

Coleman Research and Evaluation Services (CRES)

Independent Analysis of the Better Beginnings Public Consultation in East Sussex: 14th January - 8th April 2014

Final Summary Report

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This independent analysis was commissioned by the Eastbourne, Hailsham, and Seaford Clinical Commissioning Group (CCG). The views expressed in this report article are those of the authors only.

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Contents

List of tables	3
List of figures	4
List of abbreviations	4
About this summary report	5
Section 1 – Introduction	6
Section 2 – Processes and methods	8
Data analysis	8
Presentation of findings	9
Timetable for reporting	10
Section 3 – Findings: Demographic profile of survey respondents	11
Whole sample demographics	11
Whole sample demographics by CCG	13
Section 4 – Findings: Analysis of preferred delivery options	14
Understanding the need for change	14
Preferred delivery options (whole sample)	15
Preferred delivery options by CCG and Council area	16
Preferred delivery options by demographic profile (gender and age)	16
Factors influencing preferred option choice	17
Section 5 – Findings: Additional insights into option preferences	18
Location of services	18
Travel/transport	20
Population needs – size, projections and population sub-groups	22
The continuation of the Crowborough Birthing Centre	24
Campaign preferences: Option 7/‘Save the DGH’ and ‘Oppose the Conquest maternity downgrade’	25
Final comment	28
Appendix 1 – Online survey	29
Appendix 2 – Data tables	33

List of tables

Table 1: Six options for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex	7
Table 2: Timetable of activities and reporting	10

Table 3: Profile frequencies for all respondents to the online survey (%)	33
Table 4: Demographic profile of the sample by CCG (%)	34
Table 5: Data table for understanding the need to change, preferred options, and attendance at a Better Beginnings event (%)	35
Table 6: Understanding of the need to change by attendance at a Better Beginnings event (%)	36
Table 7: Data table for preferred delivery options (%)	36

List of figures

Figure 1: Weekly number of respondents to the Better Beginnings public consultation survey	11
Figure 4: Understanding why clinicians believe that maternity services have to change	14
Figure 5: Understanding why clinicians believe in-patient paediatric services have to change	14
Figure 6: Understanding why clinicians believe gynaecology services have to change	14
Figure 7: Preferred delivery options for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex	15
Figure 8: Radial graph of preferred options by CCG area	16
Figure 9: Factors influencing option choice	17

List of abbreviations

BME	Black and Minority Ethnic
CCG	Clinical Commissioning Group
CBC	Crowborough Birthing Centre
DGH	District General Hospital
EHS	Eastbourne, Hailsham, and Seaford
ESHT	East Sussex Healthcare NHS Trust
HWLH	High Weald Lewes Havens
H&R	Hastings and Rother
MLU	Midwife-Led Unit
SCBU	Special Care Baby Unit
SECAmb	South East Coast Ambulance Service NHS Foundation Trust
SSPAU	Short Stay Paediatric Assessment Unit

About this summary report

The authors of this report were commissioned to provide an independent analysis of the data generated from the Better Beginnings formal public consultation (14th January 2014 to 8th April 2014 inclusive). The analysts were not involved in the consultation process itself or the collection of any data. This ensures their independence but also means that all analytical conclusions are based solely on the data supplied to them.

The authors considered the qualitative and quantitative data generated from the consultation using a combination of descriptive statistics and thematic analysis with the assistance of data analytical software packages including SPSS v.20 (Statistical Package for the Social Sciences) and Nvivo v.10.

This summary report is split into two main parts: introduction and methods; and key findings from the consultation focused around the delivery options for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex. Analysis of the Better Beginnings online survey provides a quantitative account of the preferred options with a range of additional qualitative data used to provide further insight and explanation for the option preferences, as well as to identify other issues and concerns raised over the proposed reconfiguration of services.

Alongside this final summary report, a full technical report is also available that provides an in-depth account of all processes, methods, and analyses¹.

¹ Coleman, L.C. and Sherriff, N.S. (2014). *Independent Analysis of the Better Beginnings Public Consultation in East Sussex: 14th January - 8th April 2014: Final technical report*. Coleman Research and Evaluation Services.

Section 1 – Introduction

The Better Beginnings public consultation consisted of proposals for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex. The services under review were consultant-led maternity services, special care baby units, midwife-led units, short-stay paediatric assessment units, in-patient paediatric units, and emergency gynaecology. These services are commissioned by the three Clinical Commissioning Groups (CCGs) in East Sussex including: Eastbourne, Hailsham and Seaford (EHS) CCG; Hastings and Rother (H&R) CCG and; High Weald Lewes Havens (HWLH) CCG.

The Better Beginnings 12 week consultation was driven by an in-depth clinical study of all maternity and paediatric services across Sussex, which identified the urgent need to improve safety and quality in East Sussex, with particular reference to maternity services.² As a result, a number of temporary changes to these services were implemented in May 2013. These changes resulted in all consultant-led maternity services and in-patient paediatrics being moved onto one site at the Conquest Hospital in Hastings³ (see Option 6 in Table 1).

The consultation was focussed primarily on people's opinions of six delivery options for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex. These six options operate through three distinct models of care with the locations 'flipped' between the Conquest Hospital Hastings and Eastbourne District General Hospital (DGH) (see Table 1 next page). This current report focuses on the independent analysis of the Better Beginnings public consultation responses regarding the proposed delivery options received between 14th January to 8th April 2014 inclusive.

² Coffey, D. *et al.*, (2013). *Better Beginnings: Maternity and Paediatric Services in East Sussex- Pre-Consultation Business Case*. Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG, High Weald Lewes Havens CCG.

³ The terms 'Conquest Hospital (Hastings)', 'Conquest' and 'Hastings' are used interchangeably in this report to refer to the same hospital site.

Six options (3 models) for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex

Model of Care	Delivery Option	Service	Eastbourne DGH	Conquest (Hastings)	Crowborough Birthing Centre
Model 1	Option 1	Midwife-led unit (MLU)	✓	✗	✗
		Consultant-led maternity service (obstetrics)	✓	✗	✗
		Emergency gynaecology	✓	✗	✗
		In-patient paediatrics	✓	✗	✗
		Level 1 Special Care Baby unit (SCBU)	✓	✗	✗
		Short Stay Paediatric Assessment Unit (SSPAU)	✓	✓	✗
		Birthing services (2 sites)	✓	✗	✓
	Option 2	Midwife-led unit (MLU)	✗	✓	✓
		Consultant-led maternity service (obstetrics)	✗	✓	✗
		Emergency gynaecology	✗	✓	✗
		In-patient paediatrics	✗	✓	✗
		Level 1 Special Care Baby unit (SCBU)	✗	✓	✗
		Short Stay Paediatric Assessment Unit (SSPAU)	✓	✓	✗
		Birthing services (2 sites)	✗	✓	✓
Model 2	Option 3	Midwife-led unit (MLU)	✓	✓	✗
		Consultant-led maternity service (obstetrics)	✓	✗	✗
		Emergency gynaecology	✓	✗	✗
		In-patient paediatrics	✓	✗	✗
		Level 1 Special Care Baby unit (SCBU)	✓	✗	✗
		Short Stay Paediatric Assessment Unit (SSPAU)	✓	✓	✗
		Birthing services (2 sites)	✓	✓	✗
	Option 4	Midwife-led unit (MLU)	✓	✓	✗
		Consultant-led maternity service (obstetrics)	✗	✓	✗
		Emergency gynaecology	✗	✓	✗
		In-patient paediatrics	✗	✓	✗
		Level 1 Special Care Baby unit (SCBU)	✗	✓	✗
		Short Stay Paediatric Assessment Unit (SSPAU)	✓	✓	✗
		Birthing services (2 sites)	✓	✓	✗
Model 3	Option 5	Midwife-led unit (MLU)	✗	✓	✓
		Consultant-led maternity service (obstetrics)	✓	✗	✗
		Emergency gynaecology	✓	✗	✗
		In-patient paediatrics	✓	✗	✗
		Level 1 Special Care Baby unit (SCBU)	✓	✗	✗
		Short Stay Paediatric Assessment Unit (SSPAU)	✓	✓	✗
		Birthing services (3 sites)	✓	✓	✓
	Option 6*	Midwife-led unit (MLU)	✓	✗	✓
		Consultant-led maternity service (obstetrics)	✗	✓	✗
		Emergency gynaecology	✗	✓	✗
		In-patient paediatrics	✗	✓	✗
		Level 1 Special Care Baby unit (SCBU)	✗	✓	✗
		Short Stay Paediatric Assessment Unit (SSPAU)	✓	✓	✗
		Birthing services (3 sites)	✓	✓	✓

