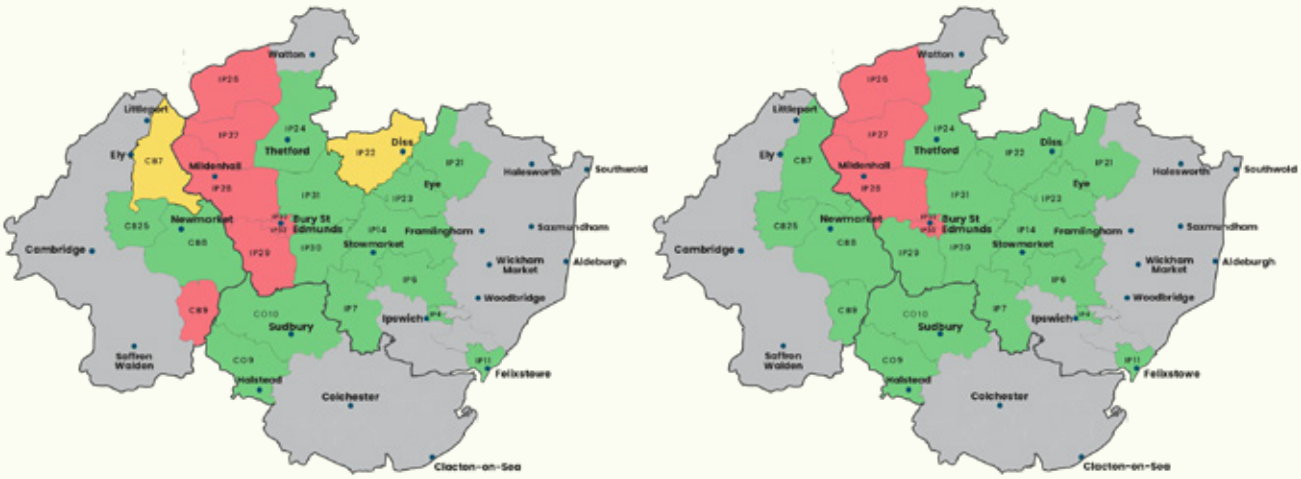


Figure 3: The map shows a comparison of dominant sentiment (where any proportion of those negative, neutral or positive overall is highest) in each postcode district. The maps shown relate to all respondents (left) and those waiting for elective care from the WSFT (right). Sentiment dominance may only be very marginal in some localities.

In general, those waiting for elective care from the WSFT were more likely to be broadly positive about the proposals, even if located in areas where negativity about the proposals was highest within the whole sample.

Area	Postcode	Positive	Neutral	Negative	Count
Bury St Edmunds (south, west and town centre)	IP33	39%	15%	46%	254
Diss, Winfarthing	IP22	38%	24%	38%	226
Sudbury, Lavenham	CO10	75%	15%	10%	225
Ixworth, Thurston	IP31	55%	13%	31%	186
Elmswell, Cockfield	IP30	51%	19%	30%	152
Stowmarket, Stowupland	IP14	62%	15%	24%	143
Mildenhall, Culford	IP28	37%	16%	47%	131
Newmarket, Ashley	CB8	47%	19%	34%	128
Haverhill, Barnardiston	CB9	31%	21%	48%	121
Bury St Edmunds (north and east)	IP32	42%	13%	45%	113
Brandon, Lakenheath	IP27	36%	24%	41%	106

Thetford, Barnham	IP24	44%	22%	34%	91
Barrow, Shimpling	IP29	42%	13%	45%	64
Eye, Thorndon	IP23	59%	8%	33%	49
Hilborough, Feltwell	IP26	26%	17%	57%	23
Thorpe Abbotts, Pulham Market	IP21	46%	23%	31%	13
Hadleigh, Milden	IP7	64%	9%	27%	11
Ely (east and city centre), Barway	CB7	33%	33%	33%	9
Burwell, Waterbeach	CB25	50%	13%	38%	8
Needham Market, Creeting St. Mary	IP6	88%	0%	13%	8
North East Ipswich	IP4	67%	0%	33%	6
Halstead	CO9	83%	0%	17%	6
Felixstowe, Trimley St. Martin	IP11	80%	0%	20%	5
Banham, Larling	NR16	0%	25%	75%	4
Bures, Alphamstone	CO8	100%	0%	0%	4
Woodbridge, Melton	IP12	75%	25%	0%	4
Attleborough, Little & Great Elling-ham	NR17	0%	33%	67%	3
North West Ipswich, Akenham	IP1	67%	33%	0%	3
Colchester	CO1	50%	0%	50%	2
Watton, Shipdham	IP25	100%	0%	0%	2
Copdock, Belstead	IP8	100%	0%	0%	2
Harleston, Mendham	IP20	100%	0%	0%	2
Fulbourn, Great and Little Wilbra-ham	CB21	50%	50%	0%	2
Cont. - Areas with only one response are shown in the appendix.					

Table 3: The location of respondents (postcode district) and their overall sentiment about the proposals.

Free-text responses

There were three key free-text questions in the survey:

1. Q4 - 'Please tell us how these proposals could affect you, your family, or someone you care for?'
2. Q10 - 'Is there anything else you would like to tell us about your transport options to and from ESEOC?'
3. Q11 - 'What support would you need if your procedure was transferred to ESEOC?'

Most responses to question four about how the proposals were likely to affect people's lives were focused on the issue of travel or transport to the ESEOC. Therefore, for the purposes of analysis, the comments in response to question four were merged with those recorded against question 10.

This approach merged 3,042 individual responses into a data set consisting of over 1,785 comments from 1,204 people. This allowed for a more valid view of the respondent's overall views and experiences. All written comments were analysed for key themes that are summarised in the table below.

Impact focus

It should be noted that a limitation of the wording of the questions is that they prompt a focus on issues and impacts. This focus was important because commissioners wanted to explore how people's lives may be impacted by the proposals and to ensure people had the space to report them in the survey. However, the questions may lead people to be less balanced in their overall answers, and this may explain an apparent incongruence between the levels of overall positivity about the plans observed in the quantitative data and the much lesser quantity of positive responses in written feedback.

Theme / Issue	Count	% of comments
Travel, journey time and distance	**980**	**55%**
Distance positive	30	2%
Distance neutral	112	6%
Distance negative	838	47%
Getting a lift from family or friends	**586**	**33%**
Cannot get a lift	180	10%
Getting a lift - positive	91	5%
Getting a lift - negative	315	18%
Waiting times	**534**	**30%**

Visiting and support networks	**276**	**15%**
Public transport	**260**	**15%**
Cost	**201**	**11%**
Appointment timing	**84**	**5%**
Specialist care centre	**82**	**5%**
Staff impact and quality of care	**63**	**4%**
Familiar with the hospital	**54**	**3%**
Parking	**54**	**3%**
Pre/post-op care at WSFT	**43**	**2%**
Impact on carers	**42**	**2%**
Environment	**22**	**1%**

Table 4: Summary of themes.

The following section summarises each of the key themes.

Themes are not presented in order of size. Positive themes (waiting times and specialist care) are presented first.

Waiting times

General positivity

The proposal's potential impact on waiting times was the most significant positive theme in the data. Of the total responses to the free-text questions, 30% of the sample (534 people) were positive about the potential for reduced waiting times for orthopaedic elective care.

Many comments were generally positive about the impact of the proposal on NHS elective care wait times. People frequently reflected on the pressures facing the NHS and NHS care backlogs. Often, generic comments about wait times were from people not currently waiting for elective care.

> *"This plan sounds well thought out in that patients awaiting elective surgery will have more confidence that their operation will not be delayed because of local hospital bed crisis."*

> *"This would have no negative impact. Any facility that improves the length of time awaiting treatment is to be applauded."*

> *"I really like the idea of shorter waiting times and less risk of cancellation. The idea of more training opportunities for staff sounds great. It should also be more cost-effective than buying services from private hospitals that are working to make a profit."*

> *"We are equidistant from Colchester and Bury. Anything which speeds up waiting lists must help. My brother is about to go privately for a hip replacement as he cannot put up with the pain any longer."*

Context and waiting for care

In addition, 13% of the total sample (237) described how their experience of waiting for elective care was a motivation to be optimistic about the proposals.

People discussed the impact of waiting for elective care on their quality of life (e.g., because of pain). Many were willing to accept the impact of increased travel distance in favour of reduced waiting times.

> *"Would go anywhere to have a knee replacement. As I live on my own, I would be very grateful to have no pain."*

> *"It sounds like I will get treatment earlier than the current waiting time, which will mean I'm not going to be suffering the horrendous levels of pain I'm currently in. It should help my son, who is currently my main carer, he would then be able to get a full-time job."*

> *"With such a long waiting list at West Suffolk Hospital... I would welcome getting my hip operation earlier. It's been two years since my diagnosis... Daily life is very difficult and painful."*

> *"I feel if I am able to have the same great care and understanding of my condition, and it gives me the opportunity to gain my health and mobility again and crack on with living some adventures, this is a major plus."*

Cancellations

A small number of respondents felt ESEOC would reduce the risk of operations being cancelled. Due to their low numbers, these were also included in the broader wait times theme.

> *"Improves the chances of surgery going ahead sooner, without rearrangement or cancellation, so enables better planning of lifts, work, etc. No, there are good road links, and lifts can be organised (or taxis)."*

> *"Hopefully, it will be a shorter waiting time. Dedicated hub, no cancellations. Patients in and out quickly."*

> ***"If the operations get performed sooner, then it is a good move."***

Specialist Centre/ Care

Positivity about ESEOC as a specialist centre for orthopaedic care was mentioned by 82 respondents (5% of the total sample).

Comments that were positive about ESEOC as a specialist centre often included a reference to the quality of services. For some, receiving the highest possible surgical quality was more important than the location of their procedure. These respondents were happy to accept impact from travel distance in favour of increased service quality.

"Colchester is nearer my house, so it will be a positive outcome for me. I feel as long as surgery is performed by qualified well-trained professionals, and patients get the treatment they need and deserve, the place it is at is not so relevant."

"If I was to need my knee to be replaced again, then if I was to be seen at the new centre, it would be awkward for visitors and to be collected afterwards. But if it was the best place to be seen, then I suppose we would cope with the distance from home."

"Travelling will be an issue but, given appropriate notice, I should be able to make suitable arrangements. As long as the centre is professional and safe - I would not worry about location."

People also commented about the potential for being treated at a 'centre of excellence'. They welcomed the fact that staff at ESEOC would have specialist knowledge and that access to the best quality care was a benefit for them if they needed a procedure.

Often, these comments were also linked with those about the positive impact of the ESEOC on reducing wait times.

"I see this as a positive step forward, having all the equipment and expertise on one site, should ensure trained staff are available as well as surgeons with the correct skill set and easily accessed assistance if needed."

"In an extremely positive way. Shorter waiting times and a state-of-the-art hub. It is a 'no-brainer'. If you are in pain, you will be willing to travel rather than wait a longer period of time for your operation regardless of the distance."

"Centres of excellence are essential, plus there is a greater skill base to treat and rehab."

"A dedicated centre would be good in that hopefully all the facilities will be in one place. I think it is a good idea."

> **"I do not have a lot of family so not having visitors would not bother me. My main concern would be that I would be receiving the best surgical procedure and post-operative care. Whether that is at the West Suffolk Hospital, or another hospital does not bother me."**

Travel, journey time and distance

General negativity

Travel was the most prominent theme in the survey comments. Nearly half (42%, 746 people) of respondents were negative about the increased distance, time or inconvenience of travelling to ESEOC.

Many of these negative comments were general. For example, respondents either stated that the journey would be too far for them to travel or said how many miles or hours they would have to travel. Many compared the distance they needed to travel to ESEOC with shorter journeys if their operation or care was planned at WSFT.

Most comments that were generally negative about transport or distance explained the impact of this in specific ways (e.g., the lack of public transport options or the cost of taxis). They are explored in the themes below.

"It is a long way to go, whereas West Suffolk Hospital is so close. I would not want to travel that far."

"Would be a two-hour trip to bring relative to new centre – difficult when to have time out of work to bring relative as two hours only accounts for travel time."

"Colchester is an hour away from my postcode. To ask that someone drive me to Colchester and then potentially drive back again the same day or within a few days would add at a minimum four hours of driving to their day."

"I am waiting for an arthroscopy on my knee, and West Suffolk Hospital is five miles away from my home. I will not be travelling 30-plus miles to Colchester under any circumstances. My partner runs his own business and works in Bury St Edmunds and can drop me off at West Suffolk Hospital and collect me again later. If I have to go to Colchester he would lose a whole day."

“If it speeds up waiting times it must be a good thing. Although I appreciate it involves travel a purpose build unit seems a good way forward.

“If you have family or friends able to help that’s brilliant, but it would be more difficult relying on public transport.”

ulnerability and frailty

One hundred and thirty-eight people (8% of the sample) said they were elderly, had a disability or health condition, or were vulnerable in their comments. Other respondents were concerned about the potential impact of the proposals on vulnerable or elderly people but did not necessarily identify as being vulnerable themselves.

Many felt the plans would make their journey to surgery much harder. For example, it was common for elderly people to say they (or their immediate family or support networks) were unable to drive, or could not drive over a long distance or at night. These comments often included a reference to a requirement or reliance on other sources of transport help, such as hospital transport.

