



YOUR CARE, YOUR VIEWS (PHASE 1)

SURVEY FEEDBACK

West Hertfordshire Hospitals NHS Trust is proposing to redevelop healthcare and hospital services across West Hertfordshire. This document summarises the key issues identified from a feedback survey that formed part of Phase 1 of the public engagement process.

Author: Dr Tabettha Newman, Timmus Research Limited

April 2021

CONTENTS

1. Executive summary.....	3
2. Background.....	5
3. Survey engagement	12
4. Perceptions of proposed improvements	14
5. Travelling to a hospital outside your local council area	17
6. NHS staff opinions.....	20
7. Visiting the three hospitals	25
8. Attitudes towards each hospital	32
9. Hemel Hempstead Hospital.....	36
10. St Albans City Hospital.....	39
11. Watford General Hospital.....	42
12. Engagement documents.....	45
13. Prioritising the right areas.....	47
14. General feedback.....	49
15. Discussion	57
16. Next steps.....	67
About Timmus Research Limited.....	72
Appendix.....	73

1. EXECUTIVE SUMMARY

During February and March 2021 West Hertfordshire Hospitals NHS Trust carried out a public and staff engagement exercise to share the proposed redevelopment plans. A feedback survey was carried out as part of this process.

A total of 1,665 people answered the survey. The survey sample reflects people who had an opinion about the plans which they wanted to share, and not a random sample of the West Herts population.

When asked to rate the proposed improvements, the most important improvements were considered to be (1) the ability to attend diagnostic tests and services at the same time and in the same place, (2) improving and increasing hospital parking and transport links, and (3) new buildings that improve the visitor experience.

Over 70% of staff felt the proposed redevelopment would increase the quality of patient care.

Respondents showed a strong preference to attend their nearest hospital wherever possible. Where not possible, residents of St Albans and Dacorum preferred to travel east/west to one another than to Watford.

About half of the members of the public answering the survey had visited one of the hospitals in the last two years. People who visited hospital more often were more likely to be over 60, female, and have a long-term illness or disability.

Watford General scored significantly lower than the other hospitals in terms of visitor opinions about current hospital cleanliness, organisation, modernity, treatment and kind care.

Just over 60% of the survey respondents had read at least one of the hospital redevelopment engagement information sources. Engagement documents were considered useful by the majority of readers who read them.

Residents of St Albans, Three Rivers, Watford and other areas across Hertfordshire felt, on average, that most of the redevelopment plans sounded appropriate. Residents of Dacorum who responded to this survey were significantly more negative than those from the other council areas.

The results are discussed in detail and recommendations have been identified as a focus for Phase 2 of the public engagement and research. In particular we recommend two priorities:

- To repeat some of the key survey questions in order to collect the opinions of a stratified random sample of people who represent the background population characteristics of West Herts – and so determine whether and how their opinions differ from those expressed in this first (self-selecting) sample
- To carry out further research about the issues and potential solutions associated with accessing the Watford General Hospital site

2. BACKGROUND

West Hertfordshire Hospitals NHS Trust (WHHT) are working with [Herts Valleys Clinical Commissioning Group](https://hertsvalleysccg.nhs.uk)¹ (HVCCG) on plans to secure funding for major redevelopment for the three hospitals the trust manages: Hemel Hempstead Hospital, St Albans City Hospital and Watford General Hospital. WHHT launched the first phase of their public engagement in February 2021 and ended in March, to gather feedback on plans to redesign its services. The starting point is for each of the three hospital sites to have a more clearly defined role. Emergency, inpatient and complex care will remain at Watford; Hemel Hempstead will be the centre for planned medical care and long-term conditions and St Albans City hospital will be the centre for planned surgery and cancer care. Urgent care services and some outpatient services will be provided at all three sites. WHHT commissioned Timmus Research Limited to design and run a survey associated with this engagement phase. This report summarises the findings from the feedback survey.

Timeline of the redevelopment plans

WHHT submitted a Strategic Outline Case (SOC) in July 2019 setting out plans for a £350m redevelopment. In September 2019,

¹ <https://hertsvalleysccg.nhs.uk>

the Prime Minister announced that the trust was one of six to receive funding via the national Health Infrastructure Plan (known as HIP One). The funding was confirmed as a maximum of £400m – this was the £350m that was bid for including inflation. All trusts in this funding stream are expected to deliver new buildings by, or soon after, 2025.

The next stage in the regulatory approval process was to complete the Outline Business Case (OBC), which establishes the option which optimises value for money and demonstrates that the proposed scheme is deliverable.

A shortlist survey was launched in September 2020 to hear from as many local people as possible before making an important decision on which options should be looked at in more detail. All the proposed shortlist of options were based on the current three hospital sites and to prioritise investment in emergency and specialist care services at Watford General Hospital.

In October 2020, WHHT and Herts Valleys Clinical Commissioning Group boards gave their support to retaining and redeveloping the trust's existing three hospital sites. The plans will be subject to review by the Department of Health and Social Care, NHS regulators and the Treasury as part of the business case process.

The next steps are to confirm the final preferred option later in 2021 and to complete the OBC later in the year. Once the OBC is approved the design will be finalised, a construction partner will be procured and a detailed construction contract, build plan and cost agreed. This will be set out in a full business case (FBC).

A full summary of the timeline and process is available [via this link](#)². Access to documents that summarise the proposed redevelopment plans are available [via this link](#)³.

Public engagement (Phase 1, 2021)

In 2021 the Trust launched Phase 1 of their public engagement plans under the title "Your Care, Your Views". This had two core aims:

- To contact as many people as possible, inviting them to learn more about the plans for proposed service provision and hospital site redevelopment
- To allow people to comment in response to the plans via a feedback survey

Engaging Timmus Research Limited

As part of the Phase 1 engagement work, Timmus Research Limited successfully bid for the work involved in the design, analysis and reporting of the feedback survey. This work was carried out independently of the Trust. This report focuses exclusively on the data gathered from that survey. This report is

² <https://hertsvalleysccg.nhs.uk/future-plans/your-care-your-future/developing-hospital-services#timeline-to-get-to-this-point>

³ <http://www.westhertshospitals.nhs.uk/about/redevelopment/yourcareyourviews.asp>

primarily designed to be a summary of the survey findings for the Trust to consider and respond to.

Survey structure

The survey asked questions about:

- Rating seven key proposed improvements
- Attitudes towards travelling to hospitals other than the closest hospital
- NHS staff opinions on the redevelopment plans
- Visitor opinions of Hemel Hempstead, St Albans City and Watford General Hospitals
- Feedback on the documents and proposed plans
- General feedback
- 'About you': protected characteristics and council area

The online survey was user tested prior to launch to ensure the questions collected data as intended, and the interaction and time taken to complete the survey was appropriate. Most questions were optional, so exact response numbers differed slightly with each question. Survey respondents could skip sections of the survey that were not relevant to them. The survey took an average of 12.5 minutes for a respondent to complete online. A total of 86% of people who started the online survey completed it in full, suggesting it was not difficult to complete (i.e., the dropout rate was only 14%). Links to the full question set and raw data are provided in the appendix. Further details of data handling and analysis methodology is also provided in the appendix.

The survey was primarily designed to be delivered online, particularly because the research phase occurred during lockdown so face to face activities were prohibited. However, a paper version was created and made available should people prefer to respond via a hard copy.

Survey representativeness

The survey collected anonymous data (i.e. no identifying information such as name, email address or IP address were collected). Survey respondents were asked to provide details about the following protected characteristics: age, gender, whether they consider themselves to have a long-term illness or disability, their ethnicity, religion and sexual orientation, as well as the council area in which they live (summarised in the appendix). These were collected in order to determine whether or not the survey sample reflected the background population statistics (as provided by [HertsInsight⁴](https://www.hertfordshire.gov.uk/microsites/herts-insight/home.aspx) using standard categories as used and collected by the Office for National Statistics (ONS) during the 2011 census. A summary of the representativeness of the survey sample in comparison to the background population is shown in the appendix. The survey collected responses from people representing all categories of protected characteristics, but tended to over-represent women, the over 60s and those with a long-term illness or disability.

⁴ <https://www.hertfordshire.gov.uk/microsites/herts-insight/home.aspx>

Potential limitations and issues

As part of their ethical guidelines the Social Research Association (SRA) recommend all researchers consider and publicise the potential limitations and uncertainties associated with their research. The main issue to raise in this report is that the sample of people who answered the survey opted in, and therefore do not represent a stratified random sample. Data showed that those responding to the survey were more likely to be over 60, female and have a long-term illness or disability than we would expect from a random sample chosen using the proportions seen in the background population. We hypothesise that the people keen enough to read the engagement documents and/or attend meetings were likely to be more interested in the proposals than the average West Herts resident. Those who went on to complete the survey were more likely to be those who had read the documents and who then had an opinion they were keen to share.

During analysis we chose not to statistically weight the data in line with the Hertfordshire background population. We did so for two reasons:

1. Whilst the analysis presented here showed that in comparison with the background population, the people who engaged with the survey were both more likely to be older *and* more likely to have long-term health issues, they were **also** significantly more likely to be frequent hospital users. Thus, to reduce the significance of their opinions in this dataset would be to artificially reduce the voices of the more active hospital users.
2. Background population data mainly came from the 2011 ONS census. Much can change over the course of a decade, but the 2021 census data was unavailable during phase 1

For this first phase of engagement, we concluded that it was important to reflect the attitudes of this engaged group of people in a fully transparent and unadulterated manner. In the recommendations section we go on to clarify the need to collect the opinions of a representative population sample during the second phase of engagement, and to compare the two samples.

3. SURVEY ENGAGEMENT

A total of 1,665 people answered the survey. This represents 7% of the 23,741 interactions identified during the marketing and engagement activities. The survey sample reflects people who had an opinion about the plans which they wanted to share, and not a random sample of the West Herts population.

Promoting the survey

Extensive efforts were made to advertise the survey in a variety of different ways during the five-week data collection period, and these are summarised in Table 1, with further information summarised in the appendix. These engagement methods generated 23,741 individual interactions; some of these may have been duplicates – for example where a person attended a virtual meeting and then visited the redevelopment webpages for further information.

Survey responses

A total of 1,665 people answered the survey. This represents 7% of the 23,741 interactions identified during the marketing and engagement activities outlined in the section above.