* Option 6 represents the current configuration of services following the introduction of temporary changes in May 2013 by East Sussex Hospitals Trust

Table 1: Six options for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex

Section 2 – Processes and methods

During the consultation period, the three CCGs in East Sussex engaged a wide range of stakeholders (including staff, clinicians, partner organisations, active service users and local residents) to assess their views on the clinical case for change and the six proposed delivery options. To achieve this, there were a number of elements to the consultation process⁴:

- a) An online survey (n=623⁵; Appendix 1);
- b) Five targeted focus groups with carers, young mothers, Gypsies and Travellers, and individuals from a range of Black and Minority Ethnic (BME) groups (n=115);
- c) 33 market place events (large scale and ‘mini-market place’ events) engaging 1276 individuals across all three CCG areas⁶;
- d) Five meetings with elected representatives (Councillors) and seven meetings with 46 staff from the East Sussex Healthcare NHS Trust (ESHT) and the South East Coast Ambulance Service NHS Foundation Trust (SECAMB);
- e) 25 written submissions (individual, group/organisational) and 1005 individual responses from two campaigns⁷;
- f) Various additional communications including via social media, email (n=508), and telephone logs (n=8).

Data analysis

The consultation process generated a mix of quantitative (principally the survey) and qualitative data. Systems were agreed with the commissioning CCG for the secure delivery and safe storage of all data. On completion of the contract, all data materials were either returned to the relevant commissioning contact and/or destroyed as required.

Quantitative data

The analysts had direct access to the online survey through a password protected Survey Monkey account. All survey data were ‘cleaned’ (checked for errors, missing data, etc.), converted numerically (where required), and analysed in SPSS v.10. Some re-coding of Q1 was required as the question

⁴ Full details of all processes and methods can be found in the accompanying technical report; see Coleman, L.C. and Sherriff, N.S. (2014). *Independent Analysis of the Better Beginnings Public Consultation in East Sussex: 14th January - 8th April 2014: Final technical report*. Coleman Research and Evaluation Services.

⁵ n denotes the number of people, in this case the number of survey respondents.

⁶ This is an estimate based on the number of documents handed out and counting the number of discussions. Mini-market place figures are more accurate than the large scale market place events.

⁷ Proposal for an Option 7 from the ‘Save the DGH’ campaign; and ‘Oppose the Conquest maternity downgrade’ campaign.

erroneously allowed multiple rather than single responses. Where respondents did not know their CCG and/or Council area (or required correction), but had provided a valid postcode, the CCG/Council area was calculated and inputted accordingly.

At the start of the consultation, the online survey gave respondents a choice of six service delivery options of which they had to choose one in order to be able to progress with the survey. However, as of 7th February 2014, this was adjusted by the commissioning CCG to allow respondents to express a 'no preference' option along with an open-response text box to elaborate on the reason(s) for their choice. Two respondents had selected 'Option 5' before this 'no preference' option had been introduced. Analyses of their open-ended comments in Q7 suggested strongly that they had 'no preference' but were 'forced' into choosing one of the six options in order to progress through the survey. Consequently, these two cases were re-coded from Option 5 to 'no preference'. Finally, one test case inputted by the commissioning CCG was removed (case identifier: 3117154914).

Qualitative data

All qualitative data (open-ended comments to Q5 and Q7 from the online survey, social media comments, focus group notes and audio recordings, summary meeting notes, emails, telephone logs, and written submissions) were analysed thematically focusing on the generation and emergence of common themes and explanations derived from the data. These qualitative data provided valuable insights regarding the issues and concerns raised over the proposed reconfiguration of services.

Quality/validation checks

The analysts ran a series of 'blind' checks on the data set as a whole to assess the analytical process to ensure, for example, that the focus groups were interpreted by both analysts in the same manner. Similarly, the frequency tests and cross-tabulations from the quantitative data were analysed separately by each analyst to ensure consistency and reliability of the findings. This process ensured both the objectivity and accuracy of the findings presented.

Presentation of findings

The findings in this current report represent a summary of the full comprehensive analysis conducted and presented in the accompanying technical report⁸. Whereas this final summary report presents an accessible compilation of the key findings, the technical report covers a more extensive

⁸ Coleman, L.C. and Sherriff, N.S. (2014). *Independent Analysis of the Better Beginnings Public Consultation in East Sussex: 14th January - 8th April 2014: Final technical report*. Coleman Research and Evaluation Services

account of the consultation background; analytical process and method; presentations of all questions covered in the survey; and separate sections dedicated to the range of additional qualitative data. The subsequent sections of this present summary report are structured primarily around the online survey data (Sections 3 and 4). Where relevant and/or appropriate, additional qualitative data generated from the consultation are then used to supplement (e.g. expand, clarify, compare) these findings (Section 5).

Timetable for reporting

Table 2 below provides a broad overview of the timetable for the analysis of the consultation data and reporting periods. The final summary and full technical reports were delivered to Eastbourne, Hailsham, and Seaford CCG on the 29th April 2014.

Activity	January				February				March				April				
	Week:	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Consultation period (14th January-8th April 2014)																	
Analysis of early responses																	
Interim reporting of consultation responses																	
Response to interim feedback																	
Consultation close and cut-off for analysis																	
Final analysis of responses																	
Final reporting of consultation responses																	
Final technical and summary reports delivered																	

Table 2: Timetable of activities and reporting

Section 3 – Findings: Demographic profile of survey respondents

A total of n=623 individuals responded to the Better Beginnings public consultation survey between 14th January 2014 and the 8th April 2014 inclusive. Completion numbers varied over the 12-week consultation, with a notable surge of interest in the final week (Figure 1).

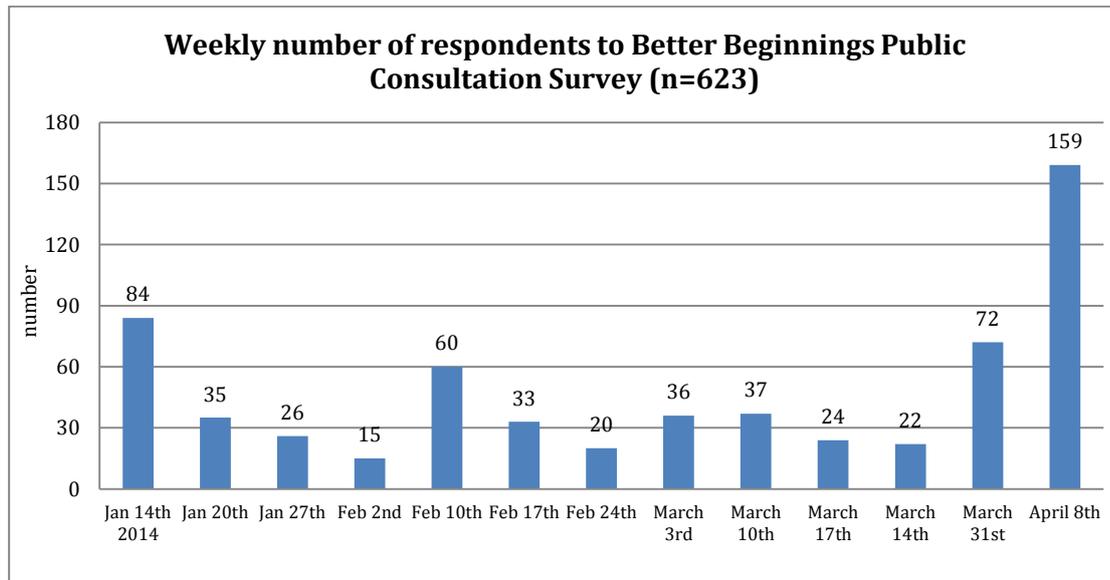


Figure 1: Weekly number of respondents to the Better Beginnings public consultation survey

In this section, a brief overview of the whole-sample demographic profile (e.g. gender, age, disability) of these 623 survey respondents is provided. This information can be useful to give an indication of the range of respondents who were reached by, and contributed to, this component of the consultation process. The demographic profile of the sample is subsequently compared across the CCG areas.