> *"It will be too far for most patients to travel. This will only be for the young fit patients with no complications. Very misleading anyone who has an extensive medical issues will not be suitable and will still be on the waiting list. Hospital transport you have to meet the criteria most people will not meet it due to the nature of patients that will be operated on in Colchester."*

> *"Hubs are the way forward in delivering best practice care more efficiently. The elderly will worry about these issues as they tend to stress about driving in the dark and driving to places they are unfamiliar with. Reassuring them at pre-assessment will reduce anxiety."*

> *"I am elderly which would affect my family travelling to Colchester plus my husband who is partially sighted. We do not have any transport either. Don't like travelling too far. No transport in Red Lodge."*

> *"We are older people and I am disabled. Transport, especially by myself, is already difficult, especially at certain times of day. Our concern is regarding transport to and from the facility. Post-surgery is definitely a concern if a patient does not have anyone to take them home."*

Travel distance

Distance to travel was a prominent theme in people's responses. In total, 55% of the sample mentioned it, of which 30 were positive, 112 were neutral and 838 were negative.

Only a small number of people (8% of the sample) were either positive or neutral about travel distance (143).

Positive comments (2%, 30) reflected that a total journey time was likely to be shorter to ESEOC than WSFT. However, there were very few of these comments overall. Neutral comments (6%, 113) generally reflected that ESEOC and WSFT were an equal distance from the respondent's locality or that people were not concerned about the distance they had to travel.

> *"Living in Needham Market, travelling to Colchester would be an advantage."*

> *"I feel that these proposals would be beneficial to our family as it would mean less travelling distance for us and hopefully would mean that any planned surgery would be less likely to be cancelled."*

> *"If it means operations are done quicker, I'll go anywhere. Colchester isn't an issue from Sudbury. Colchester and WSH are equal distances from my house."*

Sixty-eight respondents (4% of the total sample) mentioned concerns about travel distance and the journey home after surgery. Respondents felt that extended journey times post-surgery could impact their recovery or lead to potential pain or discomfort. Some

people contextualised their comments by explaining their previous travel experience after surgery.

"Concerned about having to travel from Colchester to home if I had surgery – don't think I would want to spend an hour in the car."

"The long-distance home will impact my recovery. I worry about pain relief, having to travel over an hour home and the lack of mobilisation in this time period. Should I arrive home, and the pain be so bad I am unable to manage or get out of my car, will I then have to travel back to Colchester for help, or will my local hospital be expected to pick up the pieces when it goes wrong?"

"The distance to travel home after surgery. I had spinal surgery in Ipswich, but the journey home was very painful and twice as long as the journey from Bury St. Edmund's. I think treatment should be closer to home unless it is a real specialism."

"Having had two hip replacements (privately), I know how uncomfortable the journey home is. A 43-mile-plus journey could cause significant discomfort."

"I have just had foot/ankle surgery at WSH and would have found it impossible to have had to travel some 30-odd miles to Colchester before and after the operation, let alone any close follow-up appointments.

"It was difficult enough just the 15 painful miles back."

Getting a lift from family or friends

Whilst many comments about travel to ESEOC generally referred to the potential of increased journey time or distance, some respondents elaborated on their travel options.

Getting a lift - Positive

33% of respondents (586) described their ability to get a lift to the ESEOC from their family, friends, neighbours, or other informal sources of support. These are referred to as family and friends below.

For some, getting a lift was not something they predicted would be a cause of concern if they needed to travel to the ESEOC for an operation. In total, 91 (five percent) were positive about getting a lift to the ESEOC, and they generally referenced people who could offer a lift to the ESEOC if required (e.g., a partner, friend, or relative).

It should be noted that many more people indicated an ability to obtain a lift when responding to the closed-ended question in the survey about this subject than those who made a positive reference to the theme in their open-ended responses.

> *"I have no travel issues. It's not that far to travel. My husband would willingly take me and visit too."*

> *"I am waiting for hip and knee replacement, in a lot of pain; being able to have surgery quicker at the new hub will be great for me, I have family who are able to drive me wherever I need to go, so that's not a problem."*

> *"Not worried about travel arrangements as my wife or one of my daughters would be able to bring me and pick me up."*

> *"Although the travel to Colchester is a long way my daughter is able to take me, and I would rather have the operation sooner and for the waiting times to reduce. My daughter would need to take some annual leave to be able to take me but she is happy to do that."*

Getting a lift - Negative

Of the total sample, 18% said they would find it difficult to get a lift from their family or friends for various reasons (315).

Some felt they could not ask their family or friends to travel the increased distance to ESEOC. For example, they estimated that it could be at least a four-hour round trip for someone to drop them off, return home, and collect them again.

> *"I live alone and do not have family nearby. It is too far to expect friends who may be a similar age to visit or take me to and from Colchester. If friends are unavailable, I could take a bus/train or taxi to WSH or Addenbrookes. I dread the thought of being in hospital with no one to support me or ensure that all was well. It would just not be possible to travel transport both for me and a friend or relative to visit."*

> *"My husband does not drive. It would be much harder for me to find a person to take me to Colchester for my surgery rather than West Suffolk Hospital. I could not ask a neighbour to take me that far and then also bring me home it would be extremely difficult."*

Others expressed concern about calling upon the time of friends and family because of the impact on their work or childcare arrangements. In some cases, people did not feel those they would rely on would be able to take time away from these responsibilities to give them a lift because of the distance involved.

“I have had both knees replaced at WSH and relied on friends for transport to and from the hospital. They will not be able to do the 60-mile round trip to Colchester. Visiting will also not be possible. You cannot keep moving treatment centres further away from your patients; this is not in any way patient or customer-focused.”

"...Whilst the patient would receive sick pay, family members/friends may incur loss of earnings to transport others to and from Colchester. Some may also have caring or childcare responsibility, making an 80-mile round trip not possible compared to a more local journey."

"I am scheduled for a double hip replacement and feel that the distance involved would have a significant effect on me as I will be recovering from one op and within weeks travelling the significant distance again for second surgery. My husband is a taxi driver who has regular contacts that he is committed to. This means his time is restricted, and he would find it very difficult to make trips to Colchester during the day and visiting, etc., would also be very restricted because of the distance involved. Family and friends could easily drop me off, collect me and or visit if I were at WS"

"I'm already having to travel an hour to Suffolk Hospital for my care instead of receiving it in Norfolk, where I live. To suggest that be moved to over two hours away in Colchester is ridiculous... We cannot afford for both me and my wife to take whole days off work to get me to Colchester if I cannot drive myself, as well as paying for childcare before/after school times to accommodate travel time. It's simply not feasible."

"Too far to travel for my wife who is disabled and does not drive aged 78, and I work full time aged 74. The journey would be very uncomfortable for her by car."

Finally, some mentioned that asking for a lift could be difficult because people's friends may be elderly themselves, or people may be isolated without close friends or family nearby they would trust to give them a lift.

"My husband is 82 years of age. I am 73 years of age. I feel to have to travel long distance could be quite stressful for us both. We live in a small village. Our friends and neighbours are all elderly. Winter is bad for street lighting. Our own families do not live anywhere around us."

"The extra distance to travel could pose a serious problem. We are in our 70s, and I will have a long drive if my husband has to go to Colchester. The A14 is notorious for road closures. I don't like driving far these days, and the distance to Colchester, to get my



"It is very far away. I think this would be really worrying for patients who wouldn't have their family/friends/carers nearby.

"For those who don't have easy access to transport, would transport be provided by the NHS? If not, taxis would be very expensive, and public transport would be awful for people to travel on who are either suffering with orthopaedic injuries or recovering from surgery as it can be very busy (people pushing etc.) and not very smooth, and also unreliable."



husband there, would be of considerable concern to me."

"Many people requiring orthopaedic surgery will be elderly, often living alone. Getting to the hospital, such a long way away, could be very difficult or too expensive. Not everyone has family nearby or neighbours able to give up a morning or afternoon to take or fetch back from hospital more than 30 miles away. A taxi is more than £100 for this type of journey."

Some respondents said that while they had a partner or family member who could drive, they would feel uncomfortable or be unable to drive for long distances, on unfamiliar roads, or in the dark. Four per cent of the total sample (71 respondents) said they or their support network were not confident about travelling on large and busy roads like the A12 and A14 or on rural roads.

"It is too far to travel for surgery. The roads are rural, and the journey is in excess of an hour and a quarter each way. If a patient is unable to drive themselves home after surgery, this means a relative has to take them to the hospital and return home, drive back to the hospital to pick them up and then take them home. More than 5 hours driving in one day which is expensive, potentially dangerous in the winter and environmentally unsustainable. In addition, this means a relative has to take a day off work to take and pick up the person from the hospital."

There were also mentions about the additional cost of travel in this theme, but these are described in more detail below.

"Travelling to West Suffolk Hospital from Haverhill without the ability to drive is difficult enough – having to get someone to drive you there is far enough, never mind having to get someone to drive you all the way to Colchester. Can be far too expensive."

Cannot get a lift

Whilst 18% of the sample would find it challenging to ask for a lift to the ESEOC, a further 10% (180) felt it would not be possible at all. Many of these comments referenced similar themes to those explored above, including the increased cost of travel or transport (e.g., parking and fuel), appointment timings, the travel route and problems with needing to rely on elderly or vulnerable friends or relatives unable to travel distance themselves.

Some noted that they, or their partner, did not drive. Some may even be the only driver in their family. Some said that people in their support network were elderly or lived too far away to be able to give them a lift. Others felt they had no friends, family or support networks they could trust or rely on to give them a lift to the ESEOC at all.

"Living on my own at 75! and with limited transport available, I would not like to get a train or taxi to Colchester for both admission and coming home."

"I would find it very difficult to travel to Colchester as I live alone with no relatives able to get me there, so it would not be ideal for me. Although, I think a lot of people would benefit from not having to wait so long for surgery. I don't have any options as I just would not be able to get there."

"Travel to the new hub would be an issue. There is no public transport from Haverhill to Colchester. It would be too far for my elderly friends to take/collect me. It would be too far for the family to provide transport and prohibitively expensive to hire private transport."

"I have no family who live nearby. I am not prepared to ask friends or neighbours because the distance is too far, and neighbours have their own health issues.

There is no direct public transport link to Colchester from Rickinghall. I would try and get a bus to Diss, but there is a long walk and a hill to the station. I am visually impaired (certified) so uncertain how I would obtain tickets as find internet too difficult to use."

Visiting and support networks

There were 15% of the sample (275 people) who felt distance to ESEOC was a barrier for their friends, family or other members of their support network to visit them. Many of these comments were general, for example that friends or family members would find it 'difficult' to visit.

"If I was to be seen at the new centre, it would be awkward for visitors and to be collected afterwards. But if it was the best place to be seen then I suppose we would cope with the distance from home."

Being able to receive visits was often referenced alongside other themes, such as distance to travel or difficulty travelling by large or rural roads. Some people were worried about being able to attend ESEOC if their friend or relative had a problem with their procedure (e.g., if an emergency resulted from their surgery).

"It is very far away, I could not travel there easily, even for a one-off appointment. Family cannot afford to spend the time travelling to visit me especially in the week, so I would have little to no contact with them. They can walk to West Suffolk, to Colchester they would have to park or use public transport."

"If my relative used it, I could not get there quickly if they needed me. Is there an intensive care facility at the new hospital should something go wrong?"

Some respondents said friends or family did not drive or lacked transport options to get to ESEOC.

"Only problem is my wife does not drive, so visiting would be a problem."

"How does this help relatives of patients having surgery who don't have transport. How do they visit?"

"My wife wouldn't be able to visit and would get stressed out... She suffers from anxiety as it is and would not travel that far alone but would be able to walk up to the West Suffolk Hospital to visit me and see that I'm OK. So, she then wouldn't worry."

Problems with visiting arrangements (particularly in the event of an extended hospital stay) led some respondents to express concern about a potential impact on recovery and overall wellbeing. Some said that the impact of distance on visiting could lead to feelings of being isolated at a time people may need the emotional support of those closest to them.

"As I don't drive, it would be impossible to get to and from Colchester by public transport. It would also make it extremely difficult for friends and family to visit if a stay in hospital was required, thus causing isolation and probably affecting recovery period/time. What options!"

"I would not be able to get to Colchester or home. I do not have any options for travelling to or from Colchester."

"I know that orthopaedic surgeries generally involve only short stays in hospital. However, for those patients who experience complications requiring longer stays, family and friends may be prevented from visiting again by the distance, time and cost involved. Having no visitors could be quite detrimental to patients' wellbeing and recovery."

"Cannot expect friends to drive that far especially knowing the A12 visitors help with recovery. No idea how patient would get there by public transport and hospital transportation costs taxpayer money without impact on environment. Old people would feel abandoned so far from friends or relatives leading to depression and all that entails. It's bad enough being old without being shoved miles from things we know. Why not send 18-year-old there and let oldies stay where they know? The cost to NHS a taxi far too expensive no direct public transport."

Impact on carers

There were 42 respondents (2% of the total sample) who considered the potential for an impact from the proposals on people's caring responsibilities or childcare. While this was not a large theme in the data, it is important to note these experiences to understand barriers that carers and families may face accessing care at ESEOC.

Comments from carers referred to the challenge of being further away from the person they care for (see comments about family visits above). However, a few mentioned a specific need for additional support to be in place. This might include the provision of overnight stays within the ESEOC for carers supporting people, or other adjustments according to the needs of the person they care for.