Communications channels	No. posts/events	Interactions (total for the whole of February and March)
Trust Facebook page	61	2,182 interactions
Paid Facebook posts	4	171 interactions
Trust Twitter account	82	1,724 clicks
Trust LinkedIn page	4	57 clicks
Trust YouTube account	17	2,963 views
Trust redevelopment webpage		11,722 total page views and 7,608 unique page views to the Your Care, Your Views webpages ⁵
Tracked emails to people who registered for updates	4 emails	On average each email was sent to 1,453 people of whom 657 opened it and 420 clicked on the survey link
Emails sent to staff	20	Sent to over 5,000 staff members
Meetings for staff	11	221 initially attend, plus 651 views of the recording on YouTube
Stakeholder meetings	21	266 people attended 183 views of the YouTube recording
Clinician-led public meetings	14	192 people attended 1,061 views of the YouTube recordings
Media coverage	14	-
Press releases	3	-
Digital marketing board and QR code	16	No clicks through to survey were recorded
Notification to local residents (re. outline planning application WGH)	380 leaflets	We recorded nine clicks from these to the Your Care, Your Views website
Total number of interactions = 23,741		

Table 1. The types of communication channels and events held by the trust during Phase 1 of the public engagement regarding the proposed redevelopment plans. The number of interactions / attendees (as appropriate) are also displayed.

⁵ Total page views are the total number of times the web pages were viewed by visitors. Unique page views are defined by Google Analytics as generated by the same user during the same visit session. Unique views are more likely to represent individuals, hence this figure is used in the total number of interactions.

4. PERCEPTIONS OF PROPOSED IMPROVEMENTS

The ability to attend diagnostic tests and services at the same time and in the same place is rated as the single most important proposed improvement. Hospital parking, better transport links and new buildings are also very important.

Rating the importance of proposed improvements

The survey described seven planned improvements and asked people to rate their importance on a scale of one to 10. The single most important proposed improvement was that diagnostic tests and services will be available at the same time and in the same place (so reducing the number of hospital visits needed) – see Table 2.

The second most important proposed improvement related to increasing parking and improving transport links surrounding all three hospitals.

The order of importance⁶ of the seven proposed improvements remained **exactly** the same when we considered only the opinions of people with the following characteristics:

- People with a long-term illness only
- People with a carer role only

⁶ Identified by comparing each group's mean average value for each proposed improvement, and then ranking these in order of perceived importance

- West Herts NHS staff only
- Council area (Dacorum only, St Albans only, Three Rivers only, Watford only, all other areas only)
- Age (those over 60 only; those under 60 only)
- Ethnicity (white only, non-white only)

This shows there is clear consistency of opinion in terms of the relative importance of these proposed improvements to hospital users.

Proposed improvement	Mean rating	Median rating
Diagnostic tests and services available at the same time and in the same place, reducing the need for patients to visit hospital several times (e.g., have a scan and then see a consultant in the same visit)	9.28	10
More on-site hospital parking and transport links	9.06	10
New buildings that improve the experience for patients and visitors, including more single room wards, more green spaces, and better on-site facilities	8.79	10
Better GP and consultant liaison, allowing GPs to provide treatment to patients rather than requiring patients to have to travel to hospitals	8.13	9
Each of the three hospitals specialise in a specific healthcare area, allowing expert staff to work better together on one site, and allowing patients to access the best staff, technologies and treatments for their need	7.57	8
Phone or video calls instead of outpatient visits (where clinically appropriate)	6.75	7
Remove routine follow-up appointments (where clinically appropriate) and instead give patients the choice to request them based on their own needs, such as the progress of their recovery or a change in symptoms or circumstances	6.6	7

Table 2. The perceived average (mean and median) importance of the seven proposed improvements, as measured on a scale of 1 to 10

Mean and median averages are shown in order to describe the average in two alternative and valid ways. Mean averages provide us with the exact rank order of preference for the proposed improvements; median averages allow us to clearly identify the first three proposed improvements as the most important.

Some comments suggested that the two last issues ('phone or video calls instead of outpatient visits ...' and 'remove routine follow-up appointments ...') raised some concerns, notably because of worries that some people needing care would miss out.

These need further explanation and example case study narratives in order to better explain their benefit to the general public and describe the methods used in order to avoid excluding some people from access to healthcare.

"Given my experience with having some of my antenatal and postnatal care being pushed to telephone consultations as a result of COVID, I could see it would be very easy for a patient to mask any issues (such as depression for example) over the phone. Sometimes care is about what the healthcare professional can discern from the visual cues a patient provides."

"I am against removing routine follow-up appts because patients cannot always be trusted to 'bother the busy doctors'. And if you have spent any amount of time very unwell it is hard for any person to gauge what needs further treatment/help and what is the normal process of recovery. I can't count the number of times I've heard it said, 'I didn't know how ill I was until I was fully well.'"

5. TRAVELLING TO A HOSPITAL OUTSIDE YOUR LOCAL COUNCIL AREA

Survey respondents who live in a council area with a hospital (i.e. those in Dacorum, St Albans and Watford) have a strong preference for going to their nearest hospital. Those living in Three Rivers would prefer to go to Watford General than the other two hospitals. Those living in Dacorum and St Albans show a preference for attending Hemel Hempstead and/or St Albans City Hospitals (i.e. travelling east/west) over travelling to Watford General Hospital.

People prefer to travel to a local hospital

Perhaps unsurprisingly, survey respondents living in Dacorum, St Albans and Watford showed a very strong preference for travelling to the hospital within their council area (scoring this, on average, as "much better" than having to attend an out-of-area hospital (see appendix for data)). They also showed a dislike of going to any of the other out-of-area hospitals. On average, those living in Three Rivers showed a preference to attend Watford General Hospital rather than either Hemel Hempstead or St Albans City hospitals (see appendix for summary data).

Travelling to a hospital other than your nearest

Residents of Dacorum, St Albans and Watford were asked how much better or worse it would be to travel to one of the hospitals

other than their closest hospital. On average everyone felt it would be worse to travel out of council area, however whilst residents of Watford showed no preference for Hemel Hempstead or St Albans City Hospital as their 'second choice', residents of Dacorum and St Albans felt it would, on average, be 'a lot worse' to travel to Watford General whereas it would be 'a bit worse' to travel to Hemel Hempstead/St Albans City (see Figures 1 – 3, and background data in the appendix). There appears to be a north/south divide here: those living in the areas of St Albans and Dacorum prefer to travel between their two hospitals whilst those in Three Rivers and Watford would rather attend Watford General.

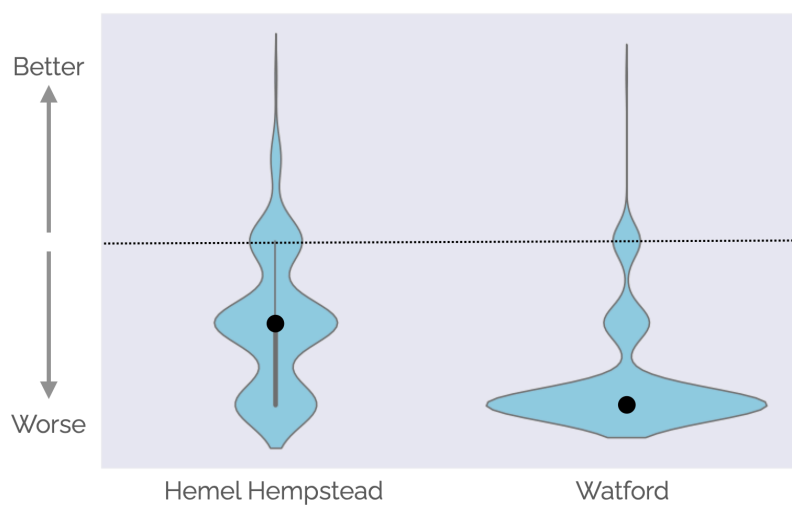


Figure 1. "I live in St Albans" How much better or worse would it be to travel to the other two hospitals?

The plot represents the amount of data clustered around each answer option (with data collected on a five-point scale from 'a lot better' to 'a lot worse'). The dot represents the median average.

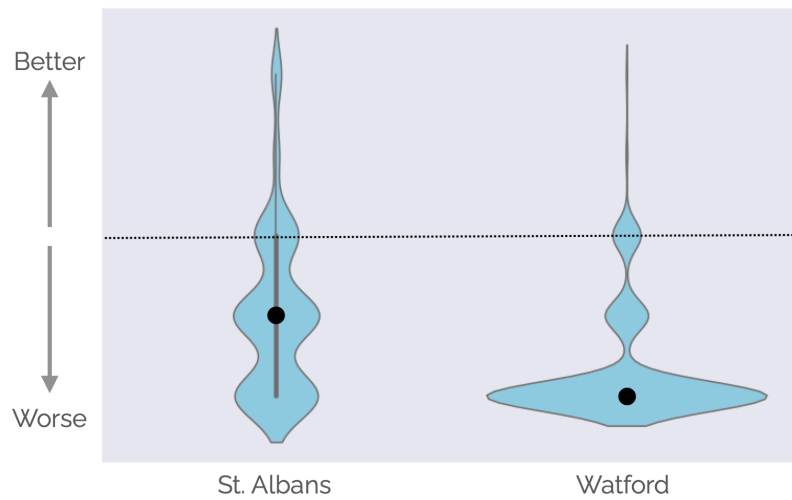


Figure 2. "I live in Dacorum" How much better or worse would it be to travel to the other two hospitals?

The plot represents the amount of data clustered around each answer option (with data collected on a five-point scale from 'a lot better' to 'a lot worse'). The dot represents the median average.

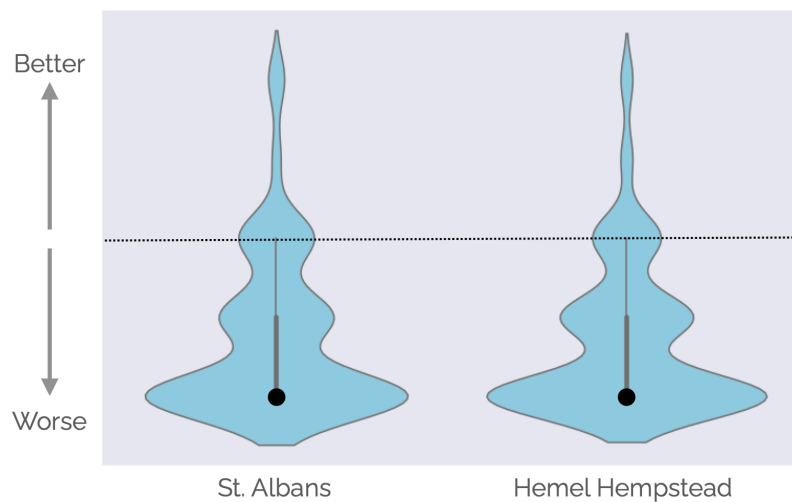


Figure 3. "I live in Watford" How much better or worse would it be to travel to the other two hospitals?

The plot represents the amount of data clustered around each answer option (with data collected on a five-point scale from 'a lot better' to 'a lot worse'). The dot represents the median average.