Whole sample demographics

The location and demographic profile of the whole sample is presented for CCG area, Council area, gender (including transgender), age group, ethnicity, disability, religion, and sexual preference and/or identity (see Table 3, Appendix 2)⁹.

⁹ Full details including all charts can be found in the technical report: See Coleman, L.C. and Sherriff, N.S. (2014). *Independent Analysis of the Better Beginnings Public Consultation in East Sussex: 14th January - 8th April 2014: Final technical report*. Coleman Research and Evaluation Services

Location:

- **CCG area:** In terms of the three CCG areas in East Sussex (Eastbourne, Hailsham and Seaford CCG; Hastings and Rother CCG and; High Weald Lewes Havens CCG), most respondents were from EHS (43.2%) followed by H&R (27.3%) and HWLH (23.6%).

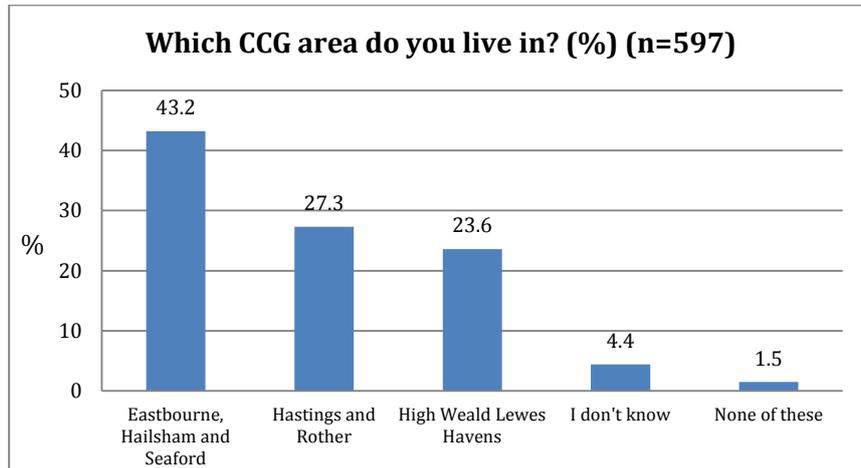


Figure 2: Location profile of respondents by CCG area

- **Council area:** In terms of the five Council areas of East Sussex (Eastbourne, Hastings, Lewes, Rother, and Wealden), the majority of respondents to the online survey reported living in Eastbourne (34.6%) followed by Wealden (27.1%).

Demographic profile:

- **Gender/Transgender:** Of those who completed the survey, the vast majority (85.2%) were women and 13.7% were men. Four respondents (0.7%) considered themselves to be transgendered.
- **Age:** Most respondents to the online survey were aged between 25-34 years (30.3%) closely followed by those aged 35-44 (25.4%).
- **Ethnicity:** The majority of respondents to the survey were White British (73.8%) followed by 'Other' (9.2%; n=54) and Chinese, (8.8%; n=52). Of those in the 'Other' category, reported ethnicities/nationalities included Cypriot, Czech, Kurdish, Latvian, Melanesian, American, Mixed Chinese, Albanian, French, Italian, White South African, Polish, and Malaysian.
- **Disability:** 4.7% of survey respondents considered themselves to be disabled.

- **Religion:** Most respondents did not belong to any religion or belief (51.7%). Of those that did specify a religion or belief, the majority reported being Christian (86.3%) with the remaining 13.6% either Muslim, Buddhist or Hindu.
- **Sexual preference/identity:** Most respondents considered themselves to be heterosexual (90.0%) with 2.1% identifying as bisexual, 0.4% as lesbian, and 0.2% identified as gay.

Whole sample demographics by CCG

The demographic profile of the sample analysed by CCG are presented for gender, age group, ethnicity, disability, religion, and sexuality. Percentages represent those who provided a valid response to the CCG question *and* the particular question it is compared against. For example, the overall total for disability is derived from those who knew their CCG *and* responded to the disability question (see Table 4, Appendix 2).

- **Gender/Transgender:** Whilst overall more women completed the online survey than men (85.2% vs. 13.7% respectively), there was some gender variations evident by CCG area. EHS had a marginally closer gender balance (83.5% female) compared to the biggest difference seen in HWLH (87.7% female).
- **Age:** Respondents from H&R were slightly younger with nearly one-half of people from this CCG (43%), under the age of 35 years compared to the average of 36.4%. People responding from the EHS area were generally older: 22.4% of people from this CCG were aged 60 years or over compared to the average 18.0%.
- **Ethnicity:** There were slightly higher proportions of respondents who classified themselves as White British in the HWLH CCG area (86.2%) compared to those in H&R CCG (71.2%) and EHS CCG (70.4%). EHS CCG reported the greatest diversity of ethnic groups with 13.4% reporting themselves as Chinese and 12.6% as 'Other'.
- **Other:** There were minimal variations across the CCGs in terms of religion, disability, and sexual preference/identity.

Section 4 – Findings: Analysis of preferred delivery options

This section presents the analysis of the preferred delivery options. This is preceded by contextual information surrounding people’s understanding and awareness of the needs for maternity, in-patient paediatric, and emergency gynaecology services to change. Following the presentation of the option preferences, the factors influencing option choice for the whole sample (n=623) are documented. Key cross comparisons of the preferred options by location (CCG and council area) and demographic profile (gender and age) are also presented.

Understanding the need for change

Among the whole sample (n=623), the majority of respondents either ‘mostly understood’ or ‘fully understood’ why clinicians believe that maternity services, in-patient paediatric services, and emergency gynecology services have to change (82.8%; 80.6%; 80.7%; respectively; Figures 2-4; see also Table 5, Appendix 2).

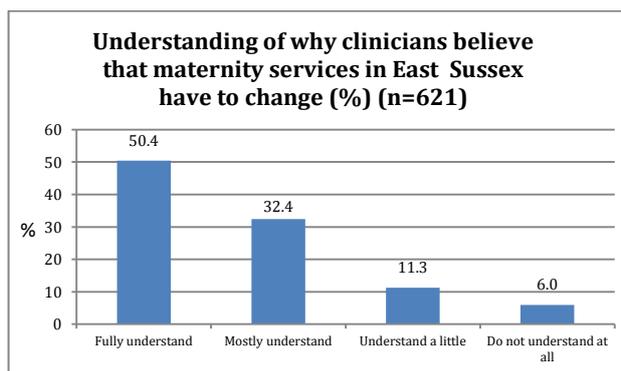


Figure 3: Understanding why clinicians believe that maternity services have to change

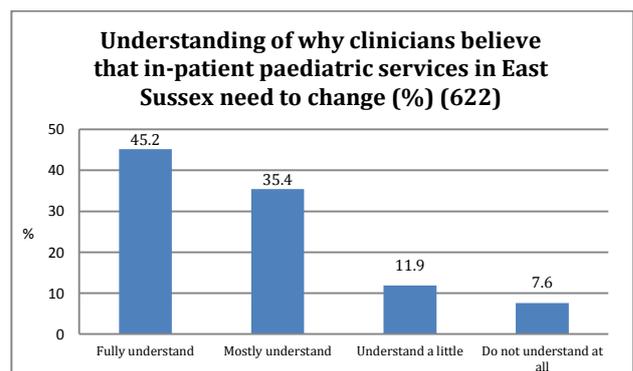


Figure 4: Understanding why clinicians believe in-patient paediatric services have to change

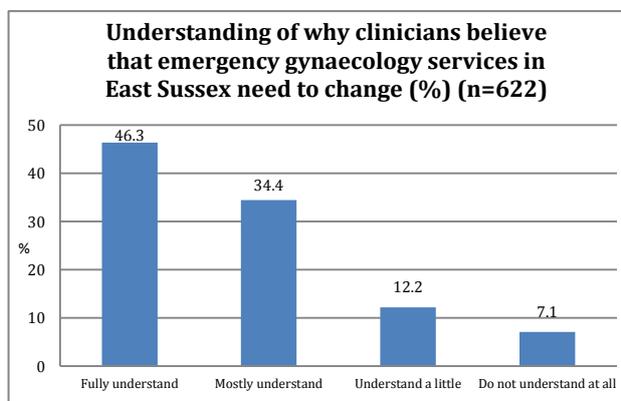


Figure 5: Understanding why clinicians believe gynaecology services have to change

Attendance at one of the Better Beginnings events (market place or mini-market place), was associated with an increased understanding of the need for change in all three services (maternity, in-patient paediatric, and emergency gynecology). For example, 61.9% of those attending one of these Better Beginnings events ‘fully understood’ the need to change maternity services compared to 40.0% who did not attend such an event (see Table 6, Appendix 2). Respective comparisons for in-patient paediatrics were 58.1% of those attending a Better Beginnings event ‘fully understood’ compared to 33.6% who did not attend. Equivalent comparisons for emergency gynaecology were 57.1% versus 33.6%.