"My concerns relate to distance. My partner has advanced Parkinson's and when she needed emergency hip surgery last year after a fall she suffered from post-operative delirium and spent three weeks in hospital. I had to spend a large part of every day with her to make sure she had enough support. A 10-mile trip each way was fine, but as I get older, a drive to and from Colchester would be a struggle and make it harder for others to visit. But I appreciate the need for new beds and the importance of certainty for people on waiting lists."

"On a personal note, my husband has Parkinson's, and I am his carer. So, further away would definitely cause me a problem. I have had one knee operation already and had to rely on my daughter to collect me from hospital. But as she is a teacher, this also proves problematic. Concerns would be about how to travel there and back. The weather or dark would not be an issue if someone else if transporting. But would be concerned about how my husband with Parkinson's would be cared for."

A few carers mentioned the challenge of arranging alternative support for their loved ones if they needed surgery, or if they needed to visit or drop off a relative at ESEOC.

"I can't drive and my son who needs the operation needs me round the clock he has a close bond with his siblings, and they are all younger so it wouldn't be logistically possible to visit."

"As a carer of my husband with dementia, it would be difficult for us to travel all that way for an older person. We're not as confident as we were. My husband would be completely lost in a new environment and the long travel. I would want to go with someone and would ask family for a lift,

but they all work and have their own lives. I wouldn't be keen to go to Colchester, it would be stressful."

Some people described how the total travel time to get to the ESEOC for a procedure could be difficult to manage alongside childcare responsibilities (e.g., school runs or other out of school commitments or activities).

"If or when a family member needs surgery, we wouldn't have transport required to attend in Colchester. We share one car and have two children to transport to and from school. If one of us required an operation, the other would need the car to meet the needs of the children and would not, therefore, be able to be chauffeur to the person having a procedure. We like having surgeries available in our local town, and this is one of the reasons we chose to live near a hospital. Both of my children have medical needs and access support at West Suffolk; whilst this isn't orthopaedic at present, we are fully aware that any of us could need this at any time. In addition to this, I have elderly relatives in the town who are on the list for this surgery, and it isn't feasible for them to be travelling this great distance either. I'd be really disappointed to see these services move further away."

"Colchester is over 1.5 hours away. I have two young children who are at school. I would rely on my partner driving me to the hospital for my possible operation, that my children have huge disruption to their day by either not going to school, or attending breakfast and after school clubs at a huge expense. Its completely absurd. Its not feasible."

"I would not want to be taken to Colchester to have surgery away from my husband and children. We only have 1 car and the likelihood of getting free transport is null. My husband would have to take time off from work to take me and pick me up. I wouldn't want to be so far from home in an

"My young person is autistic. My concerns are around how these and other more vulnerable patients are treated. Obviously, they are known to the LD nurse at WSH, reasonable adjustments etc. How would this be managed by Colchester? Has provision been made for essential family carers to stay with the patient in Colchester? Are rooms big enough for this? These patients already have worse outcomes for health care and much as they can choose to stay local, that may lengthen the waiting times when if there aren't reasonable adjustments this is beyond the patients control. In reality no one bothers to read hospital passports and act accordingly... this really needs to be considered. Please make sure that you consider those with autism and learning disability who need essential carers with them. We don't mind the distance but we'd need a parent to stay."

unfamiliar environment. I would find it very stressful having to juggle getting to and from Colchester. This in my mind would have a negative effect on my recovery. I wouldn't want to have to decide - am I in so much pain I have to suffer mentally and go to Colchester. Or do I suffer with physical pain to use the local hospital for an appointment that I may wait for that could be cancelled anyway."

Appointment timing

Eighty-four respondents (five percent of the sample) expressed that it would be difficult to arrive for an early appointment at the ESEOC due to distance and travel options or travel in the dark or winter months following discharge.

Respondents were aware of the requirement to arrive early for surgery (for example, arriving at ESEOC at 7am) and felt it would be difficult for them to commit to this when considering their travel options. Some felt the timing of appointments may be difficult or inconvenient for family members or carers required for lifts whilst others felt it could be impossible to arrive within expected timings (e.g., due to unavailability of public transport options and appropriate timetables).

"The move would make it incredibly difficult to get a family member to the hospital for the usual early morning slot. This would probably involve a 5:30 start (if not earlier) alongside needing to take unpaid time off work to enable this to happen, given the inability to use public transport pre and post-op... Public transport would be incredibly difficult with multiple changes either by bus or train. They also wouldn't run early enough to arrive in time for a morning list."

"I would definitely have to rely heavily on the goodwill of friends to offer transport to a further surgical venue. I would rely on friends goodwill as my partner does not drive. This may mean a very early start for them if I had a 6am admission time."

Also included in this theme were comments from respondents who felt that it was difficult for them, or their support network, to travel to ESEOC in the dark or in winter. This appeared to be a consideration for mostly older respondents. Most of these comments referred to driving in these conditions, but some also felt it could be a risk to travel by public transport in the winter too.

"We are both elderly, 75 and 84 years old. No relatives nearby and getting to Colchester would be a problem. We can both drive, but night driving could be an issue. Unfamiliar roads especially in winter not ideal."

"Two years ago, I was offered surgery in Colchester as an alternative to Bury St Edmunds, which I opted for. My experience would make me think twice about taking that option again. Travelling after day surgery late at night back to Newmarket with sickness from the anaesthetic is not something I would recommend, as well as having to leave Newmarket early in the morning when it was still dark. It was a very long day both for me but also for my husband who had to drive to Colchester and back twice. A lot of people requiring surgery may be older and their partners are likely also to be older and driving at night isn't easy for the older generation. Public transport from Newmarket to Colchester would not be easy or reliable . After surgery to travel back by train requiring two change, plus taxi rider, wouldn't be very wise."

Public transport

There were 260 respondents (15% of the sample) who left a comment about difficulties using public transport to travel to ESEOC. The survey let people know that they would not be able to travel home from their procedure using public transport. However, a relatively large number of the free-text comments about the impact of the proposal and transport to ESEOC still mentioned the availability of public transport links. Some respondents recognised they would not be able to use public transport on the way home from their operation.

Some respondents did not drive or have access to a lift. Some felt that they would either rely on public transport or non-emergency patient transport if required to attend ESEOC.

> *"As I get older, I am concerned that I may be forced to attend a hospital which is difficult to reach. I do not have a driving license, so I have to rely on public transport. Living west of Bury St Edmunds, travelling to Colchester would take several hours using poor and unreliable trains, buses and taxis."*

> *"If I had surgery in Colchester, I would have to take a train and taxi which is costly. Unless free transport to and from the venue would be provided by the hospital."*

Others noted that public transport from their area would not be an option at all. Where respondents said that public transport would not be an option, this was usually because of a perception of poor public transport links or that the time the journey would take via public transport simply would not be practical.

> *"I assume that people living in villages such as Lakenheath will be provided with transport to this new location? Normally, such operations as hip, knee replacements only mean a short stay. If lucky, an overnight stop. But should it be necessary to stay in the hospital longer, then how are visitors going to get there? Will there be a direct bus route or train? Although Lakenheath no longer has a train service, except on weekends during summer months, to allow passengers to get to the RSPB site. Will patients be offered a choice of where they wish to have their operation, and should they choose West Suffolk Hospital will this be possible? There should be a direct route, but living in a village, this is probably not possible. It would mean having to get to Mildenhall and then hope there would be a direct route."*

> *"Impossible to get to Colchester by public transport and I have no relative who could take me. Why move services from our local hospital?"*

> *"I don't think I would be able to use the Colchester hub as I am a driver but you aren't allowed to drive after surgery, nor use public transport. I have no available family or friends in this area and the neighbours here don't make eye contact, let alone speak. I don't have any options other than not to attend. Even if you were allowed to travel on public transport, it wouldn't be practical from Lakenheath. Using a taxi would be too expensive, it's about 60 miles one way, so a 120-mile total trip when you are not feeling well isn't feasible either. I had to travel to Addenbrookes from here and that was a total cost of £90 for 60 miles, 4 years ago. So, I guess 120 miles would be at least £180. Patients will suffer because of this idea as it's far to go and impossible to get to."*

> *"It is a long way from our village. No way to get there other than driving, which would be too far for many . No local transport available to the Hub... I certainly wouldn't drive there in winter or bad weather."*
> *"This is over an hour's drive from Haverhill, Suffolk. It would be inconvenient because*

"Travel to the facility, family likely being unable to visit due to the distance, cost of transportation if you don't have anyone able to drop you off or collect you. Travel time is an issue. A car journey is over an hour usually.

"No direct public transport from where I live, there lots of changes including bus and train. Expense."

of the distance and poor public transport links for patients and visitors. This is over an hour's drive from Haverhill, Suffolk. Which is an inconvenience, especially as the public transport links are dire to say the least. And we are only 20 minutes from Addenbrookes in Cambridge."

People expressed that it could take several hours to reach the ESEOC by public transport and that this could potentially require changes of transport along the route. Another concern was that public transport may not be available to arrive for early appointments.

"How would you expect me to return after day surgery for carpal tunnel on my wrist, to my home two miles out of Bury St Edmunds town centre, when I have to catch a bus back from the hospital back to Colchester, then to Bury St Edmunds and the hourly bus service to my home stops at 6pm?... It would be impossible for me to return home the same day on public transport. I strongly object to the plans suggested for people from rural Suffolk to have their surgery, needing two trains, a bus and a long walk home each way if I had to go to Colchester Hospital!"

"Getting to the West Suffolk is bad enough, but getting to Colchester Hospital is abysmal... We don't have many options; public transport is useless or non-existent. Car is our only guaranteed form of transport."

"If my treatment has to be done in Colchester, I will be unable to make my own way to the hospital as it is a lot further from my home and this will cause me more stress than I can handle at the moment. For me to be able to get to Colchester, I would have to get a minimum of 3 buses followed by a train. Then I would probably have to get a taxi home as there is no late buses to my village."

Cost

A total of 201 respondents (11% of the total sample) were negative about the increased cost of travel to ESEOC.

Many negative comments about cost referred to travelling to ESEOC by taxi. In fact, eighty-eight respondents (5% of the whole sample) were negative about the potential cost of getting a taxi to ESEOC. This is important because a taxi may be the only viable transport option for those unable to obtain a lift from friends of family, or who do not meet the criteria for access to non-emergency patient transport services.

Some stated that they could not afford a taxi to ESEOC from where they lived, whilst others commented generally about how high they

It was common for people to suggest the cost of a taxi to the ESEOC could be hundreds of pounds.

> **"I have spoken to a local taxi company who have advised me that the cost of a taxi one way (Brandon to Colchester) would be approximately £120. This is a huge sum and does not include parking fees or waiting charges. "**

felt the costs for a taxi from their area was likely to be (in some cases, estimating costs of hundreds of pounds). Just 12 people (0.7% of the sample) said they would use a taxi to ESEOC if required.

"I have arthritis in my hip. I have seen my GP and a physiotherapist, and although I am not on a waiting list for a hip operation, that is a possibility in the future. I have no family in this area and few friends who have cars. I drive and use public transport a lot, but as this is not advised, post-op return transport could be a challenge, or a very expensive taxi."

"I am a widow and live alone in Bury St Edmunds with my family hundreds of miles away, and I can't believe that I might have to go to Colchester for an operation. There is no way that I would consider that as I would have to return home under my own steam with no support at any stage... A taxi is a ludicrous option due to the cost."

"It would cost to get to Colchester if no one could drive. Taxis are beyond the ability of most older people to pay."

"This would turn a 15-mile drive into a near 50-mile drive. As the only driver in my house, this would make it nearly impossible for me to have visitors during my stays in the hospital. It would make it more expensive to get to and from the hospital and would induce increased anxiety for myself and my partner during my treatment. It would also mean I have to pay for a taxi to bring me home after treatment. 15 miles in a taxi I can save for. 50 miles is nigh on impossible for me.... Colchester is not an option for me."

Others were worried about the additional costs incurred for travelling further to ESEOC by anyone who was giving them a lift. Some reflected on the need to reimburse people for assisting them to the ESEOC (e.g., petrol or parking money) and that this could be a barrier for them to attend.

Some individuals mentioned that financial circumstances could make it challenging for people to afford these increased costs, and that it could result in impacts on other aspects of their lives (e.g., nutrition or heating homes) known to be wider determinants of people's health and wellbeing.

"It would be too far to travel to appointments. I'm a low-income single parent; I just couldn't afford the travel costs involved. I wouldn't be able to ask anyone to take me that far. It would be very stressful relying on public transport to get that far."

"It's also an additional financial burden (additional miles even if they do have a

car). For the socio-economically deprived, an additional £10 on petrol means missing meals / turning the heating off etc, and a taxi would be beyond their reach. This is my transport options - I'm young and not financially or socially deprived. Make sure you offer ways for those unable to access the internet/focus groups to give their feedback, or your consultation will be very one-sided."

"Getting to a local train station from here is almost impossible. There are no buses for two miles. We get taxis when necessary, but the costs are crippling. Further, it would mean travelling from 8 am to get to the bus stop, then a bus to a station, a train to Ipswich, then a train to Colchester, then a bus to the hospital. It would mean a whole day of travelling. The expense would be impossible. We have diabetes – what about getting food and drink? We wouldn't be home until dark. It would be terrible for us."