6. NHS STAFF OPINIONS

Over 70% of NHS or social care staff working in West Hertfordshire who answered the survey felt the proposed redevelopment would increase the quality of patient care.

373 West Herts NHS and social care staff shared their view

A total of 22% (n=373) people who completed the survey said they worked for the NHS or social care in West Hertfordshire. Of these, 29.5% worked in nursing/midwifery roles and 11% in medical/dental roles. The vast majority (88%) said they worked for West Hertfordshire Hospitals NHS Trust.

NHS staff were asked 'What do you think the impact of our hospital change proposals will be on the quality of patient care?' Results are shown in Figure 4.

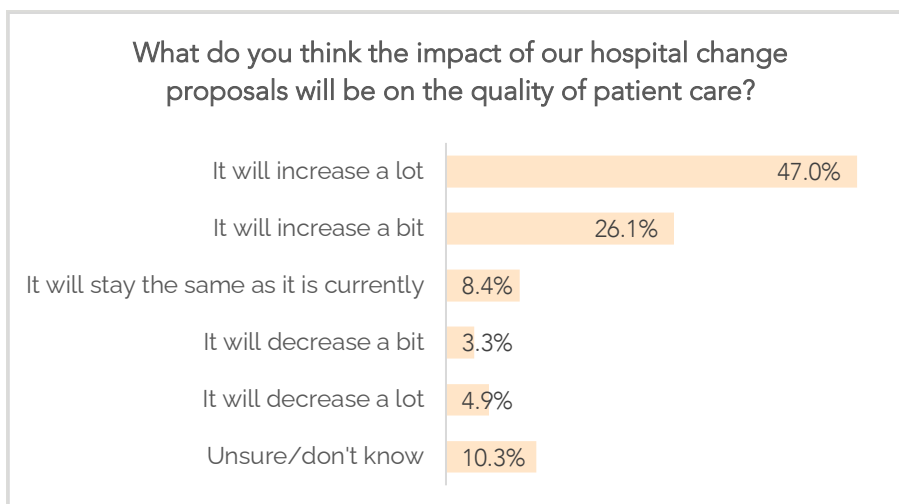


Figure 4. NHS staff opinion when asked what they think the impact of the proposed hospital changes would have on the quality of patient care

A total of 73% of all staff felt the redevelopment proposals would increase the quality of care; only 8% felt it would stay the same, and 8% felt it would decrease.

Those in nursing/midwifery roles were the most positive, with an average opinion of 'it will increase a lot'; all other roles had an average opinion of 'it will increase a bit'.

Advantages in relation to professional practice

Staff were asked what advantages, if any, they could see regarding the planned hospital change proposals in terms of how they could affect their professional practice. The frequently identified advantages relating to the redevelopment plans fell within the following themes:

- **Better facilities and improved environment** will increase efficiency of working and effectiveness of patient care and experience
- **More indoor and outside spaces** (e.g. desk space, room to train nursing staff, break rooms promoting team bonding, outside green space for staff and patients)
- **More co-located services** will improve effectiveness and reduce duplication
- **Improve general patient experience** and reduce the number of missed appointments ('DNAs')
- **Site specialisms** should reduce the need for patients to travel across sites, and reduce the need to duplicate equipment and staff
- **Staff morale, recruitment and retention** will improve, as well as the reputation of the Trust

-
- **Improved parking** for staff and patients will make a big difference to the overall experience
 - **Improved IT systems** and digital communications to increase efficiency

“Significantly better for patients in my speciality, reduce cross site working... teams should find it easier to work together rather than being thinly spread out”

“More focussed treatment adapted to the needs of the individual ... a new A&E that is fit for purpose and can handle the influx of patients from the population it serves”

“A much more efficiently run hospital in a more modern setting with much better facilities (car park, bigger co-located wards). EPR will facilitate a seamless process for managing information”

“Managing staff across two sites instead of three would be beneficial”

Concerns in relation to professional practice

Staff were asked whether they have any concerns about the hospital change proposals in terms of how the proposed changes could affect their professional practice. The most frequently identified concerns fell within the following themes:

- Whether personal **role and job location** would be affected
- **Delays on starting the process, and/or disruption** during the build (and potential impact this could have on patient care and professional practice)
- **Access to the Watford site**, which some patients find hard to access especially if they are elderly, lacking in transport, and/or have reduced mobility. Some staff also mentioned they are not keen to travel to Watford for work
- **Unrealistic patient expectations** that everything will be same day when some situations need consultant preparation or time for tests to be run
- Whether some **teams might be separated** (e.g. admin' and clinical) or moved off-site
- Ensuring continued availability of **high-quality testing facilities** (blood tests, diagnostics)
- **Some services are not mentioned** in the plan (e.g. pathology, microbiology)
- **Not wanting to replace all face-to-face patient time** with virtual appointments

Most staff feel the proposed improvements would significantly improve the quality of patient care. Just over 10% said they were unsure or didn't know, suggesting there are further opportunities to brief staff on the plans.

Whilst we have summarised staff feedback above, we will also forward the raw data to The Trust with the recommendation that comments are shared with the Professional Reference Group for more detailed consideration.

“Utilising all 3 sites is a very good idea given the bed shortages however it is essential to carefully plan with clinical teams as to how this should happen, and which specialities go where”

“It may not be practical to do some scans on the same day as seeing a consultant, as there is preparation needed ...”

“The plans for pathology are not well thought out ... 70% of patient interactions and medical decisions involve pathology tests but we are not considered “diagnostics” ...”

7. VISITING THE THREE HOSPITALS

About half of the members of the public answering the survey had visited one of the hospitals in the last two years. Between 6-13% had visited a hospital ten times or more in the past two years, and 13% had visited all three hospitals at least once in the last two years. People who visited hospital more often were more likely to be over 60, female, and have a long-term illness or disability.

Number of respondents visiting each hospital

Survey respondents were asked whether they had visited Hemel Hempstead, St Albans City or Watford City hospitals in the past two years. Watford had been visited by the greatest number of survey respondents, followed by Hemel Hempstead and then St Albans City (see Table 3). When staff responses were removed so as to identify the number of visits by members of the public, we can see that about half of all survey respondents said they had visited one of the hospitals in the last two years.

	Hemel Hempstead Hospital	St Albans City Hospital	Watford General Hospital
% visited each hospital in last 2 years (non-staff only)	47.7% (N=795)	40.2% (N=670)	55.1% (N=918)
% visited each hospital in last 2 years (all survey respondents)	61.4% (N=1,022)	53.1% (N=884)	75.4% (N=1,256)

Table 3. The percentage (and number) of survey respondents that had visited each hospital in last two years

Number of visits in the last two years

Respondents who had visited each hospital were then asked how many times they had visited in the last two years. Twenty percent of data from Watford General came from people who said 'they work there some or all of the time' in comparison with only about 9% of visitors to the other two hospitals. These staff responses were therefore removed before summarising the number of visits made by non-staff (i.e. patients/relatives/carers) for each hospital; see Table 4.

	Hemel Hempstead Hospital	St Albans City Hospital	Watford General Hospital
Once	24.7%	26.0%	20.3%
Two to five times	55.7%	55.7%	52.4%
Six to ten times	11.7%	12.1%	13.9%
Over ten times	7.8%	6.2%	13.4%
Mean \pm SD	1.25 \pm 1.2	1.02 \pm 1.1	1.56 \pm 1.3

Table 4. The percentage of people visiting each hospital once, 2-5 times, 6-10 times or more times in the last two years. These data do not include NHS staff

The number of visits made by a member of the public to each hospital was broadly similar (averaging one to two times per hospital in the last two years), although for Watford General there were slightly fewer visitors attending only once, and slightly more visiting over ten times in a two-year period.

We investigated whether the total number of visits differed according to personal characteristics. NHS staff were again removed before this analysis because their hospital visits were primarily related to professional activities.

We found that people who had a higher frequency of hospital visits were statistically more likely to be over 60 years of age, female, and have a long-term illness or disability (see Table 5).

	Average \pm SD	Statistical difference?
Age (Below v above 60)	Below 60 = 3.7 \pm 2.5 Above 60 = 4.0 \pm 2.5	Significant difference (T= -2.01, df = 1264, p=0.04)
Gender (Male v female)	Male = 3.6 \pm 2.5 Female = 3.9 \pm 2.5	Significant difference (T= -2.31, df = 1243, p=0.02)
Long term illness or disability (Yes / no)	Yes = 4.5 \pm 2.6 No = 3.4 \pm 2.4	Highly significant difference (T= -713, df = 1214, p<0.001)
Ethnicity (White v not)	White = 3.8 \pm 2.5 Not = 3.9 \pm 2.1	No difference (T=-0.44, df = 1188, p=0.66)
Council area lived in	Dacorum = 4.3 \pm 2.6 St Albans = 4.0 \pm 2.5 Three Rivers = 3.7 \pm 2.2 Watford = 3.2 \pm 2.3	Highly significant difference (F=-11.8, df = 1216, p<0.001)

Table 5. Average number of hospital visits in the last two years, analysed according to personal characteristics and council area. Differences were analysed statistically to identify whether they were real or due to chance variation: significant results confirm differences are not due to chance.

In this sample, higher frequency hospital visitors were also more likely to come from Dacorum or St Albans than from Three Rivers or Watford. This result requires further investigation to identify whether residents in the north of West Hertfordshire have personal characteristics that associate with more frequent hospital visits (e.g. because there are a higher proportion of over 60s living in in Dacorum and St Albans than in Three Rivers or Watford). We recommend that this is considered as soon as the 2021 census data are available.

A total of 223 people (13%) of survey respondents said they had visited all three hospitals at least once in the last two years. Those who attended all three hospitals were statistically much more likely to have a long-term illness or disability⁷ and/or be over the age of 60⁸.

Visitor role

Respondents were asked whether they had visited as a patient, relative, carer, staff or other role and could tick all that applied.

About 70% of those responding to the survey said they visited Hemel Hempstead and St Albans City Hospitals as a patient, and 20% as a relative (see Table 6).

	Hemel Hempstead Hospital	St Albans City Hospital	Watford General Hospital
Patient	730	603	708
Relative	231	180	456
Carer	125	96	156
Staff	169	151	303
Percentage visiting in more than one role	20.7% (212 of 1,022)	16.1% (142 of 884)	27.1% (340 of 1,256)

Table 6. The number of people visiting each hospital in each of the visitor 'roles' in the last two years. The percentage of people visiting in more than one role are also shown

⁷ (Chi Square = 49.9, df=1, p<0.0001)

⁸ (Chi Square = 8.9, df=1, p=0.003)

For those visiting Watford General, 57% did so as a patient and 36% as a relative. Indeed, 27% of visitors to Watford General in the last two years said they had attended in more than one role (e.g. as a patient and as a staff member) in comparison with only 21% for Hemel Hempstead and 16% for St Albans City Hospitals.