Preferred delivery options (whole sample)

Respondents could choose a preference for one of six delivery options proposed for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex, or express ‘no preference’ (see Table 1; see also Q4 Appendix 1).

Most, or around one-half of the total respondents to the online survey preferred either **Option 6** (24.8%) or **Option 5** (24.6%; see Figure 6). The next most preferred option was Option 1 (15.4%) followed by ‘no preference’ (11.1%). A further 10.8% chose Option 3, 9.3% chose Option 4, and 4.0% chose Option 2 (see Table 7, Appendix 2).

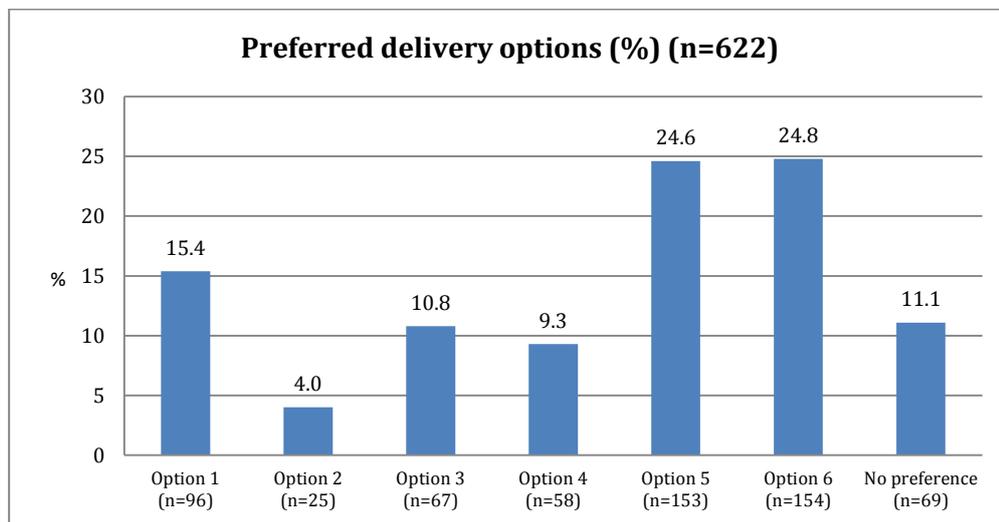


Figure 6: Preferred delivery options for the future delivery of maternity, in-patient paediatric and emergency gynaecology services in East Sussex

The two most preferred options favour birthing services at Crowborough with specialist services mostly at Eastbourne DGH (Option 5) or the Conquest Hospital in Hastings (Option 6).

Preferred delivery options by CCG and Council area

Comparing preferred option by location (CCG and Council area) shows that the vast majority of respondents preferred the option which provided the most services closest to where they lived. For example, most respondents living in the Hastings Council area chose Options 2, 4, and 6 where the Conquest Hospital in Hastings has the most services. Similarly, respondents living in the H&R CCG area showed a clear preference for Options 2, 4, and 6, whereas residents living in the EHS CCG showed a clear preference for Options 1, 3, and 5 where the Eastbourne DGH has the most services (Figure 6; see also Table 7, Appendix 2).

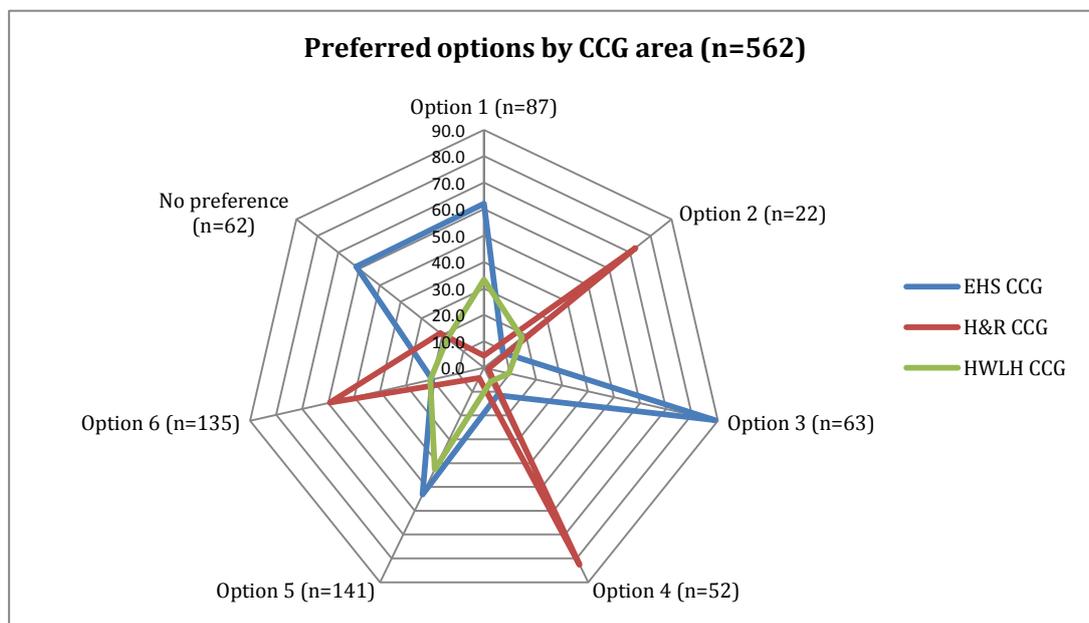


Figure 7: Radial graph of preferred options by CCG area

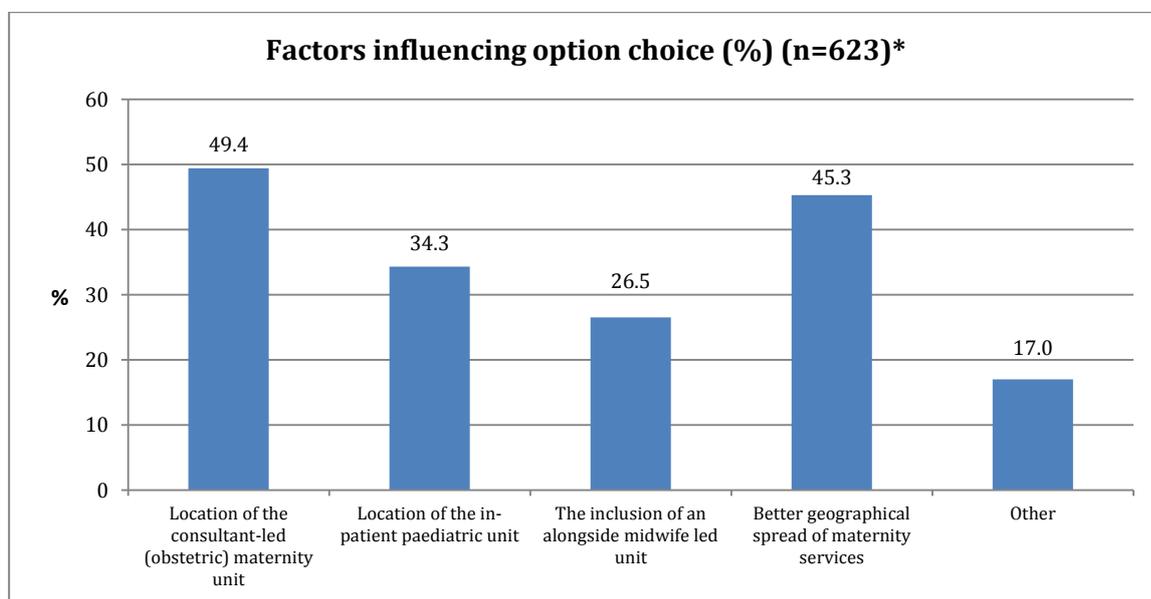
Preferred delivery options by demographic profile (gender and age)

- Gender:** Of those who chose Option 1, a greater proportion of respondents were women (16% vs. 8.6%), whereas a greater proportion of men (18.5% vs. 9.5%) selected 'no preference'.
- Age:** Moreover, respondents preferring Option 1 and Option 6 had a slightly younger age profile (under 35 years) compared to those choosing other options. Participants preferring Option 1 in addition to having one of the youngest age profiles also had the highest proportion of those over 60 (27%; see Table 7, Appendix 2).