"I'm concerned about transport to and from the new hospital if I need to use it. I would have to seek public transport or fund a taxi, which would be expensive... I do not know what the future holds but if I am struggling financially, I may not be able to afford to travel there."

“I don’t think I would be able to use the Colchester hub as I am a driver but you aren’t allowed to drive after surgery, nor use public transport. I have no available family or friends in this area and the neighbours here don’t make eye contact, let alone speak. I don’t have any options other than not to attend. Even if you were allowed to travel on public transport, it wouldn’t be practical from Lakenheath. Using a taxi would be too expensive, it’s about 60 miles one way, so a 120 mile total trip when you are not feeling well isn’t feasible either. I had to travel to Addenbrookes from here and that was a total cost of £90 for 60 miles, 4 years ago. So guessing for 120 miles would be at least £180. Patients will suffer because of this idea as it’s far to go and impossible to get to.”

The impact on staff

Sixty-three respondents (4% of the total sample) expressed concern about the proposals' potential impact on staff. Several sub-themes were associated with this theme, and they are listed below.

Workforce impact

Some people expressed concern that the proposals may lead to challenges with the recruitment and retention of NHS staff in West Suffolk. Others did not view the 'centre of excellence' status of the ESEOC as a solution to long-standing NHS recruitment challenges.

> *"Cost to local services- reducing the attractiveness of our hospitals and community services as employers."*

> *"If it becomes a centre of excellence with the best Doctors and Nurses then I am fully supportive of it. However, where will it leave the current T/O teams at say West Suffolk Hospital? Will the good teams here be then seen as second-rate, and they leave for pastures new? Thereby running the department down over time as no specialist will want to work in a second-rate area."*

> *"Further concerns arise around maintaining skills mix, when staff at ESEOC are only dealing with the straightforward simple cases, and not working on more complex procedures and/or traumas. Likewise, staff at WSH are not being exposed to implants/ equipment/procedures carried out at ESEOC and will become less knowledgeable regarding them when revisions are required. I feel that, in the end, patient care will suffer for the sake of people's political ambitions, and we will see no long-term effect in the reduction of waiting lists until the NHS decides to address the real issue, which is recruitment and retention of staff."*

> *"Having centres of excellence doesn't work. Look at the cancer service hubs. Our local hospital of excellence is Addenbrookes and they are struggling with no capacity and not enough Oncologists or staff!!"*

> *"I wonder if the staff who will be working there are new staff, or will they be from Colchester and other hospitals? If this is the case, then treatment at those places will suffer from a lack of staff. Also, most surgeons work as a team. Will they bring their own team with them? If they don't, then I imagine it would be difficult to operate in the same efficient way at their usual place of work."*

> **"Staffing and their needs would an issue... What time of day will those people already working in Bury need to get up and leave home to get to work? If partners are working, are we supposed not to be aware of their needs? Those with family and children will struggle. If staff have children in school or childcare, how will they get there and back in time? Are you going to allow flexible working hours or provide on-site child care? I suspect not."**

Staff travel impact (expenses/lost time)

Comments questioned whether the plans had accounted for increased costs and lost time due to staff travel and commuting. Some reflected on the potential of increased pressure on staff wellbeing because of longer working hours (accounting for a new commute) and less time to cope with family demands (such as childcare).

> *"It would be much better to invest in the services at West Suffolk Hospital and expand them to all of west of Suffolk, east Cambridgeshire, and south Norfolk. This would be a much cheaper option, as with the current plan, staff travelling from West Suffolk will have to be paid for their time and travelling expenses."*

> *"Clinics begin early in the morning, around 7am. So, that will mean a very early start for patients and staff. I am particularly concerned about the impact on healthcare staff who do not live near Colchester. Indeed, many live nearer to Norfolk. That will make for extremely long working days, exacerbated by travelling on poor infrastructure such as the A12."*

> *"The cost and time impact on the NHS and staff - extra travel for staff and surgeons will cost the NHS more in fuel and time as well as have a detrimental impact on wellbeing and work-life balance as commuting will be longer."*

> *"I wonder how cost-effective it is that your surgeon travels to Essex rather than Suffolk."*
> *"...the impact of West Suffolk surgical and theatre staff. Their travel times to ESEOC are considerable and could reduce clinical time available. Travel times to Colchester from the West at peak times can be considerable."*

Continuity of care

A limited number of respondents highlighted concern about how continuity of care may be interrupted by the practical delivery of this new service, including how staff time is managed and technical systems (e.g., for sharing notes across sites). This included concerns about the potential loss of follow-up with the consultant leading the operation because of how their time may be divided between delivering surgery at ESEOC and follow-up care in west Suffolk.

> *"I also don't like the thought of a consultant doing procedures across the two sites, meaning patients won't always get their post-op care from their own consultant e.g. if they were operating at a different site the next day."*

> *"I am concerned about the operating surgeon only being available on the day of surgery, as they may have commitments at WSH the following day, and this leading to delayed clinical engagement and detection of complications."*

> *"Early postoperative complications will present to the WSH regardless of where the surgery was performed; if the surgery was in Colchester then how will the WSH team access information about the perioperative course i.e. how will electronically accessible information be made available in a timely manner?"*

A couple of comments linked to the issue of continuity of care highlighted concerns about whether the plans address how emergencies resulting from orthopaedic surgical risk may be managed by the ESEOC.

> *"Will it have an intensive care unit? The majority of hip and knee replacement patients are 65+ with lots of other problems and generally unfit because they can't exercise due to their hip/knee. They need to*

have an intensive care unit in the building. It is major surgery on elderly, deconditioned people. What safety netting will you have in situ?"

"I also worry if you have underlying health issues. Emergency care facilities would probably be better in the West Suffolk Hospital than in a dedicated orthopaedic hub. I can see there are advantages as your operation would not be cancelled due to an emergency and it's very nice to have your own room. It does concern me and I would rather be at the West Suffolk Hospital."

Familiarity with the hospital

A lack of familiarity with the ESEOC, and the Colchester hospital site, was a concern for 54 respondents (three percent of the sample). In some cases, people cited this as potentially significantly adding to their stress when they are likely to be worried about their health and welfare.

General comments about geography

This theme is inclusive of non-specific references to a lack of familiarity with the local area around Colchester.

"We do not know the area around Colchester at all."

Provision for vulnerable patients or relatives

This included the idea that people with specific illnesses or vulnerabilities may appreciate familiarity with staff who know their needs, facilities, and environments. People also reflected on how a lack of familiarity with the ESEOC may cause distress for loved ones with vulnerabilities, such as a mental health diagnosis or frailty, and issues for carers who need to be close to those they care for.

"As a carer of my husband with dementia, it would be difficult for us to travel all that way as an older person. We're not as confident as we were. My husband would be completely lost in a new environment and the long travel. I would want to go with someone and would ask family for a lift but they all work and have their own lives. I wouldn't be keen to go to Colchester, it would be stressful. "

"My family members also are very frail and find it more reassuring to have the same consultant or nurse at pre-op appointments to the surgery date itself. The nurses know the patients and their ways more than a stranger."

"In order for me to have surgery, I will need transport to and from hospital. My husband has a mental health issue and can only drive on known routes so Colchester is out of the question."

"How can my partner get to Colchester, and how can friends and family visit? My partner can hardly walk, so making her sit in a vehicle for a long period would not be beneficial to her needs. Secondly, she is partially blind, so being in unfamiliar surroundings would be upsetting for her. The additional cost and time to travel 60 miles also has to be considered."

"As mentioned earlier, I have mental health issues, so anything that is outside my normal routine or unfamiliar surroundings makes me very anxious. Being incontinent, the longer the journey, the more problems with being able to locate a toilet."

"I have PTSD, and my good husband is my rock and protector. When I had surgery at West Suffolk Hospital, staff were amazing in supporting him with me and recovery. My fear is my support network won't be accepted at another hospital."

"My husband has mild memory issues and would find travelling to a strange area challenging, whether to visit or collect following surgery."

Anxiety, stress and confusion

Many felt that a lack of familiarity with the ESEOC would be a cause of anxiety, stress or confusion in their lives.

"...they may very well feel discombobulated in such an unknown environment with no familiar landmarks."

"...the unfamiliarity of another hospital can cause anxiety and stress."

"I am currently waiting for an appointment for a carpel tunnel injection and would find having to go to Colchester, a town I have no knowledge of, extremely difficult and distressing."
"Having to go to Bury St Edmunds is not easy, but at least I know the town and how to get to the hospital . When you are 80 and of a nervous disposition having to go to Colchester would make me think it is easier to put up with the pain and hope it gets no worse."

"Just too distressing on top of all the anxiety surrounding surgery to be shipped off like some piece of meat to a hospital miles away where people have no knowledge or understanding of where you're from. Each county needs its own orthopaedic centre or centres. Surely with the population explosion this should be essential."

Perception of the hospital

Linked to this theme, several people made comparisons as to their overall perception of the hospital sites, though it was unclear if this was always based on experience. It was clear people appreciated the WSFT, which they viewed as a valuable, local and friendly hospital.

"The distance to get to Colchester hospital. It is a long way and the A12 is horrendous for traffic. West Suffolk Hospital is a lovely compact, friendly hospital, whereas Colchester feels large and clinical."

"It's massively far away - how would we help our family with transport, care or visits? Colchester Hospital is massive and impersonal. I don't have any transport options- it would not be possible for me."

Parking

A total of 54 comments referenced parking issues (3% of the sample). Much of this feedback was generic (e.g., simply listing 'parking' amongst other concerns about the proposals). However, several specific problems associated with parking were considered across the sample.

Parking charges

Some people expressed the view that the cost of parking may not be affordable for patients and visitors alike. This included that the cost of parking would be compounded by other travel costs (e.g., fuel) people may face because of the plans.

> *"I have a husband who is currently able to drive. I am no longer able to undertake journeys of any distance on roads I do not know. When he had his cataracts treated (at a clinic in Ipswich) I was unable to take him, so he paid over £100 for a taxi to take him, wait for him to have his procedure, then bring him home again, at a cost of over £100 for each eye. No mention is made of any hospital transport being available, nor the cost of a companion (driver) parking a car for orthopaedic procedures and waiting at Colchester. I would like to know costs and availability."*

> *"Family cannot afford to spend the time travelling to visit me especially in the week, so I would have little to no contact with them. They can walk to West Suffolk, to Colchester they would have to park or use public transport. E-zec medical/hospital transport have often been unreliable."*

> *"Travelling to Colchester would be the main concern. Being old, distress of finding someone to drive the three-hour round trip and not being able to offer petrol money as I am on a limited income and that's before the parking fees. Just would not go."*

> *"I live next to the West Suffolk hospital. If my wife and family need to travel to Colchester to visit me, I think the car parking should be provided for free. Since my family will be taking me/visiting and collecting me, could the car park fees be waived? Especially as the extra fuel costs incurred."*

> *"West Suffolk Hospital you can ask in social media, ask neighbours if they can give you a lift - you certainly can't do this to Colchester! 59 miles at least 75 minutes each way - not acceptable. Not for families, and not for patients - to bring someone for their surgery, you have 120-mile round trip and costs associated with this, plus parking when at the hospital. You need to buy at least a tea or coffee too, it's too much."*

Parking capacity at existing sites

Some had previously experienced problems with car parking at the Colchester Hospital site or assumed existing parking facilities may be overwhelmed by increased traffic because of the plans.

> *"Travelling would not be an issue for me but I am aware that there is currently massive issues around parking at Colchester Hospital it is often impossible to find a parking space. This new centre will obviously add to this unless there is provision for a dedicated parking site for this new building. Having to rely on friends or family for transport and as already stated there ability to find a parking space."*

> *"Also I know the parking is already horrendous at Colchester, so this also needs sorting before taking in more cars with patients. You do not mention the lack of parking, which should be sorted first."*

Not being familiar with parking facilities

Lack of familiarity with hospital parking facilities was also cited as a potential source of additional patient stress.

> *"Travelling from Thetford to Colchester would be far from ideal for me, I struggle enough to reach Ipswich comfortably. That takes into account my physical health, but it will also cause me considerable mental stress having to make sure I can park, get to the hospital itself, and find my way around. Very often, I need someone with me, which, again, travelling such a distance is not ideal at all."*

Pre and post-operative care at the West Suffolk Foundation Trust

A total of 43 people reflected on the importance of local pre and post-operative care (two percent of the sample). Whilst this had been considered in the NHS plans, it was clear there was a mixed understanding about this amongst the sample. This included:

- General questioning about whether follow-up care would happen at the ESEOC.
- Concern about how complications in treatment or care may be managed.
- Responses from those who thought all their treatment and care would happen at the ESEOC.
- Concern that the plans may result in a total loss or downgrading of orthopaedic care at West Suffolk Hospital.
- For some, local post-operative care was a condition of their acceptance of the proposal.

These comments may suggest that people need to be proactively directed to improved information about how the transfer of care will work between NHS sites and services.