Travel to and from the hospital

Those survey respondents that had visited each hospital in the last two years were asked how they got there.

About two thirds of people said they drove themselves; the proportion was slightly higher for those visiting Hemel Hempstead and St Albans City Hospitals (see Table 8). About a fifth said they were given a lift and about one in ten used public transport.

Travel method	Hemel Hempstead Hospital	St Albans City Hospital	Watford General Hospital
I drove	68.5%	69.4%	62.3%
I was given a lift	19.2%	19.0%	20.4%
I walked or cycled	12.2%	9.7%	14.3%
Bus, train or other public transport	8.9%	9.5%	10.3%
Taxi	4.0%	3.3%	5.8%
Patient transport	0.7%	0.2%	2.6%
Other	1.3%	1.5%	4.3%

Table 8. The percentage of people who travelled to each hospital using each of the named travel methods. Respondents could tick all options that applied to them, hence columns will not sum to 100%

Under 1% of visitors to Hemel Hempstead or St Albans City Hospitals had used patient transport in comparison with nearly 3% of those visiting Watford General Hospital.

The percentage of people selecting 'other method' was higher for those attending Watford General Hospital (about 4% in comparison with 1% for the other hospitals). In most cases this was because people said they were taken there in an ambulance.

Use of services likely to undergo change

Survey respondents were asked whether they had used any of a list of nine services. These services were explicitly identified in the survey because they are the ones most likely to change as part of the transformation plans.

About 65% of patients across all hospitals did not select any of the services on the list and instead chose 'other' or 'unsure'. The vast majority of patient respondents visited just one service from the list (see Table 9).

	Hemel Hempstead Hospital	St Albans City Hospital	Watford General Hospital
No. respondents that had visited a listed service in last two years	29.3% (N=488)	24.6% (N=410)	30.2% (N=502)
No. patients visiting four or more listed services	3.5% (N=17)	1% (N=4)	13 (N=2.6%)
Average No. services visited (mean ± SD)	1.4 ± 0.9	1.3 ± 0.7	1.5 ± 0.9

Table 9. The percentage of visitors to each hospital who visited each service. Figures do not add up to 100% as some people visited more than one service.

At Hemel Hempstead Hospital the three most commonly visited services from the list were endoscopy, orthopaedics, and ENT (ear, nose and throat) – see Table 10. At St Albans City Hospital the three most commonly visited services from the list were orthopaedics, urology and ENT. At Watford General Hospital the three most commonly visited services from the list were gastroenterology & hepatology, orthopaedics, and general/colorectal/vascular surgery. Note that these are patient-reported and not actual patient footfall data.

Whilst this survey sample included a number of frequent hospital visitors, few people had personal experience of the services that are expected to change under the planned redevelopment. Therefore, to gather details about the experiences of specific services we would recommend talking to patients who have used those services, e.g. by contacting recent visitors and/or meeting people on-site.

	Hemel Hempstead Hospital	St Albans City Hospital	Watford General Hospital
Orthopaedics	10.9%	16.7%	8.9%
Endoscopy	13.8%	2.8%	7.5%
Gastroenterology & hepatology	7.6%	4.1%	9.4%
General, colorectal & vascular surgery	4.4%	5.3%	7.7%
ENT	8.4%	8.4%	7.3%
Dermatology	6.6%	4.4%	6.6%
Urology	8.0%	9.1%	6.6%
Diabetes & endocrinology	6.2%	4.3%	4.4%
Rheumatology	5.8%	5.5%	4.0%

Table 10. The percentage of patient respondents visiting each of the nine named services at each hospital. The top three most visited services at each hospital are shown in green.

8. ATTITUDES TOWARDS EACH HOSPITAL

Watford General scored significantly lower than the other hospitals in terms of visitor opinions about hospital cleanliness, organisation, modernity, treatment and kind care. Visitors also scored Hemel as lower than St Albans City Hospital in terms of modernity and quality of healthcare.

Comparing opinions of each hospital

Those people who had visited each hospital within the last two years were directed towards more detailed questions about each hospital. Table 7 summarises the percentage of survey respondents who visited each hospital that agreed⁹ with five statements relating to each hospital.

Across all three hospitals, the highest agreement related to whether they felt they were provided with care that was 'kind and compassionate' (ranging from 64% to 77% depending on the hospital). The lowest agreement related to whether the hospital 'felt modern' (ranging from 7% to 27% depending on the hospital).

In all cases, Watford General Hospital scored lower than Hemel Hempstead and St Albans City Hospitals – these differences were highly statistically significant¹⁰. Post-hoc testing identified the

⁹ For these calculations, the percentage of people selecting 'strongly agree' and 'agree' have been combined to provide a summary '% agree' score

¹⁰ Results were as follows: clean (H=523.2, df=2, p<0.001); well organised (H=426.1, df=2, p<0.001); modern (H=352.8, df=2, p<0.001); healthcare (H=130.5, df=2, p<0.001); kindness (H=91.7, df=2, p<0.001)

average opinions for Watford General Hospital to be significantly lower than both other hospitals in all cases.

The average opinion relating to 'feeling modern' was significantly lower for both Hemel Hempstead and Watford General Hospitals than for St Albans City.

How much do you agree that the hospital ...	Hemel Hempstead Hospital	St Albans City Hospital	Watford General Hospital
.... felt clean	70.5%	76.0%	37.3%
... felt well organised	63.5%	69.2%	33.8%
... felt modern	22.4%	27.0%	7.1%
... provided excellent healthcare	67.8%	73.6%	54.8%
... provided care that was kind and compassionate	76.8%	76.4%	63.7%

Table 7. The percentage of survey respondents who visited each hospital as a patient and who agreed or strongly agreed with each of the five statements. Anything under 30% is shown in red, anything between 30-69% in orange, and anything over 70% in green.

The average opinion for 'providing excellent healthcare' was significantly lower for Hemel Hempstead Hospital than for St Albans City Hospital, with results for Watford General Hospital being significantly lower than both.

Only 37% of patient respondents agreed that Watford General Hospital felt clean, only 34% agreed it felt well organised, and only 7% agreed it felt modern.

Hemel Hempstead: opinions by visitor type

When opinions were compared between visitor role type (patient, relative, carer or staff) the following differences were observed:

- The average opinion was 'agree' when respondents were asked whether the hospital felt clean, well-organised, provided excellent healthcare and provided care that was kind and compassionate
- The average opinion was 'disagree' when respondents were asked whether the hospital felt modern
- Staff average opinion was statistically more negative than other visitor role types when asked whether the hospital felt modern (staff average opinion was 'disagree'). This difference was highly statistically significant¹¹.

St Albans: opinions by visitor type

When opinions were compared between visitor role type (patient, relative, carer or staff) the following differences were observed:

- The average opinion was 'agree' when respondents were asked whether the hospital felt clean, well-organised, provided excellent healthcare and provided care that was kind and compassionate
- The average opinion was 'neutral' when respondents were asked whether the hospital felt modern

¹¹ Results were as follows: modern (H=22.7, df=1, p<0.001)

Watford General: opinions by visitor type

When opinions were compared between visitor role type (patient, relative, carer or staff) the following differences were observed:

- The average opinion was 'agree' when respondents were asked whether the hospital provided excellent healthcare and provided care that was kind and compassionate
- The average opinion was 'neutral' when respondents were asked whether the hospital felt clean and well organised
- The average opinion was 'disagree' when respondents were asked whether the hospital felt modern

9. HEMEL HEMPSTEAD HOSPITAL

When asked what one thing should change at the hospital, the most commonly mentioned issues related to on-site organisation, signage, navigation and access issues.

What one thing should be changed about this hospital?

Survey respondents were asked 'What one thing would you like Hemel Hempstead Hospital to change, if anything?' This was answered by 797 people. The most commonly mentioned issues related to **the organisation, signage, navigation and access issues around the site**, which many currently find confusing.

The single most commonly mentioned specific comment related to **the need to do something with the current, apparently derelict buildings**.

Another commonly mentioned comment related to the desire of some for Hemel Hempstead Hospital to re-open again as one that provides all services including A&E and maternity. Several cited their concern that the growing population and increased house building created a situation that warranted a full hospital in Hemel.

The themes, in order, were as follows:

- Do something with the buildings that are currently derelict: these make the site look and feel unloved, underutilised, depressing and scary. It doesn't inspire confidence in visitors nor enthusiasm in staff. Some said knock them down to rebuild, others suggested refurbishing and reuse

"... the derelict closed buildings are not the impression you want to see on arrival ... the site is set on a hill so if you have mobility issues it is very tricky to negotiate"

"I was unable to even find the entrance on my first visit... more signs... once I parked it took me a long time to find where the hospital was"

"The hills make it an absolute nightmare to navigate as a wheelchair user, given there are departments all over the site... can there be less bumps as it can be dangerous and difficult to use pavements or push anything with wheels like notes trollies"

"Walking through parts of the hospital that are no longer used feels unsafe ... empty poorly signed corridors and stairway ..."

- Improve signage and navigation around the site as departments are hard to find (especially X-ray and Urgent Care)
- Change the layout (currently confusing, different floors and levels are confusing, departments are scattered across the site)
- Improve access across the hilly areas as these cause issues for the elderly and/or those with mobility challenges
- Improve provision for those with disabilities: more disabled parking spaces, better accessibility
- Provide more services onsite
- Bring back A&E and maternity provision, so there are two hospitals providing A&E in West Herts (note that this suggestion is out of scope of the plans)
- Close the hospital and move to a new site (note that this suggestion is out of scope of the plans)

-
- Improve safety as some report feeling unsafe onsite: e.g. add more lighting across the grounds, make things easier to find
 - Re-locate related departments closer together (e.g. dermatology OP clinics are in outpatients whereas dermatology treatment centre is on the other side of the hospital)
 - Provide more parking spaces
 - Better staff facilities: affordable, high quality canteen ("like Watford"), more staff parking)
 - More female toilets that are cleaner and always stocked with tissue and soap)
 - Better transport links to Watford General from Hemel

10. ST ALBANS CITY HOSPITAL

When asked what one thing should change at the hospital, the most commonly mentioned issues related to parking and transport issues, as well as the inconvenient location of blood testing facilities.

What one thing should be changed about this hospital?

Survey respondents were asked 'What one thing would you like St Albans City Hospital to change, if anything?' This was answered by 637 people.

The most commonly mentioned issue related to **parking and transport issues**. Visitors said they want access to more parking spaces in better organised parking areas, with cheaper payment that charges on exit rather than upfront. They also want better public transport links.