Factors influencing preferred option choice

In Q5 of the online survey, respondents could choose one or more 'main factors' that influenced their choice of preferred delivery option (see Appendix 1). Response options were: location of the consultant-led (obstetric) maternity unit; the location of the in-patient paediatric unit; the inclusion of an alongside midwife-led unit; a better geographical spread of maternity services; and 'Other'.

Responses indicate that overall, both a better geographical spread of maternity services (52.5%) and the location of the obstetric maternity unit (47.3%) were the most prominent reasons for option selection (Figure 7; see also Table 5, Appendix 2). A further location response, related to the in-patient paediatric unit, was ranked third at 34.3%.



*As respondents could select more than one option, each option is calculated as though it is a separate question. So for example, 49.4% (n=308) of the total 623 said that the location of the obstetric maternity unit was the reason for their choice of delivery option.

Figure 8: Factors influencing option choice

This report has so far summarised the option preferences and has provided quantitative insights into the factors influencing this choice. However, up to this point, there has been minimal explanation behind these responses. Importantly, the consultation process generated a wealth of qualitative data that are able to provide additional insights into these factors influencing option choice, and identify other issues and concerns raised over the proposed reconfiguration of services. These are presented in the following section.

Section 5 – Findings: Additional insights into option preferences

A range of qualitative data were generated as part of this consultation process providing valuable additional insights over the proposed reconfiguration of services. From the online survey, qualitative data were generated from two open-ended questions - one regarding factors influencing preferred option choice (Q5), and the other regarding more general, less option-specific comments (Q7, *Anything else you would like to tell us?*). Other qualitative data were generated from summary notes and audio files from a series of five focus groups (carers, BME, Gypsies and Travellers, young mothers); summary notes of market place events; summary notes of meetings with elected representatives, ESHT and SECAMB staff; communications such as emails, telephone logs, and written submissions; and the Better Beginnings social media feeds (Facebook and Twitter, albeit to a very limited extent).

In this section, the findings from the combined qualitative data sets are triangulated into the following overarching themes influencing service preferences:

- Location of services
- Travel/transport
- Population needs – size, projections and population sub-groups
- The continuation of the Crowborough Birthing Centre
- Campaign preferences - Option 7/‘Save the DGH’ and ‘Oppose the Conquest maternity downgrade’

Location of services

Quantitative data from the online survey revealed that the vast majority of respondents preferred the option which provided the most services closest to where they lived. This finding was also clearly evident in a wide range of qualitative data (e.g. open-ended responses to survey Q7), and particularly so in the summary notes from the market place and mini-market place events. In these data there was a strong connection between where the market place events were held and preferences for service location. For example, respondents attending the events held in the EHS CCG area (Eastbourne, Seaford, Newhaven, and Hailsham) expressed their concerns over travel/transport difficulties to Hastings and emphasised the importance of returning full consultant-led services to Eastbourne. Similarly, summary notes regarding respondents’ views expressed at the events held in the H&R CCG area (Bexhill, Rye, Hastings, St. Leonards, and Battle), reflected that whilst many wanted consultant-led services at both Eastbourne and Hastings, they felt that services had to be at

Hastings (current configuration of Option 6 following the temporary changes) when accepting the safety argument (i.e. the need to move consultant-led services to a single site).

Furthermore, many of the points raised in the written submissions (individual, organisational, and campaigns) as well as email correspondence were unsurprisingly related to location, continuing the theme throughout this analysis that people were keen to instil or maintain specialist services in their own geographical vicinity. For instance, one Patient Participation Group (PPG) from Hastings stated:

"[We]... have unanimously voted for Option six... by selecting Option six we believe this will enforce a better geographical spread of maternity services in this more remote eastern side of East Sussex." (Organisational written submission, PPG-2, H&R)

Similarly, a Patient Participation Group located in the HWLH CCG area stated Option 5 as their preference:

"... There is only one viable option for North Weald and that is Option 5... our main reasons for this are distance and travel time. We think it is essential to retain Crowborough birthing unit..." (Organisational written submission, PPG-1, HWLH)

Although some respondents expressed preference for services at a more geographically central location, these responses nevertheless still showed evidence of preferring services closest to where they lived:

"...Eastbourne is a better location than Hastings for paediatrics as it is more central within East Sussex. It is also more accessible to Brighton in the event of further services being required, such as specialist paediatric provision..." (3035570394, Wealden, HWLH, Option 5) (Online survey)

However, there were two written submissions from regional Health Boards (with no 'geographical ties') which reflected an alternative perspective on location. These submissions felt that the evidence documenting the improvements in safety and increased consultant presence, since the introduction of the temporary changes, was more compelling than location per se. For these submissions, they concluded that services should stay as they are currently configured (Option 6), for example:

"Since the temporary reconfiguration [all consultant-led maternity services and in-patient paediatrics being temporarily moved to the Conquest Hospital in Hastings] we have gathered extensive evidence that demonstrates that quality and safety of services has improved and that

has enabled us to assess any adverse impacts of the temporary changes.” (Organisational written submission, Health board/body)

Travel/transport

A second main theme with regards to option preference was in terms of the anticipated impact of travel and transport on both the patient and their visitors. By its very nature, this theme helps to explain why service location was so central to people’s views.

The following examples illustrate the general perception that travelling and transport difficulties would be detrimental to a recovering patient and for the family as a whole:

“My daughter was in Hastings Conquest Hospital for 2 weeks after premature birth of her baby. She lives in Eastbourne as do all her family/relations. Some days (many days) she had NO visitors so was very depressed.” (3114901603, Eastbourne, EHS, Option 1) (Online survey)

“The CCG fail to see the disruption by travelling to Hastings in an emergency by ambulance would cause. Yes the patient would be treated if they arrived safely but the family would be split up, not everyone has a car, what about siblings, what about special adapted wheelchairs and equipment that cannot be taken in the ambulance? No one has looked at the social impact on the family? (Email comment)

For some respondents, these anticipated longer travel times and increased distances were also considered to raise safety concerns to the person in transit, for example:

“The distance to Hastings is too far if a child is seizing and needs to be stabilized.” (3051794835, Eastbourne, EHS, Option 2) (Online survey)

“Distance from Uckfield to Conquest is ludicrous in an emergency situation for child or pregnant mother!” (3075812709, Wealden, HWLH, Option 5) (Online survey)

In more detail, these concerns were thought to be compounded by the poor transport infrastructure in the county, particularly between Eastbourne and Hastings. These comments were mainly generated from the HWLH market place events, open-ended comments to survey Q5 and Q7, as well as written submissions and emails. For example:

"I disagree with any option that takes services away from Hastings... [it's] unacceptable... to expect people to travel on a terrible and deteriorating transport infrastructure either by private or public transport, especially when they are sick or to visit the sick...". (3080873736, Hastings, H&R, Option 2) (Online survey)

"The Conquest Hospital is hard to access by public transport – impossible out of hours" (individual written submission, Eastbourne)

In addition to the poor infrastructure, some respondents had concerns over the cost and availability of transport to access services. For example, in the carers' focus group (comprising participants living in Eastbourne), summary notes indicated that the cost of travel for people on low incomes and not being able to pay the cost of transport 'upfront' would be a real obstacle, should services remain at Hastings as per the current temporary configuration. Similarly, responses to Q5 and Q7 of the survey also reflected this view:

"Not everyone has a car - will be expensive if they have to pay for a taxi." (3040743124, Lewes, HWLH, Option 1) (Online survey)

"Car ownership is lower in Hastings than Eastbourne (33.3% of households have no access to a car in Hastings, compared with 28.7% in Eastbourne) - so would be more difficult to access specialist maternity services." (3095435572, Hastings, H&R, Option 6) (Online survey)

Travel/transport issues were also compounded by other worries regarding how to deal with other children in the house if an emergency arises with a sibling, especially if there is no additional family support. This was raised particularly by participants from the BME and carers' focus groups. For example, one question raised by a BME participant in a focus group was as follows:

"Other children in the family – I am not happy with this situation. If I have children and it happens in the middle of the night, what am I supposed to do? How do I leave them in bed and take my child to the hospital?" (BME participant, Eastbourne Focus Group meeting notes)

Such was the concern over travel/transport, proposals to ease the difficulties were suggested. The most common suggestion was for a free or subsidised shuttle bus between the two main coastal hospitals, raised mainly through the market place events, written submissions, and online survey open-ended comments. For example:

"If people have to travel to Hastings conquest Hospital, we want a direct bus service from DGH Eastbourne to the Conquest."(3068789012, Eastbourne, EHS, Option 6) (Online survey)

"Transport links between the 2 hospital sites are currently non-existent. In order for Option 6 to work for the benefit of patients and families, this must be improved either by working with the public transport services (buses) to run a direct route between Conquest and EDGH or by the Trust running a shuttle service between sites..." (3140605466, Rother, H&R, Option 6) (Online survey)

A young mothers' focus group also proposed a number of ideas to address their travel concerns including: allowing fathers to stay overnight or nearby; preparing for travel in advance including conversations with the midwife; encouraging personal responsibility to get to the hospital on time; being assessed at home for readiness to go to a birthing unit and; mixed views about a 'lounge' or similar area in or near the hospital in the early stages of labour to reduce the concern of being sent home.

Population needs – size, projections and population sub-groups

A third main theme explaining respondents' preferred option related to the needs of the local population. This was mainly in terms of current population needs, future population projections, and responding to the unique needs of population sub-groups. Qualitative data from the online survey, organisational written submissions, focus groups, and email correspondence all referred to such population needs.

In terms of current population needs, there was clear synergy between responses regarding the desire for services to be geographically centralised allowing such needs to be more easily met. For example:

"... Geographical availability of services to greatest population, particularly those that might be required in an emergency situation..." (3044882065, Lewes, HWLH, Option 6) (Online survey)

Email and written submissions from organisations were able to source census and other data to demonstrate the current population needs, and this was typically in support for reinstating services at Eastbourne DGH. For example:

"Why were the maternity services moved from Eastbourne to Hastings when there were more births in Eastbourne!?! Why were paediatric services moved when there were more emergency

in-patient admissions in Eastbourne than Hastings? This is NOT giving people in Eastbourne 'Better Beginnings'. (Email comment)

Further illustration of population needs was detailed in one written submission in support of Option 5. This particular submission cited the following as supporting evidence of need (relative to other areas in East Sussex): current population estimates, current number of fertile women in age band 15 to 44 years, and numbers of children presently aged 0-19 years.

Compared to current population statistics, there were more frequent comments about how the population needs would change in the future, with a focus on areas projected to have expanding populations. However, once again, the factors explaining option choice were mostly linked to where respondents live. For instance, with regards residents living in HWLH and EHS CCG areas, future population increases due to new housing developments and higher birth rates were stated as reasons for choosing Eastbourne focused options (Options 1, 3, 5):

"Putting the main services in the areas of most demand. Eastbourne 2012/2013 births - more than Hastings. Eastbourne 2012/2013 paediatric emergency in-patient admissions - more than Hastings." (Email comment)

"Moving services from Eastbourne ignores population growth. Thousands of new homes are to be built in the catchment area (Polegate, Hailsham, Uckfield) - already more births at Eastbourne than Conquest." (3163624106, Wealden, HWLH, Option 5) (Online survey)

Similarly, residents living in H&R CCG also felt that future population changes needed to be taken into account and explained their preferred delivery options (Options 2, 4, and 6):

"Considering the size of Hastings and St Leonards (which is set to grow), no services should be removed from the Conquest hospital." (Petition slip, Hastings)

"There are more births in Hastings - Therefore more potential risk of emergency situations occurring. Also, there is a bigger younger population in Hastings needing access to paediatric services..." (3169872215, Hastings, H&R, Option 6) (Online survey)

"Figures from the ONS [Office for National Statistics] show that Hastings has the highest absolute number of live births of any East Sussex Town - 1,208 in 2012 compared with 1,193 in Eastbourne. It has a significantly higher total fertility rate 2.14 compared with 2.0 in

Eastbourne, and [Hastings] therefore has greater demand for maternity services (3095435572, Hastings, H&R, Option 6) (Online survey)

A final note with regards population needs arose in the focus groups which were to explore how the impacts of the proposed reconfiguration of services may affect people differently, and what measures could be put in place to mitigate these impacts. The first stage in this process was to understand the needs of the specific population sub-groups. As an example, young mothers were thought to potentially have specific needs regarding access to a car or a support network. As a further illustration, focus group responses from Gypsies and Travellers were particularly favourable for home-births as this was deemed culturally important (hence their preference for the CBC, as midwives were unlikely to attend transient sites). Further suggestions from Gypsies and Travellers were for maternity staff to undertake cultural competency training to respond to their needs, and for hospital sites to accommodate the extended family to visit when a child or family member is being cared for.

The continuation of the Crowborough Birthing Centre

A fourth additional insight was the overwhelming response received across the qualitative data set in support of retaining the Crowborough Birthing Centre (CBC) with the underlying issue again, largely related to travel and convenience (from those living in the north of the county), and respondents wanting travel times and distances to be minimised. For example:

"It would be devastating to close the Crowborough birthing unit, which caters very well for communities on the High Weald..." (3035570394, Wealden, HWLH, Option 5) (Online survey)

"The Parish Council supports the options that retain a fully staffed birthing unit at Crowborough Hospital. This is the only unit serving the north of the county and closure would force expectant mothers to travel to Hastings or Eastbourne Hospital. Considerable amounts of community raised funding has been used to support this facility over the years." (Email comment)

A further reason cited was the general excellence of care received at the CBC, for example:

"I gave birth at Crowborough birthing centre earlier this month and had a brilliant experience this service is invaluable!" (3024174896, Wealden, HWLH, Option 1) (Online survey)

Finally, comments from the online survey (Q5 and Q7), summary notes from the HWLH CCG market place events, and some written submissions (individual and organisational) posed possible solutions to the maintenance of the CBC. A repeated suggestion was the possibility of it being transferred to Maidstone and Tunbridge Wells (MTW) NHS Trust:

“... It is time to recognise that the CBC needs to be re-joined to the Maidstone and Tunbridge Wells Trust for maternity provision” (Organisational written submission, PPG-1, HWLH CCG)

“... The CBC should be transferred to Maidstone and Tunbridge Wells NHS Trust to provide a more seamless care pathway for those who give birth in the northern part of the county.” (3019172880, no information provided, Option 6) (Online survey)

Campaign preferences: Proposal for an Option 7 ('Save the DGH') and 'Oppose the Conquest maternity downgrade'

The above responses help to explain people's preferences towards the six proposed delivery options and also raise other issues of importance in making such decisions. In this forthcoming section, although not part of the six delivery options (hence presented in this separate section), reference is drawn to the support to two separate campaigns that emerged towards the end of the consultation.

The first of these campaigns was for an 'Option 7' which advocates for full consultant-led services at both Eastbourne and Hastings¹⁰. With responses emerging from the 21st March 2014, this preference was revealed mainly through respondents explaining their choice of 'no preference' (Q5 in the survey), Q7 (*Anything else you would like to tell us?*), and email submissions. For example:

“Option 7 is my only preferred option, retaining both consultant-led services at Eastbourne and Hastings hospitals. “ (3160773741, Eastbourne, EHS, no preference)

“Option 7 would be my preference. I am very concerned that without having trained consultants on both Eastbourne and Hastings sites it would be affecting the vulnerable and also those with the least resources. In other words the poor and the marginalised with suffer the most.” (Email comment)

¹⁰ It is important to note that 'Option 7' was a term used by the 'Save the DGH campaign' and was not part of the formal consultation process. This campaign advocated for Eastbourne DGH and Conquest Hospital in Hastings to both have the same 24/7 core services including: Midwife-led unit consultant-led maternity service (obstetrics); emergency gynaecology; in-patient paediatrics; level 1 special care baby unit (SCBU); short stay paediatric assessment unit (SSPAU); and a midwife-led unit. See <http://www.savethedgh.org.uk/X-sitedata/assets/docs-Mar14/Option7CampaignLeaflet.pdf>. References to this Option 7 first appeared in the online survey from the 21st March 2014.