Examples of comments included:

> *"Post operative complications who deals with them once your home?"*

> *"As long as post-operative follow-up appointments are still undertaken at West Suffolk Hospital, I will have no objection to attending the hub in Colchester for elective orthopaedic surgery if this will speed up the waiting times."*

> *"It is a good idea in practice, but what happens to people in outlying villages who don't drive and live alone? My friend has recently had a hip replacement, so I know first-hand that it is not easy to look after someone post-surgery, let alone have to travel to Colchester for appointments and follow-up care."*

> *"I have in the past used WSH to both receive emergency & elective treatments. Moving operations away from WSH is, in my opinion, dangerous as it sets a precedent for reducing available local healthcare, which,*

> **"Car parking is dreadful at Colchester and could cause issues unless there is specific parking for the new centre. I would like family to visit, but they would have to drive! And park!!"**

especially in a rural community, is hugely important. With most orthopaedic surgery, there is an amount of time in hospital post-surgery to have physio assessments, etc., and doing this more than 30 miles from WSH is not good for anyone."

"In the eventuality of requiring surgery, I would be happy to have the procedure done at the new centre. It would require travelling some, but I have no issue with being taken by a relative and have no visitors until back in Suffolk. My concern is-post operative care. Pain management, transfer to West Suffolk Hospital, bed availability should it be needed as not ready to go home and communication between the centre and West Suffolk medical team."

"I had hip surgery at the West Suffolk in 2023 after which I had a wound infection for three months which required me to visit my surgeon at the West Suffolk every week and sometimes twice a week. My husband had to take me as I couldn't drive. We could never have done that if I had to go to Colchester. Much too far for all concerned."

Environmental impact

The potential environmental impact of the proposal was considered by a total of 22 respondents (one percent of the sample).

These comments, relatively few across the sample, reflected how the plans appeared to contradict national and local ambitions to reduce carbon emissions by significantly increasing the distance people would need to travel. Some felt the proposals did not assess how the plans may affect the environment. Examples of comments included:

> *"The additional travel to Colchester, especially if the patient is staying more than a day or two, would create significant additional carbon and or pollutants."*

> *"Sustainability and environmental impact will be huge. Considering we are supposed to be aiming for carbon neutral, what does patient and staff transportation contribute to this?"*

> *"It would mean further travel, and there seems to have been no work done on the impact of the extra travel on greenhouse gas emissions and, therefore, global warming. I am concerned about the likely increase in greenhouse gas emissions."*

> *"As we try to improve our energy efficiency and green credentials this project completely flies in the face of that asking staff, patients and their relatives to travel significantly greater distances. The vast majority of staff & patients will have to drive, and some don't have a car and not everyone drives."*

“Sustainability and environmental impact will be huge. Considering we are supposed to be aiming for carbon neutral, what does patient and staff transportation contribute to this?”

Influences on provider choice

People were asked to identify (from a pre-defined list) some of the factors most likely to influence their choices regarding a provider of orthopaedic treatment.

Most felt waiting times (70%, 1530) and distance from home (60%, 1,310) were important influences on their choice of provider. Having previous care from a provider (31%, 440), or having a preferred surgeon (27%, 584) were less likely to be rated as important factors.

Chart: Factors influencing choice of surgery provider (all respondents)

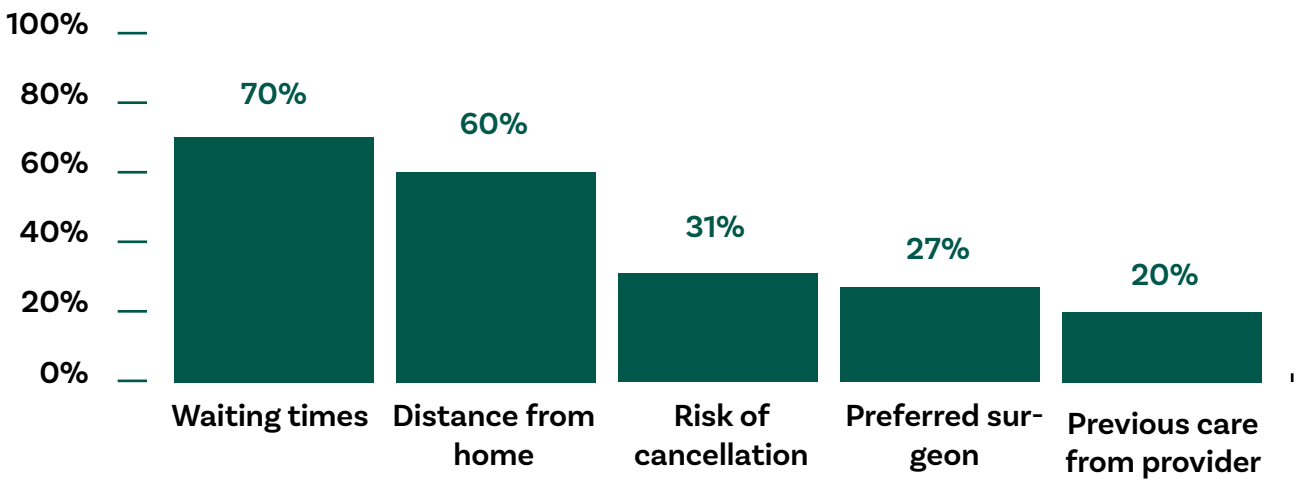


Chart 6: Responses to 'Please tick the most important factors that influenced, or would influence, your choice of provider'.

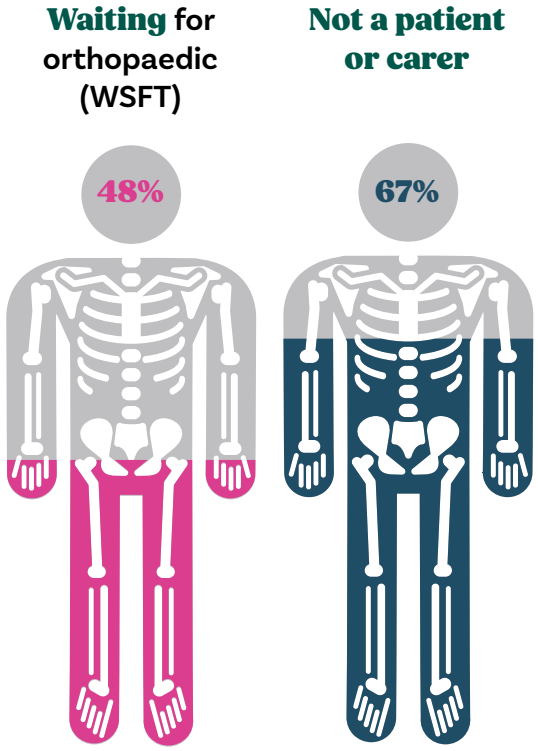
Category	Number
Waiting times	1,530
Distance from home	1,310
Risk of surgery cancellation	682
Having a preferred surgeon for a procedure	584
Receiving previous care from a provider	440
Total answered	**2,190**

Table 5: The number of respondents who selected various pre-defined influences over their choice of surgery provider.

Overall sentiment and demographics

- **Patient status** - People who said they were waiting for orthopaedic care at WSFT were much less likely to say distance from their home was an important influence over their choice of provider (48%, 394) than members of the public who were not waiting for care (67%, 801). WSFT patients were also slightly more likely to indicate that waiting times were important in their decision (72%, 595) than members of the public (67%, 810).

- **Age** - Waiting times and distance from home were the most common influences on all age groups. However, across the whole sample, age did not appear to influence the importance of these factors in a linear way. People aged 55 – 64 (54%, 241), 65 – 74 (53%, 336), or 75 – 85 (60%, 315) were slightly less likely to select distance from home as an important influence on their choice of provider.



Distance appeared to be slightly less of a priority for those who were currently waiting for orthopaedic care from West Suffolk Foundation Trust.

Chart: Factors influencing surgery provider choice and respondent age (waiting times and distance)

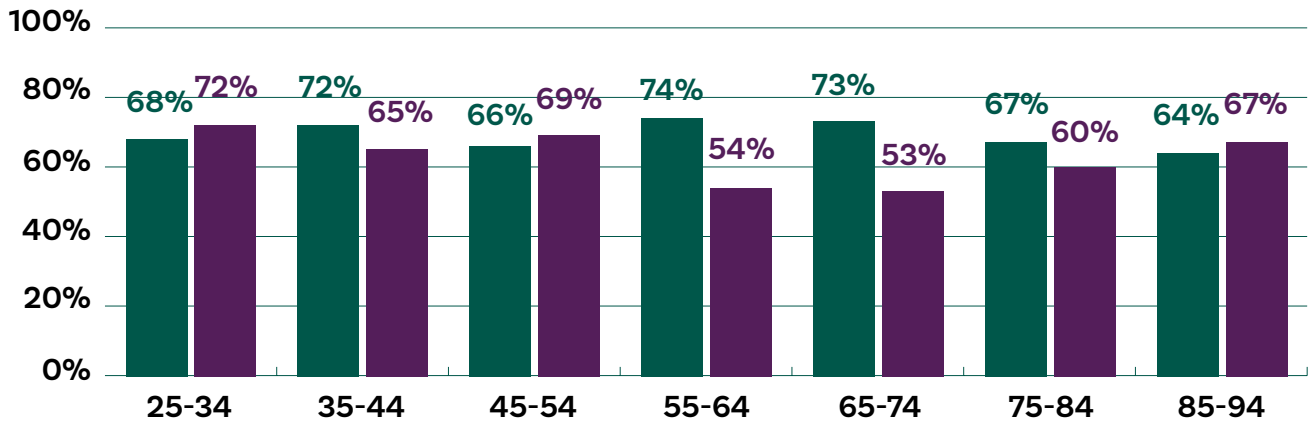


Chart 7: The percentage of respondents who selected various pre-defined influences over their choice of surgery provider.

- **Additional support needs** - People with additional support needs were slightly more likely to indicate that distance from their home was important to provider choice (62%, 581), compared to 53% of people without additional support needs (499). They were also slightly less likely to suggest waiting times were important to them (67%, 628) than people with no additional needs (75%, 696).

Key influences on provider choice by area

Waiting times and distance to travel were consistently selected as important regardless of location.

In some areas, a slightly greater percentage of respondents indicated waiting times were important, rather than the distance of the provider from their home. These included:

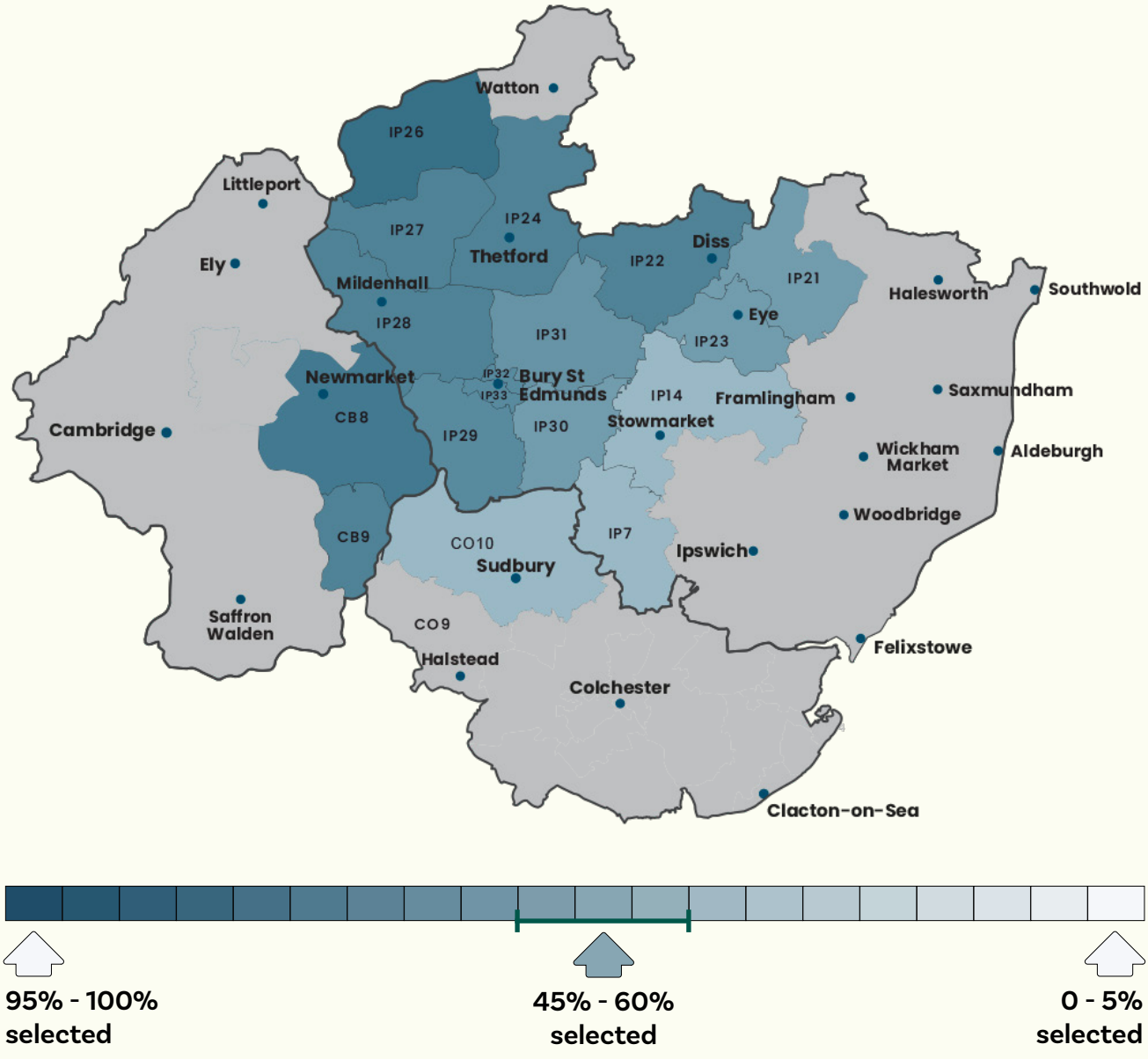
- Sudbury and Lavenham (CO10)
- Stowmarket and Stowupland (IP14)
- Eye and Thorndon (IP23)
- Thorpe Abbotts and Pulham Market (IP21)
- Hadleigh and Milden (IP7)

Some variation in the selection of distance as an important influence on provider choice is shown in the map overleaf.