"Improve the parking, the entire car park design is fundamentally flawed and massively overpriced"

"If I need to drive there, I am worried that there will not be space to park"

There were a number of people who also identified the current location for blood tests as too public and not nice to attend. Another commonly mentioned theme related to locating more services at St Albans City, such as an A&E.

Specific themes mentioned were:

- Improve parking facilities (more spaces, cheaper cost, better signage, payment on exit not upfront, more disabled spaces)
- Improve transport links (e.g. bus stop outside, a bus that travels a circular between all three hospitals, direct links to some local areas not currently served (Berkhamsted, Garston))
- Move blood testing waiting area from the corridor location, as this is used as a main walkway by staff and patients to access other departments and clinics
- More services available (e.g. MRI, CT, X-ray, other diagnostics)
- A full time A&E (this is outside the scope of the redevelopment plans)

“Better route to departments, reception is too crowded because of the café ... not have to walk through a coffee shop to get to phlebotomy”

“Improve the whole area of reception as you arrive. Better or improved lighting in the dark entrance area would make a massive difference ...”

“Better public transport availability ... long walk from town.”

“Replace old buildings to provide more accessible and attractive space. It currently feels like a repurposed office building”

“Can blood tests not be in a corridor please?”

-
- Update it to make it look more modern and welcoming; at present the look and feel doesn't inspire confidence in care
 - Improve the reception area (a proper entrance, more space, lighting, modern feel)
 - Better signage across the whole site and improved pathways for pedestrians (e.g., with children, buggies or mobility issues)
 - Better use of the many buildings and site space: some areas feel wasted and under used
 - Some areas/entrances feel overcrowded or tight which in Covid times feels particularly worrying
 - Better organisation of departments as some are far apart
 - Air conditioning in all wards
 - Improve quality of care experience as some patient care experiences were negative
 - Better links with Mount Vernon¹² e.g. for sharing blood results
 - Nothing – we like it as is

¹² The NHS is reviewing services provided at Mount Vernon Cancer Centre, see this website for further details: <https://mvccreview.nhs.uk>

11. WATFORD GENERAL HOSPITAL

When asked what one thing should change at the hospital, the most commonly mentioned issues related to the need for extensive change to the building and site, including the re-design of on-site parking and pedestrian travel routes (in particular to reduce the impact of the steep slope), and reducing the impact of congestion and traffic delays on the way to the site.

What one thing should be changed about this hospital?

Survey respondents were asked 'What one thing would you like Watford General Hospital to change, if anything?' This was answered by 1,052 people. Common themes were:

- Everything across the site needs changing and modernising
- Access to the car park for patients (the current car park is too steep and a real concern for many visitors but especially those with/supporting those with mobility issues, breathing problems or bringing young children)
- Access before and once onsite: many visitors say the hospital site is awkward to access (they mention narrow roads, poor traffic management, built-up housing in the surrounding area, and additional traffic on the M1 and around the football ground on match days). Once on site there is no clear traffic or pedestrian flow and the steep hill causes parking and mobility issues. Unlike feedback for the other two hospitals, many people used words like 'stressed' or 'anxious' when describing how they felt about having to visit Watford General; they were

worrying well before they even got there because of the uncertainty and concerns about arriving in time / access / parking etc

"Parking is atrocious. Often arrive and there are no spaces which is very stressful when you're trying to make an appointment. That is never the case at Lister, so if I have to go to A&E I always choose Lister..."

"The building is extremely dated and falling apart... it is too cold in winter and too hot in summer. The site is noisy due to its location and hard to access ..."

"Patients hate going to Watford hospital, if they are admitted it is harder to get to visit them. Drop off or pick up is hard especially if they are elderly or have young children ... not everyone can walk up large hills or leave patients while they go to find parking"

"IT IT IT! For the least amount of investment, 21st century medicine and improved care and outcomes would be achieved with updated IT that works..."

"Better clinical cleaning: I picked up c diff' following surgery"

"The accessibility: no changing places to change my son. No accessible with hoist and changing table bathrooms. No ceiling hoists inside rooms, bathrooms or treatment rooms... wheelchair accessible vehicle won't fit into a multi-storey car park and blue badge spaces are limited"

-
- Old equipment, poor IT systems that regularly go down
 - Old building that feels as though it is falling apart (windows that won't open or won't close, Sellotape over many windows)
 - Looks and feels unclean (one staff member requested touchless technology would help: automatic doors, foot-controlled water taps etc)
 - Knock the current building down and build a new building on site: several mentioned that refurbishing what is currently there can't solve all the problems
 - Close it and build a new hospital on a new site because the difficulties in accessing the hospital site are too significant to solve on the current site (note that this is outside the scope of the redevelopment plans)
 - Provide direct public transport (two changes and some long walks are required to travel from St Albans)
 - Better and cheaper car parking including more disabled spaces
 - Green spaces including areas for patients and staff to relax
 - Poor signage
 - Poor quality staff parking
 - More private ward spaces
 - Temperature issues: wards are either too hot or too cold
 - No newsagent or pharmacy for patients
 - Reduce negativity of interactions: some patients said they received poor care experiences and some staff said that many patients don't like coming to Watford and then are negative towards staff
 - Improve care and staff ratios in elderly / general wards
 - Poor accessibility for those with disabilities
 - Better parking for ambulances
 - Reduce waiting times and last-minute cancellations

12. ENGAGEMENT DOCUMENTS

Just over 60% of survey respondents had read at least one of the hospital redevelopment engagement information sources. Engagement documents were considered useful by the majority of readers who had read them.

Engagement with information sources

Survey respondents were asked which, if any, engagement information sources they had read prior to completing the survey (all are available [via the following link](#)). A total of 62% of respondents had read one source. Half said they had looked at the redevelopment web pages, and about 20% of respondents had read at least one of the redevelopment information documents (see Table 11).

Engagement information source	% That read each document (N)
West Herts Trust redevelopment web pages	50.1% (843)
Engagement document summary	22.5% (375)
Clinical Strategy	21.1% (353)
Clinical Brief	19.6% (327)
Engagement document	18.3% (305)
None of these	38.0% (632)

Table 11. The percentage of people who had read each of the potential engagement communications materials

We calculated the number of engagement information sources read by each person: 29.7% had read one information source, 13% had read two, 9% had read three, 3% had read four and 7% said they had read all five information sources.

Perceived helpfulness of engagement information

Respondents who had read at least one information source were then asked how helpful they found the documents in understanding the process and summarising the next steps (N=1,035).

A total of 55% said they found the information quite or very helpful, 32% gave a neutral opinion, and 13% found them quite or very unhelpful. Overall, this suggests that the information provided to date has been considered useful by the majority of readers.

13. PRIORITISING THE RIGHT AREAS

Residents of St Albans, Three Rivers, Watford and other areas across Hertfordshire felt, on average, that most of the plans sounded appropriate. Residents of Dacorum who responded to this survey were significantly more negative than those from all other areas.

Are the right areas being prioritised?

Survey respondents who had read at least one information source were asked whether they felt the Trust were prioritising the right areas in the redevelopment plans (N=1,019). A total of 13% felt all the plans sounded appropriate and 19% felt none of the plans sounded appropriate (see Table 12). There was no relationship between opinion on the appropriateness of the plans and the number or type of engagement information documents read.

Engagement information source	% respondents (N)
Yes, all the plans sound appropriate to me	13.4% (136)
Yes, most of the plans sound appropriate to me	37.9% (386)
No, very few of the plans sound appropriate to me	29.6% (302)
No, none of the plans sound appropriate to me	19.1% (195)

Table 12. The percentage of readers of the engagement information who felt the plans sounded appropriate

NHS staff opinion averaged 'yes, most of the plans sound appropriate'. When we analysed general public (excluding NHS staff) opinion by council area, it was clear that the data were heavily

influenced by residents from Dacorum, who contributed 46% of the data for this question. The average opinion of respondents from Dacorum was statistically significantly lower than the average opinion of people from the other three West Herts council areas¹³. The average opinion of residents from Dacorum was 'no, very few of the plans sound appropriate'. In contrast, the opinions of respondents living in all other council areas averaged an opinion of 'yes, most of the plans sound appropriate' (see Table 13).

This suggests that Dacorum residents that responded to the survey have more concerns about the plans than residents from other areas. Future research should address whether this is an opinion shared by most residents across Dacorum, or whether this reflects the self-selected sample shown here.

We further investigated average opinion in relation to various protected characteristics. There were no differences in average opinion in relation to age, gender, sexual orientation, long term illness or ethnicity.

Council area	Sample size	Average (median) opinion
Dacorum	349	No, very few of the plans sound appropriate
St Albans	166	Yes, most of the plans sound appropriate
Three Rivers	55	Yes, most of the plans sound appropriate
Watford	149	Yes, most of the plans sound appropriate
All other areas (wider Herts)	42	Yes, most of the plans sound appropriate

Table 13. The average opinion as to whether or not the plans sound appropriate based on the council area where the survey respondent lived

¹³ Results were as follows: prioritising right areas (H=37.2, df=4, p<0.001)

14. GENERAL FEEDBACK

Survey respondents were asked to further share their thoughts or opinions via a comments box. Those that were in-scope of the proposals most frequently related to concerns about potential lack of local provision, worries about getting to Watford General Hospital, parking and public transport issues, and the need for a completely new building in the plans and not just a refurbishment. Several mentioned the need to get started on improvements asap.

Free text comments were coded into themes

In addition to the closed questions included in the survey, we provided a comment box and asked respondents whether they had any other thoughts or opinions about the planned hospital change proposals that they wanted to share. A total of 816 people provided comments, almost all of which related to specific concerns.

The highest frequency of negative comments came from respondents living in Dacorum (37% of comments) and the lowest frequency of negative comments came from those living in Watford (17% of comments).

Comments were coded into themes, and the proportion of each summarised. Twenty common themes generating at least 10 individual mentions were identified (see Table 14). We have discussed the top ten themes in more detail after the Table.

Common themes

The most common theme related to access to services at their nearest hospital. A total of 78% of these comments were made by residents living in Dacorum or St Albans, many of whom were concerned that the northern areas of West Herts might lose out.

Another common theme related to concerns about accessing the Watford General Hospital site. People mentioned one or all of the following issues:

- Travelling from council areas outside Watford (where people typically mentioned the long commute, uncertainty relating to congestion, inconvenience/time taken/unreliability of public transport links, or cost of taxis)
- Getting onto the hospital site once in Watford (narrow roads, motorway congestion, football congestion)
- On-site problems (lack of parking and/or drop-off space, poor quality parking)

Several shared general negative comments about the current Watford General Hospital and the need for change.

Many mentioned the need for more and better parking at hospitals, and for more and better public transport (in particular: direct, fast, cheap and accessible connections to Watford General Hospital from other council areas).

Several asked for further public engagement in order to better explain the plans and how they will affect people in various situations and localities.