The Option 7/‘Save the Eastbourne DGH’ campaign addressed several of the concerns drawn out in this summary report including, for example, travel/transport issues, safety concerns, and population size. For example:

*“All services should be available for both sites it is ridiculous that families have to travel to Hastings just for in-patient care and also the stress caused to staff having to work on both sites there is no option in here for this so I am voting option 7 which should have been included...”
(3167490216, Eastbourne, EHS, no preference)¹¹*

“We need Option 7... Eastbourne and its surrounding area comprise 120,000 people. Two new primary schools are in the pipe-line to accommodate all the extra children. To take away a fully functioning paediatric and maternity unit is appalling. The road network is terrible and to make worried relatives endure that journey is beyond comprehension.” (Email comment)

In relation to the above, similar concerns were also referenced in the second campaign to oppose the Conquest ‘maternity downgrade’ which commenced on 24th February 2014¹². Campaign responses were conveyed through signed postcards, newspaper cuttings, signed promotion slips and petition slips, in support of the following statement from the local MP from Hastings and Rye:

“We believe our local hospitals need excellent quality consultant-led maternity services in place and oppose the downgrading of maternity services at the Conquest Hospital.”

Comments reflected a number of issues noted elsewhere in this analysis including concerns about travel and related safety concerns. For example:

“Mother is being ferried to a city over 50 kilometres away to give birth to their new baby is simply not good enough. We demand good, local maternity services for the parents and babies of Hastings, St Leonards and Eastbourne.” (Petition slip, St Leonards-on-Sea)

“I am opposed to the downgrading of maternity services at the Conquest, this will put the lives of mothers and babies at risk.” (Petition slip, Hastings)

Opposition to the Conquest maternity downgrade was also expressed through good personal experiences of care and the growing needs of the population. For example:

¹¹ Those supporting ‘Option 7’ tended to report ‘no preference’ for any other option, indicating their disapproval of all the six options available.

¹² The MP’s web-page detailing the campaign was posted 24th February 2014.

"I delivered my first two children at the Conquest, where I found the service and the staff involved, excellent. I am now expecting my third child and it concerns me greatly that this proposal is even being considered... (Petition slip, Hastings)

"Considering the size of Hastings and St Leonards (which is set to grow), no services should be removed from the Conquest hospital." (Petition slip, Hastings)

Final comment

This report has documented the key findings from an independent analysis of data generated from the Better Beginnings formal public consultation (14th January 2014 to 8th April 2014 inclusive). Alongside this final summary report, a full technical report provides an in-depth account of all processes, methods, and analyses.

Evidence has been drawn from an online survey completed by 623 people and complemented by a wealth of qualitative data including: open-ended comments from the online survey; focus groups; market place notes; emails; and additional written submissions.

The headline finding from this analysis is that the two most preferred options, from the survey evidence, were for Options 5 (24.6% of responses) and 6 (24.8% of responses) with the vast majority of respondents preferring the option which provided the most services closest to where they lived.

The main concerns raised were about the location of the services, and actual and/or anticipated travel and transport difficulties. Further data showed the need to consider population size, growth and the needs of specific population sub-groups, and the strong desire to keep the Crowborough Birthing Centre. Towards the end of the consultation, there was evidence of considerable support for two campaigns: Option 7/‘Save the DGH’ (full consultant-led services at both Eastbourne and Hastings) and the ‘Oppose the Conquest maternity downgrade’ campaign.

Finally, it is important to stress that the analysts were not involved in the consultation process itself or the collection of any data. This has ensured a completely independent and impartial approach and means that all analytical conclusions are based solely on the data supplied to them. Furthermore, by adopting a team approach and using ‘blind’ data checks and repeated analyses, the findings are considered as far as possible to be an objective and accurate account of the consultation.

Appendix 1 – Online survey

Thank you for reading the public consultation document, which can be found on our website. Please use this survey to let us know what you think.

1. After reading the consultation document, to what extent do you understand why clinicians believe that maternity services in East Sussex have to change?

- Fully understand Mostly understand Understand a little Do not understand at all

2. After reading the consultation document, to what extent do you understand why clinicians believe that in-patient paediatric services in East Sussex have to change?

- Fully understand Mostly understand Understand a little Do not understand at all

3. After reading the consultation document, to what extent do you understand why clinicians believe that emergency gynaecology services in East Sussex also have to change?

- Fully understand Mostly understand Understand a little Do not understand at all

4. Six options have been identified that we believe would result in safe and sustainable services (see pages 24 to 35 of the consultation document). Which of these six options would you prefer? (Please only select one option)

- Option 1 Option 4 No preference
 Option 2 Option 5
 Option 3 Option 6

5. What were the main factors that influenced your choice? (Please choose ONE OR MORE factors)

- The location of the consultant-led (obstetric) maternity unit
 The location of the inpatient paediatric unit
 The inclusion of an alongside midwife-led unit
 Better geographical spread of maternity services
 Other

If Other please describe...

6. Have you attended a Better Beginnings consultation event and spoken to a clinician or NHS staff member about the proposals?

- Yes
 No

7. Anything else you would like to tell us?

Better Beginnings
Maternity and Paediatric Services in East Sussex



Better Beginnings - Public Consultation Survey

About you

We want to make sure that everyone is treated fairly and equally and that no one gets left out. That's why we ask you these questions.

We won't share the information you give us with anyone else. We will only use it to help us make decisions and make our services better. If you would rather not answer any of these questions, you don't have to.

8. Which Council area do you live in?

- | | | |
|----------------------------------|------------------------------|-------------------------------------|
| <input type="radio"/> Eastbourne | <input type="radio"/> Lewes | <input type="radio"/> Wealden |
| <input type="radio"/> Hastings | <input type="radio"/> Rother | <input type="radio"/> None of these |

9. What CCG area do you live in?

- Eastbourne, Hailsham and Seaford
 Hastings and Rother
 High Weald Lewes Havens
 None of these

I don't know

If you don't know, please give us your full postcode and we can work it out

10. Are you...?

Male

Female

Prefer not to say

11. Do you identify as a transgender or trans-person?

Yes

No

Prefer not to say

12. Which of these age groups do you belong to?

Under 18

45-54

75+

18-24

55-59

Prefer not to say

25-34

60-64

35-44

65-74

13. To which of these ethnic groups do you feel you belong? (Source: 2011 census)

White British

White Irish

White Gypsy/Roma

White Irish Traveller

Mixed White and Black Caribbean

Mixed White and Black African

Mixed White and Asian

Asian or Asian British Indian

Other (please specify)

Asian or Asian British Pakistani

Asian or Asian British Bangladeshi

Black or Black British Caribbean

Black or Black British African

Arab

Chinese

Prefer not so say

14. The Equality Act 2010 describes a person as disabled if they have a longstanding physical or mental condition that has lasted or is likely to last at least 12 months and; this condition has a substantial adverse effect on their ability to carry out normal day to day activities. People with some conditions (cancer, multiple-sclerosis and HIV/AIDS, for example) are considered to be disabled from the point they are diagnosed. Do you consider yourself to be disabled as set out in the Equality Act 2010?

- Yes No Prefer not to say

15. If you answered yes to the above question, please tell us the type of impairment that applies to you. You may have more than one type of impairment, so please select all that apply.