Where was distance an important influence on people's choice of provider?

Figure 4: The map shows the percentage of people who selected distance from provider as an important influence over their choice of a provider for surgery. Darker blue tones indicate that a higher percentage of people selected this option when responding to the question 'Please tick the most important factors that influenced, or would influence, your choice of provider'.

Postcode districts are shown if more than ten responses were recorded in the area.



Willingness to wait longer

The survey asked 'If West Suffolk Hospital is your preferred provider for surgery, would you be willing to wait longer for your operation if you did not want to travel to Colchester for the procedure?'

Around a third of the sample (36%, 769) were willing to wait longer for their operation if it meant their surgery could take place at West Suffolk Hospital. However, a slightly greater proportion of respondents were unwilling to wait longer (40%, 842). About a quarter (24%, 513) did not know.

More information is shown in the chart below.

Chart: Willingness to wait longer to stay at WSFT

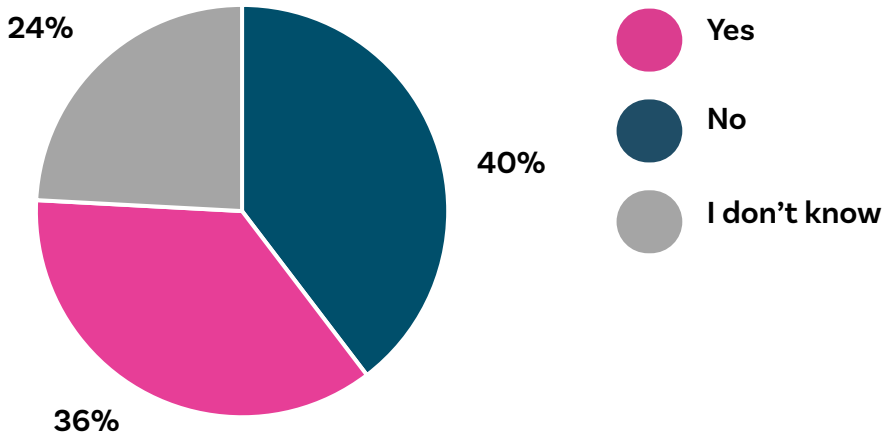


Chart 8: If West Suffolk Hospital is your preferred provider, would you be willing to wait longer for your operation if you did not want to travel to Colchester?

Category	Number
No	842
Yes	769
I don't know	513
Total answered	**2,124**

Table 6: The number of respondents who said they would be willing to wait longer for surgery if their procedure could take place at WSFT.

Willingness to wait longer and demographics

- **Patient status** – responses to the question about willingness to wait varied by whether respondents were a patient waiting for elective care.
    - There were 42% of members of the public (not waiting for elective care) who said that they would be willing to wait to have their procedure at WSFT (479).
    - There were 28% of people already waiting for WSFT who said they would be willing to wait for WSFT if they did not want to travel to Colchester (223).
- **Age** - There was no notable trend in the age profile of respondents who said they were willing to wait. People aged 55 – 64 (35%, 150), 65 – 74 (30%, 186) and 75 – 84 (35%, 174) were slightly less likely to say they were willing to wait longer if it meant they did not have to travel to Colchester for their operation than other groups, such as those aged 45 – 54 (39%, 72) and 35 – 44 (45%, 53).
- **Additional support needs** - Having additional support needs did not appear to affect people's willingness to wait more or less time based on the location of their operation. Of people with additional support needs, 36% said they would be willing to wait for their procedure at WSFT (325). This compared to 34% of people who did not have an additional support need (305).
- **Ethnicity** – Willingness to wait for a procedure at WSFT varied somewhat by ethnicity. However, low sample numbers make it difficult to compare groups. There were 35% of people from White or White British backgrounds (674) who said they would be willing to wait, compared to:
    - 31% (five) people from Mixed Multiple ethnic backgrounds
    - 50% (four) people from Asian/Asian British backgrounds.
    - None of the three people from Black/Black British back-grounds who answered the question said they would be willing to wait.

Willingness to wait longer and locality

There was some variation in how willing people were to wait for their procedure at WSFT by postcode district. Areas where respondents were more likely to be willing to wait to have their procedure at WSFT included:

- Bury St Edmunds, south, west and town centre - 42% (IP33)
- Diss and Winfarthing - 42% (IP22)
- Mildenhall and Culford - 42% (IP28)
- Newmarket and Ashley - 41% (CB8)
- Haverhill and Barnardiston - 43% (CB9)
- Bury St Edmunds, north and east - 47% (IP32)
- Brandon and Lakenheath - 38% (IP27)
- Barrow and Shimpling - 43% (IP29)
- Hilborough and Feltwell - 55% (IP26)

Likely modes of transport

The survey asked people to indicate (from a pre-determined list), the most likely means by which they would travel if their operation took place at the ESEOC in Colchester. For context, people were informed that clinicians would not recommended travel home by public transport following an orthopaedic procedure.

Most people said that they would ask for a lift from friends, family or neighbours (64%, 1376) if they had a procedure planned at the ESEOC. Getting a taxi was selected the least often (5%, 101), whilst a substantial minority of respondents said they would need to rely on non-emergency patient transport services (15%, 330).

One in five people (20%, 434) said they did not know. More information is show in the chart below.

Chart: Respondents' likely mode of transport to the ESEOC

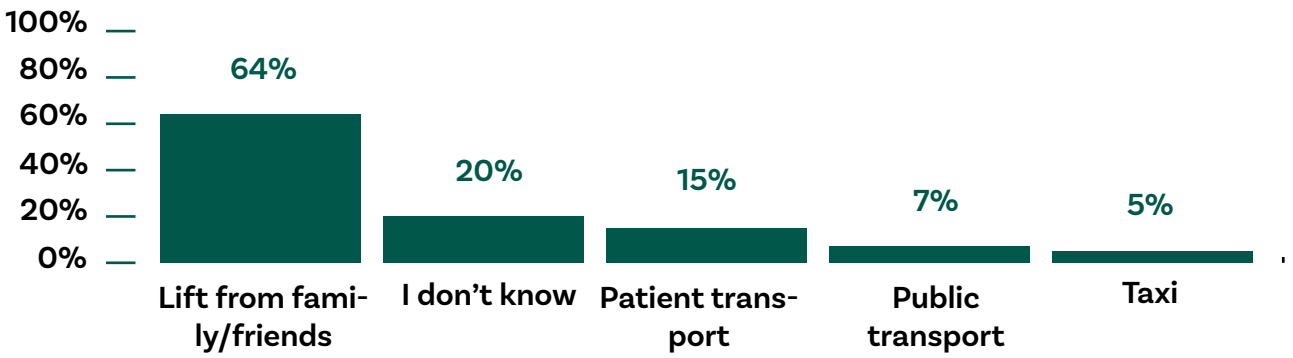


Chart 9: 'If you had a planned procedure at the new Essex and Suffolk orthopaedic centre (ESEOC) in Colchester, how would you be likely to travel there?'

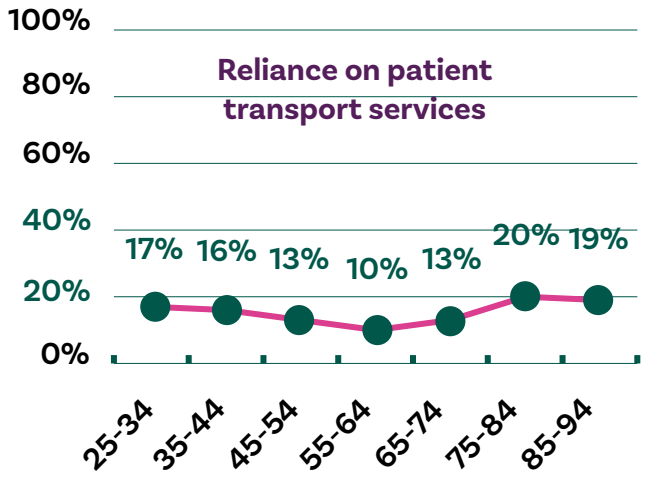
Category	Number
Lift from family or friends	1,376
I don't know	434
Patient transport	330
Public transport	161
Taxi	101
Total answered	**2,148**

Table 7: The number of respondents who selected various pre-defined influences over their choice of surgery provider.

Likely modes of transport and demographics

- **Patient status** - Asking for a lift was the most frequently selected method of travel regardless of whether someone was a patient waiting for care, or which service provider they were waiting for. The key findings were:
    - Respondents who were not currently waiting for elective care (54%, 650) were much less likely than patients waiting for orthopaedic care (73%, 601) at WSFT to say that they would ask for a lift to ESEOC.
    - Respondents who were not currently waiting (25%, 307) were more likely to say that they did not know how they would travel to ESEOC than patients waiting for WSFT (12%, 100). They were also more likely to say they would request or rely on non-emergency patient transport (19% [229], compared to 9% [76] of patients waiting for care from WSFT).
- **Age** - Asking for a lift was the most selected response across all age groups. Reliance on public transport appeared to generally decrease with age. Broadly, older age groups were less likely to be uncertain about how they would travel to ESEOC than younger people. Reliance on non-emergency patient transport services did not appear to be linearly related to age, although people aged over 75 were more likely to select this option.
- **Additional support needs** - People with additional support needs were less likely to say they would be able to get a lift to ESEOC (58%, 541) than people without additional support needs (72%, 674). They were more likely to say they would request or rely on non-emergency patient transport to get to the ESEOC (18% [172], compared to 11% [102] of respondents without additional support needs).

Chart: Respondents' likely mode of transport to the ESEOC (Age)



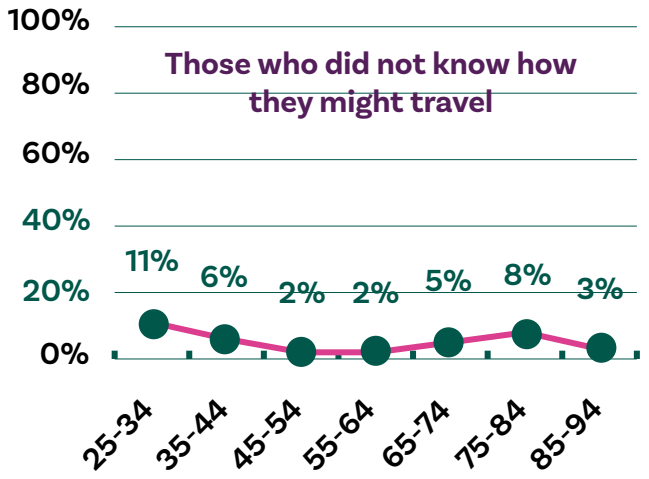


Chart 10 and 11: How age influences likely modes of transport to the ESEOC.

Getting a lift home

The survey asked whether respondents could get a lift home from their procedure if they could not drive themselves or use public transport.

Whilst most indicated that they would be able to get a lift from friends, family, or a neighbour after their operation (26%, 1181), one in five (20%, 433) felt this would not be possible. Roughly a quarter of respondents (26%, 554) were unsure.

More information is shown in the chart below.

Chart: Indication as to whether respondents could get a lift home from the ESEOC

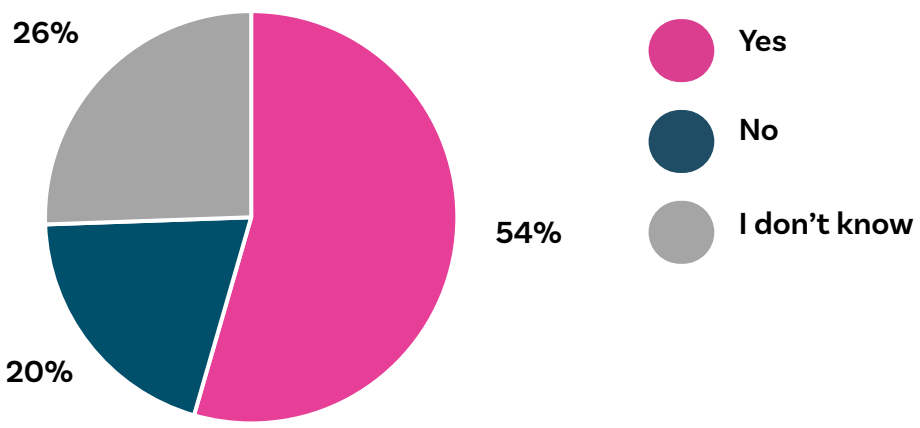


Chart 12: 'Clinicians advise that people will not be able to drive or use public transport themselves following orthopaedic surgery. Would you be able to get a lift from friends, family or neighbours?