Some respondents mentioned the need to build a brand new hospital, because it was felt that refurbishment of the present

buildings would not be sufficient to solve the current problems (especially at Watford). For this theme, most did not specify where this could be situated, although some did suggest a new build on one of the current sites.

Several people focussed on the need to get something started fast. Comments mentioned that hospital redevelopment had been discussed for many years and that there was a desperate need to get going on improvements as soon as possible.

The final theme related to worries relating to different clinical experiences and services. We will share this raw data with the Trust with the request they are considered by the relevant clinical committee.

Comments that were out of scope of the plans

Twenty-six percent of comments mentioned a desire to have a new hospital built on a new site (excluding the existing hospital sites). A total of 39% of these were from residents living in Dacorum, 27% from St Albans, 13% from Watford, 9% from Three Rivers, and 12% from people who lived elsewhere in Hertfordshire.

Some also mentioned their desire to have 24-hour A&E access in the north of West Herts. A total of 76% of these comments were from residents of Dacorum and St Albans.

The idea of a single, new, centralised hospital on a new site is outside of the scope of the redevelopment plans, which focus on providing services across a 'three site model' with a new build on

the Watford site (see the [engagement documents¹⁴](#) for more information). A&E access at a site other than Watford General is also outside of the redevelopment plans.

Positive comments

Fewer than 10% of comments were completely positive and raised no concerns at all. This small figure is not surprising as the aim of the survey was to collect feedback from people who wanted to share issues or concerns.

The wholly positive comments mainly related to people being keen to see work begin as soon as possible. There were several short responses such as "all looks good" or "looking forward to it", and some people who thanked the Trust for asking for their feedback on the plans.

"... the strategy planning seems comprehensive – thank you"

"Thank you for all the work that has gone into the plans so far, and I wish everyone well in the fulfilment of the plans ..."

"It's all good. Just get it done, we've waited long enough"

¹⁴ <http://www.westhertshospitals.nhs.uk/about/redevelopment/yourcareyourviews.asp>

Themes	Typical quote	% mentions
More services should be provided locally (most concerning Hemel or St Albans)	"Fed up will facilities leaving St Albans just because area is expensive, local people need local facilities"	9.0%
Concern for the difficulty/cost of accessing Watford and the Watford General Hospital site	"I don't think Watford should be redeveloped because of where it is situated in the town. Whilst it is easy for the residents of Watford to get to the hospital it is a painstaking journey for others from the outlying district. No thought has been given to these people."	7.1%
General dislike of Watford General Hospital	"Despite the wonderful NHS staff, Watford General hospital is a dismal place to visit. Ample parking and modern buildings would be a massive change for the better"	6.8%
Need for more and better parking spaces	"Car parking facilities must be improved at all sites and parking charges should be paid for at the end of each visit, in case of delays outside the patient's control. Easy drop-off access to hospitals for those with mobility problems."	5.4%
Need for more and better public transport	"Although I can see the sense in having x3 'specialist 'hospitals, it is hard to think about not having a 'local' general hospital. I really dislike having to travel to the other sites, as they're quite a distance away, and there is no reasonable public transport"	5.3%
Refurbishment of current building is not enough: a new hospital building is needed (site unspecified)	"Watford General needs a lot of modernisation to the buildings, or even redevelopment entirely." "A completely new hospital would be fantastic as the current hotch potch of buildings are no longer fit for purpose."	3.5%
Get going asap, do something fast, we have waited too long already, services are desperately in need of updating	"Retention of 3 sites and providing a specialised focus for each is a model which leaves flexibility for the future. The pandemic has illustrated the importance of having different sites for different functions. All the sites need significant improvement -	3.5%

	<p>the most important thing is that the plan is implemented as soon as possible. At a time when public finance is limited it is vital to take the current opportunity and not risk a delay or loss of funding. The residents of SW Herts (and the NHS staff) have been waiting for improvements for far too long. The modernisation of models of care and use of technology is very welcome."</p>	
Service delivery worries	<p>"I would like to know that on discharge from the hospital the patient doesn't fall into the abyss that now exists. There should be continuity of care and seamless transfer of care into primary care - not consultants signing off the patient. It is very difficult to return home and be self-caring 2 or 3 days after surgery. A carer or nurse visiting two or three times a day does not prevent an early return to hospital. The accent should be on CARE and it should be clinically supervised until the patient is well enough to do without it."</p>	3.4%
Request for more transparency and more public engagement	<p>"Going forward, whatever decision is made over the hospitals they should be made transparent and explained clearly. If the case is that each of the three hospitals are to specialise in certain areas that needs to be made abundantly clear. at the moment there is confusion over why certain hospitals don't have certain facilities this needs to be clearly explained and justified. whilst I understand that in an emergency travelling times by ambulance to Watford are short, there are in-between cases that are not severe enough for an ambulance but still require urgent attention - these are the areas that need to be addressed... and an understanding that in these circumstances people understandably panic and if caught in a traffic jam or sent away as they have gone to the 'wrong' hospital this panic turns to anger."</p>	3.4%

Cheaper or free parking with payment taken on exit	"Although I don't drive, I sometimes get taken and the PARKING FEES are expensive and as a pensioner, it's too high for us, maybe pensioners rates for the transporter of a pensioner, but would have to be monitored....."	3.3%
Redevelopment must have a patient-centric approach	"Accommodation for parents whose babies are in neonatal unit. Especially if the parents come far. We had parents from other counties, who had babies here during family visits."	3.0%
Consider staff needs	"Please include green space, shared-co-working offices/space for teams to enable better cooperation. Protected cycle parking and good cycle lanes within the hospital premises. More side-rooms to help improve infection control if needed. More computers and working spaces (desks) in critical areas such as resus."	2.5%
Too little money is going to Hemel / St Albans City	"Give funding to Hemel and St Albans. For them to just have 4% of the funding each is ridiculous! Also, make Hemel a better functioning hospital and give it an A and E. In terms of Watford - you need to build it afresh and not just patch it up."	1.9%
Use technology better	"Hospitals needs upgrading especially our IT system and documentations, we should start paperless management and more centralise paper works"	1.6%
Concerns about the disruption that building work will create	"Trying to redevelop the existing site will be highly disruptive to hospital services, particularly given parking is already limited."	1.6%
Design for the disabled	"All hospitals need to address making sure everything is accessible to disabled people by having more than one hoist and equipment available. As well as ensuring if a carer is staying they are considered as well"	1.5%
Covid-related concerns	"Greater use of local facilities e.g. Doctors practices, PCNs for mass Covid vaccinations worked well in Harpenden +	1.2%

	greater use of the Local (cottage hospital) nee RED house"	
Green and greener issues	"The hospital should be green (recycling rainwater, recycling, no plastic, etc) and greener (flowers, trees, shrubs)"	1.2%

Table 14. The most common in-scope themes identified in the free text comments when respondents were asked to share their thoughts and opinions about the plans. The proportion of people who mentioned each theme is also shown, as is a typical quote illustrating each theme.

15. DISCUSSION

During the report we have summarised survey respondents' attitudes towards the three hospitals and towards the development plans. In this section we discuss these more broadly, identifying trends for consideration going forwards.

Residents from Dacorum and St Albans need more reassurance

From the survey responses there appears to be somewhat of a north/south divide in terms of the attitudes and concerns of West Hertfordshire residents. Most respondents from Three Rivers and Watford are keen to see the proposed redevelopments to Watford General Hospital and accept the three-site model of care provision. What they are hoping for is fundamental change to Watford General and the hospital site.

Most respondents from St Albans felt that most of the proposed plans sounded appropriate, but they also asked for reassurance about the local services that would remain available to them and had concerns about the travel implications and uncertainties associated with travelling to Watford General.

Respondents from Dacorum were far more negative about the redevelopment plans than respondents from all other council areas. Future research should investigate whether this is a view shared by the majority of residents in this council area, and if so why this is the case.

What has happened in the past is sometimes impacting on current opinion

For some residents living in Dacorum and St Albans there is a feeling that their local hospitals have been starved of investment for many years, and this has caused resentment. Some narratives shared via the survey suggest that closure of parts of the Hemel site occurred under 'a promise' of a new hospital build that would have been situated in the north of West Herts. Hence, the redevelopment plans, which place the main investment in Watford, have caused anger and upset a vocal minority of people.

In order to move forwards, it may be helpful to repeat and/or better explain the rationale leading to the decisions made in these proposals. It may also be useful to provide further clarity on what local service provision would and would not change for residents of Dacorum and St Albans under the three-site model.

It is notable that at present, residents of these two council areas would rather travel east/west to one another's hospitals than they would travel south to Watford General. Thus, changes might be best explained in terms of clarifying the circumstances under which they would have to travel north/south (to Watford General) rather than between Hemel Hempstead and St Albans Hospitals.

Focusing on improving quality of care can sometimes be a hard sell

The fundamental cornerstone of the redevelopment plan relates to improving the quality and safety of patient care by improving the efficiency and effectiveness of service provision. However, from

the general public's perspective these improvements can be hard to understand because high quality can sometimes be taken as a given, and/or because non-clinicians cannot be expected to know what 'good' versus 'excellent' quality of healthcare looks like.

Instead, the data collected during this survey suggest that people often consider the quality of their hospital visitation experience in terms of issues such as:

- Ease of access (e.g. whether the service was available quickly and/or locally)
- Convenience (e.g. ease of travel to/from site of service provision, ease parking and movement around hospital site)
- Quality of the on-site environment (e.g. modernity, cleanliness, wayfinding, private rooms, food and drink, green spaces)
- Cost (e.g. cost of transport to the site, parking when onsite, food and drink)
- Interactions with staff (feeling listened to/valued/cared for during their interactions)

It is important to consider how care quality improvements might be better explained to patients. For this, it may be helpful to refer to the academic literature relating to patient proxy measures of quality, commonly referred to as the 'five senses' perspective¹⁵.

It is important to consider how the redevelopment plans will impact on the issues identified above, because these are what service users may use when making judgements about healthcare quality.

¹⁵ Pertinent references include the book 'Medicine and the five senses' by Bynum, W.F. & Porter (1993), and a recent academic paper 'A five senses perspective to quality in hospitals' by Ugolini, M.M., Rossato, C., & Baccarani, C. (2014)

Most people dislike the current Watford General Hospital

The fact is that very, very few people like Watford General Hospital in its current state. Whilst care provision is rated positively, survey respondents considered the building itself to be extremely run-down, unclean, unattractive, hard to access and disorganised.

In addition, they reported that the site is hard to move around with very poor parking provision. Added to this, several respondents had concerns about accessing the hospital site because of the probability of congestion in the surrounding area and/or time and complexity of traveling to Watford General from outside the council area. The problems relating to the physical state of Watford General Hospital were considered so significant that it is hard to consider how these could be solved only via a refurbishment; indeed many commented that the only way forwards on this site would be to build anew.