- Physical impairment
 Sensory impairment (hearing or sight)
 Long standing illness or health condition - Cancer, HIV, Heart disease, Diabetes
 Mental Health condition
 Learning disability
 Prefer not to say
 Other

If other, please specify

16. Do you regard yourself as belonging to any particular religion or belief?

- Yes No Prefer not to say

17. If you answered yes to the above question, which religion or belief to you belong to?

- Christian Muslim Jewish
 Hindu Buddhist Sikh

Any other religion, please specify

18. Are you...

- Bi/Bisexual Gay woman/Lesbian prefer not to say
 heterosexual/Straight Gay Man

Other (please specify)

Appendix 2 – Data tables

Profile frequencies for all respondents to the online survey (n=623)*

CCG Area n=597	%	Council Area n=595	%	Gender n=593	%	Transgender n=549	%	Age n=591	%	Ethnicity n=591	%	Disability n=592	%	Religion n=586	%	Sexual preference /identity n=561	%
EHS	43.2	Eastbourne	34.6	Male	13.7	Yes	0.7	Under 18	0.2	White British	73.8	Yes	4.7	Yes	43.3	Lesbian	0.4
H&R	27.3	Hastings	20.5	Female	85.2	No	94.5	18-24	5.4	Chinese	8.8	No	92.2	No	51.7	Gay	0.2
HWLH	23.6	Lewes	5.9	Prefer not to say	1.2	Prefer not to say	4.7	25-34	30.3	White Gypsy/Roma	1.2	Prefer not to say	3.0	Prefer not to say	4.9	Bi-Sexual	2.1
Don't know	4.4	Rother	7.1					35-44	25.4	White Irish Traveller	1.4					Heterosexual	90.0
None of these	1.5	Wealden	27.1					45-54	12.9	Arab	1.5					Prefer not to say	7.3
		None of these	4.9					55-59	6.6	Asian or Asian British	1.2						
								60-64	6.9	Other	9.2						
								65-74	8.0	Prefer not to say	3.0						
								75+	2.2								
								Prefer not to say	2.2								
Totals**	100	Totals	100.1	Totals	100.1	Totals	99.9	Totals	100.1	Totals	100.1	Totals	99.9	Totals	100	Totals	100

* As not all the questions were mandatory, the total responses per question do not always total 623 responses

** On occasions the percentages may not add up to 100.0% precisely. This is due to the rounding up or down of decimal points

Table 3: Profile frequencies for all respondents to the online survey (%)

Demographic profile of the sample by CCG

		Eastbourne, Hailsham and Seaford %	Hastings and Rother %	High Weald Lewes Havens %	Totals*
Age (n=539)	<18	0.0	0.0	0.8	0.2
	18-24	6.0	5.8	4.5	5.6
	25-34	23.5	37.2	36.4	30.6
	35-44	23.9	19.9	34.1	25.2
	45-54	15.9	15.4	5.3	13.2
	55-59	8.4	7.1	5.3	7.2
	60-64	7.6	6.4	6.8	7.1
	65-74	11.6	7.1	5.3	8.7
Gender (n=553)	75+	3.2	1.3	1.5	2.2
	Male	15.7	14.4	11.6	14.3
	Female	83.5	83.8	87.7	84.6
Trans- gender (n=512)	Prefer not to say	0.8	1.9	0.7	1.1
	Yes	1.7	0	0	0.8
	No	93.2	94.5	95.5	94.1
Ethnicity (n=551)	Prefer not to say	5.1	5.5	4.5	5.1
	White British	70.4	71.2	86.2	74.6
	Chinese	13.4	10.6	0.7	9.4
	Other	12.6	14.4	11.6	12.9
Disability (n=549)	Prefer not to say	3.6	3.8	1.4	3.1
	Yes	5.6	5.0	2.2	4.6
	No	90.0	92.5	96.4	92.3
Sexual preference /identity (n=523)	Prefer not to say	4.4	2.5	1.5	3.1
	Bi/Bisexual	2.1	1.9	2.3	2.1
	Heterosexual	88.1	90.3	93.2	90.1
	Gay woman/lesbian	0.4	0.6	0.0	0.4
	Gay man	0.0	0.6	0.0	0.2
Religion (n=543)	Prefer not to say	9.4	6.5	4.5	7.3
	Yes	45.7	41.6	40.9	43.3
	No	49.8	51.6	54.0	51.4
	Prefer not to say	4.5	6.8	5.1	5.3

* Totals for all those who answered both questions (e.g. age *and* CCG) where the comparisons are made (which is different to the whole sample comparisons presented in Table 3)

Table 4: Demographic profile of the sample by CCG (%)

Understanding the need to change, preferred options, and attendance at a Better Beginnings event

Understanding of the need to change: maternity (n=621)	%	Understanding of the need to change: in-patient paediatrics (n=622)	%	Understanding of the need to change: emergency gynaecology (n=622)	%	Preferred delivery option (n=622)	%	Factors influencing option choice	%*	Attendance at Better Beginnings event (n=215)	%
Fully	50.4	Fully	45.2	Fully	46.3	Option 1	15.4	Location of consultant-led (obstetric unit)	49.4	Yes	48.8
Mostly	32.4	Mostly	35.4	Mostly	34.4	Option 2	4	Location of the in-patient paediatric unit	34.3	No	51.2
A little	11.3	A little	11.9	A little	12.2	Option 3	10.8	The inclusion of an alongside midwife-led unit	26.5		
Do not understand at all	6.0	Do not understand at all	7.6	Do not understand at all	7.1	Option 4	9.3	Better geographical spread of maternity services	45.3		
						Option 5	24.6	Other	17.0		
						Option 6	24.8				
						No preference	11.1				
Totals**	100.1	Totals	100.1	Totals	100.0	Totals	100.0	Totals	N/A*	Totals	100

* Respondents could choose more than one factor

** On occasions the percentages may not add up to 100.0% precisely. This is due to the rounding up or down of decimal points

Table 5: Data table for understanding the need to change, preferred options, and attendance at a Better Beginnings event (%)

Attendance at a Better Beginnings event

Attendance at a Better Beginnings event			Yes	No
Understanding of the need to change	Maternity (n=215)	Fully	61.9	40.0
		Mostly	22.9	32.7
		A little	9.5	15.5
		Not at all	5.7	11.8
	In-patient paediatrics (n=215)	Fully	58.1	33.6
		Mostly	22.9	34.5
		A little	9.5	16.4
		Not at all	9.5	15.5
	Gynaecology (n=215)	Fully	57.1	33.6
		Mostly	25.7	36.4
		A little	9.5	15.5
		Not at all	7.6	14.5

Table 6: Understanding of the need to change by attendance at a Better Beginnings event (%)

Cross sample comparison regarding preferred options

		Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	No Preference	
Preferred Option by Council area	Eastbourne	44.8	9.1	72.1	9.6	44.0	15.2	50.8	
	Hastings	3.4	45.5	1.6	69.2	1.4	44.2	13.8	
	Lewes	6.9	0.0	4.9	1.9	9.9	5.8	4.6	
	Rother	1.1	27.3	0.0	13.5	2.1	14.5	7.7	
	Wealden	43.7	18.2	21.3	5.8	42.6	20.3	23.1	
Preferred Option by CCG area	EHS	62.1	9.1	88.9	11.5	53.2	20.0	61.3	
	H&R	4.6	72.7	1.6	82.7	4.3	59.3	21.0	
	HWLH	33.3	18.2	9.5	5.8	42.6	20.7	17.7	
Preferred Option by Gender	Male	8.6	2.5	8.6	8.6	28.4	24.7	18.5	
	Female	16.0	4.0	11.1	8.9	25.0	25.5	9.5	
Preferred Option by Age	<18	1.1	0	0	0	0	0	0	
	18-24	9	4.2	4.8	3.8	6.3	3.4	6.8	
	25-34	31.5	25	19.4	34.6	33.6	37.6	18.6	
	35-44	24.7	8.3	32.3	23.1	28	26.2	25.4	
	45-54	3.4	25	21	17.3	8.4	16.1	15.3	
	55-59	3.4	16.7	9.7	3.8	7.7	4.7	10.2	
	60-64	11.2	0	3.2	13.5	7	4.7	8.5	
	64-74	12.4	16.7	4.8	3.8	8.4	6	10.2	
75>	3.4	4.2	4.8	0	0.7	1.3	5.1		
Understanding of the need to change	Maternity	Fully	37.9	52.0	38.8	79.3	52.3	59.1	30.4
		Mostly	41.1	24.0	46.3	13.8	33.3	33.1	21.7
		A little	18.6	4.0	11.9	5.2	13.1	7.1	15.9
		Not at all	4.2	20.0	3.0	1.7	1.3	0.6	31.9
	In-patient paediatrics	Fully	30.2	44.0	38.8	69.0	43.1	57.8	29.0
		Mostly	43.8	32.0	44.8	24.1	38.6	33.8	21.7
		A little	19.8	12.0	13.4	5.2	11.8	6.5	17.4
		Not at all	6.2	12.0	3.0	1.7	6.5	1.9	31.9
	Gynaecology	Fully	32.3	52.0	40.3	75.9	47.1	51.9	30.4
		Mostly	41.7	24.0	43.3	15.5	34.6	39.6	23.2
		A little	26.7	12.0	13.4	6.9	14.4	7.1	15.9
		Not at all	9.4	12.0	3.0	1.7	3.9	1.3	30.4

Table 7: Data table for preferred delivery options (%)



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