Category	Number
Yes	1,181
No	433
I don't know	554
Total answered	**2,168**

Table 8: The number of respondents who selected various pre-defined influences over their choice of surgery provider.

Getting a lift home and likely mode of transport

- Amongst those who said they would use public transport to get to ESEOC, 37% indicated they would not be able to get a lift home. A further 46% said that they did not know.
- Only two percent of people who would get a lift to ESEOC said they would be unable to get a lift home. A further 17% said they did not know.

Chart: Indication as to whether respondents could get a lift home from the ESEOC and their likely mode of transport to the ESEOC

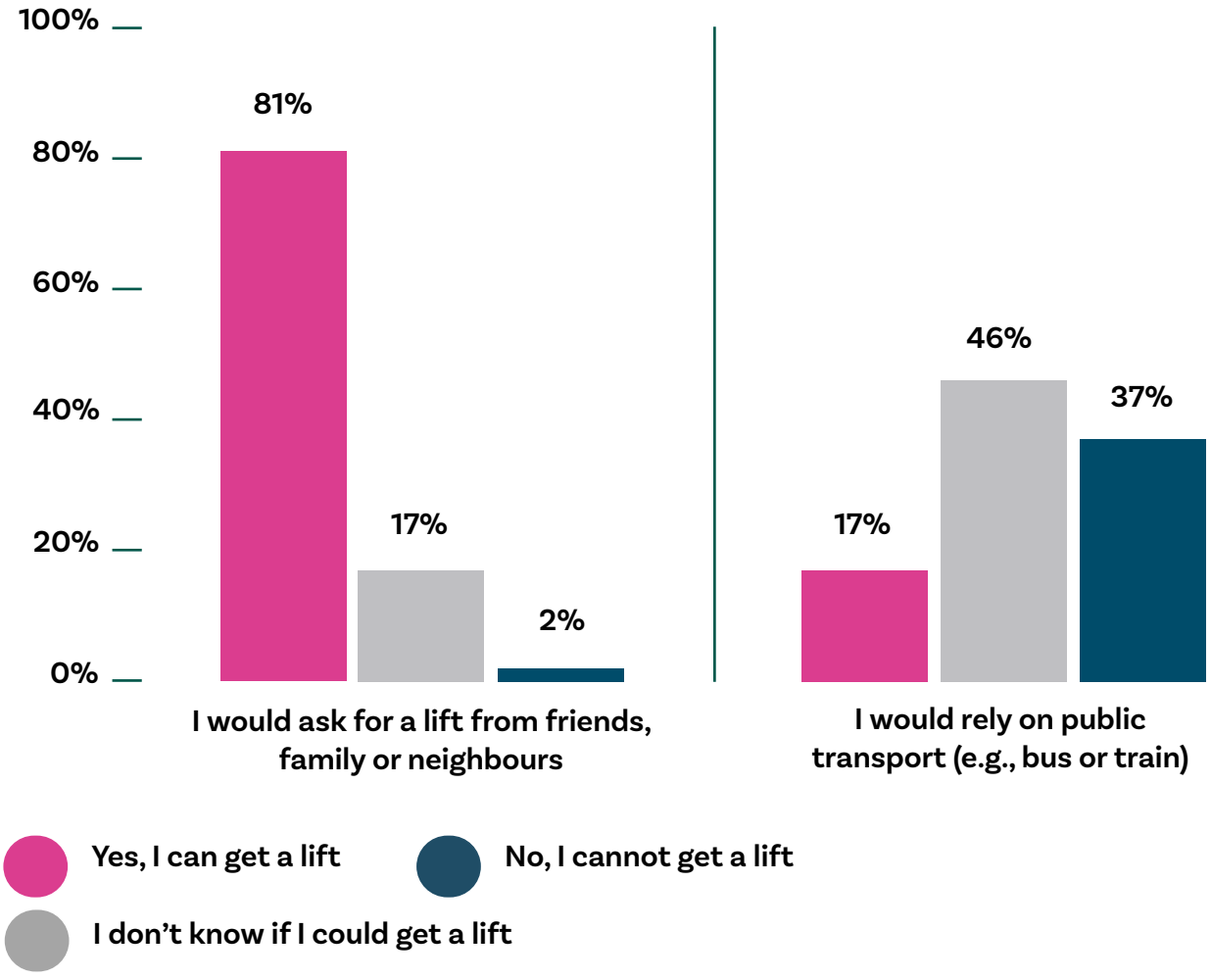


Chart 13: Preferred method of travel to ESEOC and whether respondents can get a lift home.

Worries or challenges for planned care at the ESEOC

People were asked about challenges they might have if their orthopaedic surgery was scheduled at Colchester.

People were slightly more likely to be worried about being away from their support networks (36%, 794) and travelling in the dark (38%, 897) than other factors. More information is shown in the chart below.

Chart: To what extent would you worry about the following?

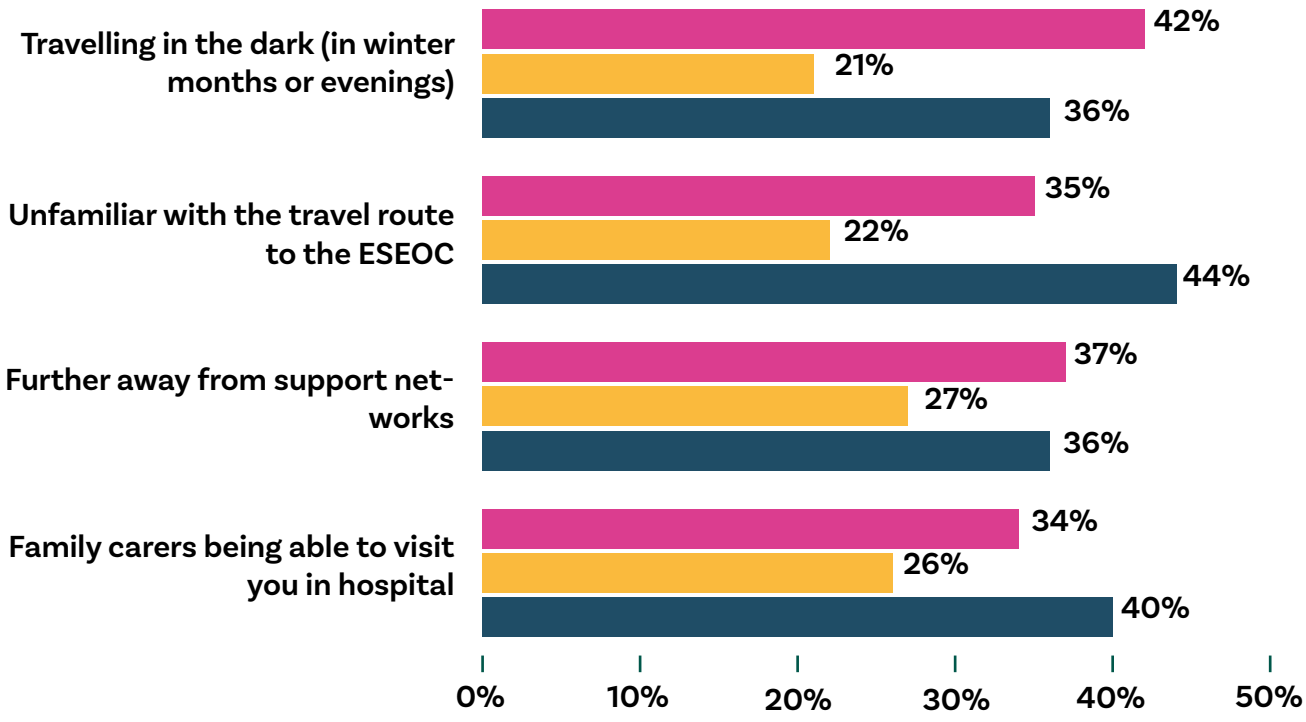


Chart 14: 'To what extent would you worry about the following?'

60% said they would be **'a little' or 'very' worried** about travelling in the dark (in winter months or evenings).

Category	Very worried	A little worried	Not worried at all
Travelling in the dark (in winter months or evenings)	867	554	735
Unfamiliar with the travel route to the ESEOC	768	577	794
Further away from support networks	927	461	742
Family carers being able to visit you in hospital	775	455	897
Total answered			**2,189**

Table 9: The number of respondents who responded to each statement, and how they answered.

Worries and area

Travel and transport were key concerns for respondents in the qualitative data.

Concerns about travel were grouped together to show which areas are most likely to be worried. People who were 'very worried' or 'a little worried' about travelling in the dark or being unfamiliar with the travel route were grouped into a single category of respondents who were 'worried about travel'.

Areas in which respondents were more likely to be worried about travel included:

- Bury St Edmunds (south, west and town centre) - 73% (IP33)
- Diss, Winfarthing - 75% (IP22)
- Ixworth, Thurston - 64% (IP31)
- Newmarket, Ashley - 72% (CB8)
- Mildenhall, Culford - 70% (IP28)
- Haverhill, Barnardiston - 74% (CB9)
- Brandon, Lakenheath - 75% (IP27)
- Hilborough, Feltwell - 87% (IP26)
- Thorpe Abbotts, Pulham Market - 85% (IP21)

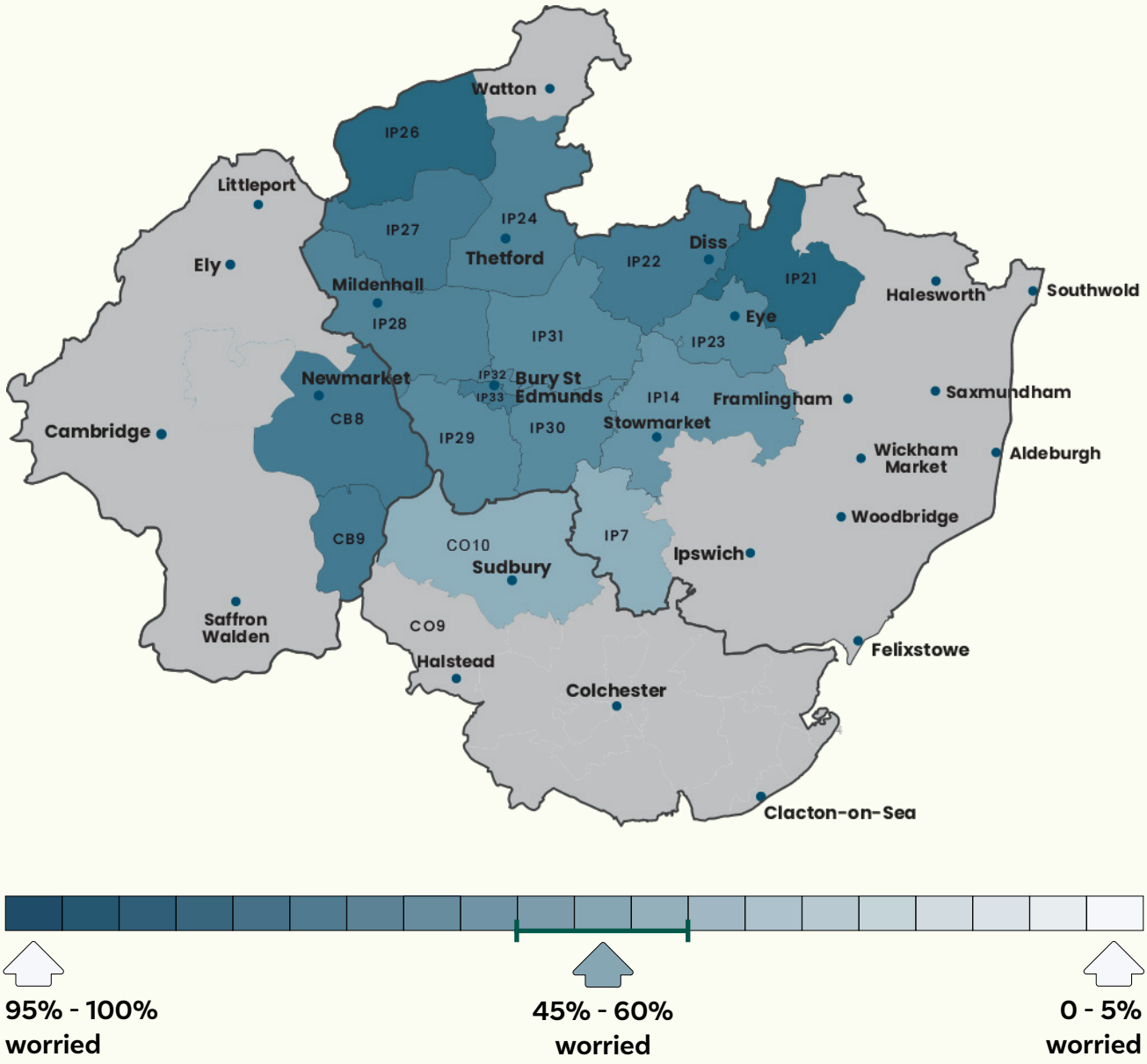
Areas in which respondents were less likely to be worried about travel included:

- Sudbury, Lavenham - 42% (CO10)
- Stowmarket, Stowupland - 58% (IP14)
- Hadleigh, Milden - 45% (IP7)
- Needham Market, Creeting St. Mary - 25% (IP6)

Where were people worried about travel?