We have identified four areas of concern relating to comments about Watford General Hospital (see Figure 5):

- The buildings
- On-site issues (such as parking)
- Local area off-site issues (such as congestion on the M1 or around the football stadium)
- Out-of-area travel concerns.

We would recommend that each of these areas of concern is considered separately when considering the operational redevelopment plans.

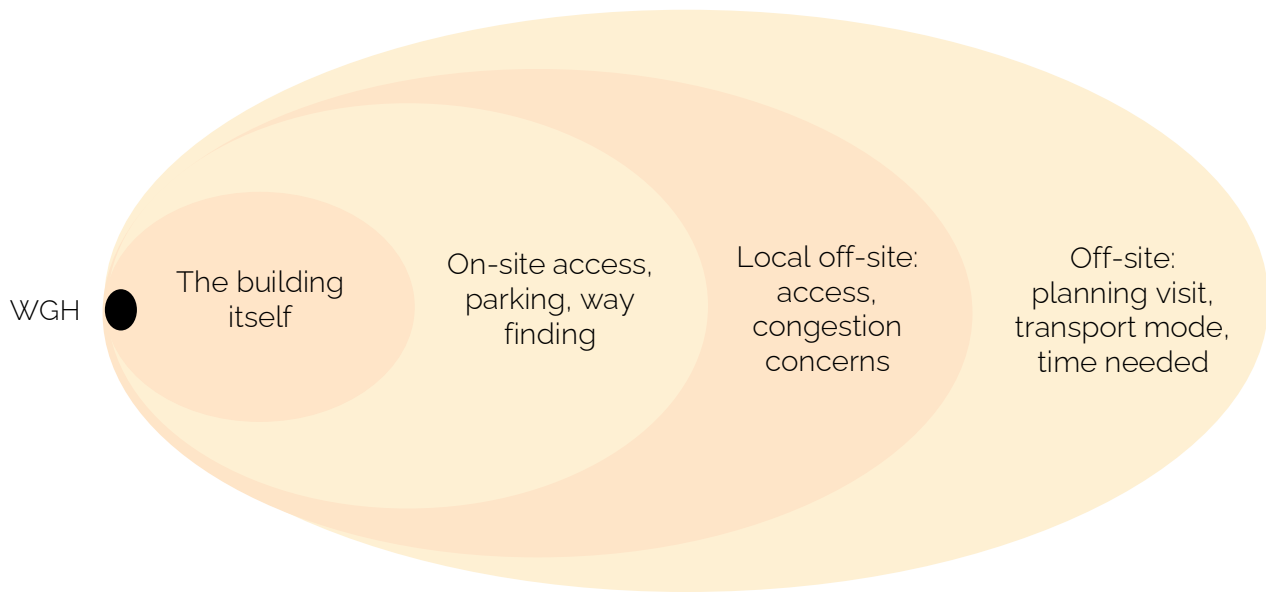


Figure 5. Issues relating to Watford General Hospital fell within four zones of concern

Design to avoid anxiety and uncertainty

People are greatly put off by experiences that cause additional **anxiety** and/or **high uncertainty** above that created by any health concerns for themselves or others they may be visiting.

This was clear within the survey respondents' answers, and related in particular to:

- Concerns about not knowing how to get to the site on time for appointments / visiting times
- Worries about the 'best' mode of transport and cost of journey to the site
- Anxieties relating to the unknowns of travelling to - and being in - a place outside of their known, local area (especially for older

residents who may not usually travel more than a few miles from home)

- Fear of the unknown (e.g. the journey, the place, what might go wrong, what to expect on arrival or during any treatment)

Therefore, designing world-class health facilities and service provision may not be enough to reassure users: it might also be beneficial to consider ways in which anxieties and uncertainties associated with travelling and accessing healthcare might be reduced.

The experience of visiting a hospital begins when you leave your front door

For people who need to visit a hospital - whether as a patient, relative, carer or staff member - their experience begins when they leave their front door. The distance and perceived ease of travel to the site, plus the predictability of the estimated travel time and likely issues with parking or alternative transport will have a huge impact on the level of stress and anxiety experienced and subsequently the quality of their experience.

Understand and reduce causes of travel anxiety to WGH

Specific consideration should be given to the following question:

- How could we better understand and reduce the anxiety and uncertainty associated with attending Watford General Hospital?

By better understanding what causes these anxieties you can design a system that reduces them. This may well involve influencing the system well outside of W/GH boundaries, so avoiding visitors arriving at the door in a stressed and worried state (before their healthcare experience even begins).

Design with a frequent hospital visitor in mind?

A hospital should be designed to be used by everyone. But should it pay particular notice of the issues experienced by those who visit more frequently than the average member of the local population?

The survey data showed that frequent visitors to hospitals are significantly more likely to be over 60 in age, female, and have a long-term illness or disability. It may be useful to pay particular attention to the needs and issues suffered by frequent visitors when designing hospital sites and service provision, because of their disproportionately high use of hospital facilities.

Design for those with significant issues

From the issues raised throughout the survey, there is a clear need to design all new service delivery processes, hospital buildings and hospital travel experiences from the perspective of the elderly, those with mobility issues, multiple health needs, those on low incomes, who live far away from a hospital site, and/or who can't drive in order to avoid exclusion of access to healthcare.

Accessibility design tends to benefit everyone, and these individuals also tend to be the more frequent hospital visitors.

Research techniques: service design, personas, journey mapping

Further insight relating to the concerns and anxieties of hospital visitors could be provided using techniques such as those outlined in the [gov.uk service design approach](#)¹⁶. It may also be of benefit to carry out persona research to better determine 'typical' hospital users¹⁷. These personas could then help guide designers.

Ethnographic research and/or journey mapping could help better understand and design for e.g. the travel journey door-to-door for a retired person who lives in e.g. a village outside St Albans who needs to get to Watford General Hospital without a car.

The 'three site' model needs further explanation

Some people do not fully understand the proposed 'three site' model. They want to know how it affects them personally and locally. Specifically, they would like to know:

- What service provision will change when compared to the current situation, and what will stay the same?
- Under what circumstances they would have to attend a hospital other than their nearest one?
- Under what circumstances they would need to attend more than one hospital for the same condition?

¹⁶ www.gov.uk/service-manual

¹⁷ We would strongly advocate the use of quantitative thematic multivariate analysis as part of any persona analysis

-
- Which services are moving to which sites?
 - What improvements will be made to Hemel Hempstead and St Albans City Hospitals?

Whilst much of this is available in the engagement documents, these have not been read by many and hence it may be useful to consider additional ways to point people towards the engagement summary documents, and/or communicate these key issues.

Case studies from different perspectives could help explain future changes and experiences

The clinical strategy, clinical brief and engagement documentation cover the plans in detail. However, they focus, necessarily, on providing an overview of all plans across West Herts.

Our survey data suggest that some people are not as interested in the detail as they are in better understanding how it will affect them, either because of the health conditions they have or – more often – because of where in West Herts they live.

In future it would be of use to create case studies to share in print and/or attend local meetings that seek to explain the changes and future experience from the following perspectives (this list reflects common themes identified from survey feedback):

- I live in X *[personalise a summary for each of the four council areas of West Herts]*. When would I go to my nearest hospital? When would I go a different hospital?
- If I live in St Albans or Dacorum, where do I go if I – or a friend or relative - needs urgent care and/or access to A&E? e.g. a child injuring themselves during Saturday sports activities. Will the

area around WGH be congested if there is a football match on?

If so, how can I avoid that?

- What are the fast, direct and cheap travel options available to me if I need to travel to a hospital other than my nearest one?
- I am over 60. What are the common healthcare issues I may have and how will I travel to them from my council area? How easy will this be if I don't drive and/or have mobility issues?

16. NEXT STEPS

The following recommendations have been identified as a focus for Phase 2 of the public engagement and research. We have identified two priorities, as well as a list of other issues that should be considered going forwards.

Priority 1: Collect the opinions of a randomly selected sample of residents in the four council areas to test the validity of data from this survey sample

We have two main recommendations for the next phase of public engagement. The first is to repeat some of the key survey questions in order to collect the opinions of a stratified random sample of people who represent the background population characteristics of West Herts. This will allow you to determine whether and how their opinions differ from those expressed by the self-selecting sample of people who participated in this first feedback survey.

Population data should reflect the 2021 census information if at all possible, and should consider, if feasible, using population data at the level of each of the four West Herts council areas in order to fully reflect local population trends. The Phase 2 sample should focus in particular on obtaining a sample with a gender and age profile that better matches the background population, and one that reflects the background incidence of long-term illness or disability.

We would hypothesise that such a random sample would not show the strength of opinion identified in our survey (notably from

residents of Dacorum, which were significantly more negative than other West Herts respondents) but would instead reflect the general opinion of the majority.

Both the opinions of the 'interested minority' (represented here) and the 'background average opinion' are important to hear and useful to consider during any engagement process: both perspectives provide different types of useful and actionable feedback.

Priority 2: Carry out further research into hospital travel and access issues

We recommend that you carry out further research on the issues associated with travel to and from all three hospital sites. In particular, there should be a specific focus on better understanding the types and severity of congestion immediately around the Watford General Hospital site, and identifying the current problems involved with travelling from areas outside Watford council boundary. Given the number of times this was mentioned, this single issue is likely to play a major role in the perception of the overall hospital visitor experience.

In relation to travel to Watford General, Phase 2 research should aim to identify and quantify the problems associated with getting to WGH, and ultimately aim to design solutions to mitigate them.

Specific research should focus on the following:

- Quantify how often the area around the site suffers from congestion and identify whether this falls into any predictable patterns (days, times of day).

-
- Describe the impact of this on people trying to travel to the WGH site from the other council areas. It would be useful to consider this both for the general public, and also to discover whether emergency vehicles are affected (could you interview representatives of the emergency services to ask for their opinions and experiences of getting to WGH?)
 - Better understand the impact of Watford FC stadium use on local congestion. What delays occur when the stadium is in use? What impact does this have on travel times to and from the Watford General site? How does this affect people's behaviour at present?
 - Interview people to better map the journey from other council areas to WGH, and describe the associated 'pain points', as well as identifying areas across West Herts where public transport links are currently poor.