Figure 5: The map shows the percentage of people who said they were worried about travel. People who were 'very worried' or 'a little worried' about travelling in the dark or being unfamiliar with the travel route were grouped into a single category of respondents who were 'worried about travel'. Darker blue tones indicate that a higher percentage of people were worried in the postcode district..

Postcode districts are shown if more than ten responses were recorded in the area.



Free text analysis – what support do people need?

The final free text question in the survey asked: 'What support would you need if your procedure was transferred to ESEOC?'

There were 1,437 responses, of which 23% (337) suggested they would not need any support to attend their procedure at ESEOC, and three percent (48) said they did not know what support they would need.

> *"No support required."*

> *"No more than if it was in Bury or Ipswich."*

Some respondents (4%, 52) concluded that they would be faced with a choice about whether to have their operation at all if their support needs could not be met. These comments indicated an apparent unwillingness to attend an operation at the ESEOC, with some suggesting they would cancel their operation or decide to wait longer for an operation elsewhere.

> *"I don't want to be seen at Colchester."*

> *"I wouldn't consider having my procedure to ESEOC under any circumstances because I would have to deal with the aftermath alone."*

> *"If that is the risk, then I will ask for referral to Addenbrookes. No chance of me considering the ESNEFT Colchester route. I feel like this is direct discrimination asking this of me as I do not have a support system."*

> *"I would wait for my procedure at West Suffolk."*

Key themes about support needs are shown in the table below.

Theme / Issue	Count	% of comments
Transport to ESEOC	592	41%
Support networks	192	13%
Post-operative care	88	6%
Financial support	57	4%
Transport for visitors	42	3%
Information in advance	30	2%

Table 10: Summary of themes.

Transport to ESEOC

A total of 41% (592) of comments indicated a need for support with transport to or from appointments at ESEOC. This theme was applied broadly to respondents who said they specifically required hospital transport, or who stated they would face challenges organising their own journey to Colchester.

Some respondents felt they would require hospital transport because of the distance and lack of alternative options.

> *"The availability of hospital transport would be one solution to the issues of travel to any remote site."*

> *"Would not be able to attend unless non-emergency hospital transport was provided."*

> *"Transport to and from ESEOC, as there is no public transport links I am aware of as of yet."*

Although some respondents may have family or friends who could transport them to and from their procedure, this could depend on availability and the time of the appointments, and some felt that this was too much to ask given the distance.

> *"Without a car, transport would be needed. Asking friends and family to take you 15 miles is one thing. Asking them to take you 45 miles is another. The extra stress on top of an operation would be unacceptable, especially for the elderly."*

> *"Guarantee that I would be provided timely transport to the location should I be unable to call in favours."*

Support networks

A total of 13% (192) of comments described how people would need to rely on the good will of friends, family or neighbours to get to the ESEOC. These comments highlighted the importance of support networks in accessing ESEOC.

Some respondents felt confident they had family, friends or neighbours who could help with access to procedures at ESEOC, including with transport and emotional support.

> *"I am lucky that I have family who would support me."*

> *"I believe I would have good family and friends support."*

> *"I think (family) would support me with essential travel, for the return journey, even if they might not visit."*

Some respondents expressed concern about the possible impact of the proposals on the lives of those they would turn to for support. They described work and other commitments, health issues, and other reasons why this could negatively affect family members, friends, or neighbours.

> *"Friends or family. Not convenient."*

> *"Heavily rely on others (who are not in the best of health either!)"*

> *"Finding family or friends to take me as they all work, it's a lot further than going to West Suffolk Hospital but if it means getting out of pain I would find a way round it."*

Post-operative care and support

A total of six percent (88) of respondent's comments referenced potential needs regarding post-operative care. Overall, respondents sought reassurance that they would receive quality aftercare and support from various services to aid recovery or stated the importance of this.

Some respondents discussed the importance

of quality post-operative care following the procedure.

> *"High quality and efficient management of my clinical needs and postoperative recovery."*

> *"Good face to face aftercare."*

> *"Aftercare if I become unwell following surgery and cannot go home."*

Some respondents discussed how they would prefer their post-operative care to be local to them. Such comments reflect that messaging about the proposals (e.g., that post-operative care would take place at sites in West Suffolk) had not been fully appreciated by all respondents or people need reassurance about this.

> *"Guarantee of more local follow-up and post-op support as it would be very difficult to undertake one-hour-long journeys for each appointment."*

> *"Aftercare at West Suffolk Hospital and not Colchester due to the travel times, and potentially having to rely on lifts from friends and family whilst being unable to drive during the recovery period."*

> *"Perhaps offering aftercare nearer home – say at West Suffolk Hospital – would ease worried minds about having the surgery in Colchester."*

Some respondents felt they would require social or community care following their procedure. This included services to support recovery, such as physiotherapy, and services to support physical and emotional needs.

> *"Perhaps social care, physiotherapy, occupational support, reassurance that if there was a problem I would not have to return to Colchester."*

> *"Help at home until I can drive."*

> *"If available, several days/nights in a convalescent home (or comparable facility)."*

Financial support

Financial support was mentioned in four percent (57) of responses. People highlighted the potential for additional costs associated with the move to ESEOC and suggested they would like support with those costs. Some comments included costs for things like accommodation, food, and parking. However, most respondents wanted financial support for transport. This included that transport provided should be affordable or cost-free or that there should be compensation for fuel.

> *"A free of charge transfer from West Suffolk Hospital or home to Colchester and back. This is all done to be convenient and cheap for the NHS so why should patients have to suffer?"*

> *"Taxi to be provided for and paid for maybe, don't see any other way, or keep the surgery at West Suffolk."*

> *"Help with fuel costs?"*

Transport for visitors

Related to transport, three percent of comments (42) discussed how issues associated with transport could affect the extent to which family or friends are able to visit or support people during their stay at the ESEOC.

Some respondents expressed general concern about family and friends being unable to visit people at the ESEOC, making the experience more difficult without moral support.

> *"If you had to stay overnight, then the chances are you wouldn't have visitors.*

This could add to the anxiety and stress of surgery."

"I would need help getting there, which even if I could get, would leave me without emotional support before and after the operation."

Respondents felt that transport arrangements should also apply to friends, family, and carers for emotional and physical support.

"Full transport for myself and friends/family - a regular direct taxi bus."

"Transport for patient to and from, transport for family visits to and from."

"Would need hospital transport for both myself and my caregiver for both operation and aftercare, the additional travel time would mean additional expenses in pet sitting/pet care, not affordable for pensioners. This would create additional stress."

Information in Advance

A relatively small sample of people (two percent, 30) expressed that they would like information about the ESEOC (e.g., about transport options, their procedure, and appointment times) in advance. Such comments included that people wanted to receive detail about their procedure in plenty of time to plan transport and adjust to the change of location.

"Information about the centre and its facilities. Knowing how long I will need to be there so my family can factor time off work to pick me up as it will be a longer drive."

"Just enough notice to mentally adjust to the change of site."

In addition to this, many of the comments to question 11 were framed as questions. For example, 'Where would post-op care be provided?', and 'Would there be aftercare?'. These comments reflect a current lack of understanding in the sample about the detail of the plans and some of the areas people would like to see clarified.

“Access to WiFi to interact with family and friends. Possibly comfortable mini bus type ambulance back to local hospital as would consider taxi or lift being more reasonable to get home maybe reduce costs to NHS.”

3. Responded priorities



Summary

Overall, many people were optimistic about the potential benefits of the proposals. This included the ambition for the ESEOC to become a 'centre of excellence' in orthopaedic care and its potential impact on local wait times for elective care. This was particularly true of those already waiting for orthopaedic care and experiencing how such a wait for an operation can affect people's lives.

The impact of waiting for elective care was evidenced in research completed by Healthwatch Suffolk in 2022 (https://healthwatchsuffolk.co.uk/ourresearch/electivecare/). This showed that people's lives were affected in multiple ways, with consequences for their overall well-being, relationships, caring responsibilities, mental health, and much more. It must be acknowledged that the context of waiting for elective care is likely to influence people's responses to this survey and the likelihood that they may support the plans overall.

Despite evidence of agreement with the proposals' core benefits, the plans represent genuine and significant challenges for some people. If not addressed, this may lead to potential inequality of service access and, for some, the potential for missing out on surgery.

People have described how inequality may result from factors including:

- **Financial circumstances** – being able to afford transport and associated costs to and from surgery (e.g., public transport to the ESEOC).
- **Access to transport** – determined by criteria for patient transport access, whether people own a car or have someone they trust who can give them a lift.
- **Availability of support networks and isolation** – the extent to which people can draw upon the support of friends, family or other networks to get to their operation (e.g., getting a lift).
- **Transport links** – some parts of Suffolk and north east Essex lack any direct means of getting to the ESEOC, which can leave people with limited, expensive or no transport options.
- **Mobility, frailty and vulnerability** – travel distance may impact those who could experience pain or discomfort on long journeys before and after their operation. Others may struggle with transportation over longer distances, or at night (e.g., older people may be reluctant to drive more than short distances, or away from familiar roads local to where they live).
- **Caring responsibilities** – distance and changing environments may present unique challenges for people with caring responsibilities.

The purpose of this independent analysis is not to provide recommendations regarding the advancement of these NHS plans. Instead, this report provides insight into the level of support for the proposals overall, as well as a set of respondent priorities (listed below) to help NHS leaders make the best possible decisions regarding the future of orthopaedic care in Suffolk and north east Essex.

Respondent priorities

To avoid inequality of access to orthopaedic surgery in SNEE, it will be important for local NHS leaders to consider the respondent priorities listed below.

Transport and travel

This is the most critical area of feedback about these proposals.

Leaders must seek to find solutions for those who may not have the means to travel to the ESEOC (e.g., through challenging financial circumstances, lack of support networks, rural isolation, poor transport links to Colchester and other factors). Although many can get themselves to the ESEOC (even if it may be inconvenient to do so), it is clear transportation issues may critically determine whether some people in local communities can easily access surgery in the future without intervention.

Proactive solutions should be sought where possible (e.g., arranged transport from the WSFT site or expanded non-emergency patient transport services), but people should also be informed about how they can get help with the cost of transport where eligible.

Access, choice, flexibility and patient rights

Commissioners and WSFT must consider where flexibility on surgery location may be important for some patients and build this into service access policies.

Key questions:

- Are there any patients for which travel to ESEOC may not be considered reasonable, and who are they?
- Who will make decisions about patient preferences on flexibility and choice?
- How do we make sure people are aware of how they can request such flexibility based on their individual circumstances?

At the point of referral for orthopaedic surgery, NHS staff in primary care must be prepared to inform people about what these plans will mean if they choose to have their surgery delivered by the WSFT. That includes detail about waiting times and risk of cancellation based on chosen site, any flexibility on choice that may apply and how people can ask for that, rights on patient choice, transport help, alternative options to ESEOC and other such information.

Communication

People will welcome practical and clear information about accessing the ESEOC and what to expect when attending for surgery. This may help to reduce anxieties about visiting an unfamiliar hospital or location and help to make sure people have understood how the service will operate. This includes key information about pre and post-operative care (and where it is located), as

well as practical information about travel to the centre, parking (e.g., charges), what to expect on arrival and how to prepare for a visit.

Such information may help people to feel more comfortable about their visit to the centre, particularly older and vulnerable patients who have expressed worry about visiting a place that is not known to them.

Family carers and visitors

NHS leaders must ensure the needs of formal and informal family carers have been considered and offer flexibility on location where required. This might include accommodating those with specific service accessibility needs or for whom familiarity with staff and the environment may be important (e.g., access to a known LD liaison lead).

Where people may require the daily in-person support of their family carer, an extended stay at the ESEOC may present unique challenges. Digital solutions may not be effective under these circumstances, and therefore, carers may face lengthy daily travel and increased expenses. Support with being able to stay nearby or flexibility on the location of surgery may be important to help people access their surgery.

Digital solutions should be explored to ensure people can connect with their friends or family if they cannot visit the ESEOC during the patient's stay.

Support for vulnerable people

Accessible care and support is important in any NHS service. It helps people to feel comfortable during their say and ensures people's needs are met. Flexibility on choice of surgery location may be important where people can demonstrate that their needs, or the needs of a person they care for, are not suited to travel to the ESEOC.

It will be important that there is a focus on helping people to attend if they have specific care or support needs (e.g., ensuring the ESEOC is dementia friendly) and that people know how they can request help with, for example, translation or interpretation if needed.

People's care and support needs should be noted before any transfer of a person's surgery to the ESEOC so that staff know how to meet those needs in advance within the centre. Information about attending ESEOC (and patient choice) must be available in formats appropriate to people's needs so that everyone can access it fairly.

Share the learning

NHS leaders should ensure learning from public feedback relating to issues such as transport, travel, access, carer needs, communications and support for those who are vulnerable, are used in developing any future centralised care hubs.

“My husband has had four hip replacement operations in the past, all carried out at the West Suffolk. Whilst I approve of this in theory, my concerns are the fact that we are already 15 miles from the West Suffolk, so travelling time would increase as would travel costs. This would certainly impact if the attendance time on the day of surgery was 7am as it usually would be. Would transport be provided if there was nobody to take him there? Likewise it would be a longer journey post op when travel in a car increases the risk of dislocation too. My husband has had three strokes and might need me for communication purposes, and we do not know the area around Colchester at all.”

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