Other recommendations

In addition to these two priorities, this list summarises the issues and recommendations raised throughout this report:

- We would recommend that the Trust regularly engage with frequent hospital users to gain their perspective on plans, perhaps via the creation of a 'frequent user' stakeholder reference group
- In terms of two of the proposed improvements, ('phone or video calls instead of outpatient visits ...' and 'remove routine follow-up appointments ...') some concerns were raised, notably because of worries that some people would miss out. These plans need further explanation in order to better explain their

benefits to patients, and explain how concerns would be mitigated

- Any investigations into the experiences of patients using the nine services that are likely to be affected by the proposals should focus specifically on the people recently/currently using those services and not general surveys to all
- People who responded from Dacorum were significantly more negative about the proposals than people from the other council areas in West Herts. It may be of use to have further public meetings in Dacorum to engage and inform residents as well as collect a random representative sample of opinion from across the council area (to confirm whether these strong opinions are held by the majority)
- There are some concerns about A&E / critical / urgent care access in the north of West Herts. This feedback may in part be due to the temporary closure of the minor injuries unit at St Albans City Hospital during the pandemic. Herts Valleys Clinical Commissioning Group will engage with the public in relation to urgent care services later in 2021¹⁸.
- Future public engagement materials could benefit from being written from the perspective of different user groups (e.g. the four council areas, or certain persona types) in order for the clinical plans and strategy to be interpreted at a local level: many people want to know more about what will change from their perspective rather than the overall plan of action

¹⁸ As mentioned on page 4 and page 9 of the engagement document: <https://www.westhertshospitals.nhs.uk/about/redevelopment/documents/Your%20Care%20Your%20Views%20full%20version.pdf>

-
- Some free text comments were gathered from staff that focus on specific service-delivery issues; we recommend these are shared with the Trust in full in order for the relevant reference group to read and consider them



ABOUT TIMMUS RESEARCH LIMITED

Timmus Limited is an independent research company founded in 2003 that specialises in carrying out and analysing surveys for public sector clients. Timmus is based in Bristol, UK and is run by Dr Tabettha Newman. For more information about our work please see www.timmuslimited.co.uk

APPENDIX

This appendix summarises further evidence for points as referenced in the main body of the report.

Marketing and engagement efforts

Extensive effort was made to advertise the public meetings and online survey. Further details of the marketing and engagement activities are as follows:

- One Facebook live event with the Mayor of Watford, which reached 3,255 people
- Facebook posts were created in 10 different languages offering to translate the survey
- Watford Deaf Club created a British Sign Language post on their Facebook page (which the Trust shared) asking people to attend a meeting. This meeting was organised by Watford Deaf Club and was open to people outside of Watford.
- The Trust offered printed versions of the engagement document and survey to be completed and sent back using free post
- YouTube content, which was made up of 16 recorded public meetings and one animated film showing the proposed WGH plans
- Sixteen digital advertising boards in Watford that used QR codes for easy direct access to the online survey (all local authorities were contacted with a request to advertise; this

method was only used in Watford but didn't result in any clicks through to the survey)

- The trust offered to hold presentations to community groups. This offer was made during public meetings, on the website and via press releases. Where attendance data were available, each of the 21 stakeholder/community meetings were attended by an average of 21 people (minimum 12, maximum 50)
- The 14 clinical led public meetings were attended by a total of 192 people
- The five staff meetings where attendance data are available were attended by a total of 221 people
- Media advertising made up of 14 mentions of the 'Your Care, Your Voice' webpages and survey
- Three press releases
- Leaflets with a QR code link to the redevelopment webpage were delivered to local residents around Watford General Hospital. The primary purpose of these leaflets was to highlight the Outline Planning Application (OPA) and alert close neighbours of the Watford General site to an imminent planning application
- Internal messaging to staff occurred via five staff emails, 12 mentions in e-update (bi-weekly staff newsletter), targeted emails from named senior staff sent to doctors, nurses and operational staff, two all-staff meetings, two CEO Live for Five briefings, six staff network meetings (which included Connect, Carers and Diversability groups) and one PRG meeting

Copies of the survey and raw data

A copy of the survey questions can be downloaded from this link:

<http://www.timmuslimited.co.uk/files/Phase1EngagementFeedbackSurvey.pdf>

The raw data is available to download from this link:

<http://timmuslimited.co.uk/files/Phase1SurveyFeedbackRawDataApril2021.xlsx>

Note that for the raw data, all free text comment fields (including all "other" answers to protected characteristics questions) have been redacted for GDPR compliance, as the information contained in them may relate to personal healthcare issues and/or identify individuals. Sexual orientation, religion and ethnicity have also been redacted to protect the possibility of cross-referencing across questions and identifying individuals.

Data handling and analysis

Data were collated and coded in Excel and analysed in SPSS v26. Percentages and statistical results are displayed to one or two decimal places and rounded up as appropriate, therefore across a data table results may not add up to exactly 100%. Statistical analysis was carried out using tests appropriate to the data type (nominal, ordinal, interval) and number of comparison groups. A statistically significant result is, as per convention, $p < 0.05$. We have identified results of $p < 0.001$ as highly statistically significant.

Population representativeness

The following table summarises the breakdown of the survey sample in terms of key protected characteristics, and compared with the estimated Hertfordshire background population statistics, as provided by [HertsInsight¹⁹](#) using standard categories collected by the Office for National Statistics (ONS) during the 2011 census. Percentages below reflect proportions after those who chose "prefer not to say" were removed.

	Herts population	Survey data
Under 20	24.9%	0.6%
20 to 29	11.1%	4.1%
30 to 39	13.6%	13.0%
40 to 49	14.0%	17.8%
50 to 59	13.8%	20.1%
60 to 69	9.8%	23.4%
70 to 79	7.5%	17.7%
80 or older	5.1%	3.4%

Splitting the sample into those aged 20-59 and those aged 60 or older provides the following, illustrating that the survey sample over-represents those aged 60 or older (and under-represents those under 60).

	Herts population	Survey data
Aged 20 - 59	70.1%	55.5%
Aged 60 plus	29.9%	44.5%

¹⁹ <https://www.hertfordshire.gov.uk/microsites/herts-insight/home.aspx>

The following table summarises the comparison data for gender, presence of a long-term illness or disability, sexual orientation, religion, and ethnicity:

	Herts population	Survey data
Male	49.0%	32.0%
Female	51.0%	68.0%
Presence of long-term illness/disability	8.1%	29.1%
Heterosexual	97.1%	96.0%
Gay, lesbian, bisexual	2.9%	4.0%
Not religious	26.5%	35.1%
Christian	58.3%	47.9%
Other religion / not stated	15.2%	17.0%
Asian or Asian British	6.5%	7.6%
Black, African, Caribbean or Black British	2.8%	1.6%
Mixed or multiple ethnic groups	2.5%	1.7%
White	87.6%	86.1%
Other ethnic group	0.6%	2.9%
Dacorum	31.4%	41.2%
St Albans	30.1%	22.1%
Three Rivers	18.9%	9.9%
Watford	19.6%	26.7%

Survey demographic summary

Council area

People were asked what council area they lived in. Results are summarised in the table below:

Council area	Percentage (N)
Dacorum	37.2% (619)
St Albans	19.3% (322)
Three Rivers	8.9% (149)
Watford	24.1% (401)
Other areas in West Herts	10.5% (174)
TOTAL	1,665

Gender

A total of 65.2% (n=1,086) of the survey sample came from those identifying as female, 30.7% (n=511) as male, 4% (n=67) as 'prefer not to say' and 0.1% (n=1) as non-binary.

Age

People were asked to record their age within ten-year age bands. Results are shown in the table below. Excluding those who did not share their age, 55.5% of the survey sample were aged 59 or younger, and 44.5% were aged 60 or older. Data are shown in the table below.

Age group	Percentage (N)
Under 20	0.5% (9)
20 to 29	4.0% (67)
30 to 39	12.7% (212)
40 to 49	17.4% (289)
50 to 59	19.6% (327)

60 to 69	22.9% (381)
70 to 79	17.3% (288)
80 or older	3.3% (55)
Prefer not to say	2.2% (37)
Total	1,665

Sexual orientation

A total of 86.2% of people identified as heterosexual, 2% as gay or lesbian, 1.6% as bisexual and 1.5% as 'other' (often recording this as 'celibate'). 8.7% of people 'preferred not to say'. Excluding those who did not provide information, 96% of people described themselves as heterosexual and 4% as not heterosexual.

Ethnicity

'White' was by far the most commonly used ethnicity category, used by over 8 in ten people completing the survey.

Excluding those who preferred not to provide their ethnicity, 88.9% said they were white and 11.1% chose other ethnic groups to describe themselves.

Those who chose 'other' most commonly answered with one of the following: 'this is irrelevant' (or similar comment), or 'English', or 'European', or 'Chinese'.

Data are shown in the table below.

Ethnicity	Percentage (N)
Asian or Asian British	7.1% (118)
Black, African, Caribbean or Black British	1.5% (25)
Mixed or multiple ethnic groups	1.6% (27)
White	81.4% (1,335)
Other	2.7% (45)
Prefer not to say	5.7% (140)
Total	1,665

Religion

Nearly half the survey sample identified as Christian, and 35% described themselves as not religious. Just under 8% preferred not to give information in response to this question.

Data are summarised in the table below.

Religion	Percentage (N)
I do not consider myself religious	35.1% (584)
Buddhist	0.5% (9)
Christian	47.9% (797)
Hindu	2.2% (36)
Jewish	2.5% (41)
Muslim	2.2% (36)
Sikh	0.2% (4)
Other religion	1.9% (32)
Prefer not to say	7.6% (126)
Total	1,665

Long term illness or disability

A total of 29.1% (n=484) of the survey sample reported that they considered themselves to have a long-term illness or disability, 65.4% (n=1,089) said they did not, and 5.5% (n=92) preferred not to say.

Stakeholder reference group

Respondents were asked whether they were part of the stakeholder reference group. A total of 92% replied that they were not, 5% were unsure, and 3% said they were.

Preference for travelling to each hospital

The following table summarises the median average opinions of survey respondents when asked to comment on travelling to each of the three hospitals.

The first table below summarises the median average opinion of survey respondents living in each of the three council areas that has a hospital, in relation to their opinion of travelling to the nearest hospital.

Median averages were used as the data were non-parametric.

Council area	How much better or worse would it be to attend ...	Median average
Living in Watford	Watford instead of Hemel	Much better
	Watford instead of St Albans	Much better
Living in St Albans	St Albans instead of Watford	Much better
	St Albans instead of Hemel	Much better
Living in Dacorum	Hemel instead of Watford	Much better
	Hemel instead of St Albans	Much better

The second table (below) summarises the median average opinion of survey residents living in Three Rivers when asked how much better or worse it would be to attend each of the three hospitals.

Council area	How much better or worse would it be to attend ...	Median average
Three Rivers	Watford instead of Hemel	A little better
	Watford instead of St Albans	Much better
	St Albans instead of Watford	A little worse
	St Albans instead of Hemel	No difference
	Hemel instead of Watford	A little worse
	Hemel instead of St Albans	No difference

The End.